

## Diabetes Medication Classes: Benefits (updated 2020/10/22)

Drug class	A1c lowering	A1c lowering (added to metformin)	Cost	Hypoglycemia risk	Weight effect	CV risk benefit	Heart Failure Hospitalization benefit	Renal benefit	Safe in pregnancy
Metformin	1.0	N/A	\$	rare	↓	✓			✓
TZD	0.8-0.9	↓↓	\$\$	rare	↑↑				
Secretagogues	0.7-1.3	↓↓	\$ - \$\$	some	↑				*glyburide in GDM (see below)
Insulin	0.9-1.2 or more	↓↓↓↓	\$ - \$\$\$\$	high	↑↑				✓
GLP-1 agonists	1.0	↓↓ - ↓↓↓	\$\$\$\$	rare	↓↓	✓ liraglutide dulaglutide semaglutide			
DDP4 inhibitors	0.5-0.7	↓↓	\$\$\$	rare	neutral				
SGLT2 Inhibitors	0.4-0.7	↓↓ - ↓↓↓	\$\$\$	rare	↓↓	✓ empagliflozin canagliflozin dapagliflozin <i>**Only those with established CVD</i>	✓ canagliflozin empagliflozin dapagliflozin ertugliflozin	✓ canagliflozin empagliflozin dapagliflozin ertugliflozin	
Alpha-glucosidase inhibitor	0.7-0.8	↓	\$\$	rare	neutral				

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Reference: <http://guidelines.diabetes.ca/cpg/chapter13#f0015>

\* The use of glyburide during pregnancy is not recommended as first- or second-line treatment, but may be used as third-line treatment if insulin is declined by the mother and metformin is either declined or insufficient to maintain good glycemic control. Glyburide has been shown to cross the placenta, associated with increased birthweight, macrosomia and neonatal hypoglycemia compared with insulin and with metformin; and associated with increased maternal weight gain when compared to metformin. <http://guidelines.diabetes.ca/cpg/chapter36>