

Weight-neutral, low-hypoglycaemia add-on option for type 2 diabetes — typical HbA1c reduction ~0.6–0.9%. Generally Authority Required (Streamlined) added to metformin ± sulfonylurea. Which combinations (with insulin, an SGLT-2 inhibitor) are PBS-funded differs between the four agents and has changed in recent years — confirm at pbs.gov.au before prescribing.

ELIGIBILITY — WHO QUALIFIES

- ✓ **Diagnosis** Type 2 diabetes confirmed — not PBS-listed for type 1 diabetes, LADA or gestational diabetes.
- ✓ **Inadequate control** Inadequate glycaemic response on current therapy (clinical judgement; no fixed HbA1c re-target specified).
- ✓ **Metformin trial** On metformin at maximally tolerated dose, or documented contraindication or intolerance.
- ✓ **Combination** Add to metformin alone, metformin + sulfonylurea, or sulfonylurea alone if metformin is contraindicated. Insulin/SGLT-2i combination eligibility differs by agent — confirm current rules at pbs.gov.au.

WHICH GLIPTIN

Agent	Renal handling	Practical notes
Sitagliptin	Mainly renal clearance; dose down as eGFR falls	Most established; generic available
Vildagliptin	Renal + hepatic clearance; twice daily	Avoid in significant hepatic impairment; monitor LFTs
Linagliptin	Hepatobiliary clearance	No dose adjustment needed at any eGFR, including dialysis
Saxagliptin	Mainly renal clearance	Avoid in heart failure or at high HF risk (SAVOR-TIMI 53)

VERIFY AT PBS

Exact mg-per-eGFR-band dosing follows the current product information, not reproduced here. Which agents are PBS-funded in combination with insulin or an SGLT-2 inhibitor differs between the four gliptins and has changed over time — confirm the current rule for the specific agent at pbs.gov.au.

■ SAFETY

- Not for type 1 diabetes, LADA or gestational diabetes
- Discontinue if acute pancreatitis suspected; caution with a prior pancreatitis history
- Saxagliptin: avoid in heart failure or at high HF risk
- Vildagliptin: avoid in significant hepatic impairment — LFTs at baseline and periodically

◆ CHECK / EXCLUDE

- Confirm which combinations (insulin, SGLT-2i, GLP-1 RA) are currently PBS-funded for the specific agent at pbs.gov.au
- Don't combine with a GLP-1 receptor agonist — overlapping incretin pathway
- Confirm renal function and dose-adjust (linagliptin needs none)
- Review escalation to an SGLT-2i or GLP-1 RA if HbA1c stays above target