

## The Management of Hyperglycaemia in those with Diabetes & Kidney Disease



CKD Stage (ml/min/1.73m <sup>2</sup> )	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	Gliclazide & glipizide preferred as metabolised in the liver	Increased risk of hypoglycaemia if eGFR<60. Consider reducing SU dose			
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	Do not initiate if eGFR<60	If eGFR later falls <60 reduce dose to 100mg & stop if <45			
Dapagliflozin	Do not initiate if eGFR<60				
Empagliflozin	Do not initiate if eGFR<60	If eGFR later falls <60, reduce dose to 10mg & stop if <45			
Ertugliflozin	Do not initiate if eGFR<60				
Dulaglutide					
Exenatide bid					
Exenatide qw			Not recommended if CrCl<50ml/min		
Liraglutide	No therapeutic experience in those with ESRD and therefore not recommended for use				
Lixisenatide					
Semaglutide					
Insulin			Increased risk of hypoglycaemia as kidney main route of insulin clearance		