

Common Oral Diabetes Meds



Class/Main Action	Name(s)	Daily Dose Range	Considerations
Biguanides <ul style="list-style-type: none"> Decreases hepatic glucose output 	metformin (Glucophage)	500 - 2550 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.
	Riomet (liquid metformin)	500 - 2550 mg 500mg/5mL	
	Extended Release-XR (Glucophage XR) (Glumetza) (Fortamet)	(1x daily w/dinner) 500 – 2000 mg 500 – 2000 mg 500 – 2500 mg	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 <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.
	glipizide: (Glucotrol) (Glucotrol XL)	2.5 – 40 mg 2.5 – 20 mg	Caution: Glyburide most likely to cause hypoglycemia. Lowers A1c 1.0% – 2.0%.
	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) Dapagliflozin*† (Farxiga) Empagliflozin*† (Jardiance) Ertugliflozin (Steglatro) Bexagliflozin (Brenzavvy)	100 - 300 mg 1x daily 5 - 10 mg 1x daily 10 - 25 mg 1x daily 5 – 15 mg 1x daily 20 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: If GFR ≥ 20 , use SGLT-2 to reduce CVD, Heart Failure and Chronic Kidney Disease. Limited BG lowering effect if GFR <45. See package insert for GFR cut-offs and dosing. Benefits: SGLT-2s* reduce BG, CV death & HF, slow CKD. †Approved for peds, 10 yrs +. Lowers A1C 0.6% to 1.5%.
DPP – 4 Inhibitors “Incretin Enhancers” <ul style="list-style-type: none"> Prolongs action of gut hormones Increases insulin secretion Delays gastric emptying 	sitagliptin (Januvia, Zituvio)	25 - 100 mg daily*	*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. †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%.