# Common Oral Diabetes Meds

## Biguanides
- **Class/Main Action**: Decreases hepatic glucose output
- **Name(s)**: metformin (Glucophage), Riomet (liquid metformin)
- **Daily Dose Range**: 500 - 2550 mg (usually BID w/ meal), 500 - 2550 mg, 500mg/5mL
- **Considerations**:
  - **Side effects**: nausea, bloating, diarrhea, B12 deficiency.
  - To minimize GI Side effects, use XR and take w/ meals.
  - **Obtain GFR before starting**.
    - 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%.

## Sulfonylureas
- **Class/Main Action**: Stimulates sustained insulin release
- **Name(s)**: glyburide: (Diabeta), (Glynase PresTabs), glipizide: (Glucotrol), (Glucotrol XL), glimepiride (Amaryl)
- **Daily Dose Range**: 1.25 – 20 mg, 0.75 – 12 mg, 2.5 – 40 mg, 2.5 – 20 mg, 1.0 – 8 mg
- **Considerations**:
  - 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%.
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<th>Class/Main Action</th>
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| **SGLT2 Inhibitors**  
“Glucoretic”  
• Decreases glucose reabsorption in kidneys | Canagliflozin* (Invokana)  
Dapagliflozin* (Farxiga)  
Empagliflozin* (Jardiance)  
Ertugliflozin (Steglatro) | 100 - 300 mg 1x daily  
5 - 10 mg 1x daily  
10 - 25 mg 1x daily  
5 – 15 mg 1x daily | **Side effects:** hypotension, UTIs, genital infections, increased urination, weight loss, ketoacidosis.  
**Heart Failure, CV & Kidney Protection:** 1st line therapy for Heart Failure (HF), Kidney Disease (CKD), Cardiovascular Disease, before or with metformin.  
**Considerations:** See Package Insert (PI) for GFR cut-offs, dosing. Limited BG lowering effect if GFR < 45, still benefits kidneys & heart at lower GFR. For renal protection, use SGLT-2 therapy if eGFR ≥ 25 & UACR ≥ 300 (ADA).  
**Benefits:** SGLT-2s* reduce BG, CV death & HF, slow CKD. Lowers A1c 0.6% -1.5%. |
| **DPP – 4 Inhibitors**  
“Incretin Enhancers”  
• Prolongs action of gut hormones  
• Increases insulin secretion  
• Delays gastric emptying | sitagliptin (Januvia)  
saxagliptin (Onglyza)†  
linagliptin (Tradjenta)  
alogliptin (Nesina)† | 25 - 100 mg daily – eliminated via kidney*  
2.5 - 5 mg daily – eliminated via kidney*, feces  
5 mg daily – eliminated via feces  
6.25 - 25 mg daily – eliminated via kidney* | **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%. |