



SGLT-2	Sodium-glucose co-transporter 2
PPAR	Peroxisome proliferator-activated receptor agonist
GLP-1	Glucagon-like peptide-1 receptor agonist
TZD	Thiazolidinediones
DPP-4	Dipeptidyl peptidase-4 inhibitor

**INSULIN TITRATION EVERY 2-3 DAYS TO REACH GLYCEMIC GOAL:**  
**FIXED REGIMEN:** Increase TDD by 2 units  
**ADJUSTABLE REGIMEN:**  
 FBG > 180 mg/dL: add 20% of TDD  
 FBG 140-180 mg/dL: add 10% of TDD  
**IF HYPOGLYCEMIA, REDUCE TDD BY:**  
 BG < 70 mg/dL: 10% – 20%  
 BG < 40 mg/dL: 20% – 40%

Consider discontinuing or reducing sulfonylurea after starting basal insulin (basal analogs preferred to NPH)  
**\*GLYCEMIC GOAL**  
 <7% → for most patients with DM2; FBS & premeal BG < 130 mg/dL; absence of hypoglycemia

A1C and FBG targets may be adjusted based on patient's age, duration of diabetes, presence of comorbidities, diabetic complications and hypoglycemia risk.

A1c goals in geriatric patients should be individualized and based on health complexity, life expectancy.

**INSULIN TITRATION EVERY 7 DAYS TO REACH GLYCEMIC GOAL**  
 Increase prandial dose by 10% or 1-2 units if 2-h postprandial glucose is > 180 mg/dL

**IF HYPOGLYCEMIA, REDUCE TDD**  
**BASAL AND/OR PRANDIAL INSULIN BY:**  
 BG consistently < 70 mg/dL: 10 – 20%  
 Severe hypoglycemia (requiring assistance from another person) or BG < 40 mg/dL: 20 – 40%

Dx Guidelines	DM Type	Population	Goal A1C	Target SMBG (avoid lo glu)	Periodic Testing & Immunizations	Lifestyle Modification
Pre-Diabetes: FPG 100-125 or 2hr 75g OGTT 140-199 or A1C 5.7-6.4	Pre DM	Overweight, ethnicity, HTN, gestational DM Hx, + FHx, CVD Hx, HDL <35 gm/dL, PCOS, physical inactivity			Annual A1C	If overweight achieve & maintain 7% of initial body weight ↑ physical activity 150 min/wk consider medical & surgical weight loss options (BMI>40, or BMI>35 Asian Americans) DASH or Mediterranean diet behavioral support counsel self-management education: avoid hypoglycemia nutrition & health coaching screen & counsel regarding tobacco ↓ alcohol intake Sleep disorder counseling
Diabetes: FPG≥126 or RBG≥200 or OGTT≥200 or A1 ≥6.5	1	Patients with insulin regimen & continuous glu monitoring	<6.5	80-130/<180 Refer to DM clinic	Lab tests: A1C & √ Med Compliance (q 3-6 months) Fasting Lipid Panel Comprehensive metabolic panel	
Confirming dx; repeat test another day unless clinical dx is clear	2	<65	<7	80-130/<180	Spot urine albumin to creatinine ratio TSH if Type 1 DM self-monitoring of blood glucose: 2x/day if not at goal or on intensive insulin therapy Retinal photo 1/yr unless followed by ophthalmology Complete foot exam 1/yr & inspect foot ea. visit	
		>65, ,Rx choices to reflect states CVA, CKD, CAD, CHF Dementia, blindness, amputation	<8	80-130/<180		
	Gestational & Insulin Pump	(Ø ACE in child-bearing age female without contraception, hx of BTL or hysterectomy)		Refer to DM OB/Endocrine clinic		

↑ benefit ↓ MED CLASS	risk or contraindication	IEHP, MEDICAL 2023	MSP
Biguanide ↑ ↑ ↑ Mt Control	↓ ↓ ↓	Metformin 500, 850, 1000 mg Metformin ER 500 mg	Metformin 500, 850, 1000 mg
Combination Biguanide-Sulfonylurea		Glipizide/Metformin 1.25-500,2.5-500,5-500, mg tab	
Amylin Analogue ↑ Mt Control		Pramlintide 1500/1.5,2700/2.7 ml pen injector	
DPP-4 Inhibitor	↓ ↓ CHF	***Restricted to patients who have tried or clinically significant adverse effects to a metformin-containing product*** Alogliptin 6.25,12.5,25 mg Linagliptin 5 mg tab Saxagliptin 2.5,5,25,50,100 mg tab Sitagliptin 25,50,100 mg	Non-formulary
DPP-4-Biguanide Combination		Alogliptin-Metformin 12.5-500,2.5-850,12.5-1000 mg tab Linagliptin/Metformin 2.5-500, 2.5-1000 mg tab Linagliptin/Metformin Int and ER 2.5-1000 mg tab Saxagliptin-Metformin ER 5-500,2.5-1000,5-1000 mg tab Sitagliptin-Metformin 50-500,50-1000 mg tab Sitagliptin-Metformin ER 50-500,50-1000, 100-1000 mg tab	
Sulfonylurea ↓ ↓ ↓		Glyburide 1.25, 2.5, 5 mg Glipizide 2.5,5,10 mg tab Glipizide ER 5,10 mg tab Glipizide 5, 10 mg Glimepiride 1, 2, 4 mg Chlorpropamide 250 mg tab Tolbutamide 500 mg tab	Glyburide 2.5, 5 mg Glipizide 5, 10 mg
Thiazolidinedione / PPAR-gamma agonists ↑ ↑ ↑ Mt Control	↓ ↓ ↓ CHF	Pioglitazone 15, 30, 45 mg	Pioglitazone 15, 30, 45 mg
Meglitinide		Nateglinide 60,120 tab	
SGLT-2 (DPP-4) inhibitors	↑ ↑ ↑ Mt Control CHF	**Requires prior use of Metformin** Dapagliflozin (Farxiga) 5, 10 mg Empagliflozin (Jardiance) 10, 25 mg	Non-formulary
SGLT-2-DPP-4 Inhibitor Combination		Empagliflozin/Linagliptin 10-5,25-5 mg tab	
GLP-1 *Remember to prescribe pen needles*		Exenatide 10/.04,5/.02 mcg/ml pen injector, Exenatide microspheres 2mg/.65 ml pen injector Dulaglutide 4.5/0.5,.75,a3/.5,1.5/.5/mg/ml pen injector Liraglutide .6/.1 mg/ml pen injector Semaglutide 3,7,14 mg tab Semaglutide .25,.5,1/.75 mg/ml pen injector	Non-formulary
Basal / Long-acting insulins *Remember to prescribe insulin syringes or pen needles*		Insulin Glargine, 100/ml pen & vial Insulin Degludec 200,100/ml pen Insulin Degludec 100/ml vial	Insulin glargine (Lantus) 100 units/mL vial
Intermediate-acting insulins *prescribe insulin syringes *		Insulin Aspart protamine 100 units/mL vial Insulin NPH Human Isophane	NPH (Novolin N) 100 units/mL vial
Rapid-acting insulins prescribe insulin syringes or pen needles*		Lispro (Humalog) 100 units/ml vial & pen Lispro ½ unit ml pen	Lispro (Humalog) 100 units/mL vial
Short-acting insulins		Insulin Reg, Human 100,500/ml vial Insulin Aspart 100 units/mL vial, cartridge, pen	Regular insulin (Novolin R) 100 units/mL vial
Combination Insulins		Insulin Lispro/Protamine 50/50 ml pen & vial NPH Hum/Reg 70-30/ml vial	