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 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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*If patient does not tolerate or has contraindications to metformin, consider agents from another class in Table 8.1. **GLP-1 receptor agonists and DPP-4 inhibitors should not be prescribed in combination. If a patient with ASCVD is not yet on an agent with evidence of cardiovascular risk reduction, consider adding.

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inhibitor, SGLT2 inhibitor, GLP-1 receptor agonist, or basal insulin (Fig. 8.1); the choice of which agent to add is based on drug-specific effects and patient factors (Table 8.1). For patients with ASCVD, add a second agent with evidence of cardiovascular risk reduction after consideration of drug-specific and patient factors (see p. S77 CARDIOVASCULAR OUTCOMES TRIALS). If A1C target is still not achieved after ~3 months of dual therapy, proceed to a three-drug combination (Fig. 8.1). Again, if A1C target is not achieved after ~3 months of triple therapy, proceed to combination injectable therapy (Fig. 8.2). Drug choice is based on