

Expiry date: 30 June 2024

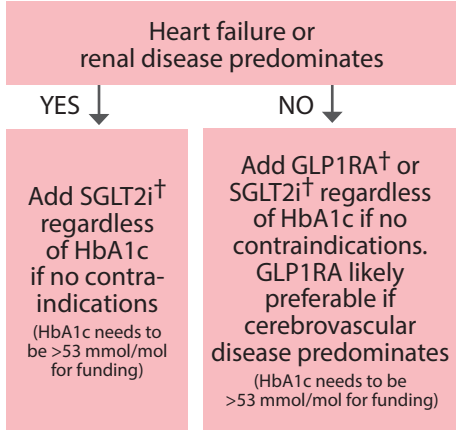
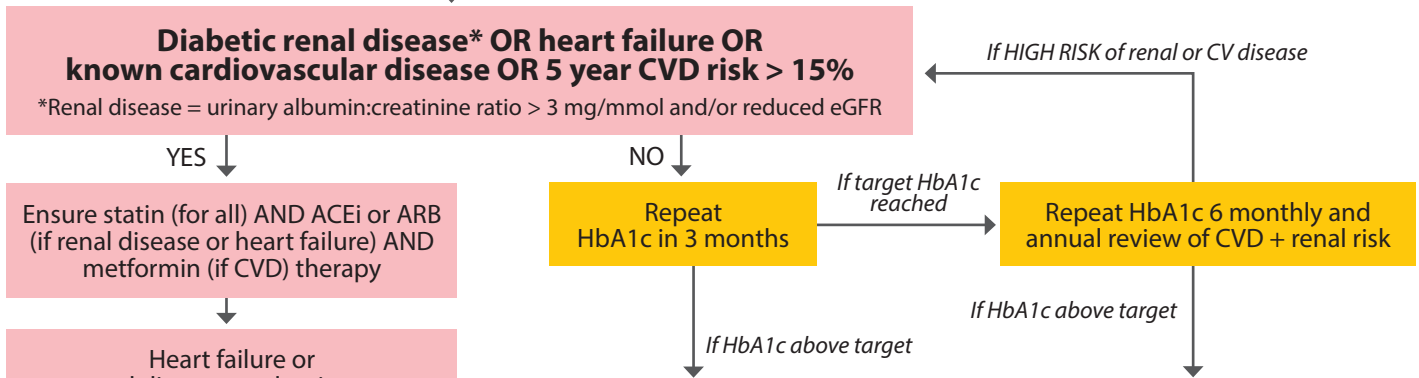


**INITIAL MANAGEMENT**

Diagnosis	Lifestyle management	Metformin
Confirm the diagnosis and type of diabetes Determine individualised glycaemic target	Education, support, healthy eating + exercise Essential at all times throughout duration of diabetes	Start unless contraindicated Increase to maximal tolerated dose or 2 g per day
Weight management		
<ul style="list-style-type: none"> <li>Set individualised weight management plan if overweight or obese</li> <li>5% sustained total body weight loss is associated with improvement in metabolic parameters</li> <li>10–15% sustained total body weight loss is typically needed for remission of diabetes</li> </ul>		

**The target HbA1c for most patients with type 2 diabetes is < 53 mmol/mol**

- If HbA1c > 64 mmol/mol at diagnosis consider starting additional agent with lifestyle management and Metformin to reach target
  - If cardiovascular and/or renal disease and/or heart failure → preferably SGLT2i or GLP1RA (see below)
  - If no cardiovascular or renal disease and no heart failure → preferably DPPiVi
- Consider starting insulin therapy immediately if:
  - Symptoms of hyperglycaemia/insulin deficiency and/or HbA1c > 90 mmol/mol
  - Suspicion of type 1 diabetes or loss of pancreatic function



ADDITIONAL CONSIDERATIONS	Preferred 2nd line agents			3rd line agents		
	SGLT2i <sup>†</sup>	GLP1RA <sup>†</sup>	DPPiVi	TZD	SU	Insulin
Risk of hypoglycaemia	Rare	Rare	Rare	Rare	Yes	Yes
Mean ↓ in HbA1c (mmol/mol)	6 - 13	15	5 - 10	15	15	Any
Independent cardiorenal benefits	Yes	Yes	No	Yes	No	No
Effect on weight	↓	↓↓	↔	↑	↑	↑
Funded	SA only <sup>†</sup>	SA only <sup>†</sup>	Yes	Yes	Yes	Yes

GLP1RA<sup>†</sup> preferred next therapy after SGLT2i<sup>†</sup>  
 SGLT2i<sup>†</sup> preferred next therapy after GLP1RA<sup>†</sup>  
 (dual SGLT2i/GLP1RA therapy is not currently funded)

Alternative agents include:  
 DPPiVi if not on GLP1RA  
 Thiazolidinediones (TZD) if no heart failure  
 Sulfonylureas (SU)  
 Insulin

**Escalate therapy + repeat HbA1c every 3 months until target reached**

- May require multiple agents including insulin therapy
- Ensure adherence to lifestyle management + medications
- Re-refer for dietitian input if appropriate
- Repeat HbA1c 6 monthly once target reached
- Assess CVD and renal risk at least annually
- Continue standard care to reduce CVD risk e.g. statins, antihypertensives (esp. ACEi in diabetic renal disease) etc.

**†SA criteria for SGLT2i and GLP1RA (all required and same for both classes)**

- Patient has type 2 diabetes with an HbA1c > 53 mmol/mol despite > 3 months of regular use of at least one glucose lowering therapy (includes metformin)
- The patient is of Māori and/or any Pacific ethnicity OR has known diabetic renal disease OR known CVD OR 5 year CVD risk > 15% OR a high lifetime CVD risk due to onset of diabetes during childhood or as a young adult
- The patient is not on funded SGLT2i and GLP1RA therapy at the same time