NHS
Nottingham and Nottinghamshire

Switching to Sitagliptin for Adults with Type 2 Diabetes Mellitus (T2D)

Key Messages

- Sitagliptin is currently the lowest cost DPP-4 inhibitor (gliptin):

	Price per 28 days for most commonly used dose (Drug Tariff April 2025)
Sitagliptin	**£1.38**
Vildagliptin	**£11.11**
Alogliptin	**£26.60**
Saxagliptin	**£31.60**
Linagliptin	**£33.26**

- The Nottingham and Nottinghamshire APC formulary choices for gliptins are as below, following the local guideline for the management of Type 2 Diabetes in adults:
  First choice – sitagliptin (Amber 3)
  Second line – linagliptin (Amber 3) – does not require dose reduction in renal impairment but is more costly than sitagliptin.
- A gliptin inhibitor comparison document can be found at the following link.
- A review of effectiveness of the gliptin is recommended. Consider de-prescribing if appropriate.
- In line with local specialist opinion, the combination of a gliptin and a GLP-1 agonist (exenatide, dulaglutide, semaglutide, tirzepatide) is not recommended.
- The recommended dose of sitagliptin if eGFR ≥ 45 ml/min/1.73 m^2 is 100mg once a day.

Switch guidance

Adult patients, currently prescribed a gliptin, including branded sitagliptin (Januvia®), should be considered for a switch to generic sitagliptin following assessment against the inclusion and exclusion criteria below.

Process

1. Before starting the switch, inform local pharmacies that the practice will be switching patients so that stocks can be adjusted in preparation.
2. Run the search to identify patients over 18 years of age prescribed a gliptin other than generic sitagliptin:
   - SystmOne - the search can be found in the Connected Notts folder under Medicines Optimisation ICB, ICB Workstreams.
   - EMIS – the search called “DPP-4 inhibitors (gliptins)” can be found by searching for “ICB workstream” within Population Reporting.
3. Check each patient for suitability to switch to sitagliptin (using the inclusion and exclusion criteria).
4. Arrange monitoring if not up to date. Renal function must have been measured in the past 6 months for the purposes of this switch.
5. Arrange a consultation to discuss the potential switch (or consider de-prescribing if appropriate) with the patient. This should be a shared decision.

6. If the switch is agreed, add sitagliptin to repeat prescriptions and remove the previous gliptin. The recommended dose of sitagliptin if eGFR ≥ 45 ml/min/1.73 m^2 is 100mg once a day.
7. Add an entry and read code to the patient journal so that there is a clear record of the changes and the discussion with the patient.
8. Share information as required. A sample patient letter is available here.
9. Ensure that relevant recalls for monitoring are in place in line with the manufacturers information and local guidance. For most patients this will be HbA1c 3–6 monthly and renal function at least annually.

Read code

The following read codes are recommended:

- SystmOne: XaJKo Drug changed to cost effective alternative (SNOMED code: 408374000)
- EMIS: Drug changed to cost effective alternative

If the gliptin is de-prescribed, the following read codes are recommended:

- SystmOne: XaIns Medication stopped – ineffective (SNOMED code: 395007004)
- EMIS: Medication stopped – ineffective

Inclusion criteria

Patients aged 18 years and older with an eGFR ≥45ml/min/1.73 m^2 within the last 6 months, currently prescribed alogliptin (Vipidia®), linagliptin (Trajenta®), saxagliptin (Onglyza®), vildagliptin (Galvus®) and branded sitagliptin (Januvia®) for the treatment of Type 2 Diabetes.

Exclusion criteria

- Type 1 Diabetes, or any indication other than Type 2 Diabetes
- Under 18 years of age
- Where consent is not given
- Patients that cannot take sitagliptin in tablet form
- Previous intolerance to sitagliptin or any of the excipients listed in the SPC
- Previous treatment failure with sitagliptin
- On a gliptin other than sitagliptin for a valid clinical reason
- Renal function not checked in past 6 months
- Patients with eGFR < 45ml/min/1.73 m^2 or declining renal function if close to 45ml/min/1.73 m^2
- Renal transplant or dialysis
- Previous episode of Acute Kidney Injury (AKI)
- Severe hepatic impairment (Child-Pugh score > 9), pancreatitis, heavy alcohol use or gallstones
- Pregnancy and breastfeeding
- Concomitant use of digoxin
- Patients at the end of life

Counselling points:

- Use up supply of the existing gliptin before starting sitagliptin
- Sitagliptin should be taken once a day (with or without food)
- Take the first dose of sitagliptin when the next dose of the previous gliptin would have been due.
- If a dose of sitagliptin is missed, it should be taken as soon as the patient remembers, but no more than one dose on the same day.
- Individuals must NOT be on more than one gliptin at the same time.
- Supply written information (a sample patient letter is available here) and counsel the patient.

Disclaimer:

This resource has been developed to facilitate the safe and effective switch to sitagliptin from alogliptin, linagliptin, saxagliptin, vildagliptin and branded Januvia®, using current accessible references and is correct at the time of approval. The output of the searches relies on accurate read coding. Clinicians using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.

Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation Team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any prescribing errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.

Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within this document.

Adapted with permission from South Yorkshire ICB and Hertfordshire and West Essex ICB.