

HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE (HMMC)

DAPAGLIFLOZIN WITH INSULIN FOR TREATING TYPE 1 DIABETES NICE TECHNOLOGY APPRAISAL TA 597 – AUGUST 2019 <https://www.nice.org.uk/guidance/ta597>

**INTERIM RED- RECOMMENDED FOR RESTRICTED PRESCRIBING BY SPECIALIST ONLY.
NOT RECOMMENDED FOR PRIMARY CARE PRESCRIBING.**

Name: generic (trade)	What it is	Indication	Date decision last revised	Decision status	NICE / SMC Guidance
Dapagliflozin 5mg tablets (Forxiga®)	Sodium glucose co-transporter 2 (SGLT2) inhibitor	Type 1 diabetes mellitus as an adjunct to insulin in patients with BMI \geq 27 kg/m ² when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy.	October 2019	Interim	NICE TA 597 - Recommended

HMMC recommendation:

Dapagliflozin 5mg once daily with insulin is recommended for restricted use as an option in adults with type 1 diabetes with a body mass (BMI) of at least 27kg/m², when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy in line with the recommendations in TA 597.

INTERIM RED STATUS:

- **NOT RECOMMENDED FOR PRIMARY CARE PRESCRIBING.**
- **RECOMMENDED FOR RESTRICTED PRESCRIBING BY SPECIALISTS**

An interim red status has been assigned pending further liaison with specialists to enable implementation arrangements to be in place in relation to structured education programme and supporting information for primary care clinicians to help minimise the risk of diabetic ketoacidosis.

NICE TA 597 recommendations:

Dapagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m², when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if:

- they are on insulin doses of more than 0.5 units/kg of body weight/day and
- they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as:
 - how to recognise its risk factors, signs and symptoms
 - how and when to monitor blood ketone levels
 - what actions to take for elevated blood ketones, and
- treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes.

Assess haemoglobin A1c (HbA1c) levels after 6 months and regularly after this. Stop dapagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of at least 0.3%).