

East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Crawley CCG, Horsham & Mid-Sussex CCG

Briefing Paper for Prescribing Clinical Network on NICE Technology Appraisals: Local implementation

NICE TA Guidance	Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes (TA 583)		
Available at	https://www.nice.org.uk/guidance/TA583		
Date of issue	5 June 2019	Implementation deadline	90 days from publication

Medicine details	
Name, brand name	Ertugliflozin (Steglatro)
Manufacturer	Merck, Sharp & Dohme
Licensed indication	Type 2 diabetes in adults >18 years as monotherapy where metformin considered inappropriate or contraindicated, or in addition to other medicinal products for the treatment of diabetes TA
Formulation	5mg and 15mg tablets
Usual dosage	Initial dose 5mg daily, increased up to 15mg daily if needed for glycaemic control.
NICE recommended dosage/schedule	As SPC <i>SPC online (emc) accessed 30/08/2019</i> Steglatro is indicated in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control: <ul style="list-style-type: none"> • as monotherapy in patients for whom the use of metformin is considered inappropriate due to intolerance or contraindications. • in addition to other medicinal products for the treatment of diabetes.

Disease and potential patient group	
Brief description of disease	Type 2 diabetes
Potential patient numbers per 100,000	<ul style="list-style-type: none"> • 2019 prevalence estimate for CCGs covered by APC is 7.7% (based on PHE prevalence estimate for CCG registered populations) 97,924 residents over 16 with diabetes (type 1 and 2). • Nationally, 90% are estimated to have type 2 diabetes. This is a prevalence of 5965 per 100,000 population. <p>NICE does not expect a significant resource impact from this TA, because ertugliflozin is an alternative treatment to existing therapy at similar prices</p>

SUMMARY

NICE recommendation
<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"> • the disease is uncontrolled with metformin and a DPP-4 inhibitor, and • a sulfonylurea or pioglitazone is not appropriate. <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>

Cost implications* and alternative treatments		
Cost of product: £29.40 for 28 tablets (5mg or 15mg strengths)		
Comparative Monthly cost per patient SGLT-2s:		
Note: All SGLT-2s have flat pricing regardless of strength of tablet	Cost per 28 days	Patent expiry
Dapagliflozin	£36.59	Nov 2027
Canagliflozin	£36.59	Nov 2028
Empagliflozin	£36.59	Nov 2029
Ertugliflozin	£29.40	2030 or later
<p><i>*NICE funding requirements are based on Quality Adjusted Life Years (QALY) threshold. If there is evidence that the incremental cost rises above this threshold in the future, the PCN may reconsider the commissioning status.</i></p>		
Impact to patients		
Once daily oral medication similar to other SGLT-2s		
Impact to primary care prescribers		
Monitoring requirements similar to other SGLT-2s		
Impact to secondary care		
N/A		
Impact to CCGs		
<p>Cost of ertugliflozin is less than currently available SGLT-2s. Annual cost saving is £86.28 per patient.</p> <p>A recent systematic review and meta-analysis, and accompanying commentary in the Lancet suggests that SGLT-2's should be considered as preferred add on therapy to metformin in type 2 diabetes.</p> <p>Patent expiry:</p> <p>Ertugliflozin is ~20% less expensive than other SGLT-2s, however the short term savings by using ertugliflozin need to be weighed against the greater long term savings achieved when the first SGLT-2s come off patent and are available generically.</p>		
Implementation		
<p>Ertugliflozin already has a Green traffic light status, following implementation of NICE TA572. NICE notes that the least expensive SGLT-2 should be chosen when all SGLT-2s may be appropriate.</p> <p>Current APC Type 2 guidelines recommend empagliflozin as the preferred SGLT-2, with canagliflozin and dapagliflozin as other options.</p> <p>NICE published an evidence review for SGLT-2s and GLP-1 mimetics in March 2018, which identified the need to review the current recommendations in NG28 once outcome trials for dapagliflozin was published. In the commentary of the review it was noted that the benefits on cardiovascular and all-cause mortality cannot be assumed for all SGLT-2 inhibitors as a class until more evidence is available. Differences in reported harms were also noted outcomes</p> <p>The SmPC for ertugliflozin indicates that it is very similar to other SGLT-2s in terms of use in patients with renal impairment, use in the elderly, cautions, risk of genital infections and diabetic ketoacidosis. In an ongoing clinical study an approximately 1.2 – 1.6 fold increase in cases of lower limb amputations (primarily of the toe) has been observed in patients treated with ertugliflozin.</p>		

Currently there are no published trials looking at macrovascular outcome benefits for ertugliflozin, however a macrovascular outcome trial (VERTIS CV) is due to complete at the end of 2019, with likely publication in mid-2020.

An interim update of the APC diabetes guideline is planned to take account of updated published evidence for SGLT-2's, and GLP-1s. NICE is currently undertaking a surveillance review of the evidence for NG28 Type 2 diabetes in adults:

Recommendation to PCN

PbRe: No



Colour classification
guidelines

Recommended traffic light status (see attached guidelines):

Green

Additional comments:

Further consideration of place of ertugliflozin in local diabetes pathways will require consideration as part of APC type 2 diabetes guidance update.

References:

1. Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes. TA583 NICE. <https://www.nice.org.uk/guidance/TA583>
2. Steglatro 5mg, 15 mg Summary of Product Characteristics. eMC. 2 April 2019. <https://www.medicines.org.uk/emc/product/10099/smpc>
3. NG28 Type 2 diabetes in adults: management. Evidence reviews for sGLT-2s and GLP-1 mimetics. March 2018. <https://www.nice.org.uk/guidance/ng28/evidence>
4. Ertugliflozin New Medicines database. Specialist Pharmacy Services <https://www.sps.nhs.uk/medicines/ertugliflozin/>

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Declaration of Interest:

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