



Medicine Supply Notification

MSN/2025/050

Repaglinide 500microgram, 1mg and 2mg tablets

Tier 2 – medium impact*
Date of issue: 26/08/2025
Link: Medicines Supply Tool

Summary

- Repaglinide 500microgram and 1mg tablets will be out of stock from late August until early December 2025
- Repaglinide 2mg tablets are in limited supply until early December 2025 and cannot support any increase in demand.
- Alternative glucose lowering medication remains available.

Actions Required

Clinicians should not initiate new patients on repaglinide tablets until the supply issues have resolved.

Where patients have insufficient supplies to last until the re-supply date, clinicians should:

- review patients to determine if there is a specific reason for being on repaglinide;
- prescribe alternative glucose lowering medication where ongoing treatment is required, ensuring that the patient is counselled on administration and dosage, and is not intolerant to any of the excipients (see Supporting information);
- encourage patients who routinely monitor blood capillary glucose to continue to do so as recommended in national guidelines (see Supporting information);
- continue to monitor HbA1c as recommended in national guidelines; and
- if a clinical steer is required on treatment options, seek advice from specialist diabetes team.

When the supply issues have resolved, prescribers should review blood glucose control of patients switched to new treatment regimens and consider:

- continuing that treatment if the patient is stable; or
- if the patient is unstable or has issues with adherence on the new regime, or prefers to resume repaglinide, recommence repaglinide at their previously tolerated dose (if stable on that dose prior to switch, and there has been no significant change to lifestyle e.g. mealtimes, that might warrant re-titration of dose).

Supporting information

Clinical Information

Repaglinide is the only meglitinide analogue available in the UK. It is an insulin secretagogue licensed for the treatment of adults with type 2 diabetes mellitus whose hyperglycaemia can no longer be controlled satisfactorily by diet, weight reduction and exercise, as monotherapy, or in combination with metformin, in those not satisfactorily controlled on metformin alone. Treatment is initiated to lower blood glucose in relation

*Classification of Tiers can be found at the following link:

https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/

to meals, with doses given preprandially. The recommended starting dose is 0.5mg. The recommended maximum single dose is 4mg taken with main meals. The total maximum daily dose should not exceed 16mg. In practice, repaglinide has a limited place in therapy, such as use in patients with irregular mealtimes where glycaemic control has proved difficult with conventional therapy, so those who skip a meal (or add an extra meal) are instructed to skip (or add) a dose for that meal.

Repaglinide was removed from the treatment options in NICE guideline, <u>Type 2 diabetes in adults:</u> <u>management</u> in 2022, therefore other treatments may be more appropriate, in line with the updated guidance, taking into account comorbidities, such as obesity, cardiovascular disease, impaired renal function, and frailty.

In line with NICE guidance, adults with type 2 diabetes are not routinely offered self-monitoring of blood glucose levels unless:

- the person is on insulin;
- there is evidence of hypoglycaemic episodes;
- the person is on oral medication that may increase their risk of hypoglycaemia while driving or operating machinery; or
- the person is pregnant or is planning to become pregnant.

If regular blood glucose monitoring is not required according to NICE, the effectiveness of medication switches will be gauged over longer periods using HbA1c values.

Links to further information

SmPC – Repaglinide tablets

BNF – Repaglinide

BNF - Type 2 diabetes

NICE guideline - Type 2 diabetes management in adults

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.