20\textsuperscript{th} May 2014

**Sodium Glucose Co-transporter 2 (SGLT2) Inhibitors (dapagliflozin, canagliflozin and empagliflozin▼) for the treatment of adults with type 2 diabetes mellitus (T2DM) to improve glycaemic control.**

The Interface Prescribing and New Therapies Subgroup (IPNTS) discussed the above drug at a meeting on the 20\textsuperscript{th} May 2014. The recommendation of this subgroup is as follows:* This recommendation incorporates previous recommendations for dapagliflozin and canagliflozin.

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of sodium glucose co-transporter 2 (SGLT2) inhibitors for the treatment of type 2 diabetes mellitus to improve glycaemic control in adults.

The group recommends that the above class of drugs may be considered as a treatment option as add on therapy, in those patients who fail to achieve glycaemic control despite an adequate trial of current antidiabetic therapy as per the **NICE TA on dapagliflozin** and the **NICE TA on canagliflozin**

The group noted the following points:

- Canagliflozin at the lower strength is the same cost as dapagliflozin (£36.59 for 28 days) but at higher doses (300mg od) costs an extra £10.07\textsuperscript{1}.
- The maximum duration of published studies for empagliflozin is 24 weeks compared to 54 weeks for both canagliflozin and dapagliflozin.
- No direct head to head studies comparing efficacy or safety within the class currently exist.

As with other new drugs longer-term efficacy and safety of SGLT2 inhibitors have not been established.

According to set criteria sodium glucose co-transporter 2 (SGLT2) inhibitors were deemed to be a low priority for funding.

Review date: February 2016

\textsuperscript{1}prices correct at time of publication

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

\textsuperscript{▼} Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.
Commissioning Implications for CCGS

Recommendation / Future commissioning implications
SGLT2 inhibitors are recommended for use in line with NICE guidance and current uptake varies widely across CCGs. All costing models suggest increased prescribing costs arising from prescribing of SGLT2 inhibitors although current uptake varies widely across CCGs. The price of empagliflozin [next to market] and any other forthcoming SGLT2 inhibitors is not yet known and may also affect these estimates.

Formulary and Interface considerations
As both dapagliflozin and canagliflozin have positive NICE TAs, they will automatically be added to the GM Formulary. The drugs may be suitable for initiation in Primary Care and CCGs will need to consider if they would support GPs in doing so, or require patients to be referred to a Consultant Diabetologist or Tier 2 diabetes service first. Such latter paths may incur significant attendance costs in addition to the drug costs.

Summary of impact
Patterns of usage are already variable and may suggest variable local commissioning arrangements. Therefore Care Pathways may be different between Providers. This could present a clinical risk.