

HHN pharmacotherapy recommendations based on drug specific benefits and numbered in the order we recommend using them:

Biguanides:

- Metformin- cardioprotective; gfr 45-60 = 2 g/d (max), egfr 30-45 = 1 g/d; avoid egfr <30

GLP-1 RA:

- Victoza (liraglutide)- cardiorenoprotective, daily injection, no renal adjustment
- If pt declines daily injection consider Ozempic (semaglutide), Trulicity (dulaglutide) or Bydureon (exenatide) as once weekly injections

SGLT-2 inhibitor:

- Jardiance (empagliflozin)- cardiorenoprotective, avoid egfr < 45, avoid elderly

DPP4-inhinitor:

- Januvia (sitagliptan)- safe CKD option
- Onglyza (saxagliptan)- renoprotective, CHF RISK, , cr cl < 45 = 2.5 mg po qd

Thiazolidinediones:

- Actos (pioglitazone)- CHF RISK

Sulfonylurea:

- Glucotrol (glipizide)- less hypoglycemia than glyburide

Insulin therapy:

- Tresiba is included due to its unique properties; dosing up to 160u at a time, up to 42-hr duration of action, can be given varying times of the day if needed
- Lantus (insulin glargine)- usually once daily dosing
- Levemir (insulin detemir)- usually twice daily dosing