

## General points for use

- Unless otherwise stated, recommendations apply to any member of a class of drugs. For GLP-1 receptor agonists, at the time of publication (February 2026) this only includes liraglutide, dulaglutide, and semaglutide. For subcutaneous semaglutide (Ozempic), this only includes doses up to 1 mg once a week. When more than 1 medicine from the same drug class are equally suitable for the person, use the least expensive. In the table, 'not suitable' means contraindicated or not tolerated.
- For people with more than 1 comorbidity (for example, atherosclerotic cardiovascular disease and heart failure), compare the rows to reach a decision with and for the person. See the guideline for prescribing for people with eGFR below 30 ml/min/1.73 m<sup>2</sup> or with frailty. See [summaries of product characteristics](#), the [BNF](#) and [MHRA drug safety updates](#) (DSUs) for contraindications, warnings, safety recommendations and any monitoring requirements for medicines.
- Do not offer both a GLP-1 receptor agonist or tirzepatide and a DPP-4 inhibitor together to treat type 2 diabetes.
- Consider continuing SGLT-2 inhibitors for their cardiovascular or renal benefits, even if they do not help the person reach their individualised glycaemic targets.
- Stop GLP-1 receptor agonists or tirzepatide if the person becomes underweight (BMI under 18.5 kg/m<sup>2</sup>) or if they do not help the person reach their individualised glycaemic targets and they are not being taken for their cardiovascular benefits.

	Modified release metformin	SGLT-2 inhibitor	GLP-1 receptor agonist	Tirzepatide	DPP-4 inhibitor	Sulfonylurea	Pioglitazone	Insulin
Type 2 diabetes and no relevant comorbidity	Offer as initial treatment with an SGLT-2 inhibitor	Offer as initial treatment with metformin, or as monotherapy if metformin is not suitable	No recommendation	No recommendation	Offer to add to initial treatment if the person needs further medicines to reach their glycaemic target	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>• the person needs further medicines to reach their glycaemic target and</li> <li>• a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to pioglitazone or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>• the person needs further medicines to reach their glycaemic target and</li> <li>• a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>• the person needs further medicines to reach their glycaemic target and</li> <li>• a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to sulfonylurea or pioglitazone)
Type 2 diabetes and heart failure	Offer as initial treatment with an SGLT-2 inhibitor	Offer as initial treatment with metformin, or as monotherapy if metformin is not suitable	No recommendation: see recommendations for other comorbidities if relevant	No recommendation: see recommendations for other comorbidities if relevant	Offer to add to initial treatment if the person needs further medicines to reach their glycaemic target	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>• the person needs further medicines to reach their glycaemic target and</li> <li>• a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to insulin)	Contraindicated	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>• the person needs further medicines to reach their glycaemic target and</li> <li>• a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to sulfonylurea)
Type 2 diabetes and atherosclerotic cardiovascular disease (ASCVD) <small>ASCVD at diagnosis or if the person develops it after starting initial treatment</small>	Offer as initial treatment with an SGLT-2 inhibitor and semaglutide (GLP-1 receptor agonist)	Offer as initial treatment with metformin and semaglutide (GLP-1 receptor agonist), or with semaglutide if metformin is not suitable	Offer as initial treatment subcutaneous semaglutide (Ozempic) up to 1 mg once a week with metformin and an SGLT-2 inhibitor, or with an SGLT-2 inhibitor if metformin is not suitable	No recommendation	No recommendation	Offer to add to initial treatment if the person needs further medicines to reach their glycaemic target (alternative to pioglitazone or insulin)	Offer to add to initial treatment if the person needs further medicines to reach their glycaemic target (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if the person needs further medicines to reach their glycaemic target (alternative to sulfonylurea or pioglitazone)

	Modified release metformin	SGLT-2 inhibitor	GLP-1 receptor agonist	Tirzepatide	DPP-4 inhibitor	Sulfonylurea	Pioglitazone	Insulin
Early onset type 2 diabetes	Offer as initial treatment with an SGLT-2 inhibitor	Offer as initial treatment with metformin, or as monotherapy if metformin is not suitable	Consider, as initial treatment, with metformin and an SGLT-2 inhibitor (for its cardiovascular, renal and glycaemic benefits) or with an SGLT-2 inhibitor alone if metformin is not suitable (alternative to tirzepatide)	Consider, as initial treatment, with metformin and an SGLT-2 inhibitor (for its glycaemic benefits) or with an SGLT-2 inhibitor alone if metformin is not suitable (alternative to GLP-1 receptor agonist)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist or tirzepatide are not suitable</li> </ul>	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to pioglitazone or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to sulfonylurea or pioglitazone)
			Consider adding to initial treatment if the person needs further medicines to reach their glycaemic target (alternative to tirzepatide)	Consider adding to initial treatment if the person needs further medicines to reach their glycaemic target (alternative to GLP-1 receptor agonist)		Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to pioglitazone or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to sulfonylurea or pioglitazone)
Type 2 diabetes and obesity	Offer as initial treatment with an SGLT-2 inhibitor	Offer as initial treatment with metformin, or as monotherapy if metformin is not suitable	Consider adding to initial treatment if <ul style="list-style-type: none"> <li>the person has been taking this for at least 3 months and</li> <li>they need further medicines to reach their glycaemic target</li> </ul> (alternative to tirzepatide)	Consider adding to initial treatment if <ul style="list-style-type: none"> <li>the person has been taking this for at least 3 months and</li> <li>they need further medicines to reach their glycaemic target</li> </ul> (alternative to GLP-1 receptor agonist)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist or tirzepatide are not suitable or not effective</li> </ul>	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to pioglitazone or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a GLP-1 receptor agonist, tirzepatide or a DPP-4 inhibitor are not suitable or not effective</li> </ul> (alternative to sulfonylurea or pioglitazone)
						Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to pioglitazone or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to sulfonylurea or insulin)	Offer to add to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a GLP-1 receptor agonist or tirzepatide</li> </ul> (alternative to sulfonylurea or pioglitazone)

	Modified release metformin	SGLT-2 inhibitor	GLP-1 receptor agonist	Tirzepatide	DPP-4 inhibitor	Sulfonylurea	Pioglitazone	Insulin
<p><b>Type 2 diabetes and chronic kidney disease (CKD)</b></p> <p>eGFR above 30 ml/min/1.73 m<sup>2</sup></p>	Offer as initial treatment with an SGLT-2 inhibitor	Offer as initial treatment with metformin, or as monotherapy if metformin is not suitable			Consider adding to initial treatment if the person needs further medicines to reach their glycaemic target	Consider adding to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to pioglitazone or insulin)	Consider adding to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to sulfonylurea or insulin)	Consider adding to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>a DPP-4 inhibitor is not suitable or not effective</li> </ul> (alternative to sulfonylurea or pioglitazone)
				No recommendation: see recommendations for other comorbidities if relevant	No recommendation: see recommendations for other comorbidities if relevant		Consider adding to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a DPP-4 inhibitor</li> </ul> (alternative to pioglitazone or insulin)	Consider adding to initial treatment if: <ul style="list-style-type: none"> <li>the person needs further medicines to reach their glycaemic target and</li> <li>they are already taking a DPP-4 inhibitor</li> </ul> (alternative to sulfonylurea or insulin)