

GIP/GLP-1 Coagonists, GLP-1 Receptor Agonists, and SGLT2 Inhibitors

A Quick Reference Guide

Rather than starting all patients on metformin as first-line therapy, newer guidelines for the treatment of type 2 diabetes recommend tailoring treatment based on patient risk factors and treatment goals. Use the following steps to select the most appropriate type 2 diabetes treatments for your patients.

STEP 1



Assess for compelling indications and treatment goals



ASCVD or High Risk of ASCVD

Initiate a GLP-1 RA or SGLT2i with proven CVD benefit (dulaglutide, liraglutide, semaglutide OR canagliflozin, empagliflozin)



HF (or HFpEF*)

Initiate an SGLT2i with proven HF benefit (canagliflozin, *dapagliflozin, *empagliflozin, ertugliflozin)



CKD

Initiate an SGLT2i with proven CKD benefit (alternatively a GLP-1 RA with CVD benefit if SGLT2i not tolerated) (canagliflozin, dapagliflozin, empagliflozin)



Glycemic Management

Initiate an agent with very high or high efficacy for glucose lowering (Very high: dulaglutide, semaglutide, tirzepatide, insulin, combination therapy [GLP-1 RA/insulin]; high: other GLP-1 RA, metformin, SGLT2i, SU, TZD)



Weight Management

Initiate an agent with very high or high efficacy for weight loss (Very high: semaglutide, tirzepatide; high: dulaglutide, liraglutide)

STEP 2



Assess for additional clinical considerations and use shared decision-making to discuss options with patients and provide counseling

GLP-1 RAs and GIP/GLP-1 Coagonists

- Risk of thyroid C-cell tumors in rodents
- Counsel on potential for GI adverse events; initiate at lowest dose and titrate up slowly based on tolerance; smaller, more frequent meals with lower fat content may help, and adverse events typically resolve over time
- Discontinue if pancreatitis is suspected
- Evaluate for gallbladder disease

SGLT2 Inhibitors

- Discontinue if DKA is suspected
- Counsel on increased risk of genital mycotic infections and proper hygiene to reduce risk
- Adjust blood pressure and diuretic medications as needed

STEP 3



Reassess therapy at each visit and titrate medication based on benefit and tolerance

- Follow manufacturers' recommendations for titration
- Consider combination therapy as appropriate
- For weight loss, consider changing to a different agent if patient achieves <5% weight loss after 12 weeks of appropriate titration



If you would like to learn more about these medications, use this link <https://bit.ly/47021Ct> or scan the QR code to watch a short video describing the mechanisms of action of SGLT2 inhibitors, GLP-1 receptor agonists, and GIP/GLP-1 coagonists in type 2 diabetes and obesity.