GLP-1 Receptor Agonists and SGLT2 Inhibitors
Dosing Information

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

SGLT2 Inhibitors

Generic (Brand)	Dose Frequency	Initiation Dose	Increased Dose[a]	Do not initiate <eGFR (mL/min/1.73m2) for hyperglycemia[b]	Proven Benefit For:			Clinical Considerations
					ASCVD or High Risk[c]	CKD and Albuminuria	Heart Failure	
Canagliflozin (Invokana)	Once Daily Oral Tablet	100mg	300mg (if eGFR≥60)	30	☑ LI	☑ LI	☑	May continue 100mg in patients with eGFR <30 AND with albuminuria > 300 mg/day to reduce the risk of ESRD, doubling of serum creatinine, CV death, and hospitalization for heart failure (hHF)
Dapagliflozin (Farxiga)	Once Daily Oral Tablet	5mg	10mg	45		☑ LI	☑ LI	May continue 10mg in patients with eGFR <45 to reduce the risk of eGFR decline, ESRD, CV death and hHF
Empagliflozin (Jardiance)	Once Daily Oral Tablet	10mg	25mg	30	☑ LI	☑	☑ LI	Based on the EMPEROR - PRESERVED trial, potential benefit in HFpEF, but no FDA label indication.
Ertugliflozin (Steglatro)	Once Daily Oral Tablet	5mg	15mg	45			☑	N/A

a: Can increase to maximum dose after 4 to 12 weeks – Considering tolerance (BP, renal function) and adverse effects (urinary frequency, genital mycotic infections, volume status).
b: GFR cut off for initiation due to ineffectiveness of SGLT2 at lowering blood glucose at lower GFR. See clinical considerations for additional detail.
c: CKD without albuminuria is a risk factor for ASCVD.
LI: FDA approved label indication for this condition.

GLP-1 Receptor Agonists

Generic (Brand)	Dose / Route	Initiation Dose	Dose Escalation: Steps / Dose		Dose Escalation: Timing (If BG above goal)	Pen Type	Needle Rx	Proven Benefit For: ASCVD or high risk (including CKD w/o albuminuria)	Comments
Dulaglutide (Trulicity)	Once Weekly Injection	0.75mg	1st	1.5mg	2+ weeks after initiation dose[b]	Single Use Auto-Injector	Included	☑ LI	**Renal dosing:** No adjustment needed[c]
			2nd	3mg	4+ weeks after last increase				
			3rd	4.5mg	4+ weeks after last increase				
Exenatide (Byetta)	Twice Daily Injection	5mcg	1st	10mcg	4+ weeks after initiation dose	Multi Dose	Needs needle Rx		**Renal dosing:** -eGFR 30-50: Use caution -eGFR < 30: DO NOT USE **Needle Rx:** 31G or 32G recommended
Exenatide XR (Bydureon BCise)	Once Weekly Injection	2mg	None			Single Use Auto-Injector	Included		**Renal dosing:** -eGFR 30-50: Use caution -eGFR < 30: DO NOT USE
Liraglutide (Victoza)	Once Daily Injection	0.6mg[a]	1st	1.2mg	1+ week after initiation dose[b]	Multi Dose	Needs needle Rx	☑ LI	**Renal dosing:** No adjustment needed[c] **Needle Rx:** 31G or 32G recommended
			2nd	1.8mg	1+ week after last increase[b]				
Lixisenatide (Adlyxin)	Once Daily Injection	10mcg[a]	1st	20mcg	2+ weeks after initiation dose[b]	Multi Dose	Needs needle Rx		**Renal dosing:** -eGFR 15-30: Monitor closely -eGFR < 15: DO NOT USE
Semaglutide (Ozempic)	Once Weekly Injection	0.25mg[a]	1st	0.5mg	4+ weeks after initiation dose[b]	Multi Dose	Included	☑ LI	**Renal dosing:** No adjustment needed[c] **Pen dosages:** -2mg/1.5mL: for 0.25mg and 0.5mg doses -4mg/3mL: for 1mg maintenance dose
			2nd	1mg	4+ weeks after last dose				
Semaglutide (Rybelsus)	Once Daily Oral Tablet	3mg[a]	1st	7mg	30+ days on initiation dose[b]	Multi Dose	N/A		Works best on an empty stomach with no more than 4 ounces of water, about 30 to 60 minutes prior to eating. **Renal dosing:** No adjustment needed[c]
			2nd	14mg	30 + days after last dose				

a: Sensitizing dose has no little to no glycemic benefit, use to prevent GI side effects.
b: Consider longer interval – 3 to 4 weeks prior to 1st increase, if known GI sensitivities/side effects.
c: Renal Considerations, if eGFR < 30: Close monitoring for GI side effects and risk of dehydration; consider nephrology consult.
LI: FDA approved label indication for this condition.