

Steps	Process	Person specific issues to address
1. Aims What matters to the individual about their condition(s)?	Review diagnoses and consider: <ul style="list-style-type: none"> Therapeutic objectives of drug therapy Management of existing health problems Prevention of future health issues, including lifestyle advice 	<ul style="list-style-type: none"> to prevent long-term diabetes complications is there co-existing cardiovascular or renal disease? Any mental health issues? maintaining good mental health
2. Need Identify essential drug therapy	Identify essential drugs (not to be stopped without specialist advice*) <ul style="list-style-type: none"> Drugs that have essential replacement functions Drugs to prevent rapid symptomatic decline <i>*with advice from healthcare professional with specialist interest</i>	<ul style="list-style-type: none"> insulin sulfonylurea for immediate management of hyperosmolar symptoms
3. Does the patient take unnecessary drug therapy?	Identify and review the continued need for drugs <ul style="list-style-type: none"> what is medication for? with temporary indications with higher than usual maintenance doses with limited benefit/evidence for use with limited benefit in the person under review (see Drug efficacy & applicability (NNT) table) 	<ul style="list-style-type: none"> SU for immediate reduction of symptomatic hyperglycaemia SU for long term use; pioglitazone and gliptins less effective than other sub-classes co-prescribing of DPP-4i and GLP-1RA not appropriate, stop DPP-4i
4. Effectiveness Are therapeutic objectives being achieved?	Identify the need for adding/intensifying drug therapy to achieve therapeutic objectives <ul style="list-style-type: none"> to achieve symptom control to achieve biochemical/clinical targets to prevent disease progression/exacerbation is there a more appropriate medication to achieve goals 	<ul style="list-style-type: none"> consider target dependent on other factors, e.g., frailty? SGLT-2i and GLP-1RA have positive ASCVD and CKD outcome data if co-existing ASCVD or CKD, SGLT-2i or GLP-1RA may be more appropriate than gliptin or pioglitazone
5. Safety Does the individual have or is at risk of ADR/ side effects? Does the patient know what to do if they're ill?	Identify individual safety risks by checking for <ul style="list-style-type: none"> appropriate individual targets? drug-disease interactions drug-drug interactions (see ADR table) monitoring mechanisms for high-risk drugs risk of accidental overdosing Identify adverse drug effects by checking for <ul style="list-style-type: none"> specific symptoms/laboratory markers cumulative adverse drug effects (see ADR table) drugs that may be used to treat side effects caused by other drugs Medication Sick Day guidance	<ul style="list-style-type: none"> If frail, is HbA1c less than 48mmol/mol. Reduce therapy check renal function and dose adjust where necessary, e.g., metformin reduce dose if eGFR <45ml/min and stop if eGFR <30ml/min women of child-bearing age – metformin and insulin are suitable in pregnancy but others are not. Individuals should be made aware of this temporarily stop SGLT-2i, metformin and SU during dehydration illness
6. Sustainability Is drug therapy cost-effective and environmentally sustainable?	Identify unnecessarily costly drug therapy by <ul style="list-style-type: none"> Considering more cost-effective alternatives, safety, convenience Consider the environmental impact of <ul style="list-style-type: none"> Inhaler use Single use plastics Medicines waste Water pollution 	<ul style="list-style-type: none"> metformin modified release less cost effective than standard release, but appropriate if previous gastrointestinal intolerance if insulin therapy required, are reusable pens and cartridges suitable, rather than disposable pens?
7. Patient centeredness Is the patient willing and able to take drug therapy as intended?	Does the patient understand the outcomes of the review? <ul style="list-style-type: none"> Consider Teach back Ensure drug therapy changes are tailored to individual preferences. Consider <ul style="list-style-type: none"> Is the medication in a form the patient can take? Is the dosing schedule convenient? What assistance is needed? Are they able to take medicines as intended? Agree and communicate plan <ul style="list-style-type: none"> Discuss and agree with the individual/carer/welfare proxy therapeutic objectives and treatment priorities Include lifestyle and holistic management goals Inform relevant health and social care providers of changes in treatments across the transitions of care 	