



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Empagliflozin (Jardiance®)		
Indication under review	Treatment of type 2 diabetes mellitus		
Policy No:	APC 094		
Date of Issue:	January 2015		
Review Date:	January 2018		
Policy Statement:			
Empagliflozin (Jardiance®) is indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.			
Traffic Light Status	Green		
Key Points considered:			
<ul style="list-style-type: none"> • In the 2 RCTs of combination therapy, use of empagliflozin (10 mg or 25 mg daily) as add-on therapy led to additional reductions in HbA_{1c} levels of about 6 mmol/mol (0.5-0.6 percentage points) compared with placebo. • Empagliflozin was also associated with statistically significantly greater weight loss and reductions in waist circumference (secondary outcomes) compared with placebo add-on therapy. Placebo-subtracted values for bodyweight reductions in the range of 1.76-1.99 kg (p< 0.001) and waist circumference decreases of 0.92-1.67 cm (p ≤ 0.05) were reported in both trials. • Dapagliflozin and canagliflozin are already in use in primary care. Empagliflozin represents another choice of SGLT2 and in addition is flat priced for both doses. 			
	empagliflozin	Dapagliflozin	Canagliflozin
Monotherapy	✓	✓	✓
Dual therapy	✓	✓	✓
Triple therapy	✓	✓	✓
Administration: orally once daily	✓	✓	✓
Max decrease in HbA _{1c} (monotherapy)	-0.66 to -0.78	-0.89	-0.77 to -1.03
Decrease in body wt. (monotherapy)	-2.2 to -2.48kg	-3.16kg	-2.8 to -3.9kg
Cost per annum	£476	£476	£476 to £608.21
References:			
http://www.nice.org.uk/advice/esnm35/resources/non-guidance-type-2-diabetes-empagliflozin-pdf			
Date taken to APC:		8 th January 2015	
Date Ratified by MMC on Behalf of the Board:		21 st January 2015	

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only