

Type 2 diabetes in adults

Key recommendations

- Do not routinely offer self-monitoring of capillary blood glucose (SMBG) to adults with type 2 diabetes, unless in-line with [NICE Guideline \[NG28\]](#).
- Intermittently Scanned Continuous Glucose Monitoring (isCGM) can be offered to adults with type 2 diabetes on multiple daily insulin injections who have: recurrent hypoglycaemia or severe hypoglycaemia; impaired hypoglycaemia awareness; a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them); would otherwise be advised to self-measure at least eight times a day.
- Review pioglitazone prescribing to ensure it is not prescribed in people with: heart failure or history of heart failure; hepatic impairment; diabetic ketoacidosis; current, or a history of, bladder cancer; uninvestigated macroscopic haematuria; review safety and efficacy every three to six months to ensure that only patients that are deriving benefit from pioglitazone continue to be treated.
- Assess cardiovascular status to determine whether the person has chronic heart failure, established atherosclerotic cardiovascular disease or are at high risk of developing cardiovascular disease. Refer to the [NICE guideline on cardiovascular disease: risk assessment and reduction, including lipid modification](#).
- Review people prescribed metformin:
 - » If estimated glomerular filtration rate (eGFR) is below 30mL/minute/1.73m² stop metformin.
 - » If the eGFR is below 45mL/minute/1.73m² review metformin dose and adjust as appropriate.
 - » If prescribed modified-release metformin with no documented gastrointestinal side effects, consider a switch to standard-release metformin where appropriate.
 - » Check vitamin B12 levels in patients who have symptoms of vitamin B12 deficiency. Consider periodically monitoring patients with risk factors for vitamin B12 deficiency.
- When starting an insulin for which a biosimilar is available, use the product with the lowest acquisition cost, that is suitable for the individual, this will usually be the biosimilar.

Costs and savings (NHSBSA Aug-Oct 22 and Public Health Scotland Aug-Oct 22)

In England, Scotland and Wales approximately £922 million annually is spent on the prescribing of antidiabetic drugs. NICE guideline states that if two drugs in the same class are appropriate, choose the option with the lowest acquisition cost.¹ Saving options across England and Wales include:

- Switching 50% patients to the least costly metformin preparations could save £24.5 million annually. This equates to £34,524 per 100,000 population.
- Switch 25% of patients on SGLT2 inhibitors to ertugliflozin in suitable people could save £14.9 million annually or £20,901 per 100,000 patients.
- Use generic versions of sitagliptin and vildagliptin when available - 25% reduction could release annual savings of £19.8 million or £27,832 per 100,000 population.
- Switch 50% of pioglitazone and metformin combination products to single components could save £351,133 annually or £494 per 100,000 population.
- Switch 50% of tolbutamide to gliclazide could save £489,444 annually or £688 per 100,000 population.
- Discontinue 10% of GLP-1 receptor agonists in line with NICE guidelines could save £25.2 million annually or £35,439 per 100,000 population.
- GLP-1 receptor agonist product pack sizes are sufficient for one month's supply.² Care needs to be taken to ensure that larger quantities are not prescribed mistakenly. Refer to the [PrescQIPP Hot Topic resource GLP-1 quantities](#).
- PrescQIPP has [cost comparison charts](#) which includes antidiabetic drugs to support choosing the option with the lowest acquisition cost.

National guidance

[NICE guideline NG28](#) looks at the care and management for adults (aged 18 and over) with type 2 diabetes. It focuses on education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications.¹ [SIGN guideline 116 Management of Diabetes](#) provides recommendations based on current evidence for best practice in the management of type 1 and type 2 diabetes.³ [SIGN clinical guideline 154](#) focuses on pharmacological management of glycaemic control in people with type 2 diabetes.⁴

References

1. NICE. Type 2 diabetes in adults: management. NICE guideline [NG28]. Published December 2015, last updated June 2022. <https://www.nice.org.uk/guidance/ng28>
2. Joint Formulary Committee. British National Formulary (online). London: BMJ Group and Pharmaceutical Press. December 2022. <https://www.medicinescomplete.com/> accessed on 28/12/22.
3. SIGN. Management of Diabetes (116). First published March 2010, revised edition published November 2017. <https://www.sign.ac.uk/assets/sign116.pdf>
4. SIGN. Pharmacological management of glycaemic control in people with type 2 diabetes (154). First published November 2017. <https://www.sign.ac.uk/media/1090/sign154.pdf>

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-315-diabetes/
	Tools	
	Data pack	https://data.prescqipp.info/?pdata.u/#/views/B315_Diabetes/FrontPage?iid=1

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