

## Subsidised non-insulin medications for Type 2 Diabetes Mellitus

Published on 17 May 2023

Last Updated on 5 February 2024

The Ministry of Health (MOH) provides subsidies for drugs at our public hospitals, specialist outpatient clinics and polyclinics to ensure that patients have access to effective medications for common medical conditions in Singapore.

The drug availability at each healthcare institution varies, depending on the clinical conditions commonly managed by the institution and the drugs usually prescribed by the doctors. The general drug availability in public healthcare institutions\* can be found in the individual drug monographs at the [National Drug Formulary webpage](#), if available.

Active Ingredient(s)	Strength(s)	Subsidy Class <sup>†</sup>	Clinical Indication of Subsidy (where applicable)
<b>Biguanide</b>			
Metformin <sup>‡</sup>	250mg, 500mg, 850mg	SDL	-
<b>DPP-4 inhibitor (DPP-4i)</b>			
Linagliptin	5mg	MAF	For patients with type 2 diabetes mellitus and chronic kidney disease stages 3b, 4 or 5
<a href="#">Sitagliptin</a>	25mg, 50mg, 100mg	SDL	-
<b>GLP-1 receptor agonist (GLP-1 RA)</b>			
<a href="#">Dulaglutide</a>	0.75mg/0.5mL, 1.5mg/0.5mL	MAF	For the treatment of type 2 diabetes mellitus 1) As a triple therapy in combination with two oral anti-diabetic drug (OAD) therapies for patients with inadequate glycaemic control despite treatment with optimal doses of dual OAD therapy, or as a dual therapy in combination with one OAD therapy if a dual OAD therapy is contraindicated or not tolerated 2) In combination with insulin and metformin, unless metformin is contraindicated or not tolerated.
<b>Sodium-glucose cotransporter 2 inhibitor (SGLT2i)</b>			
<a href="#">Dapagliflozin</a>	5mg, 10mg	MAF (MAF subsidy will cease from 1 August 2024)	1) Treatment of type 2 diabetes mellitus, as a dual therapy <ul style="list-style-type: none"> <li>In combination with metformin for patients with HbA1c &gt;7% despite treatment with metformin monotherapy;</li> <li>In combination with a sulfonylurea for patients with HbA1c &gt;7% despite treatment with sulfonylurea monotherapy and when metformin is contraindicated or not tolerated.</li> </ul> 2) Treatment of type 2 diabetes mellitus, as a triple therapy <ul style="list-style-type: none"> <li>In combination with metformin and a sulfonylurea for patients with HbA1c &gt;7% despite treatment with optimal doses of dual therapy</li> </ul>

			<p>3) Treatment of type 2 diabetes mellitus in combination with insulin, with or without metformin.</p> <p>4) Treatment of adults with chronic heart failure (NYHA class II to IV) with reduced ejection fraction (left ventricular ejection fraction of 40% or less) as part of a quadruple therapy including a beta blocker, either an angiotensin-converting enzyme (ACE) inhibitor, angiotensin II receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI), and a mineralocorticoid receptor antagonist (MRA) unless contraindicated or not tolerated.</p> <p>5) Treatment of adults with chronic kidney disease:</p> <ul style="list-style-type: none"> <li>• who are receiving optimal standard treatment which includes an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) at maximum tolerated doses, unless contraindicated; and</li> <li>• have an estimated glomerular filtration rate (eGFR) of 25 to 75 mL/min/1.73m<sup>2</sup> at the start of treatment; and</li> <li>• have type 2 diabetes mellitus or have a urinary albumin to creatinine ratio (uACR) of ≥200 mg/g (22.6mg/mmol).</li> </ul>
<a href="#">Empagliflozin</a>	10mg, 25mg	SDL	-
<b>Sulfonylurea</b>			
Glibenclamide	5mg	SDL	-
<a href="#">Gliclazide</a> <sup>§</sup>	80mg	SDL	-
Glipizide	5mg	SDL	-
Tolbutamide	500mg	SDL	-

\* Based on public healthcare institutions formulary listing.

† SDL refers to the [Standard Drug List](#) and MAF refers to the [Medication Assistance Fund](#).

‡ The extended-release formulation is not subsidised.

§ The modified-release formulation is not subsidised.