NOTE: When switching products consider liver function, renal function, age, other medical conditions, drug interactions, and allergies. Glyburide and chlorpropamide carry the highest risk of hypoglycemia. Comparative doses are approximate and are based on manufacturers’ recommended dosing, maximum effective doses, and therapeutic interchange studies. Monitor response (e.g., glucose, hypoglycemia symptoms, hemoglobin A1c) closely after switch. Monitor closely for hypoglycemia for one to two weeks when switching from chlorpropamide due to chlorpropamide’s long half-life.2-6,12,13

Abbreviations:  BID=twice daily; QD=once daily; TID=three times daily

<table>
<thead>
<tr>
<th>Switching to:</th>
<th>Usual starting dose</th>
<th>Comparative Daily Dose&lt;sup&gt;1-14&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorpropamide</td>
<td>250 mg QD&lt;sup&gt;a&lt;/sup&gt;</td>
<td>100 mg to 125 mg QD</td>
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<tr>
<td>Glimepiride</td>
<td>1 mg QD to 2 mg QD&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1 mg QD</td>
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<tr>
<td>(Amaryl, generics)&lt;sup&gt; b&lt;/sup&gt;</td>
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<tr>
<td>Glipizide</td>
<td>5 mg QD or divided BID&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2.5 mg QD</td>
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<tr>
<td>(Glucotrol, generics)</td>
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<tr>
<td>Glipizide extended-</td>
<td>5 mg QD&lt;sup&gt;f&lt;/sup&gt;</td>
<td>2.5 mg QD</td>
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<tr>
<td>release tablet</td>
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<tr>
<td>(Glucotrol XL, generics)&lt;sup&gt; g&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glyburide</td>
<td>2.5 mg to 5 mg QD&lt;sup&gt;g&lt;/sup&gt;</td>
<td>1.25 mg QD</td>
</tr>
<tr>
<td>(Diabeta, Micronase, generics)&lt;sup&gt; b&lt;/sup&gt;</td>
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<td></td>
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<tr>
<td>Glyburide, micronized</td>
<td>1.5 mg to 3 mg QD&lt;sup&gt;i&lt;/sup&gt;</td>
<td>0.75 mg QD</td>
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<tr>
<td>(Glynase PresTab, generics)&lt;sup&gt; h&lt;/sup&gt;</td>
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<td></td>
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</tbody>
</table>
Switching to: Usual starting dose | Comparative Daily Dose
---|---
Tolazamide (Tolinase [discontinued], generics) | 100 mg to 250 mg QD | 100 mg to 125 mg QD | 250 mg QD | 250 mg to 375 mg QD | 500 mg QD | >500 mg to 1000 mg divided BID
Tolbutamide (Orinase [discontinued], generics) | 1000 mg to 2000 mg QD or divided BID or TID | 250 mg to 625 mg QD or divided BID or TID | 1000 mg to 1250 mg QD or divided BID or TID | 1000 mg to 1500 mg QD or divided BID or TID | 2500 mg QD or divided BID or TID | 3000 mg QD or divided BID or TID

a. Start with 100 mg to 125 mg QD in older patients.¹
b. U.S. prescribing information states there is no exact dosage conversion from the other sulfonylureas and recommends not exceeding the maximum recommended starting dose when switching.²,⁵,⁶
c. Start with 1 mg in patients sensitive to hypoglycemic drugs (e.g., kidney or liver insufficiency; elderly, debilitated, or malnourished patients; patients with adrenal or pituitary insufficiency).²
d. Start with 2.5 mg QD in geriatric patients or patients with liver insufficiency.³
e. Based on the results of a randomized trial, patients can be switched from glipizide to glipizide extended-release at the same total daily dose. Or, start with 5 mg QD and titrate.⁴
f. Dose conservatively (e.g., start with 2.5 mg QD) in elderly, malnourished, or debilitated patients, or those with renal or hepatic insufficiency.⁴
g. Start with 1.25 mg QD in patients sensitive to hypoglycemic drugs (e.g., kidney or liver insufficiency; elderly, debilitated, or malnourished patients; patients with adrenal or pituitary insufficiency).⁵,⁶
h. U.S. prescribing information states there is no exact dosage conversion from the other sulfonylureas, including other glyburide products (i.e., Diabeta, Micronase, and their generics), and recommends not exceeding the maximum recommended starting dose when switching.⁷
i. Start with 0.75 mg QD in patients sensitive to hypoglycemic drugs (e.g., kidney or liver insufficiency; elderly, debilitated, or malnourished patients; patients with adrenal or pituitary insufficiency).⁷
j. Start with 100 mg QD in patients who are elderly, malnourished, underweight, or eating poorly, or whose fasting blood glucose is less than 200 mg/dL. Also dose conservatively in patients with renal, hepatic, adrenal or pituitary insufficiency, and when switching from other antidiabetics. U.S. prescribing information recommends when switching from <1000 mg tolbutamide daily, start with tolazamide 100 mg QD; switching from tolbutamide ≥1000 mg daily, start with tolazamide 250 mg QD.¹²
k. Dose conservatively in patients with renal, hepatic, adrenal or pituitary insufficiency, or the elderly, debilitated, or malnourished patients.¹³
l. These doses may not provide additional benefit.¹⁰
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**References**
