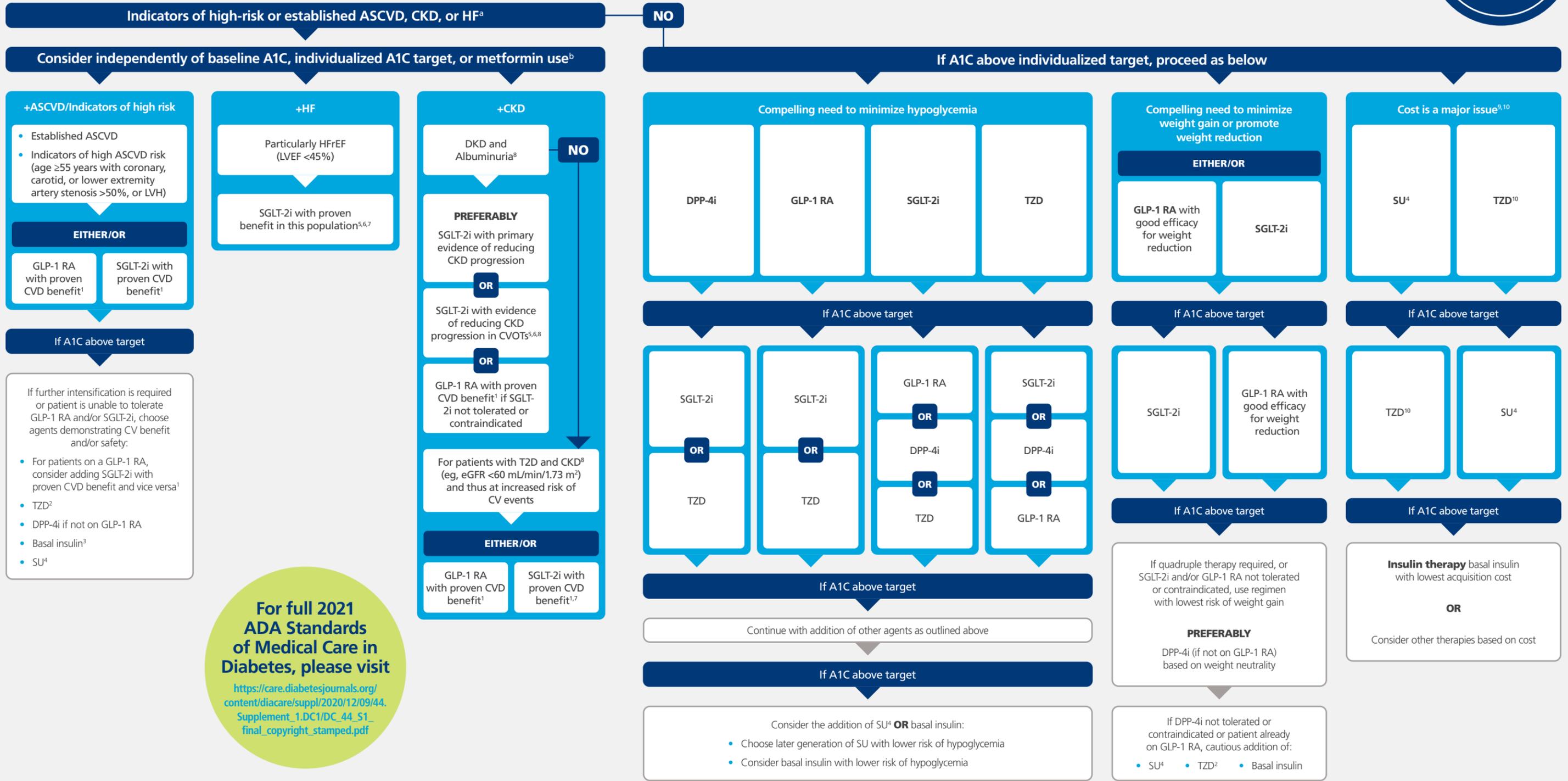


# A Summary of ADA Treatment Recommendations in Type 2 Diabetes

## Glucose-lowering medication in type 2 diabetes: Overall approach

TO AVOID THERAPEUTIC INERTIA, REASSESS AND MODIFY TREATMENT REGULARLY (3-6 MONTHS)

First-line therapy is metformin and comprehensive lifestyle changes, (including weight management and physical activity)



**For full 2021 ADA Standards of Medical Care in Diabetes, please visit**

[https://care.diabetesjournals.org/content/diacare/suppl/2020/12/09/44\\_Supplement\\_1.DC1/DC\\_44\\_S1\\_final\\_copyright\\_stamped.pdf](https://care.diabetesjournals.org/content/diacare/suppl/2020/12/09/44_Supplement_1.DC1/DC_44_S1_final_copyright_stamped.pdf)

<sup>a</sup>Actioned whenever these become new clinical considerations regardless of background glucose-lowering medications.  
<sup>b</sup>Most patients enrolled in the relevant trials were on metformin at baseline as glucose-lowering therapy.  
<sup>1</sup>Proven CVD benefit means it has label indication of reducing CVD events.  
<sup>2</sup>Low dose may be better tolerated though less well studied for CVD effects.  
<sup>3</sup>Some basal insulins have demonstrated CVD safety.  
<sup>4</sup>Choose later-generation SU to lower the risk of hypoglycemia.

<sup>5</sup>Be aware that SGLT-2i labelling varies by region and individual agent with regard to indicated level of eGFR for initiation and continued use.  
<sup>6</sup>Some SGLT-2is have shown reduction in HF and CKD progression in CVOTs. Some SGLT-2is have primary renal outcome data and primary heart failure outcome data.  
<sup>7</sup>Proven benefit means it has a label indication of reducing heart failure in this population.  
<sup>8</sup>Refer to full ADA Standards of Care Section 11: Microvascular Complications and Foot Care for more information.

<sup>9</sup>If no specific comorbidities (ie, no established CVD, low risk of hypoglycemia, and lower priority to avoid weight gain or no weight-related comorbidities).  
<sup>10</sup>Consider country- and region-specific cost of drugs. In some countries, TZDs are relatively more expensive and DPP-4is are relatively cheaper.

A1C=glycated hemoglobin; ASCVD=atherosclerotic cardiovascular disease; CKD=chronic kidney disease; CV=cardiovascular; CVD=cardiovascular disease; CVOT=cardiovascular outcomes trial; DKD=diabetic kidney disease; DPP-4i=dipeptidyl peptidase-4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1 RA=glucagon-like peptide-1 receptor agonist; HF=heart failure; HFrEF=heart failure reduced ejection fraction; hypo=hypoglycemia; LVEF=left ventricular ejection fraction; LVH=left ventricular hypertrophy; SGLT-2i=sodium-glucose cotransporter-2 inhibitor; SU=sulfonylurea; T2D=type 2 diabetes; TZD=thiazolidinedione.

**Reference:** American Diabetes Association. Standards of medical care in diabetes—2021. *Diabetes Care*. 2021;44(suppl 1):S1-S232.  
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