

## Alogliptin Switch Guidance

### Rationale

- Alogliptin has been added to 3Ts formulary
- Alogliptin has a similar efficacy to other gliptins but costs 16-20% less than other agents in this class
- Potential saving for Swindon CCG is £100,000 per annum
- Ideally, the review of gliptin would take into account effectiveness, with a recommendation to continue a gliptin where it has been demonstrated to be effective and appropriate or deprescribing.
- In the absence of a full review, switching alternative gliptins to alogliptin *where appropriate* and in line with this guidance is endorsed.

### Process for switching to alogliptin without full diabetes review: -

- Switch protocol agreed with GP practice
- Use the prepared SystemOne or Emis web searches to identify patients
- Identify individually patients suitable for the switch (see exclusion criteria). Not suitable for bulk switch
- Make the switch, following the dose comparison guide
- Send the patient letter (Appendix 2)

### Inclusion Criteria for switch: -

Patients currently receiving

- Linagliptin (Trajenta)
- Sitagliptin (Januvia)
- Saxagliptin (Onglyza) non formulary
- Vildagliptin (Galvus) non formulary

Acute and repeat prescriptions

### Exclusion Criteria: -

- Patients with a previous intolerance to alogliptin
- Previous treatment failure with alogliptin
- Patients with severe hepatic impairment
- For patients with CKD progression (a sustained decrease in GFR of 25% or more and a change in GFR category within 12months or a sustained decrease in GFR of 15ml/min/1.73m<sup>2</sup> per year)
- Patients with heart failure NYHA class III-IV; sitagliptin is the preferred gliptin
- Patients prescribed a gliptin as monotherapy; alogliptin is not licensed, sitagliptin is the preferred gliptin

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- Patients who are pregnant or breast feeding; any gliptin should be reviewed and stopped
- Patients under the age of 18
- Patients who are taking a combination product

Refer to GP: -

- Patients who do not have an assessment of renal function in the last 12 months

Comparison chart for dose equivalents (NB. Must have renal function tests done within 12 months)

eGFR	Alogliptin	Sitagliptin	Linagliptin	Saxagliptin	Vildagliptin
>60	25mg od	100mg od	5mg od	5mg od	50mg bd
30-60	12.5mg od	50mg od	5mg od	2.5mg od	50mg od
15-30	6.25mg od	25mg od	5mg od	2.5mg od	50mg od
<15	6.25mg od	25mg od	5mg od	x	50mg od

**Process for switching to alogliptin with full diabetes review: -**

- Use the prepared SystmOne or Emis web searches to identify patients (include patients receiving alogliptin)
- Identify individually patients and complete the spreadsheet for patients for presentation to GP for prescribing decision (Appendix 1)
- Make any switches in accordance with GP decision and dose comparison chart
- Send the patient letter (Appendix 2) where appropriate to switch
- For patients who need a review for an alternative diabetes treatment, send a letter inviting for review and insert a journal / consultation note detailing purpose of review
- For patients who are suitable for stopping treatment without substitution, send appropriate patient letter (Appendix 3)

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**Appendix 1 – example of audit template**

Usual GP	Patient ID	Age	Co-morbidities of note	BMI	Concordant with meds (ordering) Y/N	Current gliptin & dose	Date started	Other diabetic meds	Effect on Hba1c after starting gliptin	Current Hba1c / date	eGFR Date	Any exclusions to switching to alogliptin?	BP / Date	Total Cholesterol / Date	Comments	Recommendation	Action taken
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## Appendix 2 – Suggested Switch Gliptin Patient Letter

### Practice Heading

### Date

### Dear xxxx

This to inform you of a proposed minor change in your medication.

As you are aware you have until now been prescribed **Sitagliptin**. We are reviewing our use of this type of medication and where appropriate trying to prescribe a similar medication called **Alogliptin**. In line with the advice of the NHS Swindon Clinical Commissioning Group supported by local diabetologists from Great Western Hospital would therefore like to change your prescription as follows:-

#### Current Medication

**Sitagliptin**

#### New Medication

Alogliptin

Please be reassured that Alogliptin is a tried and tested medication that has been proven to reduce blood sugars. Alogliptin works in a similar way as Sitagliptin and the dose we wish to change you to is considered equivalent in its effect. The main difference is that Alogliptin provides much better value for money for the NHS, which can benefit local health services. We very much hope that you will be happy with the proposed changed.

If you are happy with what is proposed, simply use any Sitagliptin you have left and the change to Alogliptin will be made when your next repeat prescription is due. At your next diabetes review you can discuss this in more detail.

If you do have queries at all about this change you may of course telephone the surgery to discuss the proposed change with your practice diabetes nurse or your GP. If you are already under the specialist diabetes team at Great Western Hospital you may discuss this with your Diabetes Specialist Nurse or Consultant.

Yours sincerely

**Dr XXX & Partners**

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## Appendix 3 – Suggested Stop Gliptin Patient Letter

### Practice Heading

### Date

### Dear xxxx

We have recently reviewed your diabetes medication. Taking into account your blood sugar readings (HbA1c), other medicines (including diabetes treatments) and your personal circumstances, we think there is little clinical benefit currently being gained from your XXXXXX treatment and would therefore propose stopping this treatment.

Whilst there is little clinical benefit being gained from this medication, as with all medicines, there is always a small risk of side effects hence the decision to advise stopping.

We have removed XXXXXX from your repeat prescription and hope that you understand and are happy with this decision but if you wish to discuss further, please do contact your practice diabetes nurse or GP or discuss at your next diabetes review.

Please continue taking your other diabetes medication as prescribed.

Yours sincerely

**Dr XXX & Partners**

Date Approved:  
Review Date: