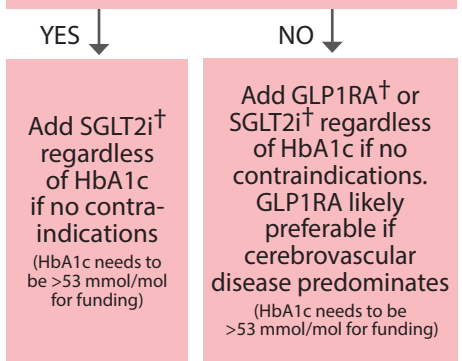
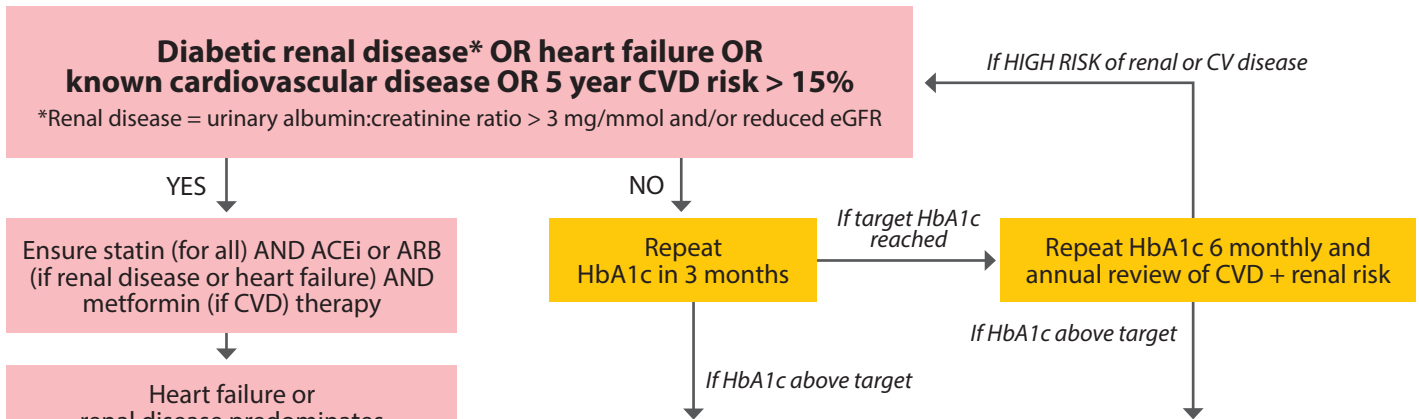


INITIAL MANAGEMENT

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

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 [†]	GLP1RA [†]	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 [†]	SA only [†]	Yes	Yes	Yes	Yes

If unable to tolerate or HbA1c remains above target

GLP1RA[†] preferred next therapy after SGLT2i[†]
 SGLT2i[†] preferred next therapy after GLP1RA[†]
 (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

Expiry date: 30 June 2022