

Initial treatment for most people with type 2 diabetes (noting additional guidance in the groups alongside)

Offer **metformin** (M/R preferred) and an **SGLT2i**

- If metformin is contraindicated or not tolerated, offer an **SGLT2i** alone

Chronic kidney disease

eGFR >30:

Offer **metformin** M/R and an **SGLT2i**

eGFR 20–30:

Offer **dapagliflozin** or **empagliflozin** and a **DPP-4i**

eGFR <20:

Consider a **DPP-4i**; if DPP-4i contraindicated, not tolerated or not effective, consider **pioglitazone** or **insulin**

Early-onset type 2 diabetes

Consider triple therapy as first line: **metformin** M/R, **SGLT2i**, plus either a **GLP-1 RA** or **tirzepatide**

ASCVD

Offer triple therapy as first line: **metformin** M/R, **SGLT2i**, subcutaneous **semaglutide** (up to 1 mg per week)

Frailty

Offer **metformin** M/R
Add an **SGLT2i** only if level of frailty does not place the person at risk of adverse events (e.g. hypotension).
If at risk, offer a **DPP-4i**



Key point summaries for starting SGLT2i therapy designed for people with type 2 diabetes and healthcare professionals are available from the Improving Diabetes Steering Committee,² and an **interactive tool** to assist with identifying cautions or contraindications in SGLT2i use is [available here](#).