

Incorrect description of mode of excretion of linagliptin

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Dear Dr Zhou,

Boehringer Ingelheim, owner of the investigational drug linagliptin, would like to point out that in the recent review paper by Cox and colleagues,¹ titled “Dipeptidyl peptidase-4 inhibitors in the management of type 2 diabetes: safety, tolerability, and efficacy”, which was published in *Drug, Healthcare and Patient Safety*, the authors have incorrectly described the mode of excretion for linagliptin as being predominantly renal. The correct statement should have read: “Excretion of linagliptin is predominantly nonrenal”, as described in the referenced pharmacokinetic study performed by Heise and colleagues.² A nonrenal elimination route may be important in patients with renal impairment, which is common in patients with type 2 diabetes, so this distinction may be of clinical relevance. We would be grateful if you could clarify this for your readership to help avoid any confusion.

References

1. Cox ME, Rowell J, Corsino L, Green JB. Dipeptidyl peptidase-4 inhibitors in the management of type 2 diabetes: safety, tolerability, and efficacy. *Drug, Healthcare and Patient Safety*. 2010;2:7–19.
2. Heise T, Graefe-Mody EU, Hüttner S, Ring A, Trommeshauser D, Dugi KA. Pharmacokinetics, pharmacodynamics and tolerability of multiple oral doses of linagliptin, a dipeptidyl peptidase-4 inhibitor in male type 2 diabetes patients. *Diabetes Obes Metab*. 2009;11(8):786–794.

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