Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Quick Reference Guide: Optimising Prescribing in Diabetes

This quick reference guide consolidates Hertfordshire & West Essex (HWE) ICS medicines optimisation initiatives relating to diabetes into a single point of care reference tool that can be used when reviewing prescribing in patients with diabetes. As diabetes represents a significant area of prescribing spend across the NHS, it is essential that treatments are used cost-effectively to support the long-term sustainability of services and deliver best value for the population. All reviews of patients with type 2 diabetes (T2DM) must include an assessment of whether current therapies remain clinically appropriate, with explicit consideration of deprescribing in line with HWE guidance to minimise overtreatment, reduce polypharmacy and support safe, person-centred care.

Summary on a page

- **Prescribers should be aware of the local guidance when implementing these changes.**
- **When deprescribing or switching, ensure the relevant medicine(s) or device(s) are removed from the patient's repeat medication list.**

Workstream area	**Action required** For more detail see pages below
SGLT-2 Inhibitors – Dapagliflozin generic 1st line choice	**Prescribe dapagliflozin generic for new patients** **Switch eligible patients to dapagliflozin generic from other SGLT-2 inhibitors**
DPP-4 inhibitors - Sitagliptin generic 1st line choice	**Prescribe sitagliptin generic for new patients** **Switch eligible patients to sitagliptin from other DPP-4 inhibitors**
Blood glucose meters, test strips and lancets – preferred choices for T2DM	**Initiate in new patients with T2DM and switch appropriate patients with T2DM from their existing meter to:** **TRUE Metrix Air** with TRUE Metrix test strips and TRUEplus lancets OR **FineTest lite** OR **FineTest lite Smart** with FineTest lite test strips with Greenfine lancets **Deprescribe test strips and lancets if blood glucose monitoring is not clinically required (e.g. Diet and lifestyle controlled T2DM or treatment with non-hypoglycaemia-inducing agents) or if test strips/lancets have not been issued for over 6 months.** ***Please note:*** - *Meters using blood glucose test strips (BGTS) costing <£6 for 50 need not be switched.* - *No requirement to switch patients again if they have already been switched to a framework best value meter since 2023.*
Safety sharps (needles and lancets)	**Deprescribe if the safety sharp is intended for use by a healthcare professional/employee**
Pen needles	**Switch standard pen needles that cost ≥ £4 for 100 to BD Viva 4mm/32g**
Metformin – do not prescribe 1g tablets	**Switch to equivalent dose using Metformin 500mg tablets** (or **metformin 1g modified-release tablets** if GI tolerability issues with standard release metformin)
Avoid excessive quantities of Semaglutide (Ozempic®) and Tirzepatide (Mounjaro®)	**Switch to ONE pen per month.** - Semaglutide for T2DM should be prescribed by brand Ozempic® to avoid inadvertent issue of Wegovy® (licensed for weight loss). - Prescribing of tirzepatide for weight loss should be in line with NICE TA1026 and comply with phasing of eligible cohorts as per NHSE interim commissioning guidance. All patients must be referred for behavioural support for obesity management.

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Detailed workstream list with references

Workstream	Action Required	Inclusion criteria for switch	Exclusion criteria for switch	Supporting resources
SGLT-2 inhibitors – Dapagliflozin generic 1st line choice	**Prescribe dapagliflozin generic for new patients** **Switch eligible patients to dapagliflozin generic from other SGLT-2 inhibitors**	Patients ≥ 18 years with T2DM (with or without Chronic Kidney Disease (CKD)) **or** Heart Failure prescribed: • branded dapagliflozin (Forxiga®) • empagliflozin (Jardiance®) • canagliflozin (Invokana®) • ertugliflozin (Steglarto®)	• Patients with severely impaired renal function (eGFR < 15 ml/min/1.73 m^2) prior to switch • Patients who have a history of diabetic ketoacidosis (DKA) • Patients with CKD and **without** T2DM • Patients taking lithium • Patients with type 1 diabetes • Pregnancy or breastfeeding • Previous intolerance/hypersensitivity to dapagliflozin or any of the excipients listed in the SPC • Previous treatment failure with dapagliflozin • Fixed dose combination products containing SGLT2 inhibitors (**DOUBLE RED**). Individual components should be prescribed separately and the SGLT-2 inhibitor switched to generic dapagliflozin as appropriate.	• SGLT-2 inhibitor (Gliflozins) guidance document • Primary care implementation guide
Reason for change: Dapagliflozin generic is the **lowest cost** SGLT-2 inhibitor. NICE guidance (NG28) for type 2 diabetes in adults recommends choosing the option with the **lowest acquisition cost** if two drugs in the same class are appropriate.				
DPP-4 inhibitors - Sitagliptin generic 1st line choice	**Prescribe sitagliptin generic for new patients** **Switch eligible patients to sitagliptin from other DPP-4 inhibitors**	Patients ≥ 18 years with T2DM prescribed: • branded sitagliptin (Januvia®) • alogliptin (Vipidia®) • linagliptin (Trajenta®) • saxagliptin (Onglyza®) • vildagliptin (Galvus®)	• Patients with severely impaired renal function (eGFR < 30 ml/min/1.73 m^2) including patients whose eGFR is expected to be < 30 ml/min/1.73 m^2 before their next annual diabetes review • Patients who have had a previous episode of AKI • Patients who have severe hepatic impairment (Child-Pugh score > 9) • Previous intolerance to sitagliptin or any of the excipients listed in the SPC • Previous treatment failure with sitagliptin	• DPP-4 inhibitor (Gliptins) guidance document • Primary care implementation guide • Sitagliptin switch letter
Reason for change: NICE guidance (NG28) for type 2 diabetes in adults recommends choosing the option with the **lowest acquisition cost** if two drugs in the same class are appropriate. Sitagliptin is the **lowest cost** DPP-4 inhibitor.				

<table>
<tr><th>Workstream</th><th>Action Required</th><th>Inclusion criteria for switch</th><th>Exclusion criteria for switch</th><th>Supporting resources</th></tr>
<tr><td>Blood glucose meters, test strips and lancets – preferred choices for T2DM</td><td>Initiate in new patients with T2DM and switch to a recommended blood glucose meter <u>or</u> deprescribe where appropriate</td><td>• Aged 18 years and above.
• T2DM and is clinically required to self-monitor blood glucose levels.
• Currently using BGTS costing > £6 for 50 strips.</td><td rowspan="2">• Ketosis prone T2DM and requires a blood glucose meter with functionality to monitor ketones.
• Requires a blood glucose meter with additional functionality (includes features such as on-board carbohydrate counting calculator, large display, & extra memory for group 2 drivers).
• Gestational people with T2DM.
• Acute prescriptions.
• Patients receiving end of life care.

<u>Review and deprescribe if:</u>
• Self-monitoring blood glucose is not considered to be clinically required e.g.
  ○ Diet and lifestyle controlled T2DM
  ○ Control with metformin and/or gliptin (DPP-4 inhibitor) and/or gliflozin (SGLT2 inhibitors) and/or a GLP-1 agonist and/or pioglitazone OR
  ○ Newly diagnosed T2DM
• More than 6 months since last issue of test strips/lancets.</td><td rowspan="2">• Recommendations for Blood glucose and ketone meters, testing strips and lancets
• Primary care implementation guide
• SMBG guidance
• Quantity calculator
• BGTS discontinuation letter</td></tr>
<tr><td colspan="2">Reason for change:
The lowest cost meters and preferred choices for this cohort include:
• TRUE Metrix Air with TRUE Metrix test strips and TRUEplus lancets
• FineTest lite <u>or</u> FineTest lite Smart with FineTest lite test strips with Greenfine lancets

Preferred choices for meters, test strips and lancets have been agreed locally based on national recommendations. National guidance stipulates that patients not using a recommended meter should be switched to a better value alternative meter.
Review and switching of meters for patients with T2DM (who do not require measurement of ketone levels and do not require additional functionality) is to be undertaken in primary care.

Other meter options are also available – see link

<u>NOTE</u>
• Meters using blood glucose test strips (BGTS) costing <£6 for 50 need not be switched.
• No requirement to switch patients again if they have already been switched to a framework best value meter since 2023.</td></tr>
<tr><td>Safety sharps (needles and lancets)</td><td>Deprescribe if the safety sharp is intended for use by a healthcare professional/employee</td><td colspan="2" rowspan="2">• Safety sharps (needles/lancets) should NOT be prescribed on FP10 for use by healthcare professionals & employees; it is the healthcare employer's* responsibility to provide them. This includes nursing homes and community providers (e.g. CLCH, HCT or EPUT) delivering healthcare in residential homes or people's own homes.
• The requirement to use a safety needle is based on addressing the risk of sharps injuries. Employers are legally required to assess risks from sharps injuries and put appropriate control measures in place.
* A healthcare employer is an employer whose primary activity is the management, organisation or provision of healthcare.</td><td rowspan="2">• Recommendations for blood glucose and ketone meters, testing strips and lancets
• Recommendations for needles for pre-filled/reusable pens
• Safety needles letter</td></tr>
<tr><td colspan="2">Reason for change:
The requirement to use a safety sharp is based on addressing the risk of sharps injuries. Employers are legally required to assess risks from sharps injuries and put appropriate control measures in place.</td></tr>
</table>

Workstream	Action Required	Inclusion criteria	Exclusion criteria	Supporting resources
Pen needles	**Switch to locally preferred standard pen needle BD Viva 4mm/32g**	• All patients who are using standard pen needles that cost ≥ £4 for 100	None	• Recommendations for needles for pre-filled/reusable pens • Pen needles switch patient letter
Reason for change: Cost-effective pen needles cost less than £4 for 100. **Needles costing £4 or more for 100 are not recommended for prescribing.** Local diabetes specialists who have extensive clinical experience in using pen needles recommend the use of **BD Viva®.** **4mm needle is safest needle length for adults and children** regardless of age, gender and Body Mass Index (BMI) – see FIT UK.				
Metformin – do not prescribe 1g tablets	**Switch to equivalent dose using Metformin 500mg tablets** Metformin 1g modified-release tablets may be considered in appropriate patients (i.e. where there are GI tolerability issues with standard release metformin).	• All patients prescribed Metformin 1g tablets		• Metformin switch letter
Reasons for change: Metformin 1g tablets are significantly more costly than metformin 500mg tablets and 1g modified-release tablets.				
Avoid excessive quantities of Semaglutide (Ozempic®) and Tirzepatide (Mounjaro®)	**Switch to ONE pen per month** - Injectable semaglutide for T2DM should be prescribed by brand Ozempic® to avoid inadvertent issue of Wegovy® (licensed for weight loss). - Do not prescribe for weight loss unless delivering the locally commissioned weight management service.	• All patients prescribed > 1 pen per month of semaglutide (Ozempic®) or tirzepatide (Mounjaro®)		• Dual GIP with GLP-1 RA or GLP-1 RA with Insulin guidance document
Reasons for change: Semaglutide (Ozempic®) and tirzepatide (Mounjaro®) are used weekly and each pre-filled pen contains four doses. Each pre-filled pen will last for 4 weeks.				

Version	V1.0
Developed by	Jamil Khakoo - Pharmaceutical Advisor Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex ICB
Date Ratified	October 2025, Medicines Optimisation Delivery and Implementation Group
Review date	The recommendations in this document are based upon the information available at the time of publication.