Formulary Fact Sheet:
Gliptins (DPP-4 inhibitors)
Alogliptin

Kernow Clinical Commissioning Group

The purpose of this fact sheet is to provide guidance to clinicians when prescribing Gliptins (DPP-4 inhibitors).

Gliptins (DPP-4 inhibitors)

NICE guidance suggests that when prescribing gliptin the drug with the lowest cost acquisition should be prescribed where appropriate.

Gliptin choice for new prescriptions:

Alogliptin is currently the least expensive and should be considered as the first choice for patients newly prescribed a gliptin.

Renal impairment:

For patients with eGFR between 30 and 50, alogliptin dose should be reduced (to 12.5 mg once daily).

If the patient has an eGFR of less than 30mL/min linagliptin should be considered as excretion is via the biliary route.

Patients with existing gliptin prescriptions:

At routine review, patients who are prescribed saxagliptin, sitagliptin, vildagliptin or linagliptin could be considered for a switch to alogliptin (within the licensed indications) if their eGFR is above 30mL/min.

(If the patient's eGFR is between 30 and 50 and the patient is on linagliptin it may be appropriate to continue with this to avoid the need for alogliptin dose reduction if renal function deteriorates further.)

The following guide to dosing is suggested (please see drug SPC for full details).
It is expected that this switch will not cause any marked change in diabetes control; patients may be followed up with the usual review process.

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Renal function	**Alogliptin** (Cornwall Formulary)	**Linagliptin** (Cornwall Formulary)	**Sitagliptin** (Cornwall Formulary)	**Saxagliptin**	**Vildagliptin**
Normal	25mg OD	5mg OD	100mg OD	5mg OD	50mg BD (or 50mg OD with an SU)
Mild impairment eGFR ≥60ml/min/1.73m^2	25mg OD	5mg OD	100mg OD	5mg OD	50mg BD (or 50mg OD with an SU)
Moderate impairment eGFR 30-59ml/ min/1.73m^2	12.5mg OD	5mg OD	50mg OD	2.5mg OD	50mg OD
Hepatic impairment	Not recommended in severe hepatic impairment	No reduction but limited experience	Use cautiously in severe hepatic impairment	Not recommended in severe hepatic impairment	Not recommended

OD: Once daily
BD: twice daily
OM once daily, in the morning