disease and reducing the frequency of blood glucose monitoring.

Resources

Important issues, or potential issues not investigated

DPP-4 inhibitors are provided as add-on medication to the majority of people with type 2 diabetes and an HbA1c ≥53 mmol/mol (7%) at reduced cost as part of the Australian Government's Pharmaceutical Benefits Scheme (PBS). As a result, there is little difference in out of pocket expense from the person's perspective.

Although prices can vary, as of 22 July 2020 the PBS listed Dispensed Price for Maximum Quantity (DPMQ) ranged from $52.78 to $60.54 for DPP-4 inhibitors. For DPP-4 inhibitors, the maximum price payable by the consumer covered under the PBS was $41, whereas all listed medications incur a maximum cost of $6.60 for concession card holders. For those people who are not covered under the PBS, prices can vary considerably. This may impact the decision regarding which medication to use.

Equity

No important issues with the recommended alternative

No equity issues have been identified regarding the availability of DPP-4 inhibitors for the management of type 2 diabetes. Equity may be affected in individuals who are not eligible for subsidies through the PBS.

Acceptability

No important issues with the recommended alternative

In people for whom SGLT-2 inhibitors and GLP-1 receptor agonists are contraindicated or not tolerated and who also have cardiovascular disease, multiple cardiovascular risk factors and/or kidney disease, DPP-4 inhibitors are likely to be an acceptable alternative for the management of blood glucose.

Feasibility

No important issues with the recommended alternative

DPP-4 inhibitors are approved for use in Australia and are listed on the PBS. No feasibility issues have been identified.

Rationale

In formulating this recommendation, the Guideline Development Group placed emphasis on the low certainty of evidence of benefit of DPP-4 inhibitors when compared to SGLT-2 inhibitors and GLP-1 receptor agonists, as add-on therapy. DPP-4 inhibitors did demonstrate a clinically relevant reduction in HbA1c as add-on therapy, however they did not demonstrate any benefit for all cause-mortality, heart failure or kidney failure. While this class is not recommended as first choice of add-on therapy in adults with type 2 diabetes who have cardiovascular disease, multiple cardiovascular risk factors and/or kidney disease, it does have an important role in people who are unable to be prescribed either an SGLT-2 inhibitor or GLP-1 receptor agonist. There were also no significant accessibility or acceptability issues with DPP-4 inhibitors use, making them well tolerated amongst people living with type 2 diabetes.