Review of DPP-4 inhibitors (gliptins) in adults with Type 2 Diabetes Mellitus - switching to Best Value generic Sitagliptin

Background:

- Since January 2024, **generic sitagliptin** is the recommended **best value** DPP-4 inhibitor **first choice** in Norfolk and Waveney
- Formulary **Alternatives** for patients who are unsuitable for sitagliptin are currently alogliptin and linagliptin - Norfolk and Waveney Formulary

Review of use of Gliptins:

- Patients should be reviewed against treatment targets (e.g. HbA1c reduction/metabolic benefit), as well as overall diabetes care assessed, to ensure gliptin use is appropriate and to maximise patient outcomes, in line with NG28.
- Adequate review/audit arrangements should be in place, as for other oral antidiabetic drugs.
- NG28 recommends *stopping* medicines that have had no impact on glycaemic control, unless there is an additional clinical benefit from continued treatment e.g. cardiovascular or renal protection (which gliptins do not affect). If targets have not been met, review the gliptin and optimise therapy for the management of the patient/T2DM, considering alternative therapies in line with NG28 and local guidelines where appropriate e.g. if patients meet criteria for SGLT2i.

Switch guidance:

- Existing patients currently prescribed other DPP-4 inhibitors (excluding generic sitagliptin) should be considered for a switch to sitagliptin following assessment against the inclusion/exclusion criteria below.
- All patients currently prescribed *Januvia*® should be switched to generic sitagliptin.
- The most recent eGFR measurement should be used to determine the correct dose of sitagliptin (see table below). Patients with T2DM should have their renal function measured at least annually. Where a patient has not had their renal function measured within the last year, this should be performed (and this will also inform the switch).
- Where appropriate, patients who have been switched from other DPP-4 inhibitors to sitagliptin should be informed of the change using the companion patient letter template.

Dosage reduction should be considered in patients:

- with severely impaired renal function (eGFR < 30 ml/min/1.73 m^2) including patients whose eGFR is expected to be < 30 ml/min/1.73 m^2 within a year.
- Patients who have had a previous episode of Acute Kidney Injury (AKI).

Sitagliptin 25 mg film-coated tablets - Summary of Product Characteristics (SmPC) - (emc).

Inclusion criteria

Patients aged 18 years and older currently being prescribed alogliptin (*Vipidia*®), linagliptin (*Trajenta*®), saxagliptin (*Onglyza*®), vildagliptin (*Galvus*®) and branded sitagliptin (*Januvia*®) for the treatment of T2DM.

Exclusion criteria:

- Previous intolerance to sitagliptin or any of the excipients listed in the SPC.
- Previous treatment failure with an optimised dose of sitagliptin.
- Patients with *unstable* and severely impaired renal function (eGFR < 30 ml/min/1.73 m^2) including patients whose eGFR is expected to be < 30 ml/min/1.73 m^2 before their next annual diabetes review.
- Patients who have had a previous episode of AKI.
- Patients who have severe hepatic impairment (Child-Pugh score > 9).

Recommended doses of sitagliptin based on eGFR:

eGFR (mL/minute/1.73 m^2)	Dose
≥ 45	100mg once daily
≥ 30 to < 45	50mg once daily
< 30	25mg once daily

Further details available on BNF and SPC.