




GLIPTINS (also known as DPP-4 inhibitors)			
Inhibit dipeptidylpeptidase-4 to increase insulin secretion and lower glucagon secretion			
DRUG	NOTES	FORMULARY CHOICE	PRECAUTIONS / CONTRA-INDICATIONS / LESS DESIRABLE PATIENT GROUPS
Sitagliptin (Januvia®)  Green Cost per month (Dec 2015): 100mg daily £33.26	<p>Low risk of hypoglycaemia and weight neutral.</p> <p>NICE guidance (NG28): <i>In adults with type 2 diabetes, if:</i></p> <ul style="list-style-type: none"> • <i>metformin is contraindicated or not tolerated, consider initial drug treatment with:</i> <ul style="list-style-type: none"> ○ <i>a dipeptidyl peptidase-4 (DPP-4) inhibitor or</i> ○ <i>pioglitazone or</i> ○ <i>a sulfonylurea</i> • <i>initial drug treatment with metformin has not continued to control the HbA1c to below the person's individually agreed threshold for intensification, consider dual therapy with:</i> <ul style="list-style-type: none"> ○ <i>metformin and a DPP-4 inhibitor or</i> ○ <i>metformin and pioglitazone or</i> ○ <i>metformin and a sulfonylurea</i> • <i>metformin is contraindicated or not tolerated, and initial drug treatment with metformin has not continued to control the HbA1c to below the person's individually agreed threshold for intensification, consider dual therapy with:</i> <ul style="list-style-type: none"> ○ <i>a DPP-4 inhibitor and pioglitazone or</i> ○ <i>a DPP-4 inhibitor and a sulfonylurea or</i> ○ <i>pioglitazone and a sulfonylurea</i> • <i>dual therapy unsuccessful, consider triple therapy with:</i> <ul style="list-style-type: none"> ○ <i>metformin, a DPP-4 inhibitor and a sulfonylurea</i> or ○ <i>metformin, pioglitazone and a sulfonylurea</i> 	<p>First choice</p> <p>If all other patient factors are equal prescribe the DPP-4i with the lowest acquisition cost</p>	<p>Continue gliptin therapy only if there is a reduction of $\geq 5.5\text{mmol/mol}$ (0.5%) in HbA1c in 6 months.</p> <p>No long term safety data available for these agents.</p> <p>Renal impairment (CrCl, SPC): $>50\text{ml/min}$ – no dose adjustment $30\text{-}50\text{ml/min}$ – 50mg daily $<30\text{ml/min}$ – 25mg daily No dose adjustment is necessary based on age. Limited safety data is available in patients ≥ 75 years of age and care should be exercised.</p> <p>Applies to all gliptins: Discuss the potential benefits and risks of treatment with a gliptin with the person to enable them to make an informed decision.</p> <p>Increased risk of pancreatitis associated with all gliptins. Patients should be informed of the characteristic symptoms of acute pancreatitis – persistent, severe abdominal pain (sometimes radiating to the back) – and encouraged to tell their healthcare provider if they have such symptoms. Link to MHRA warning</p>

	<p>Licensed as:</p> <ul style="list-style-type: none"> • Monotherapy (if metformin inappropriate) • Dual therapy with metformin, sulfonylurea or pioglitazone • Triple therapy with metformin and a sulfonylurea or pioglitazone • Combination with insulin (with or without metformin) 		
<p>Alogliptin (Vipedia® ▼)</p>  <p>Cost per month (Dec 2015): 25mg daily £26.60</p>	<p>Licensed as:</p> <ul style="list-style-type: none"> • Monotherapy (if metformin inappropriate) • Dual therapy with metformin, sulfonylurea, pioglitazone or insulin • Triple therapy with metformin and either pioglitazone or insulin 	<p>First choice</p> <p>If all other patient factors are equal prescribe the DPP-4i with the lowest acquisition cost</p>	<p>See sitagliptin entry for MHRA warning regarding pancreatitis (applies to all gliptins). No long term safety data available for these agents.</p> <p>Renal impairment (CrCl, SPC): >50ml/min – no dose adjustment 30-50ml/min – 12.5mg daily <30ml/min – 6.25mg daily No dose adjustment is necessary based on age. However, dosing of alogliptin should be conservative in patients with advanced age due to the potential for decreased renal function.</p>
<p>Linagliptin (Trajenta® ▼)</p>  <p>Cost per month (Dec 2015): 5mg daily £33.26</p>	<p>Licensed as:</p> <ul style="list-style-type: none"> • Dual therapy with metformin • Triple therapy with metformin and sulfonylurea • Insulin (with or without metformin) 	<p>Second choice</p>	<p>Does not require dose reduction in renal impairment (see table on page ??).</p> <p>See sitagliptin entry for MHRA warning regarding pancreatitis (applies to all gliptins). No long term safety data available for these agents.</p>