

DRUG CARDS | DAILY



NAME(S): **Generic:** glyburide (GLYE bue ride) | **Brand:** Diabeta (scored), Glynase PressTab (scored), Micronase

PHARMACOLOGIC & THERAPEUTIC CLASS: Sulfonylurea

DOSAGE FORM & STRENGTH: **Tablet:** 1.25 mg, 2.5 mg, 5 mg | **Micronized Tab:** 1.5 mg, 3 mg, 4.5 mg, 6 mg

INDICATION(S) & DOSING(S): ADULTS

1. **Diabetes mellitus, type 2:** Tx range of 1.25 - 20 mg PO divided 1-2 times daily. Initiate b/t 2.5-5 mg PO qd wih dose increases of 2.5 mg a week. The max dose is 20 mg/day. For patients at risk of hypoglycemia initiate at 1.25 mg PO qd. Glyburide if given with meals.

INDICATION(S) & DOSING(S): PEDIATRICS

- Nothing at this time.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Lowers blood glucose concentration through insulin release through the stimulation of pancreatic islet beta cells. | **Absorption:** Bio-availability is almost complete. Conventional and micronized formulations are not bioequivalent. Onset of action w/in 45-60 minutes w/ max b/t 1.5-3 hours. Duration of action is up to 24 hours in non-fasting patients w/o regards to food. | **Distribution:** The medication does cross the placenta and substantial amounts distribute into the bile. B/t 97-99% protein bound. | **Metabolism:** Hepatically via the CYP2C9 pathway. | **Elimination:** Excreted in the urine and feces in equal proportions. Minimal removal via hemodialysis. Half-life is b/t 1.4-1.8 hour for the drug and ~10 hours if factoring in the metabolites in addition to the drug.

SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal:** Avoid use if CrCl <60. When initiating start at 1.25 mg (0.75 mg for micronized formulation) | **Hepatic:** During initiation start at lowest end of 1.25 mg (consider 0.75 mg if micronized). | **Eldery:** Initiation at 1.25 mg or 0.75 mg for micronized. | **Contraindicated** if CrCl <60 and in diabetic ketoacidosis and diabetes mellitus type 1. | **Caution** in sulfa allergies, renal or hepatic impairment, elderly, malnourished, adrenal insufficiency, and G6PD deficiency. | **Pregnancy:** May use. Minimal risk of severe fetal hypoglycemia. | **Lactation:** Caution advised. No known risk based on limited human data.

SIDE EFFECTS

- **Common:** Weight gain, nausea, epigastric discomfort, blurred vision, photosensitivity, drowsiness, and rash.
- **Serious:** Disulfiram-like reaction, hypoglycemia, hepatitis, thrombocytopenia, and agranulocytosis.

DRUG INTERACTIONS

- **Considerations to make for DI:** CYP2C9 substrate, OATP1B1 & 1B3 substrates, antidiabetic agent, binds to anion exchange resin/polymer, hyponatremia, and photosensitivity.



- **Some Contraindicated Drug(s) & Drug(s) of Note:** Bosentan (tx of sx pulmonary arterial hypertension) is contraindicated. Avoid use w/ glipizide, glimepiride, and tolbutamide. Monitor w/ acebutolol, alogliptin, amiodarone, cortisone, clozapine, ethanol, and labetalol.

MONITORING PARAMETERS

- Cr at baseline, s/sx of hypoglycemia

PATIENT COUNSELING INFORMATION

- Glyburide is commonly used to **control high blood sugars** in patients with **type 2 diabetes**.
- There are **many additional benefits** such as preventing kidney damage, blindness, nerve problems, limb loss, sexual function issues, and may lessen risk of heart attack or stroke.
- Important to remember that the micronized and NON-micronized (conventional) products are **not bio-equivalent**.
- Best if taken **w/ first meal of day**. Twice daily dosing may occur if on higher dosing.
- Monitor for **hypoglycemia** risks and for symptoms of hypoglycemia.
- If dose is missed take immediately but skip the dose if near next dose. **Never double up doses.**

REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/3310/glyburide/Monograph>
2. <https://www.drugs.com/monograph/glyburide.html>
3. <https://www.webmd.com/drugs/2/drug-3917/glyburide-oral/details>

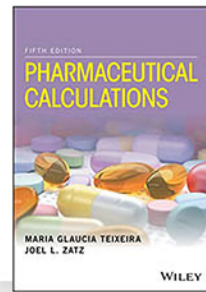


PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)



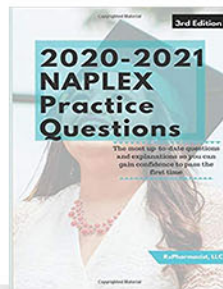
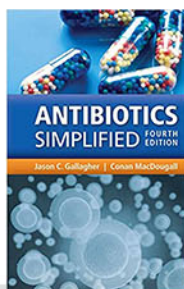
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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