Module 2, Vignette 2, Optimizing Mealtime Insulin

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Once mealtime insulin is initiated, it's very important that it's going to need to be titrated or dose escalated based on the patient's individualized postprandial glucose targets. So the patient should be using self-monitoring of blood glucose, so a blood glucometer and/or continuous glucose monitoring, and we should provide patients with a postprandial glucose target which they're aiming for or aiming to get below.

Generally, the titration after initiation would be of approximately 1 to 2 units one to two times per week. And the target should be individualized as the A1C target is based on patient characteristics. So, it's looser targets, if you will, maybe higher targets for patients who are very high risk for hypoglycemia—who are elderly, who are frail, who have chronic kidney disease or cardiovascular disease, or perhaps who live alone or may have some disability that would not allow them to properly treat hypoglycemia. And then more stringent or tighter targets in younger patients and in patients who would not have perhaps as severe a reaction or issues from a hypoglycemic episode.

Again, the starting dose in a patient with Type 2 diabetes would generally be at the largest meal of the day with about 4 units and then we would escalate based on their individualized postprandial glucose target by 1 to 2 units once to twice a week. And then once we reach that postprandial glucose target for that particular meal, if the patient is still not achieving their hemoglobin A1C or time in range target, we might add a second injection of mealtime insulin prior to a different meal and go through this process again of trying to achieve the target after that particular meal. And if needed over time if patients are still not achieving their glycemic targets with respect to hemoglobin A1C, we may go into a full basal bolus regimen of one injection of basal insulin a day and three injections of mealtime insulin. So, in Type 2 diabetes really a progression from basal plus therapy all the way, if necessary, to multiple daily injections of basal and prandial insulin.