

Healthy lifestyle behaviors, self-management education/support, and social determinants of health should be considered in all patients

First-line pharmacotherapy (metformin or other agents) should be selected based upon patient-specific factors (e.g., glycemic goals, weight goals, comorbidities, tolerability, cost)

Consider combination pharmacotherapy at initiation if A1C ≥1.5% above target goal

Consider early insulin initiation if A1C >10%, BG ≥300 mg/dL, or symptoms of hyperglycemia (e.g., polydipsia, polyuria, unexpected weight loss)

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Reassess treatment plan every 3-6 months and modify, if appropriate

Type 2 Diabetes Pharmacotherapy

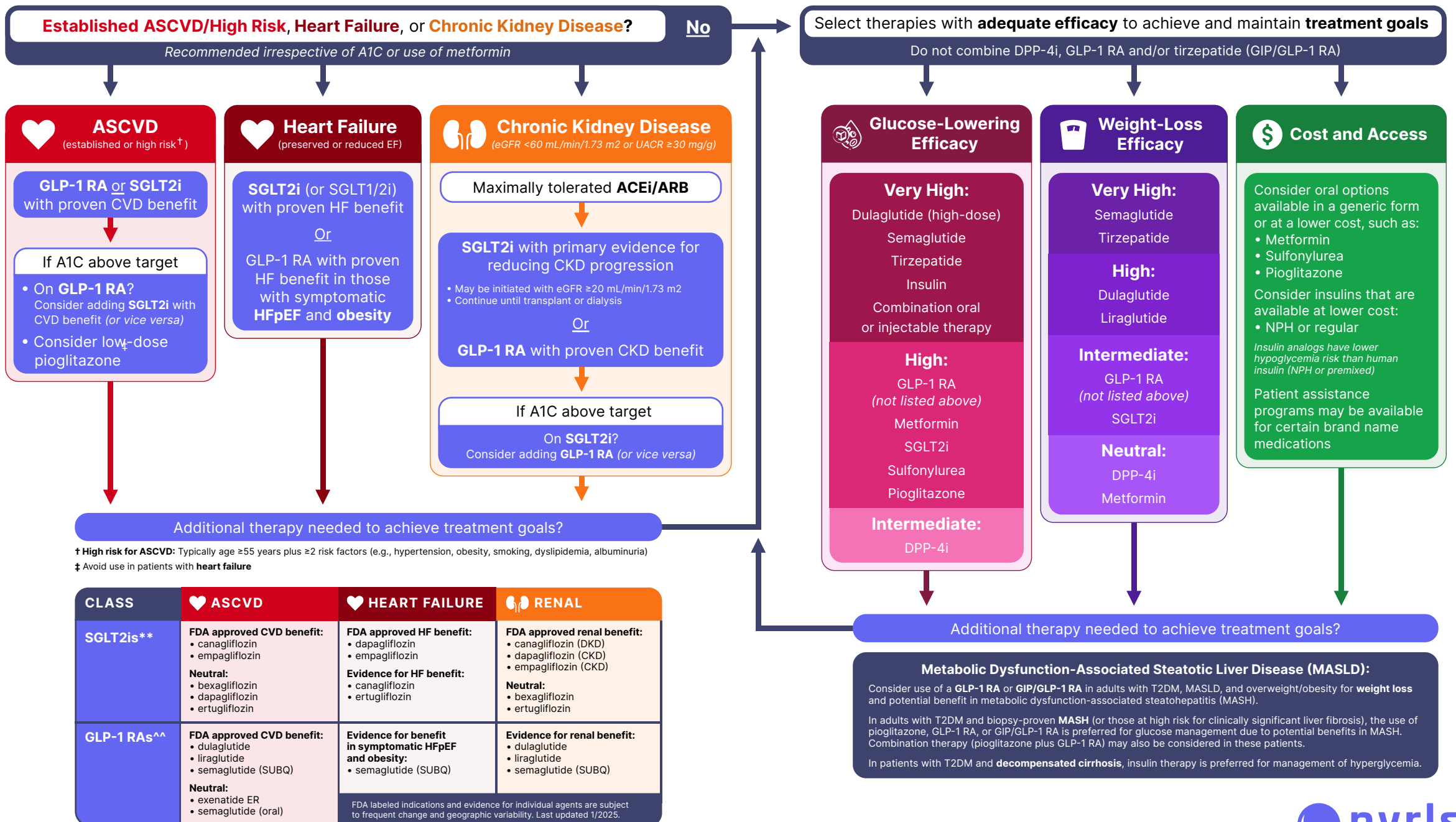
Adapted from the 2025 ADA Standards of Care in Diabetes

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Glycemic Treatment Goals	POPULATION	A1C	PREPRANDIAL	2-HR PPG
Must be individualized and periodically reassessed after considering patient-specific characteristics	Most patients*	<7%	80-130 mg/dL	<180 mg/dL
	Certain patients^	<8%	--	--

* Stricter goals may be reasonable for certain patients, if achievable without significant hypoglycemia risk

^ e.g., risk of severe hypoglycemia, limited life expectancy, significant comorbidities



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