

ORAL ANTIDIABETIC MEDICATION INITIATION AND ADJUSTMENTS IN ADULTS

Adjust/add medication based on FPG. Order A1C every 3 months until at goal, then at least every 6 months. Consult with obstetrics for any patient who is pregnant or lactating.

	Current Strength/Frequency	Step Up To Strength/Frequency	Minimum Step Up Interval	Key Info/ Side Effects
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I. Start metformin unless contraindicated*; step up as indicated until goal achieved or at last step. If average FPG above 140 mg/dL at last step, go to II below.

Class - Biguanide

Metformin [GLUCOPHAGE]	-	500 mg QAM for 1 week, then BID	14 days	Maximum dose - 1000 mg BID; check eGFR annually if 60 mL/min or greater, and at least twice a year if eGFR 45-60 mL/min; adjust dose as necessary. For eGFR less than 45 mL/min, do not start metformin, start sulfonylurea (see II below). If patient taking metformin and eGFR 30-44 mL/min, maximum dose is 500 mg BID; check eGFR every 3 months; adjust dose as necessary. Take with meals. If patient has GI side effects, wait additional 7 days between step up cycles. If unable to step up for 21 days due to GI side effects, switch to metformin extended release.
	500 mg BID	500 mg QAM and 1000 mg QPM		
	500 mg QAM and 1000 mg QPM	1000 mg BID		

II. If patient at risk for hypoglycemia (e.g., irregular eating patterns), use glipizide. If patient on glipizide, continue and step up as indicated until goal achieved or at last step. For all other patients, start or switch sulfonylurea to glimepiride. If average FPG above 140 mg/dL at last step, go to III (if patient is insulin averse) or IV below.

Class - Sulfonylurea

Glimepiride [AMARYL] (For patients age 65 years and older, halve the dose)	-	2 mg QAM	14 days	Maximum dose - 8 mg Daily (4 mg Daily for age 65 years and older) Take within 30 mins prior to breakfast. May be taken within 30 mins prior to any other meal per patient preference if taken consistently at that time.
	2 mg QAM	4 mg QAM		
	4 mg QAM	8 mg QAM		
Glipizide [GLUCOTROL] (For patients who are already on this medication)	-	5 mg QAM	14 days	Maximum dose - 20 mg BID Take within 30 mins prior to breakfast (and within 30 mins prior to dinner if BID). May be taken before dinner if patient experiencing fasting hyperglycemia.
	5 mg QAM	10 mg QAM		
	10 mg QAM	15 mg QAM		
	15 mg QAM	10 mg BID		
	10 mg BID	20 mg BID		

III. Add pioglitazone; step up as indicated until goal achieved or at last step. If after 3 months on pioglitazone, patient is not at goal A1C, go to step IV.

Class - Thiazolidinedione (TZD)

Pioglitazone [ACTOS]	-	30 mg Daily	30 days	Maximum dose - 45 mg Daily If 30 mg dose is tolerated and FPG is greater than 140 mg/dL after 30 days, go up to 45 mg Daily.
	30 mg Daily	45 mg Daily	60 days	Do not use in patients with heart failure, macular edema, bladder cancer or if at increased risk for bone fracture. Use with caution in edematous patients and monitor closely for symptoms of heart failure.

IV. Use one of the following:
a. Bedtime insulin/daytime oral agents (BIDO) protocol if A1C between 8-10%
b. eConsult for further guidance or alternatives to protocol-based care, or if A1C is greater than 10%

* Risk of acute or chronic metabolic acidosis, renal disease or renal dysfunction (eGFR less than 45 mL/min); temporarily discontinue in patients receiving intravenous radiographic contrast agents

