

1	<p><b>Treatment &amp; Condition</b> <i>(Title)</i></p> <p>Empagliflozin is an SGLT-2 inhibitor which is offered as either part of dual therapy, triple therapy or in combination with insulin for Type 2 diabetes</p>
2	<p><b>Associated appraisal body</b> <i>(NICE/SMC/Other)</i> &amp; <b>Summary of ruling</b> <i>(to include indication, restrictions, other relevant information)</i></p> <p>NICE technology appraisal guidance 336 (March 2015)</p> <p>NICE advised:</p> <p>1.1 Empagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if:</p> <ul style="list-style-type: none"> <li>• a sulfonylurea is contraindicated or not tolerated, or</li> <li>• the person is at significant risk of hypoglycaemia or its consequences.</li> </ul> <p>1.2 Empagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in combination with:</p> <ul style="list-style-type: none"> <li>• metformin and a sulfonylurea or</li> <li>• metformin and a thiazolidinedione.</li> </ul> <p>1.3 Empagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.</p> <p>1.4 People currently receiving treatment initiated within the NHS with empagliflozin that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop</p>
3	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b> <i>(including new cases per year)</i></p> <p>The accompanying NICE costing template estimated that 1950 people per 100,000 of 18+ population will potentially be eligible for treatment with this drug. As there are several comparator drugs available, the number of patients who go on to actually have empagliflozin will be a subset of this group.</p>
4	<p><b>Patient Access Scheme availability</b></p> <p>Not applicable</p>
5	<p><b>Costs</b> <i>(before PAS if applicable)</i></p>
5.1	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>£477 per patient</p>

5.2	<p><b>Infrastructure costs per patient per annum</b></p> <p>None anticipated</p>
5.3	<p><b>Current in year costs</b></p> <p>It is already being prescribed and between January 2015 and April 2015 inclusive (the most recently available prescribing data available, £13,774 was spent on this drug in Northern Ireland</p> <p>£13,744 costs between January and April 2015 inclusive.</p>
5.4	<p><b>Recurrent overall costs per annum (including additional costs)</b></p> <p>The NICE costing statement states that this drug “<i>is not expected to have a significant impact on NHS resources. Empagliflozin provides an additional treatment option for people with Type 2 diabetes alongside other treatment options which have similar costs and options</i>”.</p>
5.5	<p><b>Opportunities for cost savings and how these will be secured</b></p> <p>None anticipated.</p>
6	<p><b>Expected implementation period</b></p> <p>Immediate</p>
7	<p><b>Commissioning arrangements</b></p> <p>Commissioning arrangements: Empagliflozin is not a usual first or second line therapy and will not be immediately included in the NI Formulary. The diabetes section of the formulary is due for review in Autumn 2015 after full NICE diabetes guidance is released.</p>
8	<p><b>Monitoring arrangements</b></p> <p>Uptake of this drug in primary and secondary care will be monitored by HSCB Pharmacy and Medicines Management Team. Trusts must audit all new drugs for diabetes re compliance with NICE and NI formulary. Local commissioning groups will be expected to follow up with Trusts on an on-going basis to ensure compliance on these issues.</p>
9	<p><b>DHSSPS Legislative/Policy Caveats (NICE guidance only)</b></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>