

Oral Diabetes Medications



| Class/Main Action | Name(s) | Daily Dose Range | Considerations |
|--|---|--|---|
| Biguanides 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 | |
| Sulfonylureas 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. *Take Glucotrol on an empty stomach. Take Glucotrol XL with first meal. |
| | glipizide: (Glucotrol*) (Glucotrol XL) | 2.5–40 mg 2.5–20 mg | |
| | glimepiride (Amaryl) | 1.0–8 mg | Lowers A1c 1.0%–2.0%. |
| DPP – 4 Inhibitors “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). |
| | saxagliptin (Onglyza) | Up to 5 mg daily (eliminated via kidney*, feces) | |
| | linagliptin (Tradjenta) | 5 mg daily (eliminated via feces) | |
| | alogliptin (Nesina) | 25 mg once daily (eliminated via kidney) | Lowers A1c 0.6%–0.8%. |

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 04/2013 ©2013

A Diabetes PocketCard™ from Diabetes Education Services

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|---|--|---|--|
| SGLT2 Inhibitors Decrease glucose reabsorption in kidneys “glucoretic.” | Canagliflozin (Invokana) | 100–300 mg once daily before first meal | Monitor B/P, K ⁺ & renal function. If eGFR 45-60, do not exceed 100 mg day. Don’t use if eGFR<45. Side effects: hypotension, UTI, increased urination, genital yeast infections. Lowers A1c 0.7%–1.0%, wt loss of 1-3 lbs. |
| Thiazolidinediones “TZDs” Increase insulin sensitivity. | pioglitazone (Actos) | 15–45 mg daily | Black Box Warning: TZDs may cause or worsen CHF. Monitor for edema and weight gain. Increased peripheral fracture risk. No new pts to be started on Avandia as single or combo med. Actos may increase risk of bladder cancer. Lowers A1c 0.5%–1.0%. |
| | rosiglitazone (Avandia) restricted access* | 4–8 mg daily | |
| Dopamine Receptor Agonists 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%. |
| Glucosidase Inhibitors 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%. |
| Meglitinides 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%. |



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