Bradford District and Craven Medicines Formulary for the Management of Type 2 Diabetes

Class		Drug	Dose	Notes
Biguanide	1st choice	Metformin 500mg tablets	500mg OD titrating up to 1g BD as appropriate. Take with or straight after food.	Care with maximum doses in renal impairment. Stop if GFR < 30ml/min. Only use MR formulation if intolerant to standard release due to GI SE or to aid or improve concordance. Needs to be temporarily stopped during times of fasting / vomiting or high risk of dehydration.
	2nd choice	Metformin MR tablets (500mg or 1000mg)	500mg OD titrating to 2000mg OD as appropriate. Take with or straight after food.	
Sulphonylurea	1st choice	Glimepiride tablets (1mg, 2mg, 3mg and 4mg)	1mg OD titrating up to 4mg OD as appropriate. Take before breakfast or before first meal.	
	Alternative (for steroid induced hyperglycaemia or if short acting agent required)	Gliclazide tablets (40mg or 80mg)	40mg OD initially and titrated as required. Take before breakfast +/- before evening meal if given twice a day	Steroid induced - titrate according to algorithm on Assist GP. Give once daily. Short acting agent may be preferable in elderly or renal impairment.
Thiazolidinedione	1st choice	Pioglitazone tablets (15mg, 30mg and 45mg)	15mg OD titrating to 30mg OD. Only titrate to 45mg if effective. Take at the same time every day (with/without food)	Alternative to metformin/sulphonylurea. Should not be used in patients diagnosed with heart failure. Avoid using it if macular oedema is present
DPP-4 inhibitors	1st choice	Linagliptin 5mg tablets	5mg OD (take at the same time every day (with/without food)	No dose adjustment needed if renal impairment. Stop if acute symptoms of pancreatitis.
SGLT-2 inhibitors	1st choice (dependant on patient factors)	Empagliflozin tablets (10mg and 25mg)	10mg OD titrating to 25mg if tolerated and eGFR > 60ml/min. Take at the same time each day.	For patients with Atherosclerotic CVD. Mode of action dependant on renal function. Do not initiate if eGFR <60mls/min. If already taking and eGFR falls below 60ml/min then max dose is 10mg OD.

				Discontinue if eGFR < 45mls/min. Needs to be temporarily stopped during times of fasting / vomiting or high risk of dehydration.
		Canagliflozin tablets (100mg and 300mg)	100mg OD titrating to 300mg OD if tolerated. Take before breakfast.	For patients with history of stoke, CVD or ACR > 300mg/g. Care with renal function. See SPC for further detail. eGFR ≥ 60mL/min, dose may be increased to 300mg for tighter glycaemic control eGFR 30-60mL/min: max 100mg OD eGFR ≤ 30 mL/min: do not initiate in new patients but can continue with 100mg for existing patients. Needs to be temporarily stopped during times of fasting / vomiting or high risk of dehydration.
GLP-1 agonists	1st choice (according to patient factors)	Dulaglutide (as Trulicity) 1.5mg/3.0mg/4.5mg pens	1.5mg weekly. May be increased to 3mg after at least 4 weeks, then to 4.5mg after a further 4 weeks (if tolerated).	Approved to use in those patients with T2DM with/without CV disease (primary and secondary prevention). Store in fridge (can remove 2 hours pre-injection). Use with caution in patients with retinopathy.
		Semaglutide (as Ozempic) 0.25mg/0.5mg/1mg pens	0.25mg weekly for 4 weeks, then 0.5mg weekly for 4 weeks then 1mg weekly (if tolerated).	Approved to use in those patients with T2DM and established CVD (secondary prevention). Store in fridge (can remove 2 hours pre-injection) Not for use in patients with established retinopathy.

References:

- Summary of Product Characteristics – available at https://www.medicines.org.uk/emc/
- NG28 Type 2 diabetes in adults: management Dec 2017 https://www.nice.org.uk/guidance/ng288
- 2019 update to: Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) https://link.springer.com/article/10.1007/s00125-019-05039-w

NB: For treatment of Type 2 Diabetes with insulin please consult the insulin formulary.