## PBS-subsidised pharmacotherapy for T2DM

This algorithm provides an overview of the Pharmaceutical Benefits Scheme (PBS) restrictions for medicines for the treatment of type 2 diabetes mellitus (T2DM) at 1 April 2025 and is not intended to replace clinical guidance. For further details and the latest restriction requirements, please refer to the **PBS restrictions** for each medicine.

### Switch SGLT2i to GLP-1 RA (telephone/ electronic authority for initiation)

PBS criteria: Contraindicated, intolerant or did not achieve a clinically meaningful glycaemic response to SGLT2i; AND on MET and/or SU and/or INS with inadequate response (HbA1c >7%). Not PBS-subsidised for use with DPP4i or SGLT2i.<sup>3</sup>

#### SGLT2i + metformin<sup>1</sup>

PBS criterion: CVD, high CV risk, or Aboriginal or Torres Strait Islander

## Add SGLT2i ('flozin') or DPP4i ('gliptin')4

PBS criteria: If inadequate response (HbA1c >7%); AND on MET and/or SU and/or INS

#### Add or switch SGLT2i or DPP4i4

PBS criteria: If inadequate response (HbA1c >7%); AND on MET and/or SU and/or INS

## Unrestricted medicine (MET, SU, INS)<sup>2</sup> or pioglitazone

PBS criterion: Nil

Add or switch any Unrestricted medicine<sup>2</sup> or pioglitazone

PBS criterion: Nil

# Add or switch any Unrestricted medicine<sup>2</sup> or pioglitazone

PBS criterion: Nil

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PBS criterion: Nil

Abbreviations: CV—cardiovascular; CVD—cardiovascular disease; 1. DPP4i—dipeptidyl peptidase 4 inhibitor; GLP-1 RA—glucagon-like 2. peptide-1 receptor agonist; INS—insulin; MET—metformin; SGLT2i— 3. sodium-glucose cotransporter 2 inhibitor; SU—sulfonylurea 60-day dispensing: All T2DM medicines are available for 60-day prescriptions, except GLP-1 RAs and insulin.

**Fixed dose combinations (FDCs)**: FDCs of MET + DPP4i, MET + SGLT2i, and SGLT2i + DPP4i, are available on the PBS.

- Unless contraindicated/intolerant to MET
- 2. Unrestricted medicines: metformin, sulfonylureas, insulin and acarbose.
- 3. Use of PBS-subsidised GLP-1 RAs in combination with an SGLT2i is permitted when the patient has T2DM, the SGLT2i is prescribed for an indication other than T2DM (e.g. chronic heart failure or chronic kidney disease), and the patient did not achieve a clinically meaningful glycaemic response to the SGLT2i.
- 4. Saxagliptin with dapagliflozin FDC requires telephone/electronic authority. Dapagliflozin with sitagliptin FDC and empagliflozin with linagliptin FDC have Authority Required (STREAMLINED) restrictions.