Aim for good glycemic control, defined as HbA1c < 6.5%* 
Monitor HbA1c every 3 months in addition to regular glucose self-monitoring 
Aggressively manage hyperglycemia, dyslipidemia and hypertension with the same intensity to obtain the best patient outcome 
Refer all newly diagnosed patients to a unit specializing in diabetes care where possible 
Address the underlying pathophysiology, including treatment of insulin resistance 
Treat patients intensively so as to achieve target HbA1c < 6.5%* within 6 months of diagnosis 
After 3 months, if patients are not at target HbA1c < 6.5%,* consider combination therapy 
Initiate combination therapy or insulin immediately for all patients with HbA1c ≥ 9% at diagnosis 
Use combinations of oral antidiabetic agents with complementary mechanisms of action 
Implement a multi- and interdisciplinary team approach to diabetes management to encourage patient education and self-care and share responsibility for patients achieving glucose goals 

* Or fasting/preprandial plasma glucose < 110 mg/dL (6.0 mmol/L) where assessment of HbA1c is not possible.