East Lancashire Health Economy Medicines Management Board
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Position Statement for Alogliptin

Based on the currently available evidence:
ALOGLIPTIN may be considered as an option in Type 2 Diabetes for new patients and may be considered for switching existing patients

Recommendations

New Patients

- New patients requiring dual or triple therapy with a gliptin should be commenced on alogliptin (see exclusion criteria below).
- Linagliptin may be considered for patients requiring monotherapy or for those with moderate/severe renal impairment (CrCl <50ml/min)
- Combination products are not recommended for prescribing as they restrict dose individualisation.

Existing Patients

- Existing patients who do not fit the **exclusion criteria below** could be considered for a switch to alogliptin.
- Approximate dose equivalence: alogliptin 25mg od: linagliptin 5mg od: saxagliptin 5mg od: sitagliptin 100mg od: vildagliptin 50mg bd
- Combination products are not recommended for prescribing as they restrict dose individualisation.
- Patients poorly controlled on a gliptin will need their compliance and therapy reviewed.
- A patient information letter is available.

Exclusion criteria (continued on the next page):

In the UK, the MHRA have collated yellow card reports of heart failure (some fatal) for saxagliptin, sitagliptin, linagliptin and vildagliptin. There are none for alogliptin, although alogliptin has been available for a much shorter time.
The effect of gliptins on heart failure may be a class effect.
In the USA, the FDA has issued a safety alert regarding the risk of heart failure in medications containing saxagliptin and alogliptin:
'ISSUE: An FDA safety review has found that type 2 diabetes medicines containing saxagliptin and alogliptin may increase the risk of heart failure, particularly in patients who already have heart or kidney disease. As a result, FDA is adding new warnings to the drug labels about this safety issue.
RECOMMENDATION: Health care professionals should consider discontinuing medications containing saxagliptin and alogliptin in patients who develop heart failure and monitor their diabetes control. If a patient's blood sugar level is not well-controlled with their current treatment, other diabetes medicines may be required.'
Patients taking these medicines should contact their health care professionals right away if they develop signs and symptoms of heart failure such as: Unusual shortness of breath during daily activities; trouble breathing when lying down; tiredness, weakness, or fatigue; weight gain with swelling in the ankles, feet, legs, or stomach.

Exclusion criteria (continued)

- Patients with congestive cardiac heart failure of New York Heart Association (NYHA) functional class III – IV
- Patients who require monotherapy with a gliptin
- Patients with severe hepatic impairment (child-Pugh score >9)
- For patients with moderate to severe renal impairment (CrCl <50ml/min) linagliptin 5mg daily is the preferred gliptin
- Gliptins have been associated with a risk of developing acute pancreatitis. Patients should be informed of the characteristic symptom of acute pancreatitis: persistent, severe abdominal pain. Caution should be exercised in patients with a history of pancreatitis.
- Previous intolerance or treatment failure with alogliptin
- Patients prescribed a gliptin for Type 1 diabetes

Rationale

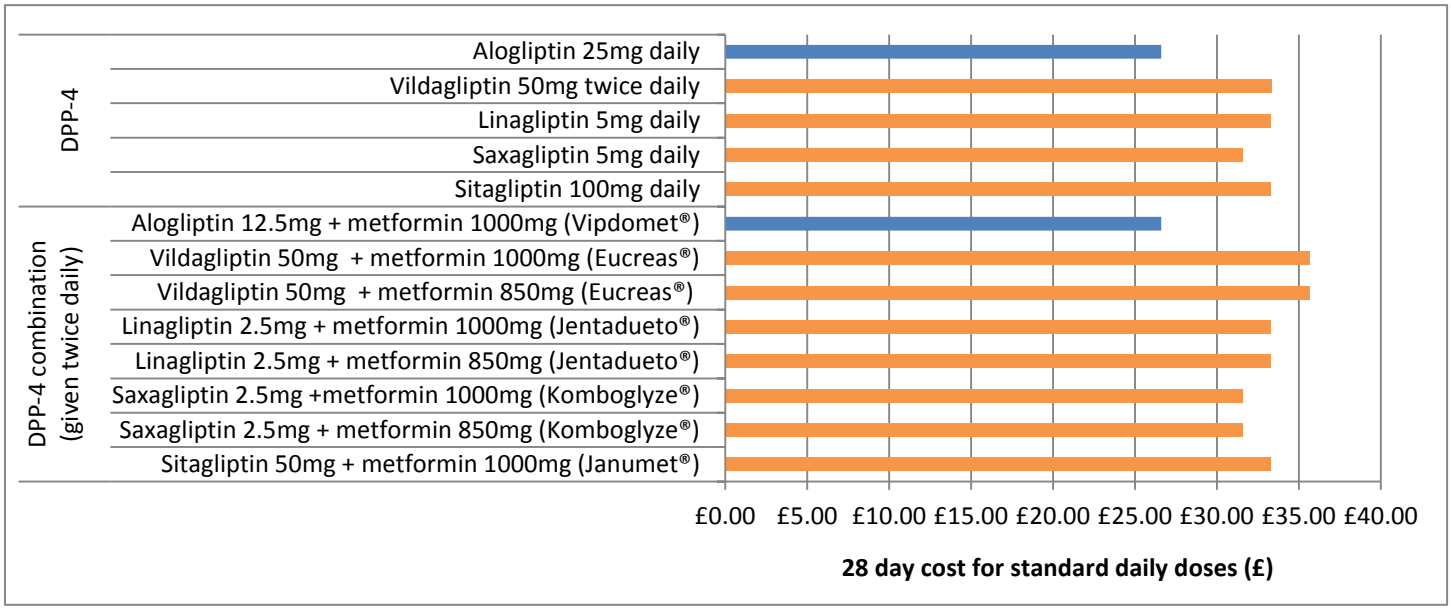
- There are no head-to-head trials comparing gliptins.
- NICE and PrescQIPP advocate that[1,2]:
    - The gliptin with the lowest acquisition cost should be used.
    - Within license, gliptins should only be continued if the HbA1c level has reduced by at least 5.5mmol/mol (0.5%) 6 months after initiation.

Suggested Good Practice

- Review gliptin therapy at a face-to-face consultation e.g. at diabetes review.
- Read code the consultation.
- Monitor HbA1c and if a drop of 0.5% isn't seen after 6 months of initiation for new patients, or if the HbA1c rises, review the patient for alternative medication and consider for specialist advice.

Cost

Figure 1: 28 day cost comparison of gliptins and their combination products based on standard daily doses (Reference: DM+D and Drug Tariff March 2016)[4,5]



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