

1	<p><b>Treatment &amp; Condition</b></p> <p>Dapagliflozin in triple therapy for treating type 2 diabetes (part review of TA288)</p>
2	<p><b>Associated appraisal body &amp; Summary of ruling</b></p> <p>NICE Technology Appraisal Guidance TA418 (November 2016)</p> <p>Dapagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.</p> <p>This guidance is not intended to affect the position of patients whose treatment with dapagliflozin in other triple therapy regimens was started before this guidance was published.</p>
3	<p><b>Number of people in Northern Ireland expected to take up service/therapy (including new cases per year)</b></p> <p>The number of people expected to take up this treatment is not expected to significantly increase with the implementation of this technology.</p>
4	<p><b>Patient Access Scheme availability</b></p> <p>There is no patient access scheme available for this treatment option.</p>
5	<p><b>Costs (before PAS if applicable)</b></p>
5.1	<p><b>Drug cost per patient per annum (for new and prevalent cases)</b></p> <p>The drug cost per patient per annum is £477.</p>
5.2	<p><b>Infrastructure costs per patient per annum</b></p> <p>There are no additional infrastructure costs associated with the implementation of this technology.</p>
5.3	<p><b>Current in year costs</b></p> <p>Dapagliflozin preparations cost £1.48 million from Jan 2016 to Dec 2016 (most recent 12 months BSO available data).</p> <ul style="list-style-type: none"> <li>• This includes preparations which are a combination with metformin. (The drug company do not currently charge extra for the additional metformin.)</li> <li>• This is total use of dapagliflozin in all types of drug combinations ( i.e. may include monotherapy, dual therapy, triple therapy etc)</li> </ul>

5.4	<p><b>Recurrent overall costs per annum</b> <i>(including additional costs)</i></p> <p>NICE do not expect this guidance to have an impact on resources as the technology is an option alongside current standard treatment options and the drugs are similarly priced.</p>
6	<p><b>Expected implementation period</b></p> <p>There are no anticipated barriers to implementation</p>
7	<p><b>Commissioning arrangements</b></p> <p>This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts, community providers and primary care.</p>
8	<p><b>Monitoring arrangements</b></p> <p>The Pharmacy and Medicines Management Team Information Unit will monitor prescribing data on a quarterly basis, and report back to Medicines Management Commissioning Team as required.</p>
9	<p><b>DHSSPS 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>