Pharmacy Pearls

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2026 ADA Standards of Care in Diabetes: Key updates

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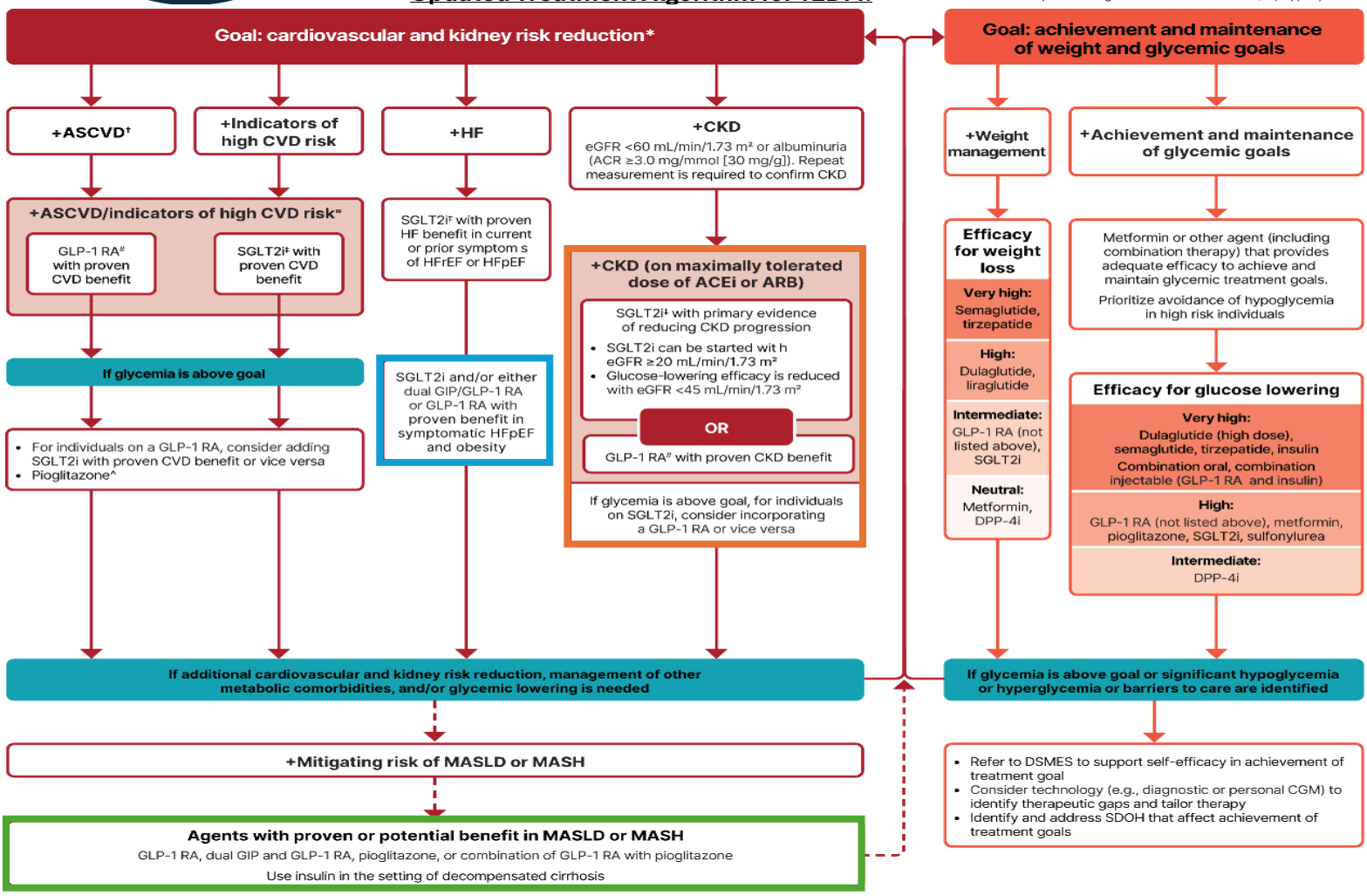
Updated Treatment Algorithm for T2DM:

Adapted from: Figure 9.4 in Diabetes Care 2026;49(Suppl. 1).



HFpEF

(Level of Evidence: A)

Proven benefit:
tirzepatide (GIP/GLP-1 RA)
semaglutide (GLP-1 RA)
SGLT2is

MASLD and MASH

(Level of Evidence: A)

Proven benefit:
semaglutide (GLP-1 RA)

Potential benefit:
tirzepatide (GIP/GLP-1 RA)
other GLP-1 RAs

CKD

SGLT2 inhibitor or GLP-1 RA with demonstrated benefit should be used for both glycemic management and for slowing progression of CKD and reduction in cardiovascular events **(irrespective of HbA1C)**

Long-term Management

For those who achieve weight loss goals – pharmacotherapy for weight management should be **continued indefinitely.**

Recommendations for all individuals with diabetes:

- Use of continuous glucose monitoring (CGM) is recommended at diabetes onset and anytime thereafter for adults with diabetes:
  - On insulin therapy *(Level of Evidence: A)*
  - Noninsulin therapies that can cause hypoglycemia *(Level of Evidence: B)*
  - Any diabetes treatment where CGM aids in management *(Level of Evidence: B)*

Treatment of obesity in type 1 diabetes:

- Apply obesity management strategies used in the general adult population including:
  - GLP-1 RA-based therapy *(Level of Evidence: B)*
  - Metabolic surgery *(Level of Evidence: C)*

Treatment of hypertension with diabetes:

- Goal <130/80 mmHg *(Level of Evidence: A)*
- Systolic <120 mmHg encouraged *(Level of Evidence: A)*

Diabetes Care 2026;49(Suppl. 1): S175-S176, S190-S197, S218-S219.