

## AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

### Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:	APCBSSE/00005
Drug name and formulations:	alogliptin (Vipidia <sup>®</sup> )

<b>Criteria</b>	<b>Example</b>	<b>Committee Consensus</b>
Patient Safety	<i>Potential for abuse, toxicity, significant drug interactions</i>	Data for elderly & renal disease in keeping with others in class. No excess of hypoglycaemia, malignancy, or cardiovascular events. No potential for misuse. No long term studies - Black triangle drug.
Clinical effectiveness	<i>Established licensed product</i>	Modest reduction in HbA 1c, similar to other gliptins.
Strength of evidence		Reasonable sized trials, no head to head comparisons with other DPP-4 agents.
Cost effectiveness or resource impact	£ 26.60 (per patient per 28 days)	Currently lowest cost in this class. Patent expiry is some years away for similar products.
Place of therapy relative to available treatments	<i>1/2<sup>nd</sup> tier</i>	Use as add-on therapy, not licenced for monotherapy but would not regularly use DPP-4 as monotherapy in diabetes. Potential for confusion with large number of similar agents
National guidance and priorities	<i>NICE, MTRAC</i>	DPP-4 mentioned in NICE draft guidelines. MTRAC supports use of gliptin with lowest acquisition cost.
Local health priorities	<i>CCG views</i>	Ensure quality medicines reviews are carried out and gliptins stopped if not achieving required benefits for patients. Potential cost savings.
Equity of access	<i>Equality assessment</i>	No restrictions
Stakeholder views	<i>Define wider groups to be engaged</i>	Consult Diabetes Network for their view about place in therapy.
Implementation requirements	<i>Requires, RICAD ESCA etc.</i>	No need for RICaD or ESCA

### **Decision Summary**

Resubmission is recommended to complete the information to enable a decision:	
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Not approved and rationale:	
Formulary status (RAG) and rationale	<b>Green:</b> <ul style="list-style-type: none"> <li>• Currently lowest cost, equivalent efficacy</li> <li>• Review if costs of other gliptins change significantly</li> <li>• Consider a maximum of 2 gliptins on final APC formulary</li> </ul>
Implementation requirements:	
Implementation monitoring:	Monitor percentage uptake of formulary gliptins through prescribing data.