

Date: August 17, 2006

Subject: DRC Recommendations to DCC and DHS

To: DHHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D. Chairman DRC

At its 08/17/06 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of selected oral anti-diabetic agents.

### **Oral anti-diabetic agents under consideration**

#### **First generation oral sulfonylureas**

Chlorpropamide  
Tolazamide  
Tolbutamide

#### **Second generation oral sulfonylureas**

Glimepiride  
Glipizide  
Glyburide  
Glyburide-micronized

#### **Non-sulfonylurea secretagogues (meglitinides)**

Nateglinide  
Repaglinide

#### **Thiazoladinediones**

Pioglitazone  
Rosiglitazone

### **Indications under consideration**

#### **Diabetes mellitus**

#### **Pre-diabetes or metabolic syndrome**

### **Discussion**

With the understanding that equipotent doses of each drug are used, the Committee reached the following conclusions based upon its perception of the bulk of the best available evidence.

1. None of the captioned agents is associated with clinically evident adverse events of sufficient severity or number to exclude it from further consideration.
2. At least one first generation sulfonylurea should be available, and if only one, then chlorpropamide.

3. At least one second generation sulfonylurea should be available, and if only one, then glyburide.
4. At least one meglitinide should be available.
5. At least one thiazoladinedione should be available, and if only one, then pioglitazone.
6. Chlorpropamide and glyburide should be available.
7. The Committee voted to advise DCC and DHHS of the following:  
All of the agents reviewed decrease hemoglobin A1C, but only chlorpropamide, glyburide, pioglitazone and rosiglitazone have positive outcomes data.

Patients with congestive heart failure and diminished hepatic function who are taking thiazoladinediones require careful monitoring.

Glyburide is the only agent with a Category B rating in pregnancy.

Henry F. Simmons, Jr.  
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