Determine patient eligibility for laboratory testing
• Exclude patients <18 years of age
• Exclude patients with diabetes (problem list diagnosis or laboratory evidence)
• Exclude currently pregnant women

Determine if a laboratory test for abnormal glucose has been completed in the last 12 months
• If no, proceed to Step 3
• If yes, proceed to Step 4

Proceed with relevant testing option

A. General adult testing
• Determine if patient meets USPSTF criteria for laboratory testing
• Optional: Determine if patient meets ADA criteria for laboratory testing
• If patient meets criteria and a laboratory test was not performed in the last three years, order HbA1c or fasting plasma glucose or 2hr glucose tolerance test

B. History of prediabetes
(diagnosis code or laboratory evidence)
• Order HbA1c or fasting plasma glucose or 2hr glucose tolerance test

C. History of gestational diabetes
• If a laboratory test has not been performed within the last three years, order HbA1c or fasting plasma glucose or 2hr glucose tolerance test

Note: Women with a history of gestational diabetes and an elevated BMI are eligible to participate in a National Diabetes Prevention Program lifestyle change program regardless of current laboratory test results

Evaluate test results and inform patient

<table>
<thead>
<tr>
<th>Laboratory test</th>
<th>Normal</th>
<th>Prediabetes</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1C (%)</td>
<td>&lt; 5.7</td>
<td>5.7–6.4</td>
<td>≥ 6.5</td>
</tr>
<tr>
<td>Fasting plasma glucose (mg/dL)</td>
<td>&lt; 100</td>
<td>100–125</td>
<td>≥ 126</td>
</tr>
<tr>
<td>Oral glucose tolerance test (mg/dL)</td>
<td>&lt; 140</td>
<td>140–199</td>
<td>≥ 200</td>
</tr>
</tbody>
</table>

• If results are normal, retest every three years or as clinically appropriate
• If prediabetes is confirmed, document diagnosis with ICD-10 code R73.03 and proceed to management protocol (reverse side)
• If diabetes is confirmed, document diagnosis and treat as clinically appropriate

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PREVENT TYPE 2 DIABETES

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Prediabetes management

**STEP 1**

Educate patient regarding diagnosis
- Counsel on the risks associated with prediabetes, the availability of multiple effective treatments and the potential reversibility of condition
- It may be reasonable to pursue more than one form of treatment

**STEP 2**

Consider three key treatment options, engage in shared decision-making and formalize treatment plan

**National Diabetes Prevention Program lifestyle change program**

Determine eligibility and make referral
- CDC eligibility criteria: BMI of ≥25 kg/m² (≥23 kg/m² if Asian American) plus:
  - Blood test result consistent with prediabetes within the past year (may be self-reported) or
  - History of gestational diabetes or
  - Elevated score on doihaveprediabetes.org risk assessment test

**Metformin**

Determine if clinically appropriate and prescribe
- Metformin is not FDA-approved for the indication of preventing diabetes, however there is substantial evidence for efficacy and safety
- Metformin may be more helpful for patients with persistent abnormal glycemic status despite lifestyle change, women with a history of gestational diabetes, and patients at highest risk for progression to type 2 diabetes (higher blood glucose levels and/or very elevated BMI)
- Consider potential contraindications

**Medical nutrition therapy**

Make referral according to standard process

**STEP 3**

Follow up regularly
- Monitor laboratory tests at least annually in patients with prediabetes
- Monitor patient progress throughout treatment and reassess risk

**Note:** Regardless of what treatment option is selected or if patient does not desire treatment, conduct follow-up as outlined in Step 3 and continue to engage patient about treatment in future encounters

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