<table>
<thead>
<tr>
<th>Generic Brand</th>
<th>Sulfonylureas</th>
<th>Glyburide</th>
<th>Pioglitazone</th>
<th>Rosiglitazone</th>
<th>Acarbose</th>
<th>Repaglinide</th>
<th>Nateglinide</th>
<th>Incretin Related Agents</th>
<th>Insulin in T2DM</th>
<th>SGLT2 inh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin (MF) Glucophage, Glucotrol</td>
<td>USP</td>
<td>USA</td>
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<td>Dapagliflozin Forxiga</td>
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<td>Canagliflozin Invokana</td>
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### Major trials to support findings/Outcomes

<table>
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<tr>
<th>Drug Class</th>
<th>USP</th>
<th>USP</th>
<th>ProActive (Fenwara M. Meta-analysis 2013)</th>
<th>Prevention trial: Stop-NIDDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfonylureas</td>
<td>ADVANCE</td>
<td>UKPDS-33,80 (ADAPT)</td>
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<td>Incretin Related Agents</td>
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#### Risk of Death / Major CV

- In obese, (UKPDS-33,80) (Adapt, NNT=10/Syr)
- Risk vs Metformin

#### Risk of Hypoglycemia

- XX
- Rate of 1.4%/yr
- NNT=10/Syr

#### Risk of HF / Edema

- XX
- Rate of 1.8%/yr
- NNT=10/Syr

#### Effect on LDL

- XX
- NNT=10/Syr

#### Effect on GI tolerability

- XX
- NNT=10/Syr

#### Cost

- XX
- NNT=10/Syr

#### Other

- XX
- NNT=10/Syr

### Overall

- XX
- NNT=10/Syr

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*Drugs that lower blood glucose come with various levels of evidence regarding their balance of benefits & harms. This chart relies on current evidence, especially that from randomized controlled trials that have evaluated patient-oriented outcomes. Direct comparisons between agents have not been done so one is left to evaluate each drug for its relative advantages & disadvantages.

**A1C will vary depending on dose, combinations & initial A1C.


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**Individualize approach to balance potential benefits & harms. Over aggressive pursuit of targets can ↑ mortality.**