

DIABETES TREATMENT (Part 1 of 4)

Generic	Brand	Strength	Form	Dose
ALPHA-GLUCOSIDASE INHIBITOR				
acarbose	—	25mg, 50mg, 100mg	tabs	Adults: Initially 25mg 3 times daily (once daily to minimize GI effects and increase gradually); increase at 4–8wk intervals if needed. Range: 50–100mg 3 times daily. ≤60kg: max 50mg 3 times daily; >60kg: max 100mg 3 times daily. Children: Not established.
miglitol	Glyset	25mg, 50mg, 100mg	tabs	Adults: Initially 25mg 3 times daily with meals (once daily to minimize GI effects and increase gradually). Increase to 50mg three times daily after 4–8wks; usual max 100mg 3 times daily. Children: Not established.
AMYLIN ANALOGUE/AMYLINOMIMETIC				
pramlintide	Symlin	1000mcg/mL	SC inj	Adults: <i>Type 1:</i> initially 15mcg; titrate in 15mcg increments (max 60mcg) if no significant nausea occurs for ≥3 days. If nausea occurs at 45 or 60mcg dose, reduce to 30mcg; if not tolerated, consider discontinuing therapy. <i>Type 2:</i> initially 60mcg; may increase to 120mcg if no significant nausea occurs for ≥3 days; if nausea occurs at 120mcg reduce to 60mcg. Children: Not established.
BIGUANIDE				
metformin	—	500mg, 850mg, 1000mg	tabs	Adults: ≥17yrs: <i>Monotherapy:</i> initially 500mg twice daily or 850mg once daily; may increase by increments of 500mg at 1wk intervals or 850mg in divided doses at 2wk intervals. Or, may increase from 500mg twice daily to 850mg twice daily after 2wks. Max 2.55g/day in 2–3 divided doses. Children: <10yrs: not established. ≥10yrs: <i>Monotherapy only:</i> initially 500mg twice daily; may increase by 500mg increments at 1wk intervals. Max 2g/day in 2 divided doses.
		500mg, 750mg, 1000mg	ext-rel tabs	Adults: ≥17yrs: initially 500mg once daily with PM meal; may increase by 500mg increments at 1wk intervals; max 2g/day in 1–2 divided doses. If higher doses needed, switch to IR form at max 2.55g/day in divided doses. Children: <17yrs: Not established.
	Glumetza	500mg, 1000mg	ext-rel tabs	Adults: Initially 500mg once daily with PM meal; may increase by 500mg increments at 1–2wk intervals; max 2g once daily. Children: Not established.
	Riomet	500mg/5mL	oral soln	Adults: ≥17yrs: initially 500mg (5mL) twice daily or 850mg (8.5mL) once daily; may increase in increments of 500mg at 1wk intervals or 850mg at 2wk intervals; max 2.55g/day (25.5mL) in 2–3 divided doses. Children: <10yrs: not established. ≥10yrs: initially 500mg (5mL) twice daily; may increase in increments of 500mg at 1wk intervals; max 2g/day (20mL) in divided doses twice daily.
BILE ACID SEQUESTRANT				
colesevelam	Welchol	625mg	tabs	Adults: 3 tabs twice daily or 6 tabs once daily. Suspension: one 3.75g pkt once daily in 8oz of water, fruit juice, or diet soft drinks. Children: Not established.
	Welchol for Oral Suspension	3.75g	pwd pkts	
DIPEPTIDYL PEPTIDASE-4 INHIBITOR				
alogliptin	Nesina	6.25mg, 12.5mg, 25mg	tabs	Adults: 25mg once daily. <i>Renal impairment:</i> moderate (CrCl ≥30–<60mL/min): 12.5mg once daily; severe (CrCl ≥15–<30mL/min) or ESRD: 6.25mg once daily. Children: Not established.
linagliptin	Tradjenta	5mg	tabs	Adults: 5mg once daily. Children: Not established.
saxagliptin	Onglyza	2.5mg, 5mg	tabs	Adults: 2.5mg or 5mg once daily. <i>CrCl</i> ≤50mL/min, concomitant strong CYP3A4/5 inhibitors: 2.5mg once daily. Children: Not established.
sitagliptin	Januvia	25mg, 50mg, 100mg	tabs	Adults: 100mg once daily. <i>Renal impairment:</i> eGFR ≥30–<45mL/min/1.73m ² : 50mg once daily; eGFR <30mL/min/1.73m ² or ESRD on dialysis: 25mg once daily. Children: Not established.
DIPEPTIDYL PEPTIDASE-4 INHIBITOR + BIGUANIDE				
alogliptin/metformin	Kazano ¹	12.5mg/500mg, 12.5mg/1000mg	tabs	Adults: Take twice daily with food; increase dose gradually to reduce GI effects. Max 25mg alogliptin/2000mg metformin per day. Children: Not established.
linagliptin/metformin	Jentadueto ²	2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg	tabs	Adults: <i>Previously not on metformin:</i> initially 2.5mg/500mg twice daily. <i>Previously on metformin:</i> start with 2.5mg linagliptin and current metformin dose twice daily. <i>Previously on linagliptin and metformin:</i> switch on mg/mg basis. Max 2.5mg/1000mg twice daily. Children: Not established.
	Jentadueto XR ²	2.5mg/1000mg, 5mg/1000mg	ext-rel tabs	Adults: <i>Currently not treated with metformin:</i> initially 5mg/1000mg once daily. <i>Already treated with metformin:</i> start with 5mg linagliptin and current metformin dose once daily. <i>Already treated with linagliptin and metformin or Jentadueto:</i> switch to XR tabs containing 5mg linagliptin and current metformin dose once daily. Max 5mg/2000mg daily. Children: Not established.

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DIABETES TREATMENT (Part 2 of 4)

Generic	Brand	Strength	Form	Dose
DIPEPTIDYL PEPTIDASE-4 INHIBITOR + BIGUANIDE (continued)				
saxagliptin/metformin	Kombiglyze XR²	5mg/500mg, 5mg/1000mg, 2.5mg/1000mg	ext-rel tabs	Adults: Take with PM meal. <i>Not currently treated with metformin:</i> initially 5mg/500mg daily. <i>Previously on metformin alone:</i> Kombiglyze XR dose should provide current metformin dose. Max saxagliptin 5mg/day and metformin ext-rel 2000mg/day. <i>Renal impairment</i> (if eGFR later falls <45mL/min/1.73m ²): max saxagliptin 2.5mg/day. Children: Not established.
sitagliptin/metformin	Janumet²	50mg/500mg, 50mg/1000mg	tabs	Adults: <i>Not currently treated with metformin:</i> initially 50mg/500mg twice daily; titrate gradually. <i>Previously on metformin alone:</i> initially 50mg twice daily of sitagliptin plus metformin dose. <i>Previously on metformin 850mg twice daily:</i> start with 50mg/1000mg twice daily. <i>All:</i> max 100mg sitagliptin/2000mg metformin per day. Children: Not established.
	Janumet XR²	50mg/500mg, 50mg/1000mg, 100mg/1000mg	ext-rel tabs	Adults: <i>Not currently treated with metformin:</i> initially 100mg/1000mg once daily; titrate gradually. <i>Previously on metformin alone:</i> initially 100mg daily of sitagliptin plus metformin dose. <i>Previously on metformin 850mg twice daily or 1000mg twice daily:</i> start with two 50mg/1000mg tablets (taken together) once daily. <i>Previously on Janumet:</i> maintain same total daily dose of each component. <i>All:</i> max 100mg sitagliptin/2000mg metformin per day. <i>Renal impairment</i> (if eGFR later falls <45mL/min/1.73m ²): max 50mg/day of sitagliptin. Children: Not established.
DIPEPTIDYL PEPTIDASE-4 INHIBITOR + THIAZOLIDINEDIONE				
alogliptin/pioglitazone	Oseni	12.5mg/15mg, 12.5mg/30mg, 12.5mg/45mg, 25mg/15mg, 25mg/30mg, 25mg/45mg	tabs	Adults: <i>Inadequately controlled on diet/exercise, or on metformin or alogliptin monotherapy:</i> initially 25mg/15mg or 25mg/30mg daily. <i>Previously on pioglitazone alone:</i> initially 25mg/15mg, 25mg/30mg, or 25mg/45mg daily. <i>Previously on alogliptin and pioglitazone:</i> switch on a mg/mg basis. <i>NYHA Class I or II HF:</i> initially 25mg/15mg. <i>All:</i> max 25mg/45mg daily. <i>Renal impairment:</i> moderate (CrCl ≥30–<60mL/min): 12.5mg/15mg, 12.5mg/30mg, or 12.5mg/45mg daily; severe or ESRD: not recommended. Children: Not recommended.
DOPAMINE RECEPTOR AGONIST				
bromocriptine	Cycloset	0.8mg	tabs	Adults: Initially 0.8mg once daily with food in the AM; may increase by 0.8mg per week as tolerated until max 4.8mg/day. Usual range: 1.6–4.8mg/day. Children: Not established.
GLINIDE				
nateglinide	—	60mg, 120mg	tabs	Adults: 120mg 3 times daily, 1–30mins before meals. If near glycemic goal, initially 60mg 3 times daily. Children: Not established.
repaglinide	—	0.5mg, 1mg, 2mg	tabs	Adults: <i>Treatment-naive, or HbA1c <8%, or CrCl 20–40mL/min:</i> initially 0.5mg with 2–4 meals daily. <i>Previously treated with antidiabetic agents and HbA1c ≥8%:</i> initially 1–2mg with 2–4 meals daily. <i>Both:</i> titrate by doubling dose at intervals of ≥1wk; range 0.5–4mg with 2–4 meals daily; max 16mg/day. Children: Not established.
GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST				
dulaglutide	Trulicity	0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	SC inj	Adults: Initially 0.75mg once weekly; may increase to 1.5mg once weekly if inadequate response. If additional glycemic control is needed after ≥4wks on 1.5mg, increase to 3mg once weekly; increase to max 4.5mg once weekly after ≥4wks on 3mg. Children: Not recommended.
exenatide	Byetta	250mcg/mL	SC inj	Adults: Initially 5mcg twice daily, within 60mins before AM and PM meals; may increase to 10mcg twice daily after 1 month. Children: Not established.
exenatide ext-rel	Bydureon BCise	2mg	SC inj	Adults and Children: <10yrs: not established. ≥10yrs: 2mg once weekly.
liraglutide	Victoza	6mg/mL	SC inj	Adults: Initially 0.6mg/day for 1wk, then increase to 1.2mg/day; may increase to 1.8mg/day after ≥1wk if additional control is required. If >3 days elapsed since last dose, reinstitute at 0.6mg/day, then titrate. Children: <10yrs: not established. ≥10yrs: initially 0.6mg/day; after ≥1wk, may increase to 1.2mg/day if additional control is required; may further increase to 1.8mg/day after ≥1wk if needed. If >3 days elapsed since last dose, reinstitute at 0.6mg/day, then titrate.
lixisenatide	Adlyxin	50mcg/mL, 100mcg/mL	SC inj	Adults: Take within 1hr before first meal. Initially 10mcg once daily for 14 days, then 20mcg once daily. Children: Not established.
semaglutide	Ozempic	2mg/1.5mL, 4mg/3mL, 8mg/3mL	SC inj	Adults: Initially 0.25mg once weekly for 4wks, then 0.5mg once weekly for ≥4wks; if additional control needed, may increase to 1mg once weekly. If additional control needed after ≥4wks on 1mg, may increase to max 2mg once weekly. Children: Not established.
	Rybelsus	3mg, 7mg, 14mg	tabs	Adults: Take ≥30mins before AM meal. Initially 3mg once daily for 30 days, then increase to 7mg once daily; may increase to 14mg once daily if additional glycemic control needed after ≥30 days on 7mg dose. Taking two 7mg tabs to achieve a 14mg dose: not recommended. Children: Not established.
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR				
canagliflozin	Invokana⁴	100mg, 300mg	tabs	Adults: eGFR ≥60mL/min/1.73m ² : initially 100mg once daily; may increase to 300mg once daily for additional glycemic control. eGFR 30–<60mL/min/1.73m ² : 100mg once daily. eGFR <30mL/min/1.73m ² : do not initiate, however with albuminuria >300mg/day: may be continued at 100mg once daily. Children: Not established.

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DIABETES TREATMENTS (Part 3 of 4)

Generic	Brand	Strength	Form	Dose
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (continued)				
dapagliflozin	Farxiga	5mg, 10mg	tabs	Adults: <i>eGFR</i> $\geq 45\text{mL/min/1.73m}^2$: initially 5mg once daily in the AM; may increase to 10mg once daily. Children: Not established.
empagliflozin	Jardiance ⁴	10mg, 25mg	tabs	Adults: Initially 10mg once daily in the AM; may increase to 25mg, if tolerated. Children: Not established.
ertugliflozin	Steglatro	5mg, 15mg	tabs	Adults: <i>eGFR</i> $\geq 45\text{mL/min/1.73m}^2$: initially 5mg once daily; may increase to max 15mg once daily. Children: Not established.
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR + BIGUANIDE				
canagliflozin/ metformin HCl	Invokamet ³	50mg/500mg, 50mg/1000mg, 150mg/500mg, 150mg/1000mg	tabs	Adults: <i>Currently not treated with canagliflozin or metformin:</i> initially 50mg/500mg twice daily. <i>eGFR</i> $\geq 60\text{mL/min/1.73m}^2$: max 300mg/2000mg daily. <i>eGFR</i> $\geq 60\text{mL/min/1.73m}^2$ and require additional glycemic control: if tolerating canagliflozin 50mg twice daily; may increase to 150mg twice daily, with gradual metformin dose escalation based on tolerability. <i>Renal impairment (eGFR 45–<60mL/min/1.73m²):</i> max canagliflozin 100mg/day; (eGFR 30–<45mL/min/1.73m ²): assess the benefit/risk of continuing therapy; max canagliflozin 100mg/day. Children: Not established.
	Invokamet XR ³	50mg/500mg, 50mg/1000mg, 150mg/500mg, 150mg/1000mg	ext-rel tabs	Adults: <i>Currently not treated with canagliflozin or metformin:</i> initially two XR (50mg/500mg) tabs once daily. <i>eGFR</i> $\geq 60\text{mL/min/1.73m}^2$: max 300mg/2000mg daily. <i>eGFR</i> $\geq 60\text{mL/min/1.73m}^2$ and require additional glycemic control: if tolerating canagliflozin 100mg daily; may increase to 300mg once daily, with gradual metformin dose escalation based on tolerability. <i>Renal impairment (eGFR 45–<60mL/min/1.73m²):</i> max canagliflozin 100mg/day; (eGFR 30–<45mL/min/1.73m ²): assess the benefit/risk of continuing therapy; max canagliflozin 100mg/day. Children: Not established.
dapagliflozin/ metformin HCl ext-rel	Xigduo XR ²	2.5mg/1000mg, 5mg/500mg, 5mg/1000mg, 10mg/500mg, 10mg/1000mg	ext-rel tabs	Adults: Take in the AM with food. <i>Glycemic control (not already on dapagliflozin):</i> initiate with dapagliflozin 5mg once daily. May adjust dose as tolerated; max 10mg/2000mg daily. Children: Not established.
empagliflozin/ metformin HCl	Synjardy ³	5mg/500mg, 12.5mg/500mg, 5mg/1000mg, 12.5mg/1000mg	tabs	Adults: Take twice daily with meals; increase dose gradually. Max 25mg/2000mg daily. Children: Not established.
	Synjardy XR ³	5mg/1000mg, 10mg/1000mg, 12.5mg/1000mg, 25mg/1000mg	ext-rel tabs	Adults: Take once daily with AM meal; increase dose gradually. Max 25mg/2000mg daily. Children: Not established.
ertugliflozin/ metformin HCl	Segluromet ³	2.5mg/500mg, 2.5mg/1000mg, 7.5mg/500mg, 7.5mg/1000mg	tabs	Adults: Take twice daily with meals. Base dose on patient's current regimen; increase gradually as tolerated. Max 15mg/2000mg daily. Children: Not established.
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR + DIPEPTIDYL PEPTIDASE-4 INHIBITOR				
dapagliflozin/ saxagliptin	Qtern ⁵	5mg/5mg, 10mg/5mg	tabs	Adults: <i>Not currently treated with dapagliflozin:</i> initially 5mg/5mg once daily in the AM; may increase to 10mg/5mg once daily. Children: Not established.
empagliflozin/ linagliptin	Glyxambi ⁴	10mg/5mg, 25mg/5mg	tabs	Adults: Initially 10mg/5mg once daily in the AM; may increase to 25mg/5mg once daily. Children: Not established.
ertugliflozin/ sitagliptin	Steglujan ³	5mg/100mg, 15mg/100mg	tabs	Adults: Initially 5mg/100mg once daily in the AM; may increase to max 15mg/100mg once daily. Children: Not established.
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR + DIPEPTIDYL PEPTIDASE-4 INHIBITOR + BIGUANIDE				
empagliflozin/ linagliptin/ metformin ext-rel	Trijardy XR ³	5mg/2.5mg/1000mg, 10mg/5mg/1000mg, 12.5mg/2.5mg/1000mg, 25mg/5mg/1000mg	tabs	Adults: <i>Currently on metformin (\pm linagliptin):</i> switch to similar total daily dose plus empagliflozin 10mg and linagliptin 5mg. <i>Currently on metformin and empagliflozin (\pm linagliptin):</i> switch to similar total daily dose plus linagliptin 5mg. Max: 25mg/5mg/2000mg per day. Children: Not established.
SULFONYLUREA				
chlorpropamide <i>1st generation</i>	—	100mg, 250mg	scored tabs	Adults: Initially 250mg daily with breakfast. <i>Elderly:</i> initially 100–125mg daily. Max 750mg daily. Children: Not recommended.
glimepiride	Amaryl	1mg, 2mg, 4mg	scored tabs	Adults: Initially 1–2mg once daily with first AM meal; after reaching a dose of 2mg, may further increase by 1–2mg at 1–2wk intervals if needed; max 8mg/day. Children: Not recommended.
glipizide <i>2nd generation</i>	Glucotrol	5mg, 10mg	scored tabs	Adults: Initially 5mg daily, 30mins before a meal. <i>Elderly or hepatic disease:</i> initially 2.5mg daily. Increase by 2.5–5mg every few days based on blood glucose response. Max once daily dose: 15mg. Max total daily dose: 40mg. Give in divided doses if >15mg. Children: Not established.
	Glucotrol XL	2.5mg, 5mg, 10mg	ext-rel tabs	Adults: Initially 5mg daily with breakfast. Usual range: 5–10mg once daily; max 20mg daily. <i>Elderly, renal or hepatic impairment:</i> initially 2.5mg. Children: Not established.

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DIABETES TREATMENT (Part 4 of 4)

Generic	Brand	Strength	Form	Dose
SULFONYLUREA (continued)				
glyburide <i>2nd generation</i>	—	1.25mg, 2.5mg, 5mg	scored tabs	Adults: Initially 2.5–5mg daily with first AM meal. <i>Elderly or debilitated:</i> initially 1.25mg daily. Increase by 2.5mg at weekly intervals if needed per blood glucose. <i>Maintenance:</i> 1.25–20mg daily in single or divided doses (consider divided doses above 10mg daily); max 20mg daily. Children: Not established.
glyburide, micronized <i>2nd generation</i>	Glynase PresTab	1.5mg, 3mg, 6mg	scored tabs	Adults: Initially 1.5–3mg daily with breakfast. <i>Debilitated:</i> initially 0.75mg daily. Increase by 1.5mg at weekly intervals if needed. <i>Maintenance:</i> 0.75–12mg daily in single or divided doses (consider divided doses above 6mg daily); max 12mg daily. Children: Not established.
SULFONYLUREA + BIGUANIDE				
glipizide/ metformin	—	2.5mg/250mg, 2.5mg/500mg, 5mg/500mg	tabs	Adults: <i>First-line:</i> initially 2.5mg/250mg once daily; or, if FPG is 280–320mg/dL, may start at 2.5mg/500mg twice daily. May increase by 1 tab/day every 2wks; max 10mg/1000mg or 10mg/2000mg per day in divided doses. <i>Second-line: (previously treated with sulfonylurea or metformin only):</i> 2.5mg/500mg or 5mg/500mg twice daily ⁶ ; may increase by increments of ≤5mg/500mg up to minimum effective dose or max 20mg/2000mg/day. <i>Previously treated with sulfonylurea plus metformin:</i> may be switched to 2.5mg/500mg or 5mg/500mg ⁶ . Children: Not established.
glyburide/ metformin	—	2.5mg/500mg, 5mg/500mg	tabs	Adults: <i>Not controlled on diet/exercise (use individual components):</i> initially glyburide 1.25mg and metformin 250mg once daily (twice daily if baseline HbA1c >9% or FPG >200mg/dL). May increase by increments of 1.25mg glyburide and 250mg metformin per day every 2wks. <i>Not controlled on sulfonylurea and/or metformin:</i> initially 2.5mg/500mg or 5mg/500mg twice daily ⁶ . May increase by increments of up to 5mg/500mg. <i>Both:</i> max 20mg/2000mg/day. Children: Not recommended.
THIAZOLIDINEDIONE				
pioglitazone	Actos	15mg, 30mg, 45mg	tabs	Adults: <i>Without CHF:</i> initially 15mg or 30mg once daily; max 45mg once daily. <i>With CHF (NYHA Class I or II):</i> initially 15mg once daily. Children: Not recommended.
rosiglitazone	Avandia	2mg, 4mg	tabs	Adults: Initially 4mg/day in 1–2 divided doses; may increase after 8–12wks; max 8mg/day. Children: Not recommended.
THIAZOLIDINEDIONE + BIGUANIDE				
pioglitazone/ metformin	ACTOplus met²	15mg/500mg, 15mg/850mg	tabs	Adults: <i>Previously on pioglitazone and/or metformin:</i> switch on a mg/mg basis. Initially 15mg/500mg twice daily or 15mg/850mg once daily; may titrate gradually as needed; max 45mg pioglitazone/2550mg metformin per day. <i>With CHF (NYHA Class I or II):</i> initially 15mg/500mg or 15mg/850mg once daily. Children: Not recommended.
rosiglitazone/ metformin	—	1mg/500mg, 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg	tabs	Adults: <i>Drug-naïve:</i> initially 2mg/500mg once or twice daily; may increase by 2mg/500mg/day after 4wks; max 8mg/2000mg/day. <i>If HbA1c >11% or fasting plasma glucose (FPG) >270mg/dL:</i> consider starting at 2mg/500mg twice daily. <i>Previously on metformin alone:</i> add rosiglitazone 4mg/day to current metformin dose; may increase after 8–12wks. <i>Previously on rosiglitazone alone:</i> add metformin 1000mg/day to current rosiglitazone dose; may increase after 1–2wks. <i>Previously on rosiglitazone + metformin:</i> switch on a mg/mg basis; may increase by rosiglitazone 4mg and/or metformin 500mg per day; max 8mg/2000mg/day. Children: Not established.
THIAZOLIDINEDIONE + SULFONYLUREA				
pioglitazone/ glimepiride	Duetact	30mg/2mg, 30mg/4mg	tabs	Adults: <i>Previously on glimepiride, or glimepiride + pioglitazone:</i> Initially one 30mg/2mg or one 30mg/4mg tab once daily. <i>Previously on pioglitazone, or pioglitazone + other sulfonylurea:</i> initially one 30mg/2mg tab once daily. Children: Not recommended.
rosiglitazone/ glimepiride	—	4mg/1mg, 4mg/2mg, 4mg/4mg, 8mg/2mg, 8mg/4mg	tabs	Adults: Take once daily with first AM meal. <i>Drug-naïve:</i> 4mg/1mg. <i>Previously on thiazolidinedione monotherapy:</i> initially 4mg/1mg or 4mg/2mg; if inadequate response after 1–2wks, may increase glimepiride component in ≤2mg increments at 1–2wk intervals. <i>Previously on sulfonylurea monotherapy:</i> initially 4mg/1mg or 4mg/2mg; if inadequate response, may increase rosiglitazone component after 8–12wks. <i>Previously on rosiglitazone and glimepiride:</i> switch on a mg/mg basis. Max 8mg rosiglitazone/4mg glimepiride per day. Children: Not established.

NOTES

KEY: ER = extended-release; ESRD = end stage renal disease; FPG = fasting plasma glucose; IR = immediate-release

¹ Renal impairment (eGFR 30–60mL/min/1.73m²): not recommended; (eGFR <30mL/min/1.73m²): contraindicated.

² Renal impairment (eGFR 30–45mL/min/1.73m²): initiation not recommended. If eGFR falls <45mL/min/1.73m², assess risk/benefit; discontinue if eGFR falls <30mL/min/1.73m².

³ Renal impairment (eGFR <45mL/min/1.73m²): initiation not recommended; (eGFR <30mL/min/1.73m²): contraindicated.

⁴ Renal impairment (eGFR <30mL/min/1.73m²): not recommended.

⁵ Moderate to severe renal impairment (eGFR <45mL/min/1.73m²), ESRD, or on dialysis: contraindicated.

⁶ Initial dose should not exceed previous daily doses of individual components

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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