

UW Medicine | VALLEY MEDICAL CENTER

Ambulatory Care Pathway: Medications for Diabetes

All patients should undergo comprehensive lifestyle modification

Step 1: Metformin as first-line therapy for all patients unless contraindicated (eGFR < 30) or intolerant

Glycemic goals met?

No

Is A1c ≥ 9?

Yes

Symptomatic?²

Yes

No

Step 2: Start with GLP-1RA

Glycemic goals met?

No

Refer to Insulin Management for Diabetes

Yes

High-Risk or Established ASCVD, CKD, or HF?

No

Step 2: GLP-1RA/SGLT2i with proven CVD benefit

- SGLT2i if HF/CKD predominate
- If GFR not adequate, GLP-1RA with proven benefit

Glycemic goals met?

No

Step 3: Add an agent from a different drug class

- If on a GLP-1RA, consider adding SGLT2i with proven CVD benefit and vice versa
- DPP-4i if not on GLP-1RA (avoid Saxagliptin in the setting of HF)
- Avoid TZD in the setting of HF

Glycemic goals met?

No

Step 4: Add an agent from a different drug class
Consider adding basal insulin

Step 2: Start with either of the following:

- DPP-4i
- GLP-1RA
- SGLT2i
- TZD

Glycemic goals met?

No

Step 3: Add an agent from a different drug class

Glycemic goals met?

No

1. Glycemic Goals
Refer to Table 1

2. Symptomatic
Polydipsia, Polyuria, Blurry Vision, Weight loss

3. Cost Concerns
SU, TZD, and basal insulin have lower costs

4. Weight Concerns

- GLP-1RA/SGLT2i preferred if compelling need to minimize weight gain or promote wt loss
- If triple therapy required and/or cannot use SGLT2i and/or GLP-1RA, consider DPP-4i

5. Standards of Care

Utilize ADA Standards of Care Pharmacologic Approaches to Glycemic Treatment

This pathway is informational and for general guidance only. It is not intended to be used as or replace actual clinical judgment.



Last Updated: Aug 2022
Next Expected Review: Aug 2025
For questions about this pathway, email:
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