### Low Blood Sugar (Hypoglycemia)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Risk 0 – 1%</th>
<th>Risk 2% – 4%</th>
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</thead>
<tbody>
<tr>
<td>Metformin</td>
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<tr>
<td>Insulin</td>
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<tr>
<td>Pioglitazone</td>
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<tr>
<td>Liraglutide/Exenatide</td>
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<td>Sulfonylureas</td>
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<tr>
<td>Glipizide, Glimepiride, Glyburide</td>
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<td>Glitpins</td>
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<tr>
<td>SGLT2 Inhibitors</td>
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**Considerations**

- **Metformin**: In the first few weeks after starting Metformin, patients may have some nausea, indigestion or diarrhea.
- **Insulin**: There are no other side effects associated with Insulin.
- **Pioglitazone**: Over time, 10 in 100 people may have fluid retention (edema) while taking the drug. For some it may be as little as ankle swelling. For others, fluid may build up in the lungs making it difficult to breathe. This may resolve after you stop taking the drug. 10 in 100 people at risk of bone fractures who use this drug will have a bone fracture in the next 10 years. There appears to be a slight increase in the risk of bladder cancer with this drug.
- **Liraglutide/Exenatide**: Some patients may have nausea or diarrhea. In some cases, the nausea may be severe enough that a patient has to stop taking the drug. There are reports of pain in the abdomen that may be caused by inflammation of the pancreas with these agents.
- **Sulfonylureas**: Some patients get nausea, rash and/or diarrhea when they first start taking Sulfonylureas. This type of reaction may force them to stop taking the drug.
- **Glitpins**: A few patients may get nose and sinus congestion, headaches, and perhaps be at risk of problems with their pancreas.
- **SGLT2 Inhibitors**: Urinary tract infections and yeast infections are more common among patients taking this medication.
**Daily Routine**

- **Metformin**
  - 24 AM
  - OR
  - 9 PM

- **Insulin**
  - 24 AM
  - OR
  - 9 PM

- **Pioglitazone**
  - 24 AM

- **Liraglutide/Exenatide**
  - 24 AM
  - OR
  - WEEKLY
  - Take in the hour before meals.

- **Sulfonylureas**
  - Glipizide, Glimepiride, Glyburide
  - 24 AM
  - OR
  - 9 PM

- **Gliptins**
  - 24 AM

- **SGLT2 Inhibitors**
  - 24 AM

**Daily Sugar Testing (Monitoring)**

- **Metformin**
  - S M T W T F S
  - No monitoring necessary.

- **Insulin**
  - S M T W T F S
  - Monitor once or twice daily, less often once stable.

- **Pioglitazone**
  - S M T W T F S
  - No monitoring necessary.

- **Liraglutide/Exenatide**
  - S M T W T F S
  - Monitor twice daily after meals when used with Sulfonylureas. Otherwise not needed.

- **Sulfonylureas**
  - Glipizide, Glimepiride, Glyburide
  - S M T W T F S
  - Monitor 2 - 5 times weekly, less often once stable.

- **Gliptins**
  - S M T W T F S
  - No monitoring necessary.

- **SGLT2 Inhibitors**
  - S M T W T F S
  - No monitoring necessary.

**Cost**

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage. Under some plans name brands may be comparable in cost to generics.

- **Metformin** (Generic available)
  - $0.10 per day
  - $9 / 3 months

- **Insulin** (No generic available - price varies by dose)
  - Lantus:
    - Vial, per 100 units: $26
    - Pen, per 100 units: $26
  - NPH:
    - Vial, per 100 units: $2.50
    - Pen, per 100 units: $28
  - Short acting analog insulin:
    - Pen, per 100 units: $30

- **Pioglitazone** (Generic available)
  - $0.50 per day
  - $42 / 3 months

- **Liraglutide/Exenatide** (No generic available)
  - $20.00 per day
  - $1,800 / 3 months

- **Sulfonylureas**
  - Glipizide, Glimepiride, Glyburide (Generic available)
  - $0.10 per day
  - $12 / 3 months

- **Gliptins** (No generic available)
  - $12.00 per day
  - $1,100 / 3 months

- **SGLT2 Inhibitors** (No generic available)
  - $12.00 per day
  - $1,100 / 3 months