

# 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> </ul>	metformin (Glucophage)	500 - 2550 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>If GFR &lt;45, don't start Metformin</li> <li>If pt on Metformin and GFR falls to 30-45, eval risk vs. benefit; consider decreasing dose.</li> </ul> <b>For dye study,</b> 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 - 2550 mg 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: (Diabeta) (Glynase PresTabs)	1.25 – 20 mg 0.75 – 12 mg	Can take once or twice daily before meals. Low cost generic. <b>Side effects:</b> 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	

# Common Oral Diabetes Meds

Class/Main Action	Name(s)	Daily Dose Range	Considerations
<b>SGLT2 Inhibitors</b> “Glucoretic” <ul style="list-style-type: none"> <li>Decreases glucose reabsorption in kidneys</li> </ul>	Canagliflozin**† (Invokana)	100 - 300 mg 1x daily	<b>Side effects:</b> hypotension, UTIs, genital infections, increased urination, weight loss, ketoacidosis. <b>Heart Failure, CV &amp; Kidney Protection:</b> 1st line therapy for Heart Failure (HF), Kidney Disease (CKD), Cardiovascular Disease, before or with metformin <b>Considerations:</b> 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. <b>Benefits:</b> SGLT-2s* reduce BG, CV death & HF, slow CKD. †Approved for peds, 10 yrs +. Lowers A1C 0.6% to 1.5%.
	Dapagliflozin**† (Farxiga)	5 - 10 mg 1x daily	
	Empagliflozin**† (Jardiance)	10 - 25 mg 1x daily	
	Ertugliflozin (Steglatro)	5 – 15 mg 1x daily	
	Bexagliflozin (Brenzavvy)	20 mg 1x daily	
<b>DPP – 4 Inhibitors</b> “Incretin Enhancers” <ul style="list-style-type: none"> <li>Prolongs action of gut hormones</li> <li>Increases insulin secretion</li> </ul>	sitagliptin (Januvia, Zituvio)	25 - 100 mg daily*	*If creat elevated, see med insert for dosing. <b>Side effects:</b> headache and flu-like symptoms. <b>Can cause severe, disabling joint pain.</b> Contact MD, stop med. Report signs of pancreatitis. Alogliptin & saxagliptin can cause heart failure. Report signs of HF; shortness of breath, edema, etc. No wt gain or hypoglycemia. Lowers A1c 0.6%-0.8%.
	linagliptin (Tradjenta)	5 mg daily – eliminated via feces	
	alogliptin (Nesina)	6.25 - 25 mg daily*	
	saxagliptin	2.5 - 5 mg daily*	