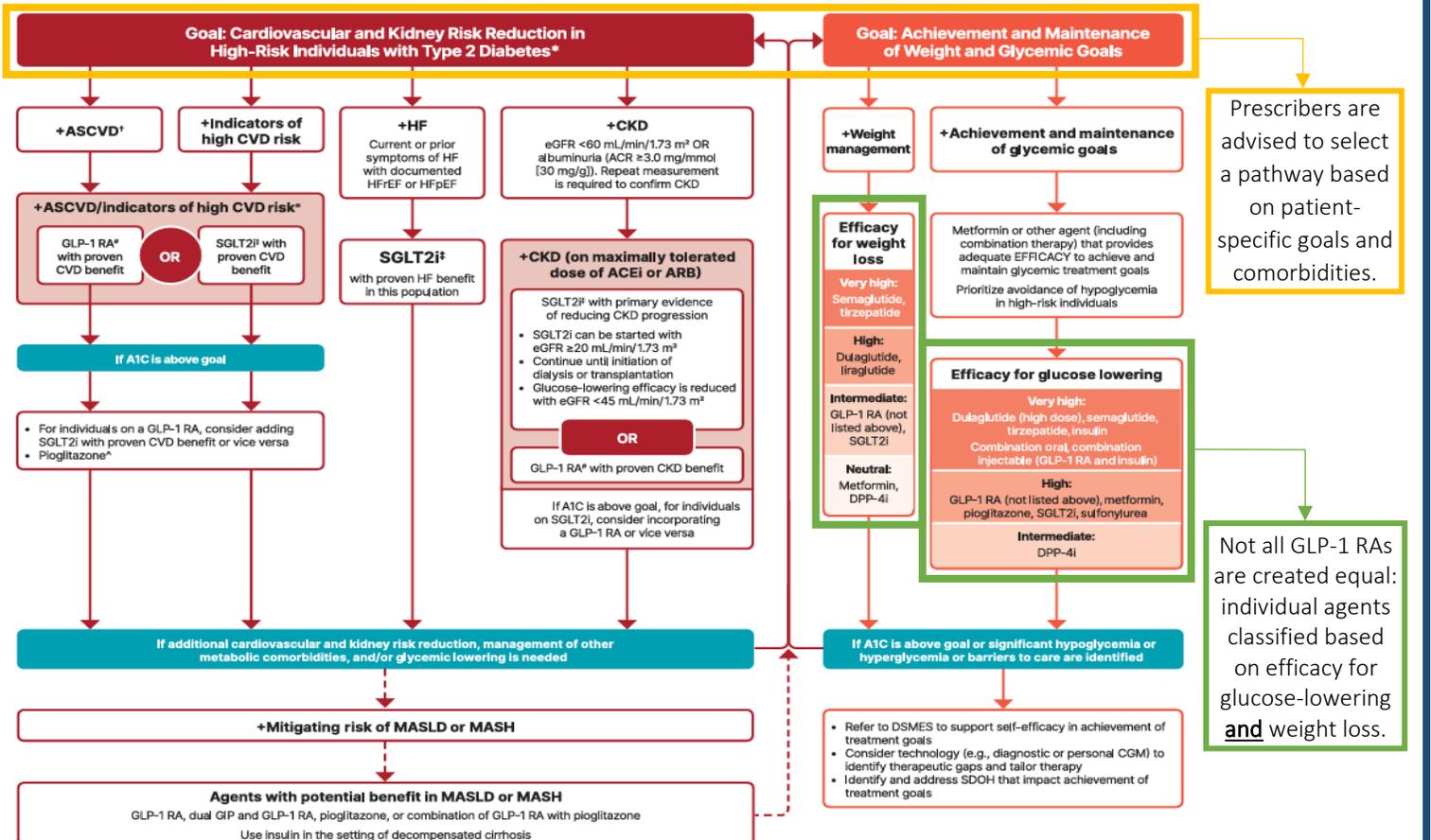


Updated Treatment Algorithm for T2DM:

Adapted from: Figure 9.3 in Diabetes Care 2025;48(Suppl. 1).



Prescribers are advised to select a pathway based on patient-specific goals and comorbidities.

Not all GLP-1 RAs are created equal: individual agents classified based on efficacy for glucose-lowering **and** weight loss.

Key Highlights:

- Two pathways: “Cardiovascular and Kidney Risk Reduction” OR “Achievement and Maintenance of Weight and Glycemic Goals”.
- Now includes recommendations for prevention/treatment of metabolic dysfunction-associated liver disease.
- Aim for any magnitude of weight loss (3-7% from baseline improves glycemia and intermediate CV risk factors, >10% from baseline confers greater benefits and may improve long-term outcomes and mortality). Efficacy of/access to newer medications such as tirzepatide and semaglutide allows for greater % weight loss (15-20% from baseline).
 - For those who achieve weight loss goals – pharmacotherapy for weight management should be continued indefinitely.
 - Provide ongoing support and monitoring (monthly contact has been shown to be effective long-term).

Management of Medication Shortages:

- Use of non-FDA-approved compounded products (specifically GLP-1 RAs) is not recommended due to safety, quality, and effectiveness concerns which pose significant risks to patients.
- During a shortage, it is recommended to switch to a different FDA-approved agent in the same class, if available.
 - Once original medication becomes available again, reassess the patient to determine dosage and appropriateness of resuming the desired medication.

Use of Continuous Glucose Monitors:

- It is now recommended to consider using CGM in patients with type 2 diabetes who are being treated with non-insulin antihyperglycemic agents to help achieve and maintain individualized glycemic goals (Level of Evidence: B).
- Use of real-time CGM remains a level A recommendation in all patients with diabetes (of any type) being treated with insulin.