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Oral Diabetes Medications

Diabetes Education SERVICES

15 years

Class/Main Action	Name(s)	Daily Dose Range	Considerations
Biguanides • Decrease hepatic glucose output • First line med at diagnosis of type 2	metformin (Glucophage)	500 – 2500 mg (usually BID w/meal)	Side effects: nausea, bloating, diarrhea. Use XR to minimize. Lactic acidosis precaution: avoid in pts with creat >1.4 women, 1.5 men, during illness or surgery. Benefits: decreased cholesterol, no wt gain or hypoglycemia. Lowers A1c 1.0% – 2.0%.
	Extended Release-XR (Glucophage XR) (Glumetza) (Fortamet)	(1x daily w/dinner) 500 – 2000 mg 500 – 2000 mg 500 – 2500 mg	
Sulfonylureas • Stimulates sustained insulin release	glyburide: (Micronase, Diabeta) (Glynase)	1.25 – 20 mg 0.75 – 12 mg	Can take once or twice daily before meals. Side effects include hypoglycemia and weight gain. Eliminated via kidney. **Caution:** Glyburide most likely to cause hypoglycemia. Lowers A1c 1.0% – 2.0%.
	glipizide: (Glucotrol) (Glucotrol XL)	2.5 – 40 mg 2.5 – 20 mg	
	glimepiride (Amaryl)	1.0 – 8 mg	
DPP – 4 Inhibitors • "Incretin Enhancers" • Prolongs action of gut hormones • Increases insulin secretion • Delays gastric emptying	sitagliptin (Januvia)	100 mg daily (eliminated via kidney*)	*If creatinine elevated, see pkg insert for dosing info. No wt gain or hypoglycemia. Side effects include nasopharyngitis, headache and upper-respiratory tract infection. Report signs of pancreatitis (abdominal pain, nausea, vomiting). Lowers A1c 0.6% – 0.8%.
	saxagliptin (Onglyza)	Up to 5 mg daily (eliminated via kidney*, feces)	
	linagliptin (Tradjenta)	5 mg daily (eliminated via feces)	
	alogliptin (Nesina)	25 mg once daily (eliminated via kidney)	

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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Class/Main Action	Name(s)	Daily Dose Range	Considerations
SGLT2 Inhibitors • Decrease glucose reabsorption in kidneys • "Glucoretic"	Canagliflozin (Invokana) Dapagliflozin (Farxiga) Empagliflozin (Jardiance)	100 – 300 mg 1x daily 5 – 10 mg 1x daily 10 – 25 mg 1x daily	For all, monitor B/P, K+ and renal function. If GFR<45, stop Invokana. If GFR<60, stop Farxiga. Do not start pts w/ GFR<45 on Jardiance. Side effects: hypotension, UTIs, increased urination, genital infections. Avoid Farxiga in pts w/ bladder cancer. Lowers A1c 0.7% – 1.5%, lowers wt 1 – 3 lbs.
Thiazolidinediones "TZDs" • Increase insulin sensitivity	pioglitazone (Actos) rosiglitazone (Avandia)	15 – 45 mg daily 4 – 8 mg daily	**Black Box Warning:** TZDs may cause or worsen CHF. Monitor for edema and weight gain. Increased peripheral fracture risk. **Actos may increase risk of bladder cancer.** Lowers A1c 0.5% – 1.0%
Glucosidase Inhibitors • Delay carb absorption	acarbose (Precose) miglitol (Glyset)	25 – 100 mg w/meals; 300 mg max daily dose	Start low dose, increase at 4-8 wk intervals to decrease GI effects. Caution with liver or kidney problems. In case of hypo, treat w/ glucose tabs. Lowers A1c 0.5– 1.0%.
Dopamine Receptor Agonists • Resets circadian rhythm	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. Side effects: nausea, headache, fatigue, hypotension, syncope, somnolence. Lowers A1c 0.6% – 0.9%.
Meglitinides • Stimulates rapid insulin burst	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)	

Diabetes Education Services
(530) 893-8635
Beverly Dyck Thomassian
RN, MPH, BC-ADM, CDE