








# Type 2 Diabetes Drug Class Comparison

 T2DM Drug Class	 Mechanism	 Route	 A1C Lowering*	 Hypoglycemia Risk	 Weight Effect*	 Cost
<b>Biguanides</b> (metformin)	Decreases hepatic production of glucose; increases insulin sensitivity	Oral	<div><div></div><div></div><div></div></div>	No	<div><div></div></div> <div>Potential for weight loss</div>	\$
<b>SGLT2 inhibitors</b>	Increases urinary glucose excretion	Oral	<div><div></div><div></div></div>	No	<div><div></div><div></div></div> <div>Weight loss</div>	\$\$\$
<b>GLP-1 receptor agonists</b> <sup>^</sup>	Increases glucose-dependent insulin release; decreases glucagon secretion; slows gastric emptying	SUBQ/ Oral	<div><div></div><div></div><div></div><div></div></div>	No	<div><div></div><div></div><div></div></div> <div>Weight loss</div>	\$\$\$\$
<b>GIP/GLP-1 receptor agonists</b> (e.g., tirzepatide)	Increases glucose-dependent insulin release; decreases glucagon secretion; slows gastric emptying	SUBQ	<div><div></div><div></div><div></div><div></div><div></div></div>	No	<div><div></div><div></div><div></div><div></div></div> <div>Weight loss</div>	\$\$\$\$
<b>DPP-4 inhibitors</b>	Increases glucose-dependent insulin release; decreases glucagon secretion	Oral	<div><div></div></div>	No	<div></div> <div>Neutral</div>	\$\$\$
<b>Thiazolidinediones</b>	Increases insulin sensitivity in muscle, fat, and liver cells; increases glucose entry into cells	Oral	<div><div></div><div></div></div>	No	<div><div></div></div> <div>Weight gain</div>	\$ <sup>†</sup>
<b>Sulfonylureas</b>	Stimulates insulin secretion from pancreatic beta cells	Oral	<div><div></div><div></div><div></div></div>	Yes	<div><div></div></div> <div>Weight gain</div>	\$
<b>Insulin analogs</b>	Stimulates peripheral glucose uptake by skeletal muscle and fat tissue; inhibits hepatic glucose production	SUBQ	<div><div></div><div></div><div></div><div></div><div></div></div> <div>Titrate to response</div>	Yes	<div><div></div><div></div><div></div></div> <div>Weight gain</div>	\$\$\$
<b>Human insulins</b>	Stimulates peripheral glucose uptake by skeletal muscle and fat tissue; inhibits hepatic glucose production	SUBQ/ Inhaled	<div><div></div><div></div><div></div><div></div><div></div></div> <div>Titrate to response</div>	Yes	<div><div></div><div></div><div></div></div> <div>Weight gain</div>	\$ SUBQ \$\$\$\$\$ Inhaled



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\* The extent of A1C lowering and weight change is highly variable based on factors including baseline A1C and weight, patient-specific characteristics, lifestyle modifications, and the number of drugs in the regimen.

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<sup>^</sup> The GLP-1 receptor agonists dulaglutide and subcutaneous semaglutide have notably greater A1C-lowering efficacy and weight loss effects than other GLP-1 receptor agonists.

<sup>†</sup> Pioglitazone is generic and has low cost; however, rosiglitazone (Avandia®), which is currently unavailable in the US, was not available as a generic.

**References:** [1] American Diabetes Association Professional Practice Committee. American Diabetes Association. Standards of Care in Diabetes - 2025. Diabetes Care 1 January 2025; 48 (Supplement\_1): S1–S352.  
[2] Individual manufacturer product labels