Pharmacologic Agents for Diabetes & Obesity

There is strong and consistent evidence that obesity management:

1. Can delay the progression from prediabetes to type 2 diabetes
2. Is highly beneficial in treating type 2 diabetes
3. Improves glycemia and reduces the need for glucose-lowering medications
4. Substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years
5. Can aid in achieving and maintaining meaningful weight loss and reducing obesity-associated health risks

TREATMENT OPTIONS FOR OVERWEIGHT AND OBESITY IN TYPE 2 DIABETES

<table>
<thead>
<tr>
<th>BMI category (kg/m²)</th>
<th>Treatment</th>
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</thead>
<tbody>
<tr>
<td>25.0–26.9 (or 23.0–24.9*)</td>
<td>Intensive behavioral counseling †</td>
</tr>
<tr>
<td>27.0–29.9 (or 25.0–27.4*)</td>
<td>Obesity pharmacotherapy †</td>
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<tr>
<td>≥30.0 (or ≥27.5*)</td>
<td>Bariatric surgery †</td>
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</tbody>
</table>

*Recommended cut points for Asian American individuals (expert opinion).
† Treatment may be indicated for select motivated individuals.

WEIGHT LOSS EFFICACY OF GLUCOSE-LOWERING MEDICATIONS:

- **VERY HIGH**
  - Semaglutide (SC or PO)
  - Tirzepatide

- **HIGH**
  - Dulaglutide
  - Liraglutide

- **INTERMEDIATE**
  - Exenatide
  - Lixisenatide
  - SGLT2i

- **NEUTRAL**
  - DPP-4i
  - Metformin

GLUCOSE-LOWERING MEDICATIONS

- Consider weight when choosing glucose-lowering medications for people with type 2 diabetes and overweight or obesity.
- Minimize medications for comorbid conditions that are associated with weight gain.
- Obesity pharmacotherapy is effective as an adjunct to nutrition, physical activity, and behavioral counseling for selected people with type 2 diabetes and BMI ≥27 kg/m². Potential benefits and risks must be considered.
- If obesity pharmacotherapy is effective (typically defined as ≥5% weight loss after 3 months’ use), further weight loss is likely with continued use.
- When early response to obesity pharmacotherapy is insufficient (typically <5% weight loss after 3 months’ use) or if there are significant safety or tolerability issues, evaluate for discontinuation, substitution, or addition of different treatment approaches.

SGLT2i = sodium–glucose cotransporter 2 inhibitor
DPP-4i = dipeptidyl peptidase 4 inhibitors
Learn more at diabetes.org | 1-800-DIABETES (1-800-342-2383)
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