

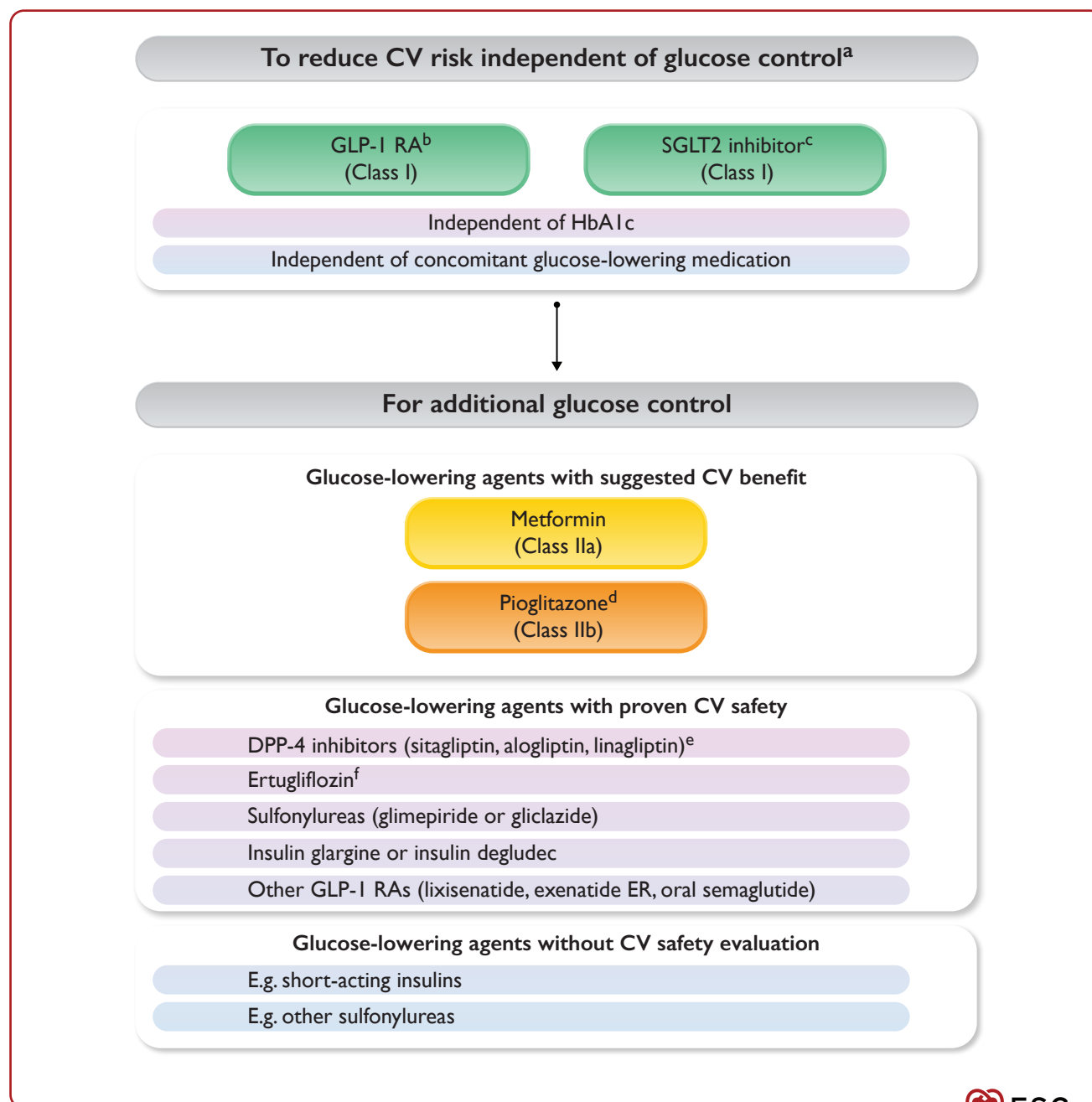


Figure 8 Glucose-lowering treatment for patients with type 2 diabetes and atherosclerotic cardiovascular disease to reduce cardiovascular risk. ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; CV, cardiovascular; DPP-4, dipeptidyl peptidase-4; eGFR, estimated glomerular filtration rate; ER, extended release; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HbA1c, glycated haemoglobin; MACE, major adverse cardiovascular events; s.c., subcutaneous; SGLT2, sodium–glucose co-transporter-2; T2DM, type 2 diabetes mellitus. ^aIn patients with ASCVD and T2DM, it is recommended to treat with a GLP-1 RA and an SGLT2 inhibitor with proven benefit to reduce CV risk, independent of HbA1c and concomitant glucose-lowering medications. If additional glucose control is needed, treatment with metformin should be considered and treatment with pioglitazone may be considered. ^bGLP-1 RAs with proven CV benefit: liraglutide, semaglutide s.c., dulaglutide, efpeglenatide. ^cSGLT2 inhibitors with proven CV benefit: empagliflozin, canagliflozin, dapagliflozin, sotagliflozin. ^dPioglitazone should not be used in patients with heart failure; the use in CKD requires caution as intravascular volume expansion and heart failure are common at reduced eGFR. ^eDPP-4 inhibitors should not be used in patients on GLP-1 RAs. ^fErtugliflozin in the VERTIS CV trial showed safety with respect to three-point MACE but no benefit.