

# Oral Diabetes Medications



Class/Main Action	Name(s)	Daily Dose Range	Considerations
<b>Biguanides</b> Decrease hepatic glucose output. American Diabetes Association recommends start at diagnosis of type 2.	metformin (Glucophage)	500–2500 mg (usually BID w/meal)	Take caution if creat>1.4 women, >1.5 men, CHF on meds, >80 yrs, binge drinker, liver disease, during IV dye study, illness. Eliminated via kidney. Side effects include nausea, B12 deficiency, bloating, diarrhea. Take w/ meals. 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	
<b>Sulfonylureas</b> Stimulates sustained insulin release.	glyburide: (Micronase, Diabeta) (Glynase)	1.25–20 mg 0.75–12 mg	Can take once or twice daily. Side effects include hypoglycemia and weight gain. Eliminated via kidney.
	glipizide: (Glucotrol*) (Glucotrol XL)	2.5–40 mg 2.5–20 mg	*Take Glucotrol on an empty stomach. Take Glucotrol XL with first meal.
	glimepiride (Amaryl)	1.0–8 mg	Lowers A1c 1.0%–2.0%.
<b>DPP – 4 Inhibitors</b> “Incretin Enhancers” Prolongs action of gut hormones = increased insulin secretion, delayed 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 (Tadjenta)	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. REV 03/2013 ©2013

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Class/Main Action	Name(s)	Daily Dose Range	Considerations
<b>Meglitinides</b> 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.
	nateglinide (Starlix)	60–120 mg w/meals (eliminated via kidney)	Lowers A1c 1.0%–2.0%.
<b>Thiazolidinediones</b> “TZDs” Increase insulin sensitivity.	pioglitazone (Actos)	15–45 mg daily	<b>Black Box Warning:</b> TZDs may cause or worsen CHF. Monitor for edema and weight gain. Increased peripheral fracture risk. <b>No new pts to be started on Avandia as single or combo med. Actos may increase risk of bladder cancer.</b> Lowers A1c 0.5%–1.0%
	rosiglitazone (Avandia) <i>restricted access*</i>	4–8 mg daily	
<b>Dopamine Receptor Agonists</b> 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. Start at one tab daily, increase 0.8 mg each wk as tolerated. Side effects: nausea, headache, fatigue, hypotension, syncope, somnolence. Lowers A1c 0.6%–0.9%.
<b>Glucosidase Inhibitors</b> Delay carb absorption.	acarbose (Precose) miglitol (Glyset)	25–100 mg w/meals; 300 mg max daily dose	Start with low dose, increase at 4-8 wk intervals to decrease GI effects. Caution with liver or kidney problems. Lowers A1c 0.5%–1.0%.
<b>Combination medications</b> Observe precautions of each component drug.	Glucovance: Glucophage + Glyburide Metaglip: Metformin + Glipizide Kazano: Alogliptin + Metformin Oseni: Alogliptin + Actos		Actoplus Met: Actos + Metformin Duetact: Actos + Amaryl Janumet: Januvia + Metformin Kombiglyze XR: Onglyza + Metformin XR Juvisync: Januvia + Zocor