

Medication effects and factors for prescribing

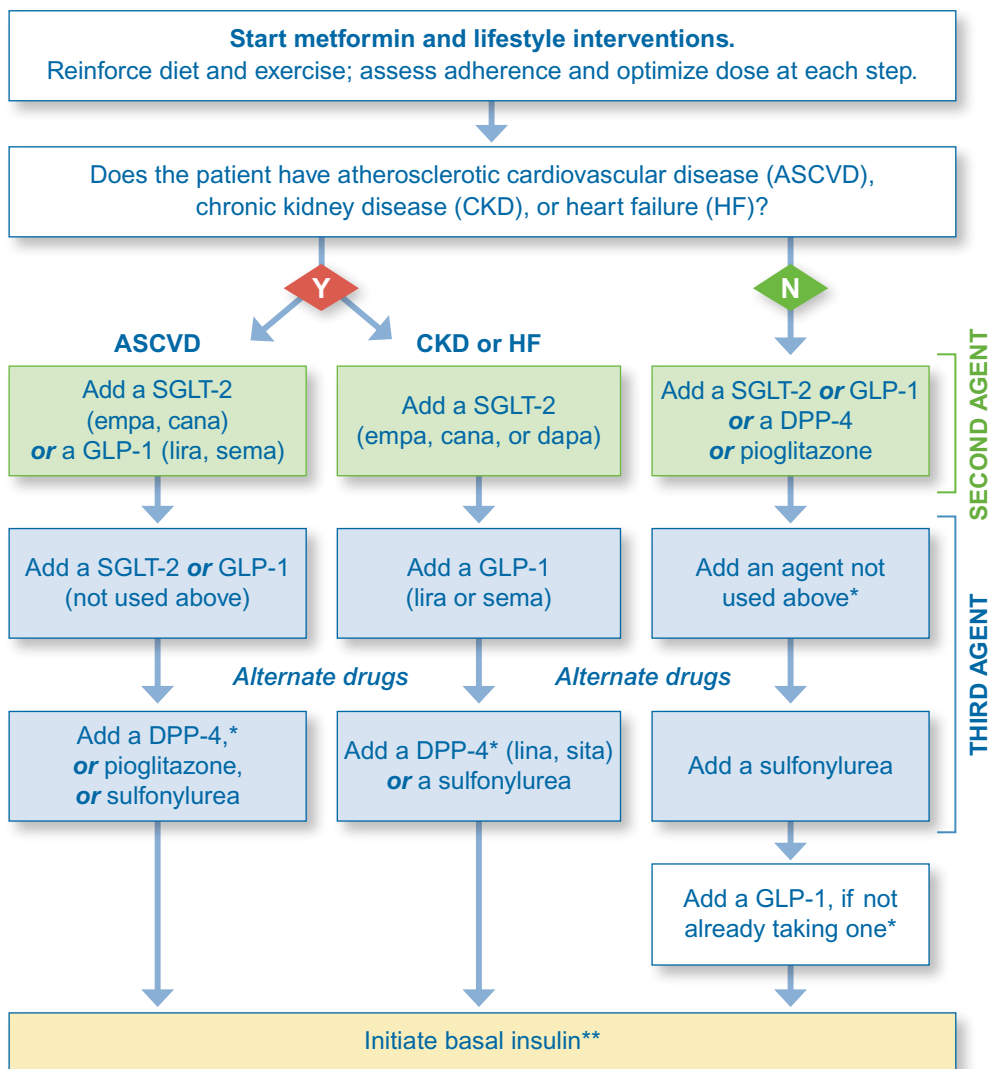
Class / medication	CV outcome		Worsening nephropathy	Weight change	Hypoglycemia	Precautions
	ASCVD	HF				
biguanide metformin (Glucophage)	benefit	*	*	loss	no	GI intolerance (start with low dose to minimize)
SGLT-2 inhibitors (flozins) canagliflozin (Invokana) empagliflozin (Jardiance)	benefit	benefit	benefit	loss	no	UTI, ketoacidosis, genital infections, hypotension, fractures (cana), amputation (cana)
dapagliflozin (Farxiga)	neutral					
ertagliflozin (Steglatro)	*					
GLP-1 receptor agonists liraglutide (Victoza) semaglutide [†] (Ozempic)	benefit	neutral	benefit	loss	no	GI side effects common pancreatitis
exenatide [†] (Bydureon) lixisenatide (Adlyxin)	neutral	neutral	*			
dulaglutide [†] (Trulicity) exenatide (Byetta)	*	*	*			
DPP-4 inhibitors (gliptins) linagliptin (Tradjenta) sitagliptin (Januvia)	neutral	neutral	*	*	no	joint pain, pancreatitis
alogliptin (Nesina) saxagliptin (Onglyza)	*	potential risk	*	*		
Thiazolidinediones (TZD) pioglitazone (Actos)	benefit	increased risk	*	gain	no	bone fractures, bladder cancer
sulfonylureas glyburide (DiaBeta, Glynase)	neutral	*	*	gain	yes	
glipizide (Glucotrol) glimepiride (Amyarl)	*	*	*			
insulin lispro, aspart, glulisine, regular, NPH	*	*	*	gain	yes	
glargine, degludec, detemir	neutral	*	*			

*no data available; [†]given weekly

Renal dose adjustment is required for metformin, GLP-1s, and SGLT-2 inhibitors.

Visit AlosaHealth.org/Diabetes for more information and resources.

Algorithm for the management of diabetes¹



* Avoid prescribing a DPP-4 and GLP-1 together.

** **Basal insulin can be initiated if needed at any point.**

(1) American Diabetes Association. Standards of medical care in diabetes-2019. *Diabetes Care*. 2019;42(Suppl 1):S1-S193.