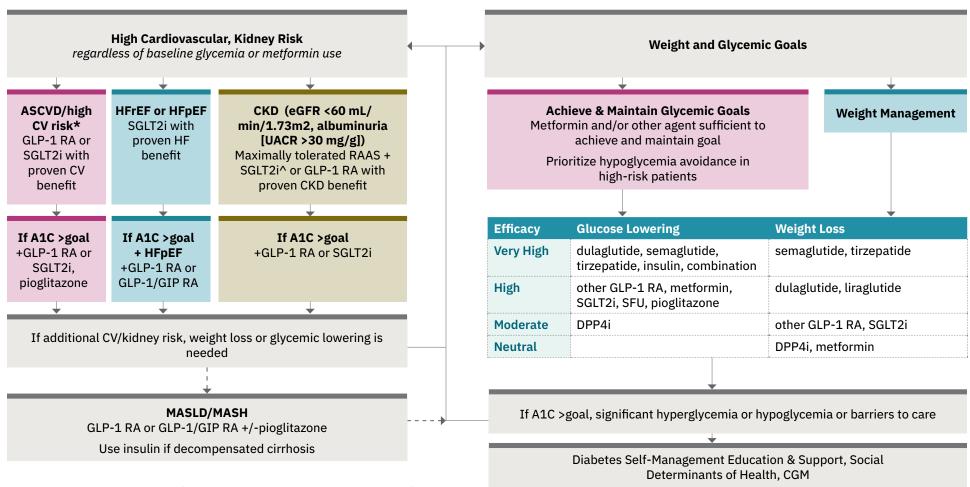
## Modified ADA Diabetes Algorithm: Pharmacologic Treatment



Healthy Lifestyle, Diabetes Self-Management Education & Support, Social Determinants of Health



<sup>\*≥55</sup> years of age with 2+ additional risk factors (obesity, hypertension, smoking, dyslipidemia, or albuminuria).
^if eGFR >20 mL/min/1.73m², continue until needing dialysis. Glucose lowering effect reduced if eGFR <45 mL/min/m².

ASCVD = atherosclerotic cardiovascular disease; CGM = continuous glucose monitoring; CKD = chronic kidney disease; CV = cardiovascular; DPP4i = dipeptidyl peptidase-4 inhibitor; EF = ejection fraction; eGFR = estimated glomerular filtration rate; GIP = gastric inhibitory peptide; GLP-1 RA = glucagon-like peptide-1 receptor agonist; HFpEF = heart failure preserved ejection fraction; HFpEF = heart failure reduced ejection fraction; MASH = metabolic dysfunction associated steatohepatitis; MASLD = metabolic dysfunction associated steatohepatitis; MASLD = metabolic dysfunction associated steatotic liver disease; RAAS = renin angiotensin aldosterone system; SGLT2i = sodium-glucose cotransporter-2 inhibitor; SFU = sulfonylurea; UACR = urine albumin/creatinine.

Adapted from 9. Pharmacologic approaches to glycemic treatment: standards of care in diabetes-2025. Diabetes Care.1

Table 1. Cardiovascular and Renal Benefits of Medications for Treatment of Type 2 Diabetes<sup>1,2</sup>

Drug	ASCVD	Heart Failure	Chronic Kidney Disease	MASH
SGLT-2i	canagliflozin empaglifozin	canagliflozin empaglifozin dapagliflozin ertugligozin	canagliflozin dapagliflozin empaglifozin	Possible benefit
GLP-1 RA	dulaglutide liraglutide semaglutide (SQ)	semaglutide* tirzepatide*	dulaglutide^ liraglutide^ semaglutide (SQ)^	Potential benefit
Thiazolidinediones	pioglitazone (secondary prevention)	Avoid		Potential benefit

ASCVD = atherosclerotic cardiovascular disease; GLP-1 RA = glucagon-like peptide-1 receptor agonist; MASH = metabolic dysfunction associated steatohepatitis; SGLT2i = sodium-glucose cotransporter-2 inhibitor; SQ = subcutaneous.

Items in bold are preferred in Ohio Medicaid Unified Formulary.

## References

- 1. American Diabetes Association Professional Practice Committee. 9. Pharmacologic approaches to glycemic treatment: standards of care in diabetes-2025. Diabetes Care. 2025 Jan 1;48(Supplement\_1):S181-S206. doi: 10.2337/dc25-S009.
- Ohio Department of Medicaid. 2025 Unified Preferred Drug List. https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/PHM/drug-coverage/20250401\_UPDL\_v2\_approved.pdf Published April 1, 2025. Accessed May 5, 2025.

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<sup>\*</sup>Benefit in HFpEF only: semaglutide reduced symptoms and tirzepatide reduced a composite of cardiovascular death or worsening heart failure.

<sup>^</sup>Semaglutide demonstrated reduction in progression of chronic kidney disease in a dedicated renal study. Dulaglutide and liraglutide demonstrated reduction in albuminuria.