

WORKING TOGETHER TO MANAGE DIABETES



**DIABETES MEDICATIONS
SUPPLEMENT**

SECTION A

DIABETES MEDICATIONS

Agent	Class	Primary Action	Typical Dosage	Side Effects
Tolbutamide (Ornase™) Tolazamide (Tolinase™) Chlorpropamide (Diabinese™)	Sulfonylureas (1st generation)	Increases insulin production in pancreas	Tolbutamide: 0.25–2.0 g/day in divided doses; maximum, 3 g/day Tolazamide: 100–1,000 mg/day in divided doses; maximum, 1 g/day Chlorpropamide: 100–500 mg/day twice a day; maximum, 750 mg/day	Hypoglycemia, weight gain, hyperinsulinemia Disulfiram reaction with alcohol
Glyburide (Micronase™, Diabeta™, Glynase™) glipizide (Glucotrol, Glucotrol XL™), glimepiride (Amaryl™)	Sulfonylureas (2nd generation)	Increases insulin production in pancreas	Glyburide: 1.25–2.50 mg/day twice a day; maximum 29 mg/day Glynase: 0.75–12.0 mg/day; maximum 20 mg/day Glipizide: 2.5–20.0 mg/day twice a day; Maximum, 40 mg/day; or XL* 2.5–10.0 mg/day twice a day; maximum, 20 mg/day Glimepiride: 1–8 mg/day; maximum, 8 mg/day	Hypoglycemia, weight gain, hyperinsulinemia
Repaglinide (Prandin™)	Meglitinide	Increases insulin release from pancreas	New diagnosis or HbA1c <8% 0.5 mg before meals 2–4 times a day HbA1c >8: 1–2 mg, 15–30 min after each meal; increase weekly until results are obtained; maximum, 16 mg/day	Hypoglycemia, weight gain, hyperinsulinemia
Nateglinide (Starlix™)	Phenylalanine derivative	Increases insulin release from pancreas	120, or 60 mg 3 times a day before meals	Hypoglycemia, weight gain, hyperinsulinemia
Metformin (Glucophage™)	Biguanide	Increases insulin sensitivity	500 mg/day twice a day with meals increase by 500 mg every 1–3 wk, twice or three times a day; usually most effective at 2,000 mg/day; maximum, 2,550 mg/day	Nausea, diarrhea, metallic taste, very rare lactic acidosis
Rosiglitazone (Avandia™)	Thiazolidinedione	Increases insulin sensitivity	4 mg/day in single or divided doses Increase to 8 mg/day in 12 wk, if needed; maximum, 8 mg/day with or without food	Weight gain, fluid retention, edema
Pioglitazone (Actos™)	Thiazolidinedione	Increases insulin sensitivity	15 or 30 mg/day; Maximum with or without food 45 mg for monotherapy 30 mg for combination therapy	Weight gain, fluid retention, edema
Acarbose (Precose™) Miglitol (Glyset™)	Alpha-glucosidase inhibitor	Blocks gut absorption of complex sugars	25 mg/day; increase by 25 mg/day every 4–6 wk; maximum, split dose before meals with first bite of food 300 mg/day (150 mg/day for weight <60 kg)	Gas and bloating, sometimes diarrhea for both drugs
Combinations				
Glucovance™	glyburide and metformin	Decreases hepatic glucose production and increases insulin secretion.	Initial, 1.25 mg/250 mg once or twice a day with meals; increase every 2 wk by 1.25 mg/250 mg per day; 2nd line, 2.5mg/500 mg or 5 mg glyburide/ 500 mg twice a day with meals; maximum, 20 mg/2000 mg per day	Possible hypoglycemia, nausea, diarrhea, abdominal pain for this combination drug
Metaglip™	glipizide and metformin	Decreases hepatic glucose production and increases insulin secretion	Initial, 2.5 mg/250 mg once or twice a day with meals. Increase every 2 wk to maxi- mum of 10 mg/1000 mg or 10 mg/2000 mg per day. 2nd line, 2.5 mg/500 mg or 5 mg/500 mg twice a day with meals. Maximum, 20 mg/2000 mg per day	Diarrhea, nausea/ vomiting, headache for this combination drug
Avandamet™	rosiglitazone and metformin	Decreases hepatic glucose production, increases glucose uptake, and decreases insulin resistance	1 mg/500 mg, 2 mg/500 mg or 4 mg/500 mg twice a day; dosage individualized based on current therapy. Maximum, 8 mg/2000mg per day	Diarrhea, edema, anemia for this combination drug

Adapted from © 2002 The Diabetes Center, Old Saybrook, CT, used by permission.

ALT = alanine aminotransferase CHF = congestive heart failure GI = gastrointestinal HbA1c = glycosylated hemoglobin XL = extended release

TABLE 1. ORAL AGENTS TO TREAT TYPE 2 DIABETES*

Precautions	Critical Tests	Comments
Chlorpropamide remains active for up to 60 hours. Use extreme caution with elderly patients or patients with hepatic or renal impairment.	Metabolized in liver. Periodic evaluation of liver function tests.	Use of these agents is not recommended unless the patient has a well-established history of taking them. Second-generation sulfonylureas provide more predictable results with fewer side effects and more convenient dosing.
Clearance may be diminished in patients with hepatic or renal impairment.	Metabolized in liver. Periodic evaluation of liver function tests.	Glipizide is preferred with renal impairment. Doses >15 mg should be split.
Should not be used in patients with diabetic ketoacidosis and known hypersensitivity to drug or its inactive ingredients.	Metabolized in liver. Periodic evaluation of liver function tests.	Patients should be instructed to take medication ≤30 min before a meal. If meals are skipped or added, medication should be skipped or added as well.
Should not be used in patients with diabetic ketoacidosis and known hypersensitivity to drug or its inactive ingredients.	Metabolized in liver. Periodic evaluation of liver function tests.	Patients should be instructed to take medication ≤30 min before a meal. If meals are skipped or added, medication should be skipped or added as well. Nateglinide is approved only as monotherapy or in combination with Metformin.
Should not be used in patients who use alcohol frequently, liver, kidney disease or CHF because of risk of lactic acidosis.	Contraindicated if serum creatinine is: >1.5 mg/dL in men or >1.4 mg/dL women, or use if creatinine clearance is abnormal. Monitor hematological and renal function annually.	Metformin is especially beneficial in obese patients due to potential for weight loss, improved lipid profile, and lack of potential for hypoglycemia requiring supplemental carbohydrate intake. Discontinue for 48 hr after procedure using contrast dye.
Should not be used in patients with CHF or hepatic disease. Can cause mild-to-moderate edema.	Avoid initiation with patients with increased baseline liver enzyme levels (ALT >2.5 times upper limit of normal). Liver enzymes monitored every 2 months for 12 months, then periodically. If ALT levels increase to >3 times the upper limit of normal, discontinue use and recheck liver enzyme levels.	Rosiglitazone is approved for use as monotherapy and in combination with metformin or sulfonylureas.
Clearance may be diminished in patients with hepatic or renal impairment.	Avoid initiation with patients who have liver disease or ALT levels >2.5 times the upper limit of normal. Patients with mildly elevated liver enzymes (ALT levels 1–2.5 times the upper limit of normal) should be evaluated. Discontinue if >3 times the upper limit of normal.	Pioglitazone is approved for use as monotherapy or with metformin, sulfonylureas, or insulin.
Should not be used if GI disorders are concurrent.	Avoid if serum creatinine is >2.0 mg/dL. Monitor serum transaminase every 3 months for 1st year of therapy.	
Should not be used if frequent alcohol use, liver or kidney disease, or CHF is suspected.	Contraindicated if serum creatinine is >1.5 mg/dL in men or 1.4 mg/dL in women, or if creatinine clearance is abnormal. Monitor hematological and renal function annually.	May use 1.25mg/250mg and 2.5mg/500mg doses at different times of day for best glucose control. Incidence of hypoglycemia is higher for combination than for single agent use.
Should not be used if frequent alcohol use, liver or kidney disease, or CHF is suspected.	Contraindicated if serum creatinine is >1.5 mg/dL in men, or >1.4 mg/dL in women, or if creatinine clearance <60–75 mL/min. Monitor hematologic and renal function annually.	May use 1.25mg/250mg and 2.5mg/500mg doses at different times of day for best glucose control. Incidence of hypoglycemia is higher for combination than for single agent use.
Should be avoided in patients with hepatic disease, CHF, renal disease.	Contraindicated if serum creatinine is >1.5 mg/dL in men or >1.4 mg/dL in women, or if creatinin clearance is abnormal.	Agent is less expensive than its components separately. Decrease in GI upset is reported with metformin compared with rosiglitazone alone.

**Agents in a class of medicines share mechanisms of action, require similar precautions, and generally have similar side effects. For proper usage, please read label. Agents should not be used in patients with type 1 diabetes.*

TABLE 2. IMPORTANT INSULIN INFORMATION*

Insulin	Onset	Peak	Effective Duration	Maximal Duration	Comments
Human					
Lispro (humalog)	<15 min	1–2 hr	2–4 hr	3–5 hr	Must be taken just before or immediately after eating.
Aspart (novalog)	<15 min	1–3 hr	3–5 hr	4–6 hr	
Regular	0.5–1 hr	2–4 hr	3–5 hr	4–8 hr	Best if administered 30 min before meal.
NPH	2–4 hr	4–10 hr	10–16 hr	14–18 hr	
Lente	3–4 hr	4–12 hr	12–18 hr	16–20 hr	Frequently used instead of NPH in children.
Ultralente	6–10 hr	Minimal	18–20 hr	20–30 hr	
70/30	0.5–1 hr	2–10 hr	10–16 hr	14–18 hr	
Humalog mix 75/25	<15 min	1–2 hr	10–16 hr	14–18 hr	Must be taken before or immediately after eating.
Insulin glargine (Lantus™)	4–6 hr	None	24 hr	24 hr	Administered at bedtime once a day. Cannot be mixed in same syringe and should not be given with use of same needle in same place as previous injection.
Animal Source					
Regular	0.5–2 hr	3–4 hr	4–6 hr	6–8 hr	Change over to human insulin recommended. Dose changes required; consult physician.
NPH	4–6 hr	8–14 hr	16–20 hr	20–24 hr	
Lente	4–6 hr	8–14 hr	16–20 hr	20–24 hr	

Adapted from © 2002, The Diabetes Center, Old Saybrook, CT, used by permission.

*Site rotation for injections is necessary for all types of insulin.

TABLE 3. RECOMMENDED INSULIN STORAGE

Recommended Insulin Storage	Refrigerated (36°F–46°F)		Room Temperature (59°F–86°F)	
	Opened	Unopened	Opened	Unopened
VIAL				
Humalog, novolog, humulin, novolin	28 days	until expiration date	28 days	28 days
Novalog (release pending)		until expiration date		
Lantus™ (10 mL)	28 days	until expiration date	28 days	28 days
Lantus™ (5 mL)	28 days	until expiration date	14 days	14 days
PENS/CARTRIDGES	Not in use		In use	
Humalog	Until expiration date		28 days	
Humulin R (cartridge)	Until expiration date		28 days	
Humulin N	Until expiration date		14 days	
Humulin 70/30	Until expiration date		10 days	
Humalog Mix 75/25	Until expiration date		10 days	
Novolog	Until expiration date		28 days	
Novolin R (prefilled and 1.5-mL cartridge)	Until expiration date		30 days	
Novolin R (3-mL cartridge)	Until expiration date		28 days	
Novolin N (prefilled and 1.5-mL cartridge)	Until expiration date		7 days	
Novolin N (3-mL cartridge)	Until expiration date		14 days	
Novolin 70/30 (prefilled and 1.5-mL cartridge)	Until expiration date		7 days	
Novolin 70/30 (3-mL cartridge)	Until expiration date		10 days	
Lantus™	Until expiration date		28 days	
Self-filled syringes	14 days*		7 days*	

Adapted from © 2002, The Diabetes Center, Old Saybrook, CT, used by permission.

*Suggested, not clinically established

TABLE 4. GLUCOSE LOWERING ACTIVITY—ORAL DIABETES AGENT

Medication	Blood Glucose Most Affected	SMBG* Testing to Recommend	Greatest Risk for Hypoglycemia
Sulfonylureas	Fasting and postprandial	2–3 times per day, especially fasting	4–6 hr after meal and fasting
Meglitinide phenylalanine derivative	Postprandial	2 hr after meal	2–3 hr after meal
Biguanide	Fasting	Fasting	None if used as single agent
Alpha-glucosidase inhibitor	Postprandial	2 hr after meal	None if used as single agent
Thiazolidinedione	Fasting and postprandial	2–3 times per day, especially fasting	After exercise when used with sulfonylureas or insulin
Glucovance	Fasting and postprandial	2–3 times per day, especially fasting	4–6 hr after meal and fasting

Adapted from © 2002, The Diabetes Center, Old Saybrook, CT, used by permission.
SMBG = self-monitoring of blood glucose

TABLE 5. MEASURES TO CONTROL GLYCEMIA

Biochemical Index	Normal	Goal	Action Suggested
Before meals (mg/dL)	<110	90–130	<90, >150
plasma whole blood	<100	80–120	<80, >140
Bedtime (mg/dL)	<120	110–150	<110, >180
plasma whole blood	<110	100–140	<100, >160
HbA1c*	<6	<7	>8

Adapted from © 2002, The Diabetes Center, Old Saybrook, CT, used by permission.
HbA1c = glycated hemoglobin

SECTION B

MEDICATIONS TO TREAT HIGH BLOOD CHOLESTEROL

Category	Brand Name	Generic Name	Manufacturer	Minimum Daily Dose	Maximum Daily Dose	Special Considerations*
HMG-CoA reductase inhibitors (statins)	Lipitor	atorvastatin	Pfizer	10 mg	80 mg	<p>Main action: Lowers LDL (“bad”) cholesterol.</p> <p>Have blood tests for liver enzyme concentrations.</p> <p>Notify physician immediately of muscle pain.</p> <p>Use caution if combining with fibric acid derivatives or bile acid sequestrants (described below). (increased risk of rhabdomyolysis)</p>
	Lescol	fluvastatin	Novartis	20 mg	80 mg	
	Lescol XL	fluvastatin	Novartis	80 mg	80 mg	
	Mevacor	lovastatin	Merck	10 mg	80 mg	
		lovastatin	generic [†]	10 mg	80 mg	
	Altocor	lovastatin (extended-release)	Aura Labs	20 mg	60 mg	
	Pravachol	pravastatin	Bristol-Myers Squibb	10 mg	80 mg	
	Zocor	simvastatin	Merck	5 mg	80 mg	
Cholesterol absorption inhibitors	Zetia	ezetimibe	Merck Schering-Plough	10 mg	10 mg	<p>Main action: Lowers LDL cholesterol; inhibits absorption of cholesterol.</p> <p>If used with a statin, take together.</p> <p>If used with bile acid sequestrant, ezetimibe should be taken 2 hr before or 4 hr after bile acid sequestrant.</p>
Nicotinic acid (niacin)	Niaspan	nicotinic acid (extended release)	Kos	300 mg (starting dose)	2,000 mg	<p>Main action: Lowers LDL cholesterol increases HDL (“good”) cholesterol, lowers triglycerides.</p> <p>Take with food.</p> <p>May cause flushing.</p> <p>May increase blood glucose levels.</p> <p>Have blood tests for liver enzyme concentrations.</p> <p>Long-acting forms may be more likely to cause liver malfunction.</p>
		nicotinic acid	generic [†]	300 mg	2,000 mg	
Lipid combinations	Advicor	lovastatin niacin	Kos	20 mg 500 mg	40 mg 2,000 mg	Main Action: Reduces LDL, TC, and TG and increases HDL due to the individual actions of niacin and lovastatin.
Fibric acid derivatives	Lopid	gemfibrozil	Pfizer	1,200 mg	1,200 mg	<p>Main action: Lowers triglycerides, increases HDL cholesterol.</p> <p>Perform blood tests for liver enzyme concentrations.</p> <p>Notify physician of muscle pain immediately.</p>
		gemfibrozil	generic [†]	1,200 mg	1,200 mg	
	Tricor	fenofibrate	Abbott	54 mg	160 mg	
Bile acid sequestrants	LoCHOLEST	cholestyramine	Warner Chilcott	4 g	24 g	<p>Main action: Lowers LDL cholesterol.</p> <p>May cause constipation and stomach upset.</p> <p>May need to be taken at a different time than other medications to avoid drug interactions.</p> <p>May increase triglycerides blood concentrations.</p>
	LoCHOLEST light	cholestyramine light	Warner Chilcott	4 g	24 g	
	Questran	cholestyramine	Par Pharmaceuticals	4 g	24 g	
	Questran light	cholestyramine light	Par Pharmaceuticals	4 g	24 g	
	Prevalite	cholestyramine	Upsher Smith	4 g	24 g	
		cholestyramine	generic [†]	4 g	24 g	
		cholestyramine light	generic [†]	4 g	24 g	
	Welchol	colesevelam	Sankyo	1,875 (3 tablets)	4,375 (7 tablets)	

Adapted from Kings Publishing, Inc. For subscription information call 1-800-488-8468.

HMG-Coa = LDL = low-density lipoprotein HDL = high-density lipoprotein TC = total cholesterol TG = plasma triglycerides

[†]generic = generic drug manufacturers



SECTION C

MEDICATIONS TO LOWER HIGH BLOOD PRESSURE*

Category	Brand Name	Generic Name	Manufacturer	Minimum Daily Dose	Maximum Daily Dose	Special Considerations
Angiotensin-converting enzyme (ACE) inhibitors	Mavik	trandolapril	Abbot	1	8	May cause cough. May increase potassium concentrations. Do not use potassium or salt substitutes without consulting physician. Do not use if pregnant or if trying to conceive. Caution if creatinine >1.5.
	Altace	ramipril	Monarch	1.25	20	
	Capoten	captopril	Apothecon	25	450	
		captopril	generic [†]	25	450	
	Univasc	moexipril	Schwarz	7.5	60	
	Monopril	fosinopril	Bristol-Myers Squibb	10	80	
	Lotensin	benazepril	Novartis	5	20	
	Prinivil	lisinopril	Merck	2.5	80	
	Zestril	lisinopril	AstraZeneca	2.5	80	
		lisinopril	generic [†]	2.5	80	
	Vasotec	enalapril	Merck	2.5	40	
		enalapril	generic [†]	2.5	40	
	Accupril	quinapril	Pfizer	5	80	
Aceon	perindopril	Solvay	4	16		
Angiotensin II receptor blockers	Cozaar	losartan	Merck	25	100	May cause dizziness and upset stomach. Do not use potassium or salt substitutes without consulting physician. Do not use if pregnant or if trying to conceive. Caution if creatinine >1.5.
	Benicar	olmesartan	Sankyo	20	40	
	Diovan	valsartan	Novartis	80	320	
	Avapro	irbesartan	Bristol-Myers Squibb	150	300	
	Atacand	candesartan	AstraZeneca	15	32	
	Micardis	telmisartan	Boehringer-Ingelheim	20	80	
	Teveten	eprosartan	Biovail	400	800	
Calcium channel blockers	Sular	nisoldipine	AstraZeneca	20	60	May cause constipation, dizziness, upset stomach, and flushing. Call physician for shortness of breath, unusual heartbeat, or swelling of feet or hands.
	Adalat CC*	nifedipine	Bayer	30	120	
	Procardia	nifedipine	Pfizer	30	120	
	Procardia XL*	nifedipine	Pfizer	30	120	
		nifedipine	generic [†]	30	120	
	Cardene	nicardipine	Roche	60	120	
	Cardene SR*	nicardipine	Roche	60	120	
	DynaCirc	isradipine	Reliant	2.5	20	
	DynaCirc CR*	isradipine	Reliant	2.5	20	
	Plendil	felodipine	AstraZeneca	5	20	
	Cardizem	diltiazem	Biovail	120	360	
	Cardizem CD*	diltiazem	Biovail	120	360	
		diltiazem	generic [†]	120	360	
	Dilacor XR*	diltiazem	Watson	180	540	
	Tiazac	diltiazem	Forest	120	540	
	Calan	verapamil	Searle	120	480	
	Calan SR*	verapamil	Searle	120	480	
		verapamil	generic [†]	120	480	
	Isoptin	verapamil	Abbott	120	480	
	Isoptin SR*	verapamil	Abbott	120	480	
	Verelan	verapamil	Schwarz	120	480	
	Verelan PM*	verapamil	Schwarz	100	400	
	Covera HS*	verapamil	Searle	180	480	
Norvasc	amlodipine	Pfizer	5	10		

*Agents in a class of medicines share mechanisms of action, require similar precautions and generally have similar side effects.

CC = extended release XL = extended release SR = sustained release CR = controlled release CD = extended release XR = extended release PM = extended release, controlled onset HS = extended release, controlled onset [†]generic = generic drug manufacturers

MEDICATIONS TO LOWER HIGH BLOOD PRESSURE (continued)

Category	Brand Name	Generic Name	Manufacturer	Minimum Daily Dose	Maximum Daily Dose	Special Considerations
Thiazides and related diuretics	Diuril	chlorothiazide	Merck	500	2,000	May increase blood glucose concentrations. Take in morning to minimize diuretic effect at night. May cause low potassium. Need blood test to monitor level.
		chlorothiazide	generic†	500	2,000	
	HydroDIURIL	hydrochlorothiazide	Merck	15	50	
	Microzide	hydrochlorothiazide	Watson	12.5	200	
		hydrochlorothiazide	generic†	12.5	200	
	Enduron	methyclothiazide	Abbott	2.5	10	
	Zaroxolyn	metolazone	Fisons	2.5	10	
	Hygroton	chlorthalidone	Aventis	2.5	100	
	Lozol	indapamide	Aventis	1.25	5	
Loop diuretics	Lasix	furosemide	Aventis	80	80	May cause low potassium. Need blood test to monitor level. May cause photosensitivity: sunscreen recommended.
		furosemide	generic†	80	80	
	Bumex	bumetanide	Roche	0.5	10	
		bumetanide	generic†	0.5	10	
	Demadex	torsemide	Roche	5	20	
Potassium-sparing diuretics	Aldactone	spironolactone	Searle	50	400	Do not use potassium or salt substitutes without consulting physician.
		spironolactone	generic†	50	400	
	Dyrenium	triamterene	GlaxoSmithKline	50	300	
	Midamor	amiloride	Merck	5	20	
		amiloride	generic†	5	20	
Carbonic anhydrase inhibitors	Diamox	acetazolamide	Wyeth-Ayerst	250	1,000	May take with food if medicine upsets stomach. May cause hand/foot tingling that can be confused with neuropathy.
		acetazolamide	generic†	250	1,000	
β-blockers	Tenormin	atenolol	AstraZeneca	25	100	May mask signs of low blood glucose levels. May alter blood glucose. Call physician for slow heart rate (<60), confusion, or swelling of feet or legs. Can cause claudication.
		atenolol	generic†	25	100	
	Kerlone	betaxolol	Searle	5	40	
		betaxolol	generic†	5	40	
	Levatol	penbutolol	Schwarz	10	40	
	Zebeta	bisoprolol	Lederle	2.5	20	
	Lopressor	metoprolol	Novartis	25	450	
		metoprolol	generic†	25	450	
	Toprol XL*	metoprolol	AstraZeneca	50	400	
	Coregard	nadolol	Bristol-Myers Squibb	40	320	
		nadolol	generic†	40	320	
	Inderal	propranolol	Wyeth-Ayerst	40	640	
	Inderal LA*	propranolol	Wyeth-Ayerst	40	640	
		propranolol	generic†	40	640	
α-blockers	Minipress	prazosin	Pfizer	1	20	To prevent dizziness, avoid standing up suddenly, especially with the first few doses.
		prazosin	generic†	2	40	
	Hytrin	terazosin	Abbott	1	40	
		terazosin	generic†	1	40	
	Cardura	doxazosin	Roerig	1	16	
	doxazosin	generic†	1	16		
Combined α- and β-blockers	Trandate	labetalol	Faro	100	2,400	May mask signs of low blood glucose levels. Take with food to avoid stomach upset.
	Normodyne	labetalol	Key	100	2,400	
		labetalol	generic†	100	2,400	
	Coreg	carvedilol	GlaxoSmithKline	6.25	50	
Direct vasodilators	Apresoline	hydralazine	Novartis	40	300	May cause headaches, fluid retention, or fast heart rate.

XL = extended release LA = long acting †generic = generic drug manufacturers

MEDICATIONS TO LOWER HIGH BLOOD PRESSURE (continued)

Category	Brand Name	Generic Name	Manufacturer	Minimum Daily Dose	Maximum Daily Dose	Special Considerations
Central α -agonists	Catapres	clonidine	Boehringer-Ingelheim	0.1	2.4	Do not discontinue drug suddenly without consulting physician.
		clonidine	generic [†]	0.1	2.4	
	Catapres TTS* (patch)	clonidine	Boehringer-Ingelheim	0.1	0.6	
	Aldomet	methyldopa	Merck	250	3,000	
		methyldopa	generic [†]	250	3,000	

**Agents in a class of medicines share mechanisms of action, require similar precautions and generally have similar side effects.*

Adapted from Kings Publishing, Inc. For subscription information call 1-800-488-8468.

TTS = transdermal therapeutic system †generic = generic drug manufacturers

For all anti-hypertensives:

- Ask pharmacist before using OTC products.
- Monitor blood pressure regularly.
- To prevent dizziness, advise patient to stand up slowly. If dizziness persists, refer to health care provider.

Information about high blood pressure can be found at the following Web sites:

Health care professionals: <http://www.nhlbi.nih.gov/health/prof/heart/index.htm>

Information for people with diabetes: <http://www.nhlbi.nih.gov/hbp>

Drugs used to treat high blood pressure: <http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf>

Centers for Disease Control and Prevention. Working Together to Manage Diabetes: Diabetes Medications Supplement. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2004.

NDEP-54-S

