



**DH CIRCULAR No.135/2016**  
DH 1197/2016

6 April 2016

**Attention All:** Consultants  
Medical Officers  
Pharmacists  
Pharmacy Technicians  
Nurses

**Re: New Diabetes Treatment**

It is being brought to your attention that Repaglinide 0.5mg and 2mg tablets, and a Dipeptidyl Peptidase 4 (DPP-4) Inhibitor (Gliptin) are now available on the Government Formulary List. The DPP-4 Inhibitor (Gliptin) currently procured is Vildagliptin 50mg tablets.

Repaglinide 0.5mg and 2mg tablets are protocol regulated by protocol 170 (Annex I) while the DPP-4 Inhibitor (Gliptin) is protocol regulated by protocol 89 (Annex II).

Repaglinide and Gliptins can be prescribed by Consultants Endocrinology and Diabetes.

For patients to be entitled for this new treatment they must be in possession of a Schedule V card.

An Audit Team has been set up and will be monitoring the usage of this new diabetes treatment.

For your attention please,

Dr. Denis Vella Baldacchino  
Chief Medical Officer

## **Repaglinide 0.5mg and 2mg Tablets**

**Prescriber Criteria:** Consultant Endocrinology & Diabetes

**Out-patient and In-patient use:**

1. Diabetes Mellitus Type 2

### **Part A**

Patients who are not controlled on a maximum tolerated dose of metformin (HbA1c >7% at 3 months<sup>#</sup>) with:

- impaired renal function with a eGFR <60ml/min \*

**OR**

- BMI >40 \*\*

### **Part B**

Patients who are intolerant to metformin (causing withdrawal of treatment) with:

- impaired renal function with a eGFR <60ml/min \*

**OR**

- BMI >40 \*\*

<sup>#</sup> HbA1c blood test must be attached

\* eGFR blood test must be attached

\*\* BMI (height and weight) must be stated

**Kindly note that in order for the application to be processed, when quoting the protocol number the Consultant should specify whether the patient qualifies under 'Part A' or 'Part B'.**

**Duration of Approval:**

6 months initially

1 year thereafter

## **Dipeptidylpeptidase-4 Inhibitors (Gliptins)**

**Prescriber Criteria:** Consultant Endocrinology & Diabetes

**Out-patient and In-patient use:**

1. Diabetes Mellitus Type 2

Reserved for patients with an HbA1c >7% and <10% \* despite treatment with a sulphonylurea or repaglinide.

\* HbA1c blood test **MUST** be attached with the application for the request to be processed

**Duration of Approval:**

1 year