PREAMBLE

Repaglinide induces an early insulin response to meals, thereby lowering postprandial glucose levels. Repaglinide is short acting and should be taken with meals. Repaglinide produces a dose-related increase in insulin release. Fasting plasma glucose (FPG) usually drops approximately one month following regular use\(^1\).

Repaglinide is indicated for combination therapy use to lower blood glucose in patients whose hyperglycemia cannot be controlled by GlucoNorm monotherapy plus diet and exercise. If glucose control has not been achieved after a suitable trial of combination therapy, consideration should be given to discontinuing these drugs and using insulin. Judgments should be based on regular clinical and laboratory evaluations. During maintenance programs, repaglinide should be discontinued if satisfactory lowering of blood glucose is no longer achieved. Judgments should be based on regular clinical and laboratory evaluations\(^2\).

CONTRAINDICATIONS

Repaglinide is contraindicated:

1. In patients with known hypersensitivity to the drug or any of its components.
2. In patients with diabetic ketoacidosis, with or without coma. This condition should be treated with insulin.
3. In patients with Type 1 diabetes.
4. In patients who are using gemfibrozil.

PROTOCOL 1 - Management of Postprandial Hyperglycemia

Approved for use under the following conditions:

To be used when standard approaches have failed to control postprandial hyperglycemia

AND

When there is documented evidence that reasonable trials of the following medications have failed and/or are not tolerated or contraindicated.

- Sulfonylureas – insulin secretagogues (glyburide) formulary listing +/-
- Biguanides (metformin) – Formulary listing +/-
- In patients with Type 2 diabetes where insulin is being used singly or in combination with oral agents and adjustments in dosage have failed to control postprandial hyperglycemia.
PROTOCOL 2 - Management of Diabetes Mellitus in Renal Impairment

Approved for use under the following conditions:

In patients with moderate to severe renal impairment, as a guideline creatinine clearance of 30 to 40ml/minute.

Note: Renal Dysfunction: Typically, repaglinide does not require initial dose adjustment in patients with reduced kidney function. However, subsequent increases in dose should be made carefully in patients with type 2 diabetes who have renal function impairment or renal failure requiring hemodialysis.²

The guidelines will be reviewed following the release of the updated Canadian Diabetes Association Clinical Practice Guidelines.

REFERENCES

4. Consultation with Dr. Alun Edwards, Division Chief, Endocrinology and Metabolism, Calgary Health Region.