

Antihyperglycaemics in Renal and Hepatic Impairment

| Drug | Class of Drug | Renal Impairment - CKD Stage | | | | | | Hepatic Impairment | |
|------------------------------|-------------------|------------------------------|-------------------|---|--------------------|---|---------------------|--|---|
| | | 1 (eGFR >90) | 2 (eGFR 60-90) | 3a (eGFR 59-45) | 3b (eGFR 44-30) | 4 (eGFR 29-15) | 5 (eGFR <15/RRT) | Mild/ Moderate (Child Pugh A/B, Score <9) | Severe (Child Pugh C, Score >9) |
| Metformin/ Metformin MR | Biguanide | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ |
| Gliclazide/ Gliclazide MR | Sulphonylurea | ✓ | ✓ | ✓ | ✓ | ✓ (use lowest dose) | ✗ | ✓ | ✗ |
| Repaglinide | Meglitinide | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ Clinical experience lacking | ✗ |
| Sitagliptin | DPP-4i | 100mg | | 50mg (if GFR <50ml/min) | | 25mg (if GFR <30ml/min) | | ✓ | ✓ Not studied in severe hepatic impairment |
| Linagliptin | DPP-4i | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ Clinical experience lacking |
| Pioglitazone | Thiazolidinedione | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lixisenatide | GLP-1 agonist | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ |
| Exenatide | GLP-1 agonist | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ |
| Exenatide MR | GLP-1 agonist | ✓ | ✓ | ✓ (not if GFR <50ml/min) | ✗ | ✗ | ✗ | ✓ | ✓ |
| Liraglutide | GLP-1 agonist | ✓ | ✓ | ✓ | ✓ | Trial data suggests no harm with lower eGFRs | | ✓ | ✗ |
| Dulaglutide (Trulicity) | GLP-1 agonist | ✓ | ✓ | ✓ | ✓ | No evidence in SPC | | ✓ | ✓ |
| Dapagliflozin | SGLT-2i | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ Start at 5mg, increase to 10mg if tolerated |
| Canagliflozin | SGLT-2i | ✓ | ✓ | ✗ (Do not initiate if GFR <60ml/min, max dose 100mg OD if GFR falls persistently below 60ml/min after initiation, discontinue if GFR <45ml/min) | | | ✓ | ✓ | ✗ |
| Empagliflozin | SGLT-2i | ✓ | ✓ | Awaiting license for use following recent trial (EMPA-REG) * | | ✗ (Do not initiate if GFR <30ml/min) | | ✓ | ✗ |
| Insulin | | ✓ | ✓ | ✓ | ✓ | Requirements may be reduced in severe CKD - monitor and adjust dose accordingly | | Requirements may be altered in several CKD - monitor and adjust dose accordingly | |

* Wanner et al (2016) Empagliflozin and Progression of Kidney Disease in Type 2 Diabetes. N Engl J Med; 375:323-334

Safe to use
 Use with caution / consider dose adjustment
 Not recommended / contraindicated