

MINISTERU TAS-SAHHA



MINISTRY FOR HEALTH

*Direttorat tat-Tabib Ewlieni tal-Gvern*

*Office of the Chief Medical Officer*

**DH CIRCULAR No. 455/2016**  
DH 3025/2016

**26<sup>th</sup> December 2016**

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

**Re: Repaglinide Tablets**

Repaglinide tablets are currently available on the Government Formulary List as 0.5mg and 2mg tablets, and can be prescribed by Consultants Endocrinology and Diabetes. Repaglinide tablets are further regulated with protocol 170 which was updated recently. Kindly refer to protocol attached.

It is being brought to your attention that for proper stock management both doses of this medication are to be used appropriately. Multiple tablets of the 0.5mg dose should not be used to replace the 2mg dose.

Your co-operation is kindly being requested to adhere to the protocol.

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 \*\*

**OR**

- post-prandial hyperglycaemia

**Part B**

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

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

**OR**

- BMI >40 \*\*

**OR**

- post-prandial hyperglycaemia

<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