

# Antihyperglycemic Therapy in Adults with Type 2 Diabetes

At diagnosis, initiate lifestyle management, set A1C target, and initiate pharmacologic therapy based on A1C:

A1C is less than 9%, **consider Monotherapy.**

A1C is greater than or equal to 9%, **consider Dual Therapy.**

A1C is greater than or equal to 10%, blood glucose is greater than or equal to 300 mg/dL, or patient is markedly symptomatic, **consider Combination Injectable Therapy** (See Figure 3).

## Monotherapy Lifestyle Management + Metformin

Initiate metformin therapy if no contraindications\* (See Table 7)

**A1C at target after 3 months of monotherapy?**

**Yes:** - Monitor A1C every 3–6 months

**No:** - Assess medication-taking behavior  
- Consider Dual Therapy

## Dual Therapy Lifestyle Management + Metformin + Additional Agent

**ASCVD?**

**Yes:** - Add agent proven to reduce major adverse cardiovascular events and/or cardiovascular mortality (see recommendations with \* on p. 24 and **Table 7**)

**No:** - Add second agent after consideration of drug-specific effects and patient factors (See Table 7)

**A1C at target after 3 months of dual therapy?**

**Yes:** - Monitor A1C every 3–6 months

**No:** - Assess medication-taking behavior  
- Consider Triple Therapy

## Triple Therapy Lifestyle Management + Metformin + Two Additional Agents

Add third agent based on drug-specific effects and patient factors<sup>#</sup> (See Table 7)

**A1C at target after 3 months of triple therapy?**

**Yes:** - Monitor A1C every 3–6 months

**No:** - Assess medication-taking behavior  
- Consider Combination Injectable Therapy (See Figure 3).

## Combination Injectable Therapy (See Figure 3)