

Switching to Sitagliptin for adults with Type 2 Diabetes Mellitus (T2DM)

Background

- In March 2023, the following recommendations on DPP-4 inhibitor choice were agreed by the Hertfordshire and West Essex Area Prescribing Committee (HWE APC):

First choice – sitagliptin

Second choice – linagliptin – preferred for the following patients:

- Patients with severely impaired renal function (eGFR < 30 ml/min/1.73 m²) including patients whose eGFR is expected to be < 30 ml/min/1.73 m² within a year.
 - Patients who have had a previous episode of Acute Kidney Injury (AKI).
- A DPP-4 inhibitor comparison document can be found at the following [link](#)

Switch guidance

- Existing patients currently prescribed other DPP-4 inhibitors (excluding generic sitagliptin) should be considered for a switch to sitagliptin following assessment against the inclusion/exclusion criteria below.
- All patients currently prescribed branded Januvia® should be switched to generic sitagliptin.
- The most recent eGFR measurement should be used to determine the correct dose of sitagliptin (see table below). Patients with T2DM should have their renal function measured at least annually. Where a patient has not had their renal function measured within the last year, this should be performed (and this will also inform the switch).
- Patients who have been switched from other DPP-4 inhibitors to sitagliptin should be informed using the following [patient letter](#).

Inclusion criteria

Patients aged 18 years and older currently being prescribed alogliptin (Vipidia®), linagliptin (Trajenta®), saxagliptin (Onglyza®), vildagliptin (Galvus®) and branded sitagliptin (Januvia®) for the treatment of T2DM.

Exclusion criteria

- Previous intolerance to sitagliptin or any of the excipients listed in the [SPC](#)
- Previous treatment failure with sitagliptin
- Patients with severely impaired renal function (eGFR < 30 ml/min/1.73 m²) including patients whose eGFR is expected to be < 30 ml/min/1.73 m² before their next annual diabetes review
- Patients who have had a previous episode of AKI
- Patients who have severe hepatic impairment (Child-Pugh score > 9)

Recommended doses of sitagliptin based on eGFR

| eGFR (mL/minute/1.73 m ²) | Dose |
|---------------------------------------|---------------------------------------------------------------------------------------------------------|
| ≥ 45 | 100mg once daily |
| ≥ 30 to < 45 | 50mg once daily |
| < 30 | 25mg once daily Not eligible for switch – locally linagliptin is recommended for this cohort. |

Further details available on [BNF](#) and [SPC](#)

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| Version | 1.0 |
| Prepared by | Jamil Khakoo, Pharmaceutical Advisor, HWE ICB; Mihir Varia, Lead Pharmaceutical Advisor, HWE ICB |
| Approved by | Medicines Optimisation Delivery and Implementation Group October 2023 |
| Review date | October 2026 |