



Visual summary of recommendation

This graphic summarises risk-stratified recommendations regarding prioritised medications for adults with type 2 diabetes. Recommendations are provided for adults at lower, moderate, and higher risk of cardiovascular and kidney complications. Subsequent iterations of the guideline will incorporate the latest available evidence and additional medications. MAGICapp displays the most recent version of the guideline and full content including evidence summaries and decision aids; major guideline updates will be published in The BMJ.



MAGIC app

See more details of recommendations and evidence base



Population

Recommendations apply to:

- ✓ All adults with type 2 diabetes regardless of ethnicity, sex, gender or comorbidities
- ✓ With or without cardiovascular or kidney disease

Who want to: ⁱ

- ✓ Reduce the risk of major cardiovascular and kidney complications
- and/or ✓ Achieve weight loss

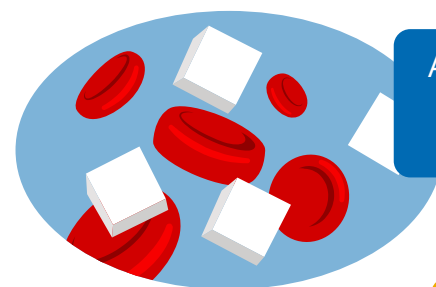
Increased priority for many adults with obesity

May or may not apply to:

- ? People at either extreme of glycaemic control Those with very strictly or poorly controlled HbA1c

Do not apply to:

- ✗ People with specific kidney-related conditions ⁱ



Adults with type 2 diabetes

+

No established cardiovascular or chronic kidney disease

Established cardiovascular disease ⁱ

Established chronic kidney disease ⁱ

and/or

3 or fewer additional cardiovascular risk factors ⁱ

More than 3 additional cardiovascular risk factors ⁱ

Moderate risk of complications

Higher risk of complications

Risk of major cardiovascular and kidney complications

Lower

Moderate

Higher



Strong recommendations in favour



Weak recommendations in favour



Weak recommendations against

SGLT-2 inhibitors ⁱ

GLP-1 receptor agonists ⁱ

SGLT-2 inhibitors ⁱ

GLP-1 receptor agonists ⁱ

Finerenone ⁱ

Individuals with chronic kidney disease

Tirzepatide ⁱ

Individuals with obesity

SGLT-2 inhibitors ⁱ

GLP-1 receptor agonists ⁱ

Finerenone ⁱ

Individuals with chronic kidney disease

MATCH-IT

Use the interactive multiple comparison tool to compare and choose treatments

Lower risk

Moderate risk

Higher risk



Additional considerations

Choosing therapeutics

When choosing between therapeutics, decisions will be contextual, tailored to a given individual and informed by shared decision making.

Choices between therapeutics will be informed by availability, individual preferences (including preferred route and frequency of administration), concomitant therapies and other comorbidities



Combining therapeutics

Most therapeutics for which recommendations are provided can be used in combination with one another, except GLP-1 receptor agonists and tirzepatide (similar mechanisms of action).

Users may choose to avoid combining candidate therapeutics where the additive burden of administration or additive harms of treatment are substantial, or where additive benefits are not anticipated to be substantial



Choosing between SGLT-2 inhibitors and GLP-1 receptor agonists

Both therapeutics can be used in combination. When choosing which to initiate first, adults should weigh the specific cardiovascular and kidney benefits and reduction in body weight offered by both medications. Adults with established heart failure may favour SGLT-2 inhibitors. Adults with obesity at lower risk of complications may favour GLP-1 receptor agonists.

Choosing between GLP-1 receptor agonists and tirzepatide



One should weigh the higher certainty of cardiovascular and kidney benefits (offered by GLP-1 receptor agonists) against larger weight loss benefits (offered by tirzepatide)



Adults with obesity and higher risk of complications

In adults with obesity at higher risk of cardiovascular or kidney complications, tirzepatide should generally not replace medications effective in reducing the risk of these complications. If replacing a GLP-1 receptor agonist, initiation or continuation of an SGLT-2 inhibitor is indicated



A detailed summary of benefits and harms associated with medications is available in the linked systematic review and network meta-analysis