Implementing and Scaling a Pharmacist-Led Workflow to Increase Use of Weight-Beneficial Therapy for Type 2 Diabetes in a Health-System Specialty Pharmacy

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Background

- Updates to type 2 diabetes (T2D) guidelines emphasize weight management as being as important as glycemic control, yet many health systems lack processes to identify patients who may benefit and initiate evidence-based medications.[1]
- Health-system specialty pharmacy (HSSP) expertise in navigating medication access and clinical monitoring, combined with health system integration, positions them to support care teams in guideline adoption.

Objective

To describe a pilot pharmacist-led program within an HSSP that standardized patient identification, assessment, and recommendation workflows for guideline-directed, weight-beneficial pharmacotherapy in T2D, and to evaluate program outcomes and opportunities for implementation across multiple HSSPs.

Description

Setting

A CPS-managed HSSP within a large health system in New York implemented a pilot program to increase the use of guideline-directed therapy for T2D with weight benefit.

Pilot Program

An electronic health record (EHR) query was used to identify patients with T2D, BMI≥27 kg/m^2, and no active GLP-1 or GIP/GLP-1 RA therapy → Pharmacists completed structured assessments that incorporated glycemic control, weight/BMI, comorbidities, contraindications, and patient-specific factors → When appropriate, pharmacists made evidence-based recommendations to clinicians → Iterative refinements to communication, prioritization, and documentation were made based on staff feedback and workflow observations

Scaling & Sustaining Change

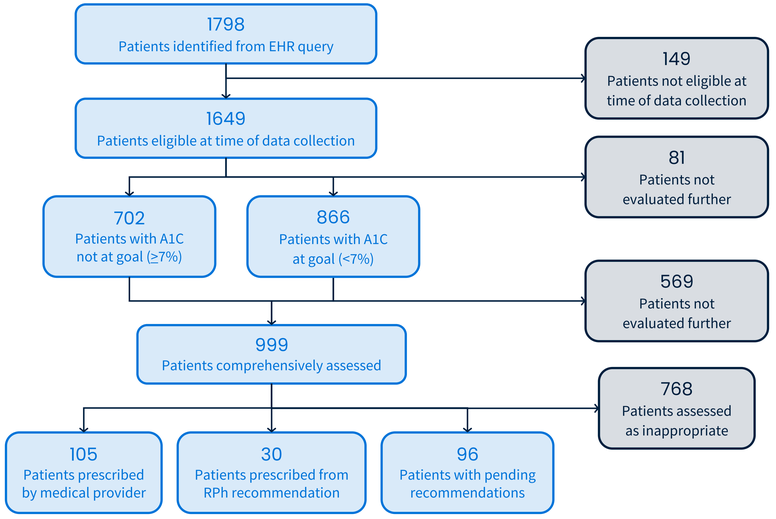
- Learnings from this pilot informed development of a scalable version of the assessment process that was integrated into the patient management system across all CPS-managed HSSPs.

Evaluation

Table 1: Baseline Patient Characteristics — N=1798

Age [years, Mean±SD]	67.1±13.3		
Gender [n (%)]		**Comorbidities** [n (%)]	
Male	962 (54)	Hypertension (n=1735)	1398 (81)
Female	836 (46)	Hyperlipidemia (n=1727)	1275 (74)
Baseline Mean BMI [kg/m^2, Mean±SD]	33.8±6.6	**Baseline Mean A1C** [%, Mean±SD, n=1735]	7.1±1.5
Baseline BMI Category [n (%)]		**Baseline A1C Category** [n (%), n=1735]	
Baseline <27 kg/m^2	149 (8)	Baseline <7%	958 (55)
Baseline 27-29.9 kg/m^2	425 (24)	Baseline 7-7.9%	465 (27)
Baseline 30-34.9 kg/m^2	623 (35)	Baseline 8-9.9%	225 (13)
Baseline >35 kg/m^2	601 (33)	Baseline >10%	87 (5)

Figure 1: Assessment & Recommendation Funnel Diagram

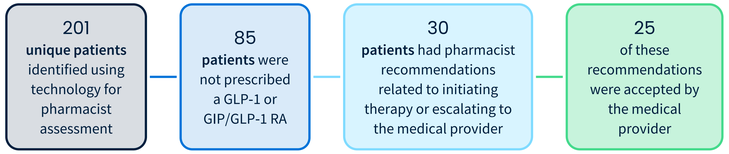


Evaluation Cont.

58% of HSSP-managed patients with follow-up data who initiated a GLP-1 or GIP/GLP-1 RA from the initial cohort achieved an A1C <7% (n=43)

75% of HSSP-managed patients with follow-up data who initiated a GLP-1 or GIP/GLP-1 RA from the initial cohort achieved >5% weight loss (n=8).

Figure 2: Findings from Scaling Initiative to All CPS-Managed HSSPs with Technology Integration (Q4 2025)



Conclusions

- A pharmacist-led, HSSP-embedded workflow enabled systematic identification and assessment of patients for guideline-directed, weight-beneficial therapy in T2D.
- Pilot learnings informed system-wide protocol updates, new educational resources, and automated assessment triggers within the patient management system, supporting consistent application at CPS-managed sites and providing a scalable framework adaptable to other chronic conditions.

References

1 American Diabetes Association Professional Practice Committee for Diabetes*. Standards of Care in Diabetes-2026. *Diabetes Care*. 2026;49(Supplement 1):S1-S5. doi:10.2337/dc26-SINT

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