

# Common Oral Diabetes Meds



Class/Main Action	Name(s)	Daily Dose Range	Considerations
<b>Biguanides</b> <ul style="list-style-type: none"> <li>Decreases hepatic glucose output</li> <li>First line med at diagnosis of type 2</li> </ul>	metformin (Glucophage)	500 - 2500 mg (usually BID w/ meal)	<b>Side effects:</b> nausea, bloating, diarrhea, B12 deficiency. To minimize GI Side effects, use XR and take w/ meals. <b>Obtain GFR before starting.</b> <ul style="list-style-type: none"> <li>If GFR &lt;30, do not use.</li> <li>Don't start Metformin if GFR &lt;45.</li> <li>If pt on Metformin and GFR falls to 30-45, eval risk vs. benefit; consider decreasing dose.</li> </ul> For dye study, if GFR <60, liver disease, alcoholism or heart failure, restart metformin after 48 hours if renal function stable.  <b>Benefits:</b> lowers cholesterol, no hypo or weight gain, cheap. Approved for pediatrics, 10 yrs +  Lowers A1c 1.0%-2.0%.
	Riomet (liquid metformin)	500 - 2500mg 500mg/5mL	
	Extended Release-XR (Glucophage XR) (Glumetza) (Fortamet)	(1x daily w/dinner) 500 – 2000 mg 500 – 2000 mg 500 – 2500 mg	
<b>Sulfonylureas</b> <ul style="list-style-type: none"> <li>Stimulates sustained insulin release</li> </ul>	glyburide: (Micronase, Diabeta) (Glynase)	1.25 – 20 mg 0.75 – 12 mg	Can take once or twice daily before meals. Low cost generic. Side effects include hypoglycemia and weight gain. Eliminated via kidney.  <b>Caution:</b> 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	

*More medications on back. Note: Content is for educational purposes only; please consult prescribing information for details.*

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<b>SGLT2 Inhibitors</b> <ul style="list-style-type: none"> <li>Decreases glucose reabsorption in kidneys</li> <li>“Glucoretic”</li> </ul>	Canagliflozin (Invokana)	100- 300 mg 1x daily	<b>Side effects:</b> hypotension, UTIs, increased urination, genital infections, ketoacidosis. <b>Obtain GFR when starting and yearly:</b> Invokana – stop med if GFR <45 Jardiance – do not start if GFR <45 Farxiga – stop med if GFR <60. Do not use Farxiga in pts with bladder cancer. <b>Benefits:</b> no hypo or weight gain. Jardiance lowers all-cause mortality by 32%. Lowers A1c 1.0%-2.0%. Lowers wt 1-3 lbs.
	Dapagliflozin (Farxiga)	5- 10 mg 1x daily	
	Empagliflozin (Jardiance)	10- 25 mg 1x daily	
<b>DPP – 4 Inhibitors</b> <ul style="list-style-type: none"> <li>“Incretin Enhancers”</li> <li>Prolongs action of gut hormones</li> <li>Increases insulin secretion</li> <li>Delays gastric emptying</li> </ul>	sitagliptin (Januvia)	25- 100 mg daily – eliminated via kidney*	* If creat elevated, see med insert for dosing. <b>Side effects:</b> headache and flu-like symptoms. Can cause severe, disabling joint pain. Contact MD, stop med. Report signs of pancreatitis. † Saxagliptin and alogliptin can increase risk of heart failure. Notify MD for shortness of breath, edema, weakness, etc. No wt gain or hypoglycemia. Lowers A1c 0.6%-0.8%.
	saxagliptin (Onglyza)†	2.5- 5 mg daily – eliminated via kidney*, feces	
	linagliptin (Tradjenta)	5 mg daily – eliminated via feces	
	alogliptin (Nesina)†	6.25- 25 mg daily – eliminated via kidney*	

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