



West Suffolk Clinical Commissioning Group (WSCCG)
Alogliptin Switch Procedure

Prescribing recommendation	100% of patients prescribed linagliptin, saxagliptin, sitagliptin and vildagliptin tablets for the treatment of diabetes mellitus should have their treatment reviewed for appropriateness and cost-effectiveness
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Background

Dipeptidylpeptidase-4 (DPP-4) inhibitors, or gliptins, are used for the treatment of type 2 diabetes mellitus in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control¹. There are five drugs which fall into this category - linagliptin, saxagliptin, sitagliptin, vildagliptin and alogliptin. The cost of these drugs vary greatly, with alogliptin being the most cost effective. All DPP-4 inhibitors have a similar efficacy.

- All new initiations of a DPP-4 inhibitor should be prescribed as alogliptin tablets for the treatment of [type 2 diabetes mellitus](#), if possible
- Patients currently prescribed DPP-4 inhibitors (excluding alogliptin) should be considered for a switch to alogliptin tablets

Switching

Switches should be tailored to the needs of the individual patient.

Table 1: Dose comparators

	Alogliptin	Linagliptin	Saxagliptin	Sitagliptin	Vildagliptin
Standard dose for adult 18years and older	25mg once a day	5mg once a day	5mg once a day	100mg once a day	50mg twice a day (or reduce to 50mg once a day used in dual combination with a sulfonylurea)
eGFR 30–50 mL/minute/1.73 m²	12.5mg once a day	No dose adjustment required	2.5mg once a day	50mg once a day	50mg once a day
eGFR less than 30 mL/minute/1.73 m²	6.25mg once a day	No dose adjustment required	2.5mg once a day	25mg once a day	50mg once a day

**Table 2: Dose switches**

The following should serve as a guide; patients with renal impairment should be considered separately using Table 1 of this document.

Switch from	Dose	To	And*
Linagliptin 5mg	One tablet once a day	Alogliptin 25mg	
Linagliptin 2.5mg/ metformin 850mg	One tablet twice a day	Alogliptin 12.5mg ONE TABLET ONCE A DAY	Metformin 850mg One tablet twice a day
Linagliptin 2.5mg/ metformin 1000mg	One tablet twice a day	Alogliptin 12.5mg ONE TABLET ONCE A DAY	Metformin 1000mg (as 2x500mg tablets) Two tablets twice a day
Saxagliptin 2.5mg	One tablet once a day	Alogliptin 12.5mg	
Saxagliptin 5mg	One tablet once a day	Alogliptin 25mg	
Saxagliptin 2.5mg/ metformin 850mg	One tablet once a day	Alogliptin 12.5mg	Metformin 850mg
Saxagliptin 2.5mg/ metformin 1000mg	One tablet once a day	Alogliptin 12.5mg	Metformin 1000mg (as 2x500mg tablets)
Sitagliptin 25mg	One tablet once a day	Alogliptin 6.25mg	
Sitagliptin 50mg	One tablet once a day	Alogliptin 12.5mg	
Sitagliptin 100mg	One tablet once a day	Alogliptin 25mg	
Sitagliptin 50mg/ metformin 1000mg	One tablet once a day	Alogliptin 12.5mg	Metformin 1000mg (as 2x500mg tablets)
Vildagliptin 50mg	One tablet twice a day	Alogliptin 25mg ONE TABLET ONCE A DAY	
Vildagliptin 50mg/ metformin 850mg	One tablet twice a day	Alogliptin 25mg ONE TABLET ONCE A DAY	Metformin 850mg One tablet twice a day
Vildagliptin 50mg/ metformin 1000mg	One tablet twice a day	Alogliptin 25mg ONE TABLET ONCE A DAY	Metformin 1000mg One tablet twice a day

*Prescribe as separate tablets

Aim

To identify patients currently prescribed linagliptin (Trajenta®/Jentaduo®), saxagliptin (Onglyza®/Komboglyze®), sitagliptin (Januvia® /Janumet®) and vildagliptin (Galvus®/Eucreas®) tablets and assess if they can be switched to alogliptin tablets.

Inclusion criteria

Patients aged 18 years and older currently being prescribed linagliptin (Trajenta®/Jentaduo®), saxagliptin (Onglyza®/Komboglyze®), sitagliptin (Januvia® /Janumet®) and vildagliptin (Galvus®/Eucreas®) tablets for the treatment of type 2 diabetes mellitus.



Exclusion criteria

Patients^{1,3}:

- who are under the age of 18 years old
- who are diagnosed with [type 1 diabetes mellitus](#) or [gestational diabetes](#)
- who are intolerant to, or unresponsive to alogliptin
- with diabetic [ketoacidosis](#)
- who are pregnant or breastfeeding
- with documented intolerance to any of the excipients listed in the SPC
- with severe hepatic impairment ([Child-Pugh score >9](#))
- with heart failure of [NYHA class III-IV](#)
- with [acute pancreatitis](#)
- taking vildagliptin 50mg once a day (no cost effective switch)
- taking a DPP-4 inhibitor as triple therapy with metformin and a [sulphonylurea](#)
- taking a DPP-4 inhibitor in combination with [sodium glucose cotransporter 2 \(SGLT-2\) inhibitors](#)
- taking a DPP-4 inhibitor in combination with [glucagon like peptide 1 \(GLP-1\) analogues](#)
- who do not have an assessment of their renal function

Additional risk factors/cautions to report to the GP/diabetes lead nurse

These risk factors/cautions are not necessarily reasons to exclude patients from being switched, however they should be recorded on the switch worksheet to alert the GP or diabetes lead nurse, and ensure that patient is reviewed/counselled accordingly.

Patients:

- who have not had an assessment of their renal function within the last 12 months
- who have been taking a DPP-4 inhibitor for more than 6 months but have not achieved the required reduction of more than 5-6 mmols in HbA1c
- who have renal impairment - there is a need for dose adjustment in patients with moderate or severe [renal impairment](#)

Responsibilities

The WSCCG technician/pharmacist is responsible for:

- obtaining authorisation from the GP or other appropriate clinician with authority to perform the switch; both parties should sign the agreement on the worksheet. All work should be carried out as per the WSCCG data processing agreement for working in practice
- carrying out the switch procedure in the GP practice (e.g. performing the search to identify patients for whom switch is appropriate, highlighting relevant patient information and risk factors to the GP/clinician, completing the switch worksheet, submitting the worksheet for approval, making the agreed changes in the patient records, adding notes to consultation records, when necessary)
- communicating changes to patient (i.e. via letter)



- advising local community pharmacies/practice dispensaries of the switch work to be undertaken, and provide them with any supporting information which may be necessary to answer patient queries

The GP/authorising clinician is responsible for:

- authorising the switch to be carried out in the practice
- reviewing the switch worksheet submitted by the WSCCG technician/pharmacist and agreeing which patients should be switched
- completing and returning the worksheet to the WSCCG technician/pharmacist within an agreed timeframe
- authorising the communication of changes to the patients (e.g. approval of letter to be sent to patients)

WSCCG Switch Procedure for DPP-4 inhibitors

1. A computer search should be run to identify all patients aged 18 years and older currently prescribed a DPP-4 inhibitor on the NHS using the following terms (where relevant): linagliptin 5mg tablets, linagliptin 2.5mg and metformin 850mg tablets, linagliptin 2.5mg and metformin 1000g tablets, Trajenta® 5mg tablets, Jentadueto® 2.5mg/850mg tablets, Jentadueto® 2.5mg/1000g tablets, saxagliptin 2.5mg tablets, saxagliptin 5mg tablets, saxagliptin 2.5mg and metformin 850mg tablets, saxagliptin 2.5mg and metformin 1000mg tablets, Onglyza® 2.5g tablets, Onglyza® 5mg tablets, Komboglyze® 2.5mg/850mg tablets, Komboglyze® 5mg/1000mg tablets, sitagliptin 25mg tablets, sitagliptin 50mg tablets, sitagliptin 100mg tablets, sitagliptin 50mg and metformin 1000mg tablets, Januvia® 25mg tablets, Januvia® 50mg tablets, Januvia® 100mg tablets, Janumet® 50mg/1000mg tablets, vildagliptin 50mg tablets, vildagliptin 50mg and metformin 850mg tablets, vildagliptin 50mg and metformin 1000mg tablets, Galvus® 50mg tablets, Eucreas® 50mg/850mg tablets, Eucreas® 50mg/1000mg tablets
2. Patient details identified from the search should be recorded on the switch worksheet, including ID number, full name and usual GP.
3. Drug details identified from the search should be recorded on the switch worksheet, including the DPP-4 inhibitor prescribed, the strength, the dose.
4. Identify if the patient falls into any of the exclusion criteria. If they do, record the criteria on the worksheet and annotate that a switch is not appropriate for this patient. If they *do not* fall into the exclusion criteria, then consider recommending a switch to alogliptin tablets, using the switching dose guidance. If technicians or pharmacists are unsure whether a switch should be recommended or not, further advice should be sought from the GP or WSCCG Medicines Management Team.
5. On reviewing the patient's medical record, any additional risk factors/cautions should be recorded on the switch worksheet to alert the GP/diabetes lead nurse, and ensure the patient is reviewed accordingly.



6. Complete the switch worksheet provided for each patient and the forward to the GP(s)/diabetes lead nurse for review; once the worksheet is returned, make the agreed switches on the patient's record as instructed. This should be in line with the practice's preferred way of implementing and recording changes.
7. Patients to be informed by a letter on practice headed paper and signed by the WSCCG technician/pharmacist on behalf of the practice, or by another way requested by the practice. A template letter is included in this switch guidance and can be amended to suit the practice.
8. No routine follow up is required following this switch, patients should continue to attend their 6 or 12 month diabetic review.
9. An HbA1c check after six months may be considered. This would be to ensure patient is achieving required reduction of more than 5-6mmols in HbA1c. If this is not being achieved then patient should be assessed to determine if they are appropriate to continue being prescribed a DPP-4 inhibitor.

References

1. British National Formulary, March 2019. Ed. Ryan R. BMJ Group and Pharmaceutical Press (accessed via <http://www.medicinescomplete.com/mc/bnf/current/>)
2. NICE Guideline NG28: Type 2 diabetes in adults: management (Accessed via <https://www.nice.org.uk/guidance/ng28/chapter/1-Recommendations#blood-glucose-management-2>)
3. Electronic medicines compendium (accessed via <https://www.medicines.org.uk/emc>)

Hyperlinks

www.diabetes.org.uk
www.medicines.org.uk
www.nhs.uk
www.patient.co.uk



integrated working

Template letter for switching DPP-4 inhibitor to alogliptin

Practice letterhead & address

Patient Title/initial/surname

Patient address

Today's date

Dear Title/Surname

Important information about your repeat prescription

Practice name is currently carrying out a review of all patients being prescribed 'gliptins' for the treatment of diabetes.

Your current prescription has been reviewed by the practice diabetes nurse and has been updated.

From **Linagliptin (Trajenta[®]) 5mg tablets, one to be taken daily**

To **Alogliptin (Vipidia[®]) 25mg tablets, one to be taken daily**

The main reason for this change is that all gliptins are very similar and work in the same way, but alogliptin costs significantly less than linagliptin. You should continue to take the alogliptin tablets in the same way as your previous gliptin.

Please finish taking any linagliptin tablets you have at home before ordering your updated prescription.

If you have any questions concerning this change, please contact the surgery to arrange an appointment with the practice diabetic nurse.

Yours sincerely

Practice name



West Suffolk Clinical Commissioning Group (WSCCG) DPP-4 inhibitor to alogliptin switch worksheet

Practice _____

Technician/pharmacist _____ Date _____ GP authorisation _____ Date _____

Patient details			Medication*			Exclusion criteria applicable?	Additional risk factors/cautions?	eGFR		Recommend switch to alogliptin?			GP authorisation/comments
ID	Name	Usual GP	Current Medication	Strength	Dose			eGFR	Date taken	No	Yes		
										6.25mg 1od	12.5mg 1od	25mg 1od	

*Prescribers should always consider if continued treatment with prescribed medication is indicated, or of treatment should be reviewed and stopped