Algorithm for Adding/Intensifying Insulin

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

- **A1C < 8%**
  - TDD 0.1–0.2 U/kg

- **A1C > 8%**
  - TDD 0.2–0.3 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%

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

**INTENSIFY** (Prandial Control)

- Add GLP-1 RA
  - Or SGLT-2i
  - Or DPP-4i

- Add Prandial Insulin

  - **Basal Plus 1, Plus 2, Plus 3**
    - Basal Bolus
      - **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
      - Start: 50% of TDD in three doses before meals

Glycemic Control Not at Goal:

- <7% for most patients with T2D: fasting and premeal
- BG ≤ 150 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

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%