HSCB Service Notification for the managed entry of new medicines and technologies

1	**Treatment & Condition** Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes
2	**Associated appraisal body & Summary of ruling** NICE Technology Appraisal guidance TA 390 (May 2016) Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if: • a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate.
3	**Number of people in Northern Ireland expected to take up service/therapy** *(including new cases per year)* There are 86,000 adults living with diabetes of which 76,000 have type 2 diabetes. (source QOF). There are 4,400 new diagnoses of diabetes in N Ireland annually (source DQIP). There is no local data available on numbers of patients with Type 2 receiving lifestyle advice only, monotherapy, combination therapy or insulin therapy. Metformin is not tolerated as monotherapy in between 5 and 10% of patients.
4	**Patient Access Scheme availability** Not applicable
5	**Costs** *(before PAS if applicable)* The implementation of the technology is not anticipated to have any significant cost implications
5.1	**Drug cost per patient per annum (for new and prevalent cases)** The individual cost per treatment is £477.
5.2	**Infrastructure costs per patient per annum** No extra infrastructure costs anticipated.

5.3	**Current in year costs** During the first quarter of 2016/17, expenditure of £2.35m has been made available for existing treatments, namely DPP 4 inhibitors and gliflozins (cana, dapa and empagliflozin). As the technologies set out in TA 390 are alternative options and the drug costs are similar to the existing technologies, the HSCB does not anticipate a significant change in current expenditure.
5.4	**Recurrent overall costs per annum** *(including additional costs)* No additional costs are anticipated with the implementation of this guidance,
5.5	**Opportunities for cost savings and how these will be secured** The diabetes section of the NI formulary, to which these drugs belong, is currently being reviewed by an expert panel including clinical representatives from each Trust.
6	**Expected implementation period** There are no anticipated barriers to implementation.
7	**Commissioning arrangements** Diabetes services are commissioned via existing Service and Business Agreements. There will be no alteration to the SBA in lieu of this guidance.
8	**Monitoring arrangements** The Pharmacy and Medicines Management Team Information Unit will monitor prescribing data on a quarterly basis, and report back to Medicines Management Commissioning Team.
9	**DHSSPS Legislative/Policy Caveats** 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.