

1.	<p><b>Treatment &amp; Condition</b></p> <p><b>Type 2 diabetes - Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes.</b></p>
2.	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal guidance TA583.</p> <p>Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if:</p> <ul style="list-style-type: none"> <li>• the disease is uncontrolled with metformin and a DPP-4 inhibitor, and</li> <li>• a sulfonylurea or pioglitazone is not appropriate.</li> </ul> <p>If patients and their clinicians consider ertugliflozin to be 1 of a range of suitable treatments, including canagliflozin, dapagliflozin and empagliflozin, the least expensive should be chosen.</p>
3.	<p><b>Number of people in Northern Ireland expected to take up service/therapy</b></p> <p>Not able to quantify. There are 85,000 adults with type 2 diabetes in N Ireland but there is no local information about numbers of type 2 patients treated by diet and drugs only.</p> <p>This drug was the subject of another TA 572 for a different sub group of patients.</p>
4.	<p><b>Patient Access Scheme Availability</b></p> <p>Not applicable.</p>
5.	<p><b>Infrastructure Requirements</b></p> <p>None.</p>
6.	<p><b>Expected implementation period</b></p> <p>Immediate.</p>

<p><b>7.</b></p>	<p><b>Commissioning arrangements</b></p> <p>This TA will not have a significant impact on resources as NICE has estimated the annual cost of implementation to be less than £163,800 per year in N Ireland (or £9,100 per 100,000 population). This is because the ertugliflozin is an additional option alongside current treatment options and is similarly priced to alternative treatments.</p> <p>Ertugliflozin is commissioned by HSCB. Providers are HSC hospital trusts, and primary care.</p>
<p><b>8.</b></p>	<p><b>Monitoring arrangements</b></p> <p>Through usual monitoring of primary care drug budgets.</p>
<p><b>9.</b></p>	<p><b>DoH (NI) Legislative/Policy Caveats</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> <p>The Rural Needs Act NI 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the Act.</p>