

Oral Diabetes Medications

Diabetes PocketCard™

Class/Main Action	Name(s)	Daily Dose Range	Considerations
Sulfonylureas <i>Stimulates sustained insulin release.</i>	glyburide: (Micronase, Diabeta) (Glynase)	1.25–20 mg 0.75–12 mg	Can take once or twice daily. Side effects include hypoglycemia and weight gain. Eliminated via kidney.
	glipizide: (Glucotrol*) (Glucotrol XL)	2.5–40 mg 2.5–20 mg	*Glucotrol should be taken on an empty stomach.
	glimepiride (Amaryl)	1.0–8 mg	Lowers A1c 1.0%–2.0%.
Meglitinides <i>Stimulates rapid insulin “burst.”</i>	repaglinide (Prandin)	0.5–4 mg w/meals (metabolized in liver)	Take before meals. Side effects may include hypoglycemia and weight gain. Lowers A1c 1.0%–2.0%.
	nateglinide (Starlix)	60–120 mg w/meals (eliminated via kidney)	
DPP – 4 Inhibitors <i>“Incretin Enhancers” Prolongs action of gut hormones = increased insulin secretion, delayed gastric emptying.</i>	sitagliptin (Januvia)	100 mg daily (eliminated via kidney*)	*If creat elevated, see pkg insert for dosing info. No wt gain or hypoglycemia. Side effects include headache, flu-like symptoms. Report signs of pancreatitis. Lowers A1c 0.6%–0.8%.
	saxagliptin (Onglyza)	Up to 5 mg daily (eliminated via kidney, liver)	
	linagliptin (Tradjenta)	5 mg daily (eliminated via liver)	

More medications on back. Note: These meds are for people with Type 2 diabetes and should not be used during pregnancy. Content is for educational purposes only; please consult prescribing information for details.



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Biguanides <i>Decrease hepatic glucose output.</i> <i>American Diabetes Association recommends start at diagnosis of type 2.</i>	metformin (Glucophage)	500–2500 mg <i>(usually BID w/meal)</i>	Take caution if creat>1.4 women, >1.5 men, CHF on meds, >80 yrs, binge drinker, liver disease, during IV dye study, illness. Eliminated via kidney. Side effects include nausea, B12 deficiency, bloating, diarrhea. Take w/ meals. Lowers A1c 1.0% – 2.0%.
	Extended Release-XR (Glucophage XR) (Glumetza) (Fortamet)	<i>(1x daily w/dinner)</i> 500–2000 mg 500–2000 mg 500–2500 mg	
Thiazolidinediones “TZDs” <i>Increase insulin sensitivity.</i>	pioglitazone (Actos)	15–45 mg daily	Black Box Warning: TZDs may cause or worsen CHF. Monitor weight gain. Increased peripheral fracture risk. * No new pts to be started on Avandia. Actos may increase risk of bladder cancer. Lowers A1c 0.5%–1.0%
	rosiglitazone (Avandia) restricted access*	4–8 mg daily	
Dopamine Receptor Agonists <i>Resets circadian rhythm.</i>	bromocriptine mesylate— Quick Release “QR” (Cycloset)	1.6 to 4.8 mg a day (each tab 0.8 mg)	Take within 2 hrs of waking. Start at one tab daily, increase 0.8 mg each wk as tolerated. Side effects: nausea, vomiting, headache, fatigue. Lowers A1c 0.6%–0.9%.
Glucosidase Inhibitors <i>Delay carb absorption.</i>	acarbose (Precose) miglitol (Glyset)	25–100 mg w/meals; 300 mg max daily dose	Start with low dose, increase at 4-8 wk intervals to decrease GI effects. Caution with liver or kidney problems. Lowers A1c 0.5%–1.0%.
Combination medications	Glucovance: Glucophage + Glyburide Metaglip: Metformin + Glipizide Janumet: Januvia + Metformin Kombiglyze XR: Onglyza + Metformin XR Observe precautions of each component drug.		Actoplus Met: Actos + Metformin Duetact: Actos + Amaryl * Avandamet: Avandia + Metformin * Avandaryl: Avandia + Amaryl * <i>Restricted access</i>

