## Management of Type 2 Diabetes Mellitus\* First line management Lifestyle management If required short-term, rescue First choice: (including diet, weight Metformin (if GI therapy for symptomatic management and disturbance. hyperglycaemia - insulin, physical activity) Metformin MR) sulfonylurea Second line therapies (aims: improve cardiorenal outcomes, achieve target HbA1c) Existing ASCVD, HF, CKD? No Yes At risk of ASCVD? (QRISK2 score>10%) Consider Add SGLT-2i\* If unsuitable, consider Yes GLP-1RA. No HbA1c at target? No Yes Re-assess: is there new Continue lifelong lifestyle management. cardiorenal disease/risk? Reassess and modify treatment, if necessary, every 3-6 months (or if CVD/ Yes No risk or renal status changes) Additional therapies (See local formularies/SPC/BNF for 2<sup>nd</sup>/3<sup>rd</sup> line choices and licensed indications) Review 3 monthly until at target. **SGLT-2i** (an option in dual/triple therapy)

- GLP-1RA (third line, see local formulary)
- SU (hypoglycaemic risk)
- DPP-4i
- Pioglitazone (caution in HF)

Refer to Table 6 to aid choice (efficacy, weight loss/gain, hypoglycaemia, renal impairment, long-term outcomes)

Review 3 monthly until at target. When therapy has not continued to control HbA1c, consider insulin (following local processes for initiation)