

SUPPLEMENTARY DATA

The following scale was developed to categorize *efficacy* of the antihyperglycemic drug classes, with data predominately based on placebo-controlled trials in monotherapy. The Writing Group acknowledges that this schema is somewhat arbitrary and that there are many different ways to assess the HbA_{1c}-lowering effect of agents, including head-to-head trials. The results of all such trials are influenced by baseline HbA_{1c}, drug type and dose, duration of treatment, wash-out from other antihyperglycemic therapies, as well as adherence among participants to study medication and diet and exercise, among other factors. Accordingly, it remains challenging to evaluate and compare the “potency” of antihyperglycemic drugs. Moreover, mean differences between most agents, with some exceptions, are modest. Such data would be unlikely to reflect with any certainty the differential effect of a specific drug at a precise point in the treatment course in an individual patient.

Mean HbA_{1c} reduction	Efficacy category
Potential of >2% (>22 mmol/mol)	Very high
>1–2% (>11–22 mmol/mol)	High
>0.5–1% (>5.5–11 mmol/mol)	Intermediate
≤0.5% (≤5.5 mmol/mol)	Low

The following scale was developed to categorize *cost* of the antihyperglycemic drug classes, using an online retail pharmacy tool for New Haven, Connecticut, in October 2014. We queried the lowest-priced member of each class at the highest prescribed dose for a 30-day supply. Insulin was assigned a “variable” category, given the very wide range in cost, dependent on formulation and dose. The Writing Group acknowledges that this schema is also somewhat arbitrary but feels that it constitutes a reasonable valuation of health care expenditures. Costs should always be a concern to health providers, though these may not be apparent to an individual patient covered by a health service or insurance, and may vary based on coverage and other factors.

Daily cost in U.S.\$	Cost category
<\$1	Low
\$1–<\$2	Moderate
≥\$2	High