An appropriate goal for most patients will be ≤ 7%, but a tighter or less stringent target may be advisable.

Tight target: ≤ 6.5%	Typical target: ≤ 7%	Less stringent target: ≤ 8%
• Younger patients with longer life expectancy • Newly diagnosed, without existing cardiovascular disease	**Best target for most patients**	• Frail elderly • High risk of hypoglycemia • Multiple comorbidities • Limited life expectancy

Use "Treat to Target" to increase insulin doses.*

• Start with 10 units of **basal** insulin (intermediate or long-acting) at bedtime.
• Adjust insulin dose every week, based on the mean self-monitored fasting blood glucose (FBG) values from the previous 2 days.

If mean FPG is:	Increase insulin by:
100-120 mg/dL	2 units
120-140 mg/dL	4 units
140-180 mg/dL	6 units
≥180 mg/dL	8 units

* Riddle MC, Rosenstock J, Gerich J. The treat-to-target trial: randomized addition of glargine or human NPH insulin to oral therapy of type 2 diabetic patients. *Diabetes care.* 2003;26(11):3080-3086.

Visit **AlosaHealth.org/modules/diabetes**
for extensive documentation of these recommendations and additional materials for prescribers and patients.
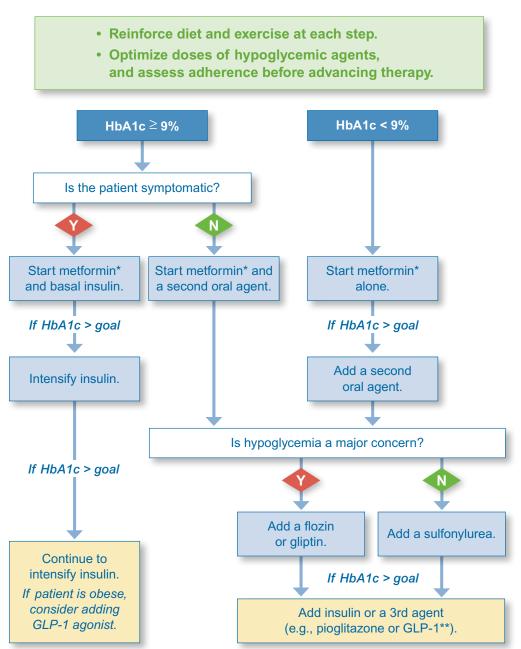
IDIS
Independent Drug
Information Service

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PACE
Pharmaceutical Assistance
Contract for the Elderly

Balanced information for better care

Algorithm for selecting treatment

- **Reinforce diet and exercise at each step.**
- **Optimize doses of hypoglycemic agents, and assess adherence before advancing therapy.**

| **HbA1c ≥ 9%** | | **HbA1c < 9%** |

Is the patient symptomatic?

Y → Start metformin* and basal insulin.

N → Start metformin* and a second oral agent.

Start metformin* alone.

If HbA1c > goal

Intensify insulin.

If HbA1c > goal

Add a second oral agent.

Is hypoglycemia a major concern?

Y → Add a flozin or gliptin.

N → Add a sulfonylurea.

If HbA1c > goal

Continue to intensify insulin.

If patient is obese, consider adding GLP-1 agonist.

If HbA1c > goal

Add insulin or a 3rd agent (e.g., pioglitazone or GLP-1**).

* If contraindicated or not tolerated, go to the next step.
** GLP-1 can be added when a gliptin is not selected as the second agent.

References and rationale for these recommendations are detailed in the evidence document provided at AlosaHealth.org.