

Putting NICE guidance into practice

**Costing statement:  
Implementing the NICE guidance on  
empagliflozin in combination therapy  
for treating type 2 diabetes (TA336)**

Published: March 2015

# 1 Introduction

1.1 NICE technology appraisal guidance on [empagliflozin in combination therapy for treating type 2 diabetes](#) is unlikely to result in a significant change in resource use in the NHS. Empagliflozin provides an additional treatment option for people with type 2 diabetes alongside other treatment options which have similar costs and outcomes.

1.2 The guidance states that:

- Empagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if:
  - a sulfonylurea is contraindicated or not tolerated, or
  - the person is at significant risk of hypoglycaemia or its consequences.
- Empagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in combination with:
  - metformin and a sulfonylurea or
  - metformin and a thiazolidinedione.
- Empagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.
- People currently receiving treatment initiated within the NHS with empagliflozin that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop.

1.3 This technology is commissioned by clinical commissioning groups. The main providers of treatment for type 2 diabetes are NHS hospital trusts and GP practices.

## 2 Patient numbers affected

2.1 The number of people with type 2 diabetes potentially eligible for treatment with empagliflozin is shown in table 1.

**Table 1: People with type 2 diabetes potentially eligible for treatment with empagliflozin, per 100,000 population**

Group	Proportion of next largest group (%)	Number of people	Notes
Total population	–	100,000	–
People aged 18 years or older	78.6	78,600	<sup>a</sup>
People with diabetes	6.0	4,716	<sup>b</sup>
People with type 2 diabetes	90.0	4,244	<sup>c</sup>
Having pharmacological treatment	90.0	3,820	<sup>d</sup>
Potentially eligible for empagliflozin	51.0	1,948	<sup>c</sup>

<sup>a</sup> Based on clinical commissioning group population estimates for England, mid-year 2011, Office for National Statistics.  
<sup>b</sup> Diabetes prevalence estimate for England from Diabetes UK, 2013.  
<sup>c</sup> Taken from NICE technology appraisal guidance on [canagliflozin in combination therapy for treating type 2 diabetes](#). The eligible population is the proportion of people estimated to be on dual, triple or add-on to insulin therapy.  
<sup>d</sup> Taken from NICE technology appraisal guidance on [dapagliflozin in combination therapy for treating type 2 diabetes](#) (NICE technology appraisal TA288).

2.2 It is estimated that approximately 1950 people per 100,000 will be potentially eligible for treatment with empagliflozin. Because there are several comparator drugs available, the number of patients who go on to actually have empagliflozin will be a subset of this group.

## 3 Resource impact

3.1 Empagliflozin offers an additional treatment option for people with type 2 diabetes. It can be used in either dual therapy (with metformin) or triple therapy (with metformin and either a sulfonylurea or a thiazolidinedione).

3.2 The annual cost of treatment with empagliflozin is around £480 per person. There are a number of similarly priced treatment options currently available for this indication (see table 2).

Costing statement: Empagliflozin in combination therapy for treating type 2 diabetes (March 2015)

**Table 2: Estimated average annual treatment cost per patient**

Treatment	Regimen	Annual drug cost (£)	Notes
Empagliflozin	10 mg or 25 mg	477.30	
Canagliflozin	100 mg	477.26	<sup>a</sup>
Dapagliflozin	10 mg	477.30	<sup>b</sup>
Sitagliptin	100 mg	433.86	<sup>c</sup>

Note: dosages were taken from the British national formulary and costs from the NHS electronic drug tariff (January 2015).

<sup>a</sup> Taken from NICE technology appraisal guidance on [canagliflozin in combination therapy for treating type 2 diabetes](#). This is the proportion of people estimated to be on dual, triple or add-on to insulin therapy.

<sup>b</sup> Taken from the NICE technology appraisal guidance on [dapagliflozin in combination therapy for treating type 2 diabetes](#).

<sup>c</sup> Sitagliptin is used here as the most common of the DPP-IV class of drugs. Alternative treatments are available. See the NICE guidance on [type 2 diabetes: the management of type 2 diabetes](#).

3.3 Empagliflozin and the most common comparator drugs are all self-administered, so no resource impact is anticipated for administration costs if people switch treatments.

3.4 The adverse event profiles of these treatments are broadly similar, so no resource impact is expected if people switch treatments.

## 4 Conclusion

4.1 The guidance is not expected to have a significant impact on NHS resources. Empagliflozin provides an additional treatment option for people with type 2 diabetes alongside other treatment options which have similar costs and outcomes.