Diabetes medicines
Drug treatments for adults with type 2 diabetes

The 2021 update to the NICE guidance on diabetes (https://www.nice.org.uk/guidance/ng28) adds assessment of cardiovascular disease (CVD) and kidney disease. It also includes advice on when to offer SGLT-2 inhibitors. This graphic shows a summary of the medicines now recommended, highlighting the new additions.

New advice to assess comorbidities

Kidney function

CVD status and risk

Chronic kidney disease

Not at high risk of CVD

High risk of CVD QRISK2 ≥10% or an elevated lifetime risk

Chronic heart failure or established atherosclerotic CVD

In all cases offer:

- **MET** Metformin
- **SUL** A sulfonylurea
- **DPP-4i** Dipeptidyl peptidase-4 inhibitor
- **PIO** Pioglitazone

If metformin not tolerated or contraindicated, consider:

- **SGLT2-i** SGLT2 inhibitor if metformin tolerated
- **DPP-4i** Dipeptidyl peptidase-4 inhibitor
- **PIO** Pioglitazone
- **SUL** A sulfonylurea

Inclusion of people developing CVD after starting treatment

- Develops high risk of CVD QRISK2 ≥10%
- Develops chronic heart failure or established atherosclerotic CVD

Consider switching or adding treatments

- New treatment option
  - **SGLT2 inhibitor**
  - **GLP-1 mimetic**

BMI ≥35 kg/m²

- For whom insulin therapy would have significant occupational implications
- For whom weight loss would benefit other significant obesity-related comorbidities

BMI <35 kg/m²

- Adjust BMI thresholds accordingly for people from Black, Asian and other minority ethnic groups

**Insulin therapy**

When dual therapy has not continued to control HbA1c to below the person's individually agreed threshold, also consider insulin based therapy (with or without other drugs)

**GLP-1 mimetic treatments**

If triple therapy with metformin and 2 other oral drugs is not effective, not tolerated or contraindicated, consider triple therapy by switching one drug for a GLP-1 mimetic for certain people

Combination no longer specified

New decision aid available


Standard glucose lowering therapy

- **SGLT2 inhibitor**
- **SUL** A sulfonylurea

For patients with chronic kidney disease who are taking an angiotensin receptor blocker (ARB) or Angiotensin-converting enzyme inhibitor:

**Albumin-to-creatinine ratio:**

- 3-30 mg/mmol
- >30 mg/mmol

Consider

Offer

**SGLT2 inhibitor**

If they meet the criteria in the marketing authorisation

**Person's HbA1c**

CVD status and risk

No evidence of CVD

If they meet the criteria in NICE technology appraisal:

- **SGLT2 inhibitor**
- **DPP-4i** Dipeptidyl peptidase-4 inhibitor
- **PIO** Pioglitazone
- **SUL** A sulfonylurea

**Monitor patient**

Review when blood glucose control has been achieved

- **Insulin**
- **GLP-1 mimetic**

BMI ≥35 kg/m²

- With specific psychological or other medical problems associated with obesity

BMI <35 kg/m²

- If already prescribed

New treatment

- **SGLT2 inhibitor**
- **GLP-1 mimetic**

Insulin therapy

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**GLP-1 mimetic treatments**

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**New advice for people with chronic kidney disease**

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**Albumin-to-creatinine ratio:**

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**SGLT2 inhibitor**

If they meet the criteria in the marketing authorisation

**Person's HbA1c**

CVD status and risk

No evidence of CVD

If they meet the criteria in NICE technology appraisal:

- **SGLT2 inhibitor**
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- **Insulin**
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BMI ≥35 kg/m²

- With specific psychological or other medical problems associated with obesity

BMI <35 kg/m²

- If already prescribed

New treatment

- **SGLT2 inhibitor**
- **GLP-1 mimetic**

For symptomatic hyperglycaemia, consider:

**Insulin**

**GLP-1 mimetic**

For whom weight loss would benefit other significant obesity-related comorbidities

Adjust BMI thresholds accordingly for people from Black, Asian and other minority ethnic groups

**Validation**

This infographic is not a validated clinical decision aid

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