

Prescribing for People Living with Type 2 Diabetes & Renal Impairment



CKD Stage (ml/min/1.73m ²)	Stages G1 & G2 eGFR>60	Stage G3a eGFR 45-59	Stage G3b eGFR 30-44	Stage G4 eGFR 15-30	Stage G5 eGFR<15
Metformin			Reduce dose to 500mg twice daily		
Sulfonylureas		Increased risk of hypoglycaemia if eGFR<60. Consider reducing SU dose. Gliclazide & glipizide preferred as metabolised in the liver			
Repaglinide					
Acarbose				Avoid if eGFR<25	
Pioglitazone					Avoid in those on dialysis
Alogliptin			Reduce to 12.5mg daily if eGFR <50		Reduce to 6.25mg daily
Linagliptin					
Saxagliptin		Reduce to 2.5mg daily			Avoid in those on dialysis
Sitagliptin			Reduce to 50mg daily	Reduce to 25mg od	
Vildagliptin			Reduce to 50mg once daily if eGFR<50		
Canagliflozin (if albuminuria <30 mg/mmol) at initiation	Initiate 100mg; titrate to 300 mg if required	Initiate or continue 100mg only and stop if eGFR <45			
Canagliflozin (if albuminuria ≥30 mg/mmol) at initiation		Initiate or continue 100 mg only		Stay on 100mg if already taking but do not initiate. Stop if renal replacement therapy	
Dapagliflozin	Initiate 10mg and stop if eGFR<45. Do not initiate if eGFR<60				
Empagliflozin	Initiate 10mg and titrate to 25mg if required. Do not initiate if eGFR<60	If eGFR later falls <60, reduce dose to 10mg & stop if eGFR<45			
Ertugliflozin	Initiate 5mg and titrate to 15mg if required. Do not initiate if eGFR <60 and stop if eGFR<45				
Dulaglutide qw					
Exenatide bid			Dose escalation should proceed conservatively if CrCl 30-50ml/min		
Exenatide qw					
Liraglutide od					
Lixisenatide od					
Semaglutide s/c qw				Limited experience in patients with severe renal impairment eGFR<30	
Semaglutide oral od				Limited experience in patients with severe renal impairment eGFR<30	
Degludec + Liraglutide (Xultophy)		Intensify glucose monitoring & dose adjust on an individual basis			
Glargine + Lixisenatide (Suliqua)		Intensify glucose monitoring & dose adjust on an individual basis			
Insulins		Intensify glucose monitoring & dose adjust on an individual basis as increased risk of hypoglycaemia			