Updated treatment guidelines 2018

- At diagnosis, initiate lifestyle management, set A1C target and initiate pharmacologic treatment 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 8.2).

Monotherapy — **Lifestyle Management + Metformin**

Initiate metformin therapy if no contraindications* (See Table 8.1)

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. S75 and **Table 8.1**)
- **No:** - Add second agent after consideration of drug-specific effects and patient factors (See Table 8.1)

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# (See Table 8.1)

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 8.2)

Combination Injectable Therapy — **(See Figure 8.2)**

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