

Initiate Basal Insulin

Usually with metformin +/- other noninsulin agent

Start: 10 U/day or 0.1-0.2 U/kg/day

Adjust: 10-15% or 2-4 units once or twice weekly to reach FBG target

For hypo: Determine & address cause; if no clear reason for hypo, ↓ dose by 4 units or 10-20%

If A1C not controlled, consider combination injectable therapy

Add 1 rapid-acting insulin injection before largest meal

Start: 4 units, 0.1 U/kg, or 10% dose. If A1C <8%, consider basal by same amount

Adjust: ↑ dose by 1-2 units or 10-15% once or twice weekly until SMBG target reached

For hypo: Determine and address cause; if no clear reason for hypo, ↓ corresponding dose by 2-4 units or 10-20%

A1C not controlled, advance to basal-bolus

Add ≥2 rapid-acting insulin injections before meals ('basal-bolus')

Start: 4 units, 0.1 U/kg, or 10% dose/meal. If A1C <8%, consider ↓ basal by same amount

Adjust: ↑ dose(s) by 1-2 units or 10-15% once or twice weekly to achieve SMBG target

For hypo: Determine and address cause; if no clear reason for hypo, ↓ corresponding dose by 2-4 units or 10-20%

Add GLP-1 RA

If not tolerated or A1C target not reached, change to 2 injection insulin regimen

If goals not met, consider changing to alternative insulin regimen

Change to premixed insulin twice daily (before breakfast and supper)

Start: Divide current basal into ⅓ AM, ⅓ PM or ½ AM, ½ PM

Adjust: ↑ dose by 1-2 units 10-15% once or twice weekly until SMBG target reached

For hypo: Determine and address cause; if no clear reason for hypo, ↓ corresponding dose by 2-4 units or 10-20%

If A1C not controlled, advance to 3rd injection

Change to premixed analog insulin 3 times (breakfast, lunch, supper)

Start: Add additional injections before lunch

Adjust: ↑ doses by 1-2 units 10-15% once or twice weekly to achieve SMBG target

For hypo: Determine and address cause; if no clear reason for hypo, ↓ corresponding dose by 2-4 units or 10-20%