

Prescribing Clinical Network for Surrey and Crawley, Horsham and Mid-Sussex CCGs

## Comparison of the commonly prescribed antidiabetic treatments

## Comparison of the commonly prescribed antidiabetic treatments See Summary of Product Characteristics and NG281

	Licences		by, dual therapy or triple therapy [ <b>Y</b> including ally stated in licence)]	g if stated une	der drug interactior	ns or pharmacod	lynamics, <b>N</b> or <b>blank</b> if
		GREEN	"Offer criteria" stated by NICE guidance	GREY	N/A	Not rec.	Not recommended
ш		AMBER	"Consider" criteria stated by NICE	+	With	CI	Contra-indicated
$\mathbf{\Sigma}$	NICE	RED	Not recommended	-	Without		
	guidance	*Use with insulin	NICE NG28 states that where insulin is init contra-indications or intolerances. Review specific guidance on use of GLP-1s with in	the continue	d need for other bl		

			Rena	l impair	ment, eGFR (ml	l/min/1.73m²)					ensifi I the				ntens iple t			t *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
							radually over severa ntaneously in most o			mir	nimi	se tł	ne ri	sk of	gasti	ro-int	testi	nal
Metformin	2g daily in divided doses (twice to three times daily)	~£3.44	Reduce			Prescribe with caution for those at risk of sudden	Discuss benefits of therapy with patient in mild to moderate liver	Y		Y	Y	Y						Y
Metformin modified release tablets (only if GI side effects on standard release metformin)	2g daily (or 1g twice daily)	~£8.52	dose if less than 45ml/ min	Stop	Stop	deterioration in kidney function and those at risk of eGFR falling below 45ml/ min/1.73m <sup>2</sup> .	impairment so informed decision can be made on whether to continue or stop metformin.	Y		Y	Y	Y						Y
		This c	locument is	for use	within the NI	HS and is not for co	ommercial or marke	ting p	ourpo	ses	5		P	<b>re</b>	<b>PSC</b> nterest Co	ompany	IP	P

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			Rena	l impairı	ment, eGFR (ml	/min/1.73m²)				ntensi Jual the					sificati herapy		ht *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments	Hepatic impairment	Monotherapy	+Metformin	+SU +Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatmer

## Repaglinide

Be aware that, if metformin is contraindicated or not tolerated, repaglinide is both clinically effective and cost effective in adults with type 2 diabetes. However, discuss with any person for whom repaglinide is being considered, that there is no licensed non-metformin-based combination containing repaglinide that can be offered at first intensification.

Repaglinide	Up to 16mg daily (maximum single dose 4mg)		Not affected		No clinical studies. C/I in severe hepatic disorder	Y	Y	N	N	N	N	N	N	N	N	N	
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	Licences	Monotherap not specifica	-			[ <b>Y</b> including	if stated	d under drug inter	actio	ns or	pha	rma	cod	ynar	nics	, <b>N</b> o	r <b>bla</b>	<b>nk</b> i	F
		GREEN	"Offer crite	eria" sta	ated by NICE §	guidance	GREY	N/A			Not	rec	•	N	lot r	econ	nmer	ndeo	I.
KEY		AMBER			a stated by NI		+	With			CI			C	Cont	ra-in	dicat	ed	
	NICE	RED	Not recom	mende	d		] -	Without											
	guidance	*Use with insulin	contra-ind	ication	s or intoleranc	es. Review t	the cont	o continue to offer inued need for oth ow (under GLP-1s)	ner bl						•	•		out	
			Rena	ıl impair	ment, eGFR (m	l/min/1.73m²	<sup>2</sup> )				<sup>t</sup> inte Dual					ntens iple t			t *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comme	ents	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
		onsider if metfo oglycaemia. Av					pid resp	onse required beca	use o	f hyp	ogly	caei	mic	symp	otom	ıs. Ed	ucat	e	
Gliclazide First line choice, shorter acting sulfonylurea	40mg - 320mg daily (split to twice daily for higher doses)	~£3.40	Caution	CI	СІ	Can be used renal impair but careful monitoring blood gluco essential.	rment of	C/I in severe hepatic impairment.	Y	Y									Y
Glimepiride	4mg daily	£0.99	Caution	CI	СІ	Regular hepatic and haematolog monitoring (especially leucocytes thrombocyt required du treatment.	gical and tes) are	CI severe hepatic insufficiency	Y	Y									Y

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Li	icences	Monotherapy not specifica			• • • • •	<b>Y</b> including i	f stated	l under drug interac	tion	s or	pha	rmac	cody	/nan	nics,	<b>N</b> or	blar	<b>ık</b> if	
		GREEN	"Offer crite	ria" stat	ted by NICE g	uidance	GREY	N/A			Not	rec.		N	ot re	ecom	men	ded	1
ш.		AMBER			stated by NIC	CE	+	With			CI			С	ontr	a-inc	dicate	ed	]
		RED	Not recomm	nended			-	Without											
g	uidance	*Use with insulin	contra-indi	cations	or intolerance	es. Review tł	ne conti	continue to offer n nued need for othe ow (under GLP-1s)							•	•		out	
			Rena	l impair	ment, eGFR (m	l/min/1.73m²	)					ensifi I the					sificat herap		
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comme	ents	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment *
Sulfonyl	ureas co	ontinued	1					1											
Glipizide	Up to 15mg- 20mg daily	~£9.44	Caution - cons- ervative doses	CI	CI			CI severe hepatic insufficiency	Y	Y									Y
Gliclazide MR DROP-List - only use if compliance with standard release is a problem	Up to 120mg daily	£9.54	Caution	CI	CI	Pharmacoki and/or phar dynamics or glipizide ma be affected patients wit impaired re- function.	rmaco- f ay in th	CI severe hepatic impairment	Y	Y									Y

	Licences	•	y, dual therapy or triple therapy [ <b>Y</b> including ally stated in licence)]	if stated une	der drug interactior	ns or pharmacod	ynamics, <b>N</b> or <b>blank</b> if
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			Rena	l impairı	ment, eGFR (ml	/min/1.73m²)				<sup>t</sup> inte Dua					intens riple tl			lt *
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Glibenclamide Not recommended - higher risk of hypo- glycaemia	Up to	£2.55 (2.5mg - £6.95)	Caution	CI	CI		CI	Y	Y									Y
Tolbutamide Please note high acquisition cost	Up to 2g daily	£44.48	Caution - reduce doses Careful mon- itoring of the blood glucose levels required.	CI	CI		Caution in impaired hepatic function. CI in serious hepatic impairment	Y	У									Y

	Licences	Monotherap not specifica	-			Y including	if state	d under drug intera	ctio	ns or	. pha	arma	cod	yna	mics	5, <b>N</b> o	r <b>bla</b>	nk if	:
ΚEΥ	NICE	GREEN AMBER RED		criteria	ated by NICE g a stated by NIC d		<b>GRE</b> + -	/ N/A With Without			Not Cl	t rec.	•			recor ra-in			
	guidance	*Use with insulin	contra-ind	ications	or intoleranc	es. Review t	he con	o continue to offer tinued need for oth low (under GLP-1s)							•	-		out	
			Rena	ıl impair	ment, eGFR (ml	/min/1.73m²	)					ensifie I ther				intens riple t			t *
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failure or his patients who	tory of hear fail to show	t failure, hepati	c impairmen esponse at 3	t, diabe 3-6 mon	tic ketoacidosis ths, pioglitazor	s, current or ne should be	a histor discon	ot tolerated. Do not y of bladder cancer o tinued. In light of pot	or ur	ninve	stiga	ated	mac	rosc	opic	: haer	natur	ria. Iı	n
Pioglitazone	Up to 45mg daily	~£30.46			e adjustment ne alysed patients	•	ence.	Not rec. Monitor liver function before and periodically during treatment.	Y	Y	Y		Y	Ν	Y		Ν	Ν	Y

	icences	Monotherap not specifica		• •	• • • •	<b>Y</b> including	if state	d under drug intera	ctior	ns or	pha	rma	cod	ynar	nics,	<b>N</b> 01	r bla	nk i	f
		GREEN	"Offer crite	eria" sta	ated by NICE g	guidance	GREY	/ N/A			Not	rec	•	N	lot r	ecom	nmer	ndec	Ī
ΚEΥ		AMBER			a stated by NI	CE	+	With			CI			C	Conti	ra-ind	dicat	ed	
	NICE	RED	Not recom	mende	b		-	Without											
٤	guidance	*Use with insulin	contra-indi	cations	or intoleranc	es. Review t	he cont	o continue to offer r tinued need for otho low (under GLP-1s)							•	-		out	
			Rena	l impair	ment, eGFR (ml	l/min/1.73m²	)				<sup>t</sup> inte Dua					ntens iple t			nt *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comme	nts	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
be preferable pregnancy a	e to pioglitaz nd breastfee	zone if at risk o ding. Discontir	r HF, fractur ue if patient	es, hepa experie	atic impairment ences symptom	t, bladder can ns of acute pa	ncer or ancreat	metformin (or repag further weight gain v itis. Flat pricing struc her DPP-4 inhibitors	voule ture:	d cau acro	ise s oss a	ignif II str	fican engi	t pro ths -	obler	ms. A	woid	in	1ay
Sitagliptin tablets	Up to 100mg daily	£33.26	Reduce to 50mg ^	25mg	25mg Treatment may be administered without regard to the timing of dialysis	Assessment renal function recommend prior to inition and periodion thereafter.	of on is ed iation	Has not been studied in patients with severe hepatic impairment. Exercise care	Y	Y	Y	Y		Ν	Y	Ν		N	Y
Vildagliptin tablets	50mg twice daily	£33.35	No dosage adj- ustment	50mg daily	50mg daily Limited experience with dialysis	Monitor ren function reg		Avoid with hepatic impairment including ALT OR AST >3 times upper normal	Y	Y	Y	Y		N	Y	N		N	Y

	Licences	Monotherap not specifica		• •	• • • •	[ <b>Y</b> including i	if state	d under drug intera	ctio	ns or	. pha	arma	icod	lynai	mics	, <b>N</b> o	r bla	nk i	F
		GREEN	"Offer crite	eria" sta	ated by NICE	guidance	GREY	/ N/A			Not	t rec	•	1	lot r	recom	ımer	ndec	1
ΚEΥ		AMBER			a stated by NI	CE	+	With			CI			0	Cont	ra-ino	licat	ed	
	NICE	RED	Not recom				-	Without											_
	guidance	*Use with insulin	contra-ind	ication	s or intolerand	es. Review tl	he cont	o continue to offer r tinued need for othe low (under GLP-1s)							•	•		out	
			Rena	ıl impair	ment, eGFR (m	l/min/1.73m²)					<sup>t</sup> inte Dual					intens iple tl			ht *
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Dipeptio	dyl pepti	dase-4 (D	PP-4) in	hibit	ors conti	nued						. <u> </u>							
Linagliptin tablets ▼	5mg daily	£33.26		No	dosage adjusti	ment		No reduction but limited experience	Y	Y	Y	Y		N	Y	N		N	Y
Saxagliptin tablets	Up to 5mg daily	£31.60	No dosage adjustment	No dosage adjustment	2.5mg Not rec. in patients with End Stage Renal Disease (ESRD) Requiring hae- modialysis	Assessment renal functio recommende prior to initia of treatment and, in keep with routine renal assess should be do periodically thereafter.	on is ed ation t, ing care, ment	Use with caution in patients with moderate hepatic impairment. Not recommended in severe hepatic impairment.	Y	Y	Y	Y		Z	Y	N		Z	Y

	Licences	Monotherap not specifica	•	• •	• • • •	[ <b>Y</b> including	if state	d under drug intera	ctio	ns or	<sup>.</sup> pha	arma	icod	yna	mics	, <b>N</b> о	r <b>bla</b>	i <b>nk</b> i	f
KEY		GREEN AMBER	"Consider"	' criteria	ated by NICE § a stated by NIC		GREY +	With			No <sup>†</sup> CI	t rec	•			recon ra-in			Ţ
Y	NICE guidance	RED *Use with insulin	contra-ind	8 state	s that where i s or intoleranc	es. Review t	he cont	Without o continue to offer r tinued need for othe low (under GLP-1s)											
			Rena	al impair	ment, eGFR (ml	/min/1.73m²)						ensifi I the				intens riple tl			t *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comme	nts	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment *
Alogliptin	Up to 25mg daily	£26.60	12.5mg^	6.25 mg	6.25mg			No dosage adjustment in mild to moderate hepatic impairment (Child-Pugh score of 5-9). Limited experience in severe hepatic impairment and so not recommended (Child-Pugh score >9).	Y	Y	Y	Y		И	Y*	Ν		N	Y

\*Note - Safety and efficacy not fully established

	Licences		oy, dual therap ally stated in li	y or triple therapy [ <b>Y</b> including icence)]	g if stated un	der drug interacti	ions or pharmacody	namics, <b>N</b> or <b>blank</b> if
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Í III		AMBER	"Consider" c	riteria stated by NICE	+	With	CI	Contra-indicated
	NICE	RED	Not recomm	ended	-	Without		
	guidance	*Use with insulin	contra-indic	states that where insulin is ini ations or intolerances. Review lance on use of GLP-1s with in	the continue	ed need for other		· · ·
			Renal i	mpairment, eGFR (ml/min/1.73m	<sup>2</sup> )		1 <sup>st</sup> intensificatior (Dual therapy)	2 <sup>nd</sup> intensification (Triple therapy)
Davis	Doses	28 day cost at maximum	30-60			Hepatic		sU DPP-4i SGLT-2i

## Sodium –glucose co-transporter 2 (SGLT-2) inhibitor

^ (30-50

for DPP-4

inhibitors)

15-29

dose/Drug

Tariff June

2016

(maximal

or usual)

Drug

Consider adding to metformin as an option in dual therapy. See NICE technology appraisal guidance 288, 315 and 336 on dapagliflozin, canagliflozin and empagliflozin respectively. All three SGLT-2 inhibitors are recommended by NICE TAGs as options as dual therapy (with metformin); and in combination with insulin. At the time of publication, only canaglifozin and empagliflozin are recommended as options in triple therapy regimens. Dapagliflozin is not recommended in triple therapy unless part of a clinical trial. The role of dapagliflozin in triple therapy will be reassessed by NICE in a partial update of TA288.

Comments

NICE TA 390: Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if:

<15 or on

dialysis

- A dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and
- A sulfonylurea or pioglitazone is not appropriate.

Caution with thiazide or loop diuretic use. Rare cases of diabetic ketoacidosis (DKA) including life-threatening cases (affecting up to 1 in 1000 patients) have been reported in clinical trials and in post marketing experience in patients treated with SGLT-2 inhibitors. If DKA is suspected or diagnosed in treatment with a SGLT-2 inhibitor it should be discontinued.

Due to the mechanism of action, the efficacy of SGLT-2 inhibitors are dependent on renal function. Monitoring of renal function is recommended for all three SGLT-2s – see the SPCs for information on the required monitoring.: Monitor renal function prior to initiation and at least yearly thereafter.

Metformin +

pioglitazone

Metformin

5

Metformin +

+SGLT-2i

+DPP-4i

Monotherapy

+Metformin

+SU

impairment

+Pioglitazone

Š

Metformin +

Insulin based tr

	Licences	Monotherap not specifica				[ <b>Y</b> including if s	stated	under drug intera	ctio	ns o	r ph	arma	acoc	lyna	mics	s, <b>N</b> (	or bla	n <b>k</b> i	f
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ΚEΥ		AMBER			a stated by NI		-	With			CI			(	Con	tra-ir	ndicat	ted	
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			Rena	l impair	ment, eGFR (m	l/min/1.73m²)						ensifi I the					sificat herap		ht *
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Sodium-	glucose	co-transp	orter 2	(SGL	T-2) inhib	itor contin	ued												
Dapagliflozin tablets ▼	5-10mg daily	£36.59	Not rec.	Not rec.	Not rec.	If renal function falls below CrC 60 ml/min or er < 60 ml/min/1. m2, dapaglifloz treatment shou be discontinue For renal funct approaching moderate renal impairment, at least 2 to 4 tim per year.	;  < GFR .73 tin   uld   d   ion   I	Initial dose 5mg in severe impairment, increased according to response.	Y	Y	Y	Ν	Y		Y	Ν	Y		Y

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Sodium-	glucose	co-transp	orter 2	(SGĽ	T-2) inhib	itor continued	d											
Canagliflozin ▼	100- 300mg	£36.59	Not rec.	Not rec.	Not rec.	<sup>a</sup> Canagliflozin treatment should be discontinued If renal function falls persistently below eGFR 45 mL/ min/1.73m <sup>2</sup> . For renal function approaching moderate renal impairment, at least 2 to 4 times per year.	Not recommended in severe hepatic impairment.	Y	Y	Y	Y	Ν		Y	Y	Ν		Y

N.B. In patients tolerating canagliflozin whose eGFR falls persistently below 60 mL/min/1.73 m<sup>2</sup> canagliflozin should be adjusted to or maintained at 100mg once daily<sup>a</sup>

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	icences	Monotherap not specifica				[ <b>Y</b> including if s	tated unde	er drug intera	actio	ns oi	r pha	arma	acoc	lyna	mics	s, <b>N</b> o	or <b>bla</b>	nk i	F
ΚEΥ	NICE	GREEN AMBER RED		criteri	ated by NICE a stated by NI d	0	REY	N/A With Without			No <sup>r</sup> Cl	t rec				recor tra-in			
	guidance	*Use with insulin	contra-ind	ication	s or intoleran	insulin is initiate ces. Review the P-1s with insulir	continued	need for oth	er bl						-	-			
			Rena	ıl impair	ment, eGFR (m	I/min/1.73m²)						ensifi I the				intens riple t			nt *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments		Hepatic pairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
Sodium-	glucose	co-transp	orter 2	(SGL	T-2) inhib	itor contin	ued												
Empagliflozir ▼	<sup>1</sup> 10-25mg	£36.59	Not rec.*	Not rec.	Not rec.	<sup>b</sup> Empagliflozin should be discontinued when eGFR is persistently bel 45 ml/min/1.73 m <sup>2</sup> .	in seve ow impair	commended ere hepatic ment.	Y	Y	Y	Y	Ν		Y	Y	Ν		Y

\*N.B. In patients tolerating empagliflozin whose eGFR falls persistently below 60 ml/min /1.73m<sup>2</sup> the dose of empagliflozin should be adjusted to or maintained at 10mg once daily<sup>b</sup>.

	Licences		py, dual therapy or triple therapy [ <b>Y</b> including ally stated in licence)]	g if stated une	der drug interactio	ns or pharmacod	ynamics, <b>N</b> or <b>blank</b> if
		GREEN	"Offer criteria" stated by NICE guidance	GREY	N/A	Not rec.	Not recommended
ш		AMBER	"Consider" criteria stated by NICE	+	With	CI	Contra-indicated
	NICE	RED	Not recommended	-	Without		
	guidance	*Use with insulin	NICE NG28 states that where insulin is inicontra-indications or intolerances. Review specific guidance on use of GLP-1s with in	the continue	d need for other bl		

			Rena	l impairı	ment, eGFR (ml	/min/1.73m²)				intens Dual tl			intens riple tl			nt *
Drug	(maximal	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments	Hepatic impairment	Monotherapy	+Metformin	+SU	+DFP-4I +SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatmer

**Glucagon-like peptide-1 (GLP-1) mimetics** Add as part of triple therapy ONLY if BMI is  $\geq$  35kg/m<sup>2</sup> in people of European descent (adjust for ethnic groups) and there are specific psychological or medical problems associated with high body weight, or BMI<35kg/m2 and insulin is unacceptable because of occupational implications or weight loss would benefit other co-morbidities.

Avoid in pregnancy and breastfeeding. Discontinue if pancreatitis suspected.

Discontinue if reduction in HbA1c is less than 1% (11 mmol/mol) and there is less than 3% weight loss after 6 months (only HbA1c reduction required for dual therapy).

Only offer a GLP-1 mimetic in combination with insulin with specialist care advice and ongoing support from a consultant-led multidisciplinary team.

Note – dulaglutide and albiglutide not specifically included in NG28. Colour coding based on information on other GLP-1s contained in guidance and SPCs.

	Licences		py, dual therapy or triple therapy [ <b>Y</b> including cally stated in licence)]	; if stated un	der drug interactio	ns or pharmacod	ynamics, <b>N</b> or <b>blank</b> if
		GREEN	"Offer criteria" stated by NICE guidance	GREY	N/A	Not rec.	Not recommended
Ш		AMBER	"Consider" criteria stated by NICE	+	With	CI	Contra-indicated
	NICE	RED	Not recommended	-	Without		
	guidance	*Use with insulin	NICE NG28 states that where insulin is init contra-indications or intolerances. Review specific guidance on use of GLP-1s with in	the continue	d need for other b		· ·

			Rena	l impair	ment, eGFR (ml	/min/1.73m²)					ensif I the				intens iple t			it *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
Glucago	n-like pe	eptide-1 (	GLP-1) r	nime	tics													
Exenatide (Byetta) injection	5 micro- grams twice daily for 1 month then 10 micro- grams twice daily	£63.69	Dose increase to proceed con- servatively in moderate renal impa- irment eGFR 30-50ml/ min/ 1.73m <sup>2</sup>	Not rec.	Not rec.		No dosage adjustment	Ν	Y	Y	Y	N	N	Y	Y	Ν	Ν	Y - basal

1	icences	Monotherap not specifica	• ·	• •	• • • •	<b>Y</b> including	if state	d under drug intera	ctio	ns or	<sup>-</sup> pha	arma	acod	lyna	mics	i, <b>N</b> o	r <b>bla</b>	n <b>k</b> i	F
		GREEN	"Offer crite	eria" sta	ated by NICE §	guidance	GREY	/ N/A			Not	t rec		1	Not	recon	nmei	ndec	I
ΚEΥ		AMBER	"Consider"	criteria	a stated by NI	CE	+	With			CI			(	Cont	ra-in	dicat	ed	
	VICE	RED	Not recom	mende	d		-	Without											
٤	guidance	*Use with insulin	contra-ind	ication	s or intoleranc	es. Review t	he con	o continue to offer i tinued need for oth low (under GLP-1s)							•	-			
			Rena	ıl impair	ment, eGFR (ml	/min/1.73m²)						ensifi I the				intens iple t			t *
Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comme	nts	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment *
Exenatide (Bydureon) injection	2 milligrams ONCE WEEKLY	£73.36	Not rec.	Not rec.	Not rec.			No dosage adjustment	N	Y	Y	Y	N	N	Y	Y	N	N	
Liraglutide 1.2mg injection	1.2mg -1.8mg daily	£73.24 - £109.87	No dose adju- stment required.	Not rec.	Not rec.			Not rec. – limited experience	N	Y	Y	Y	N	N	Y	Y	N	N	Y - basal
Lixisenatide injection ▼	10 micr- ograms once daily for 14 days then 20 micr- ograms daily	£54.14	Caution- limited experience	Not rec.	Not rec.			No dosage adjustment	N	Y	Y	Y	N	N	Y	Y	N	N	Y - basal

	Licences	•	y, dual therapy or triple therapy [ <b>Y</b> including ally stated in licence)]	if stated une	der drug interactior	ns or pharmacod	ynamics, <b>N</b> or <b>blank</b> if
$\sim$		GREEN	"Offer criteria" stated by NICE guidance	GREY	N/A	Not rec.	Not recommended
ш		AMBER	"Consider" criteria stated by NICE	+	With	CI	Contra-indicated
$\overline{\mathbf{Y}}$	NICE	RED	Not recommended	] [-	Without		
	guidance	*Use with insulin	NICE NG28 states that where insulin is init contra-indications or intolerances. Review specific guidance on use of GLP-1s with ins	the continue	d need for other bl		· ·

Drug	Doses (maximal or usual)	28 day cost at maximum dose/Drug Tariff June 2016	Renal impairment, eGFR (ml/min/1.73m²)						1 <sup>st</sup> intensification (Dual therapy)				2 <sup>nd</sup> intensification (Triple therapy)				*	
			30-60 ^ (30-50 for DPP-4 inhibitors)	15-29	<15 or on dialysis	Comments	Hepatic impairment	Monotherapy	+Metformin	+SU	+Pioglitazone	+DPP-4i	+SGLT-2i	Metformin + SU	Metformin + pioglitazone	Metformin + DPP-4i	Metformin + SGLT-2i	Insulin based treatment
Dulaglutide	0.75mg - 1.5mg once weekly	£73.25	No dosage adj- ustment required	Not rec.	Not rec.		No dosage adjustment	N	Y	Y	Y	N	N	Y	Y	Ν	Ν	Y - basal
Albiglutide injection ▼	30-50mg once weekly	£71	No dosage adj- ustment	Not rec.	Not rec.		No dosage adjustment – limited experience	N	Y	Y	Y	N	Ν	Y	Y	Ν	Ν	Y - basal

