

Common Oral Diabetes Meds



| Class/Main Action | Name(s) | Daily Dose Range | Considerations |
|---|---|--|--|
| Biguanides <ul style="list-style-type: none"> Decreases 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, B12 deficiency. To minimize GI Side effects, use XR and take w/ meals. Obtain GFR before starting. <ul style="list-style-type: none"> If GFR <30, do not use. If GFR <45, don't start Metformin If pt on Metformin and GFR falls to 30-45, eval risk vs. benefit; consider decreasing dose. For dye study, if GFR <60, liver disease, alcoholism or heart failure, restart metformin after 48 hours if renal function stable. Benefits: 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 | |
| Sulfonylureas <ul style="list-style-type: none"> Stimulates sustained insulin release | glyburide: (Diabeta) (Glynase PresTabs) | 1.25 – 20 mg 0.75 – 12 mg | Can take once or twice daily before meals. Low cost generic. Side effects: 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 | |

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| SGLT2 Inhibitors “Glucoretic” <ul style="list-style-type: none"> Decreases glucose reabsorption in kidneys | Canagliflozin* (Invokana) | 100 - 300 mg 1x daily Don't start if GFR <45. | Side effects: hypotension, UTIs, increased urination, genital infections, ketoacidosis. Monitor GFR and other considerations: See package insert for dosing based on GFR. *Empagliflozin & Canagliflozin: - Reduce risk of CV death, worsening kidney function and heart failure. Canagliflozin increases risk of amputation. Dapagliflozin, don't use in pts w/ bladder cancer. Benefits: no hypo or weight gain. Lowers A1c 1.0%-2.0%. Lowers wt 1-3 lbs. |
| | Dapagliflozin (Farxiga) | 5 - 10 mg 1x daily Don't start if GFR<45. | |
| | Empagliflozin* (Jardiance) | 10 - 25 mg 1x daily Don't start if GFR <45. | |
| | Ertugliflozin (Steglatro) | 5 – 15 mg 1x daily Don't start if GFR <60. | |
| DPP – 4 Inhibitors “Incretin Enhancers” <ul style="list-style-type: none"> Prolongs action of gut hormones Increases insulin secretion Delays gastric emptying | sitagliptin (Januvia) | 25 - 100 mg daily – eliminated via kidney* | *If creat elevated, see med insert for dosing. Side effects: 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* | |

Note: Content is for educational purposes only; please consult prescribing information for details.

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