

Macleod Diabetes & Endocrine Centre Royal Devon & Exeter Hospital

Gliptins (DPP-4 inhibitors)

Current examples

- **Alogliptin** – choice of Exeter and east Devon formulary for all indications.
- Saxagliptin, sitagliptin, vildagliptin, linagliptin are also available.

Typical use

- Patients with HbA1c >58 mmol/mol (7.5%) on maximum tolerated dose of metformin and sulphonylurea, as an alternative to insulin
- **Add alogliptin 25mg od** – note reduced dose in renal impairment, below.

Other uses

- Alone, for patient who cannot take either metformin or sulphonylurea.
- Added to metformin if risk of hypoglycaemia, or intolerant of sulphonylurea.
- Added to sulphonylurea if intolerant of metformin (or if cannot take metformin due to renal impairment – but see dose adjustment below).
- Added to metformin and pioglitazone if sulphonylurea is inappropriate.
- With insulin – usually on specialist advice, as this is licensed but not NICE-approved.
- Combinations with other diabetes drugs vary among the DPP4 inhibitors – see BNF. We recommend prescribing within license, but in practice are happy to use any DPP-4 inhibitor in any combination, except with GLP-1 agonists (e.g. exenatide).

When to avoid DPP-4 inhibitors:

- Symptoms of pancreatitis. Pregnancy and breastfeeding.

Renal impairment

- Exeter and east Devon formulary recommendation:
 - eGFR 30-50 – alogliptin 12.5mg od
 - eGFR <30 – alogliptin 6.25mg od
- Linagliptin can also be used at full dose in renal impairment.

Long-term efficacy and safety:

- Medium-term (1-2 year) data show no evidence of cardiovascular risk – but also no evidence of cardiovascular benefit – against placebo.

Driving

- Group 1 licence: no need to notify DVLA unless disabling hypos (very unlikely).
- Group 2 licence: notify DVLA, but should not affect licence, and can continue driving while waiting DVLA assessment. No obligation from DVLA to monitor blood glucose, but they advise monitoring regularly and at times relevant to driving.