

**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% basal 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%

If 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% basal 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 dose into 2/3 AM, 1/3 PM or 1/2 AM, 1/2 PM  
**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%

If A1C not controlled, **advance to 3rd injection**

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

**Start:** Add additional injection before lunch  
**Adjust:** ↑ doses 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%

If goals not met, **consider changing to alternative insulin regimen**