

Oral Medication for the Management of Diabetes					
Drug Name	Classification	Mechanism of Action	Daily Dosing	Duration of Action	Side Effects
Glyburide (Micronase, Diabeta, Glynase)	Sulfonylurea (decrease A1c 1.0 - 2.0%)	Stimulating insulin secretion from the pancreas	1.25, 2.5, 5mg tabs, Dosing: 2.5-20 mg (Glynase: 3-12mg) with meal	12-24 Hours	Hypoglycemia, nausea, heartburn, weight gain, diarrhea
Glipizide (Glucotrol)			5, 10 mg tabs, Dosing: 2.5-40 mg 1/2 hour before meals	10-18 Hours	Hypoglycemia, nausea, weight gain, diarrhea
Glipizide XL (Glucotrol XL)			2.5, 5, 10 mg tabs, Dosing: 2.5-20 mg with or without meal	24 Hours	Hypoglycemia, dizziness, headache, weight gain, diarrhea, flatulence
Glimepiride (Amaryl)			1, 2, 4 mg tabs, Dosing: 1-8 mg with meal	16-24 Hours	Hypoglycemia, dizziness, nausea
Prandin (Repaglinide)	Meglitinides (decrease A1c 1.0 - 2.0%)	Stimulates insulin secretion to reduce peaks in glucose after meal	0.5, 1, 2 mg tabs Dosing: Daily max 16 mg, Take before each meal	2-6 Hours	Hypoglycemia, headache, weight gain
Starlix (Nateglinide)	D-Phenylalanine	Stimulates rapid insulin secretion to reduce peaks in glucose after meal	60, 120 mg tabs, Dosing: 60-180 mg with meal, Daily max 540 mg	About 1.5 Hours	Hypoglycemia, diarrhea, dizziness
Metformin (Glucophage)	Biguanide (decrease A1c 1.0 - 2.0%)	Decreases liver glucose production	500, 850, 1000 mg tabs, Dosing 500- 2250 mg with meals	6-12 Hours, Effective within a day or two, with maximum effect within 2 weeks	Diarrhea, nausea, vomiting, abdominal bloating, flatulence, anorexia, lactic acidosis (rare). Kidney test initially and at least annually
Metformin (Glucophage XR)			500-2000 mg, Dosing: Once daily with evening meal	24 Hours	
Acarbose (Precose), Miglitol (Glyset)	Alpha-Glucosidase Inhibitor (decrease A1c 1.0 - 2.0%)	Delays the digestion of carbohydrates	50, 100 mg tabs, Dosing: 25-300 mg with first bite of food	Less than 4 Hours	GI sx (may decrease with time): diarrhea, abdominal pain, flatulence
Actos (Pioglitazone HCL)	Thiazolidinedione (decrease A1c 0.5 - 1.0%)	Increases insulin sensitivity in muscle and fat	15, 30 mg tabs, Dosing: 15-45mg with or without food	Works gradually when initiated, minimal effect first week with increasing effect up to 12-16 weeks; >3- 4 weeks duration	Edema, weight gain, dilutional anemia. Liver function tests initially and periodically thereafter

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**Avandia (Rosiglitazone Maleate)		Increases insulin sensitivity in muscle and fat	2, 4, 8 mg tabs, Dosing: 4-8 mg with or without food		
Januvia	DPP-4 Inhibitor (decrease A1c 0.6 - 0.8%)	Slows the inactivation of incretin hormones in the intestines. Increases insulin release and decreases glucagon levels in the circulation, glucose dependent, slows gastric emptying	100 mg once daily as monotherapy or as combination with other oral agents; with or without food, Eliminated via kidney	24 Hours	URI, stuffy nose or sore throat, headache. Not with type 1 or pregnant women. A dosage reduction is recommended for renal insufficiency (see PI for recommendation)
Tradjenta (Linagliptin)			5 mg once daily. With or without food as monotherapy or with Metformin, Amaryl or Actos. Eliminated via feces	24 Hours	URI, stuffy nose or sore throat, muscle pain and headache
Onglyza (Saxagliptin)			2.5 or 5 mg once daily, with or without food; can be used alone or with other oral agents. Eliminated via feces, kidneys	24 Hours	URI, UTI, headache, fluid retention (if with TZD's), hypoglycemia (if with SU), hypersensitivity events; decreased dose with renal impariment. Decrease dose for pt using CYP3 A4/5 (ketoconazole)
Nesina (Alogliptin)			25 mg once daily with or without food; can be used alone or with other oral agents. Eliminated via kidney	24+ Hours	URI, UTI, headache, fluid retention (if with TZD's), hypoglycemia (if with SU), hypersensitivity events; decreased dose with renal impariment; Hepatic effects possible so check LFT's before initiating

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Invokana (Canagliflozin)	SGLT2 (Sodium glucose co-transporter inhibitor) (decrease A1c 0.7 - 1.5%) SGLT2 can be used w/ Metformin, insulin, DPP-4, GLP1, SU, glinides, TZD, α-glucosides	All SGLT2 decrease renal glucose reabsorption and increases urine glucose excretion and lower weight 1-3 lbs	100 mg daily before the first meal of the day (dose reduction recommended if GFR increases to 300 mg if needed for improved BG control. If GFR <45, stop Invokana	Peak 1-2 hours after given, half-life 10.6 - 13.1 hours with 300 mg dose respectively, reaches steady state in body after 4-5 days of taking drug	Vaginal yeast infections, UTI's, increased urination. Less common is thirst, nausea and constipation. Warnings: hypotension impairment of renal function, elevated potassium, hypoglycemia if with insulin or SU's. hypersensitivity, increased LDL, genital mycotic infections. Drug interactions: Rifampin Digoxin
Farxiga (Dapagliflozin)			5, 10 mg once daily with or without food If GFR <60, stop Farxiga Avocid if bladder cancer		
Jardiance (Empagliflozin)			10, 25 mg once daily with or without food Do not start Jardiance if GFR <45		
Glucovance (Glyburide and Metformin)	Sulfonylurea and Biguanide	Stimulates insulin release and decreases liver glucose production	1.25/250 mg, 2.5/500 mg, 5.0/500 mg Dosing: max 20/2000 mg. Take with meals	12 Hours	Hypoglycemia, diarrhea, nausea, dizziness, lactic acidosis (rare). Kidney test initially and at least annually
**Avandamet	Thiazolidinedione and Biguanide	Insulin sensitizer and decreases liver glucose production	1/500 mg, 2/500 mg, 4/500 mg, 2/1000 mg, 4/1000 mg Dosing: max 8/2000 mg daily. Take with meals.	>3-4 Weeks	Edema, weight gain, dilutional anemia, diarrhea, nausea, vomiting, abdominal, bloating, anorexia, lactic acidosis. Kidney and liver function tests initially and periodically thereafter
Metaglip	Biguanide and Sulfonylurea	Decreases liver glucose production and stimulates insulin production	2.5/250 mg, 2.5/500 mg, 5/5200 mg, Dosing: Max per day: 20/2000 mg. Take with meals	6-18 Hours	Diarrhea, abdominal pain, dizziness, hypoglycemia, lactic acidosis (rare). Kidney test initially and at least annually

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**Avandaryl (Avandia and Amaryl)	Thiazolidinedione and Sulfonylurea	Insulin sensitizer and stimulates insulin secretion	50/500 mg, 50/1000 mg; Max dose: 100/2000 mg. Twice daily with food	>3-4 Weeks	Edema, anemia, weight gain, hypoglycemia, dizziness, nausea. Liver function test initially and periodically thereafter
Janumet	DPP-4 Inhibitor and Biguanide	Januvia actions plus decreasing liver glucose production	50/500 mg, 50/1000 mg; Max dose: 100/2000 mg daily, Twice daily with food	24 Hours	Januvia side effects plus diarrhea, nausea, vomiting, abdominal discomfort, indigestion, flatulence, lactic acidosis (rare). Kidney test initially and at least annually
Janumet XR (Sitagliptin and Metformin ER)			100/1000 mg, 50/500 mg, 50/1000 mg, Max dose: 100/2000 mg daily	24 Hours	Januvia and Metformin ER side effects
Kombiglyze (Saxagliptin and Metformin ER)		Onglyza actions plus decreasing liver glucose production	5/500 mg, 2.5/1000 mg, 5/1000 mg, Max dose: 5/2000 mg daily, with evening meal 2.5/1000 mg,	24 Hours	Onglyza side effects plus Metformin side effects
Glyxambi (Jardiance and Tradjenta)	SGLT2 and DPP-4 Inhibitor	see SGLT2 and DPP-4	10/25 mg, 25/5 mg, once daily in the morning with or without food	Same as individual drugs	Renal impairment. Do not initiate if eGFR <45 mL/min/1.73m ² d/c if eGFR drops to <45mL/min/1.73m ²
XigduOXR (Farxiga and Metformin)	SGLT2 and Biguanide	see SGLT2 and Biguanide	5/1000 mg not to exceed 2:10/2000 mg, once daily in the morning with food	Same as individual drugs	Contraindicated CrCl <60 mL or ESRD

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Synjardy (Jardiance and Metformin)	SGLT2 and Biguanide	see SGLT2 and Biguanide	5/5020 mg, 5/1000 mg, 12.5/500 mg, 12.5/1000 mg (max dose), twice daily with food. Increase dose gradually	Same as individual drugs	Do not initiate if eGFR <45 mL/min/1.73m ² d/c if eGFR drops to <45mL/min/1.73m ² Do not initiate or continue if Cr > 1.5 mg/dL (M) or ≥1.4 mg/dL (F)
Jentadueto (Tradjenta and Metformin)	DPP-4 Inhibitor and Biduanide	Tradjenta actions plus decreasing liver glucose production	2.5/500 mg, 2.5/850 mg, 2.5/1000 mg, Max dose: 2.5/1000 mg twice daily. Should be given twice daily with meals, with gradual dose escalation to reduce gastrointestinal side effects of Metformin.	24 Hours	Tradjenta and Metformin side effects
Duetact (Actos and Amaryl)	Thiazolidinedione and Sulfonylurea	Insulin sensitizer and stimulates insulin secretion	30/2 mg, 30/4 mg, Once daily	> 3-4 Weeks	Actos and Amaryl side effects
Kazano (Alogliptin and Metformin)	DPP-4 Inhibitor and Biguanide	Allogliptin and Metformin actions	12.5/500 mg, 12.5/1000 mg, twice daily, not to exceed 25/2000 mg. Titrate gradually to prevent GI side effects possible with Metformin	24 Hours	Allogliptin and Metformin side effects
Oseni (Alogliptin and Actos)	DPP-4 Inhibitor and Thiazolidinedione	Alogliptin and Actos actions	12.5/15 mg 12.5/30 mg 12.5/45 mg 25/15 mn 25/30 mg 24/45 mg once daily with or without food	> 3-4 Weeks	Aloglitpin and Actos side effects