**Algorithm for Adding/Intensifying Insulin**

**START BASAL** (Long-Acting Insulin)

- **A1C < 8%**
  - TDD: 0.1–0.2 U/kg
  - Insulin titration every 2–3 days to reach glycemic goal:
    - Fixed regimen: Increase TDD by 2 U
    - Adjustable regimen:
      - FBG > 180 mg/dL: add 20% of TDD
      - FBG 140–180 mg/dL: add 10% of TDD
      - FBG 110–139 mg/dL: add 1 unit
      - If hypoglycemia, reduce TDD by:
        - BG < 70 mg/dL: 10% – 20%
        - BG < 40 mg/dL: 20% – 40%

- **A1C > 8%**
  - TDD: 0.2–0.3 U/kg

Consider discontinuing or reducing sulfonylurea after starting basal insulin (basal analogs preferred to NPH)

**INTENSIFY** (Prandial Control)

- **Add GLP-1 RA**
  - Add Prandial Insulin
  - Or SGLT-2i
  - Or DPP-4i

- **Basal Plus 1, Plus 2, Plus 3**
  - Begin prandial insulin before largest meal
  - If not at goal, progress to injections before 2 or 3 meals
  - Start: 10% of basal dose or 5 units

- **Basal Bolus**
  - Begin prandial insulin before each meal
  - 50% Basal / 50% Prandial
  - TDD 0.3–0.5 U/kg
  - Start: 50% of TDD in three doses before meals

Insulin titration every 2–3 days to reach glycemic goal:

- Increase prandial dose by 10% or 1-2 units if 2-h postprandial or next premeal glucose consistently > 140 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%

**Glycemic Goal:**

- <7% for most patients with T2D; fasting and premeal BG < 110 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

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