

NICE TA 288 – Dapagliflozin in combination therapy for treating type 2 diabetes

<p>1</p>	<p>Summary of NICE TA 288</p> <p>NICE recommends dapagliflozin in combination for treating type 2 diabetes as follows:</p> <p>1.1. Dapagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if it is used as described for dipeptidyl peptidase-4 (DPP-4) inhibitors in Type 2 diabetes: the management of type 2 diabetes (NICE clinical Guideline 87)</p> <p>1.2. Dapagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes</p> <p>1.3. Dapagliflozin in a triple therapy regimen in combination with metformin and a sulphonylurea is not recommended for treating type 2 diabetes except as part of a clinical trial.</p> <p>1.4. People currently receiving dapagliflozin in a dual or triple therapy regimen that is not recommended for them in 1.1 or 1.3 should be able to continue treatment until they and their clinician consider it appropriate to stop.</p>
<p>2</p>	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>As per the NICE costing template the estimated number of people expected to take up therapy will be around 1,233.</p>
<p>3</p>	<p>Costs</p>
<p>3.1</p>	<p>Cost per patient per annum</p> <p>The provision of this treatment for patients with Type 2 diabetes will include the costs of the drug and the costs of the associated renal clearance tests on commencement of therapy.</p> <p>The list price of dapagliflozin is £36.59 for 28 5mg or 10mg tablets (excluding VAT; British National Formulary edition 64). Currently the average cost per patient per annum is £206.90. The average cost per patient per annum for dapagliflozin is £476.98.</p> <p>The standard NICE costing template estimates the current cost of treatment at £5,313k and future treatment costs as £5,646k. Therefore, the projected additional funding required for the treatment of 1233 patients per annum based on the proposed care pathway is £333K.</p>

3.2	<p>In year cost per patient per annum (for new and prevalent cases)</p> <p>There is evidence already of some expenditure in year on this drug. 150 prescriptions costing £8k were issued in June. Costs in year are likely to be within the range of £170k to £250k.</p>
3.3	<p>Cost savings and how these will be secured</p> <p>As outlined above, the additional treatment costs for this cohort of patients with type 2 diabetes are estimated at £333K per annum. The cost of introducing dapagliflozin in combination therapy has been offset to reflect this saving.</p>
3.4	<p>Recurrent overall cost</p> <p>The standard NICE costing template estimates current cost of treatment at £5,313K and future costs as £5,646K, a net increase of £333K. It is expected that these costs will wholly fall to primary care.</p>
4	<p>Expected implementation period</p> <p>Immediate implementation is expected.</p>
5	<p>Commissioning arrangements</p> <p>Dapagliflozin is not a first or second line therapy and will not be a NI Formulary choice. It is referred to in the “prescribing notes” section of the NI Formulary. Primary and secondary care will be notified of the place of this drug in therapy.</p>
6	<p>Monitoring arrangements</p> <p>Uptake of this drug in primary care will be monitored by HSCB Pharmacy and Medicines Management Team.</p> <p>Trusts will be asked to submit usage figures to HSCB for monitoring purposes. There is a NICE audit template available. Trusts will be required to carry out annual audits to ensure that usage (including consultant letters of recommendation to GPs and appropriate review of metabolic response) is within NICE guidance.</p> <p>The drug is already being prescribed and we would expect that usage to be in line with this NICE TA also.</p>
7	<p>DHSSPS Legislative/Policy Caveats</p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case</p>