

# 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> <li>First line med at diagnosis of type 2</li> </ul>	metformin (Glucophage)	500 - 2500 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 - 2500mg 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	

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<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 Don't start if GFR <45.	<b>Side effects:</b> hypotension, UTIs, increased urination, genital infections, ketoacidosis. <b>Monitor GFR and other considerations:</b> See package insert for dosing adjustment based on GFR. - Canagliflozin increases risk of amputation. - Dapagliflozin, don't use in pts w/ bladder cancer. *Empagliflozin & canagliflozin decrease risk of death from CV disease. <b>Benefits:</b> 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.	
<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> <li>Delays gastric emptying</li> </ul>	sitagliptin (Januvia)	25 - 100 mg daily – eliminated via kidney*	*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. †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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