

For UK medical media only

Scottish Medicines Consortium issues positive advice for Forxiga[®] ▼ (dapagliflozin) use as part of a triple therapy regimen for type 2 diabetes

- **First-in-class dapagliflozin has been prescribed to over 15,000 patients in the United Kingdom since launch in 2013¹**
- **The estimated 221,500 adults diagnosed with type 2 diabetes in Scotland, will now also be able to access dapagliflozin through NHS Scotland as part of a triple therapy regimen with metformin and sulphonylurea^{2,3}**

Luton, Bedfordshire, UK, 7 July, 2014 – The Scottish Medicines Consortium (SMC) has today issued guidance stating that Forxiga[®] (dapagliflozin), AstraZeneca’s first-in-class sodium-glucose co-transporter 2 (SGLT2) inhibitor for type 2 diabetes, is now accepted for restricted use within NHS Scotland as part of a triple therapy in combination with metformin and sulphonylurea, as an alternative to dipeptidyl peptidase-4 (DPP-4) inhibitors.³ Triple therapy can be prescribed to improve glycaemic control with metformin and sulphonylurea, when these, together with diet and exercise, do not provide adequate blood glucose control.³

Today’s announcement is a significant development for appropriate patients in Scotland on metformin and sulphonylurea as they can now also be prescribed dapagliflozin to improve glycaemic control.³ In addition, unlike other classes of oral diabetes medicines, including DPP-4 inhibitors, SGLT2 inhibitors like dapagliflozin also offer an additional benefit of weight loss⁴ This is particularly important as 80-85% of people with type 2 diabetes are overweight, increasing their risk of developing cardiovascular complications.⁵

Dr Kevin Fernando, GP Partner at North Berwick Health Centre, commented. “For many patients whose blood sugar is no longer adequately controlled with metformin and sulphonylurea, adding another oral therapy such as dapagliflozin or a DPP-4 is preferable to starting injectable treatment. In my clinical experience, I have found that dapagliflozin offers a good alternative to DPP-4s, as it can help patients reach their blood glucose targets while also providing a significant secondary weight loss benefit. Today’s announcement by the SMC means that more patients will have access to this treatment option through NHS Scotland.”

There are an estimated 221,500 people with diagnosed type 2 diabetes in Scotland and possibly a further 43,000 undiagnosed.² In Scotland alone it is anticipated that approximately 16,800 new cases of type 2 diabetes are diagnosed each year.^{2,*}

Dapagliflozin is administered as one 10mg tablet once daily and can be taken at any time of day, with or without food and no requirement for titration,^{4,#} providing a simple treatment regimen, which in turn is likely to support good adherence.⁶

“Over 66,000 prescriptions have been written for dapagliflozin since it was launched in the UK last year and this latest decision by the SMC means that more patients will be able to access it through NHS Scotland,” said Lisa Anson, President, AstraZeneca UK and Ireland. “Dapagliflozin is the only SGLT2 inhibitor that has this level of real-world patient experience in the UK, as well as clinical data showing significant reductions in blood sugar, weight and rates of hypoglycaemia over four years.”

* Calculations based on 88.6% of diabetes population in Scotland having type 2 diabetes.²

No dosage adjustment is necessary for patients with mild or moderate hepatic impairment. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.⁴

-ENDS-

For further information, please contact:

Elisa Agate, AstraZeneca, 01582 836307 / 07780 493687, elisa.agate@astrazeneca.com

Jessica Pacey, Packer Forbes Communications, 020 7036 8550, jessica@packerforbes.com

Lucia Giffard, Packer Forbes Communications, 020 7036 8550, lucia@packerforbes.com

Notes for editors

About Forxiga[®] (dapagliflozin)

The full therapeutic indication for dapagliflozin is provided below.⁴

Dapagliflozin is indicated in adults aged 18 years and older with type 2 diabetes mellitus to improve blood glucose control as:

- Add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate blood glucose control.
- As monotherapy, when diet and exercise alone do not provide adequate blood glucose control in patients for who use of metformin is considered inappropriate due to intolerance.

Dapagliflozin is not recommended for elderly patients (over 75) and in those with moderate to severe renal impairment. Dapagliflozin is not recommended for use with pioglitazone.⁴

Dapagliflozin is the only SGLT2 inhibitor licensed for use as add-on combination therapy with metformin and a DPP-4 inhibitor therapy.⁴

Dapagliflozin is generally well-tolerated. Most common side effects include hypoglycaemia, when used with sulphonylurea or insulin; urinary tract or genital infection and polyuria.⁴

For further information about dapagliflozin, including adverse reactions, precautions, contra-indications, and method of use, see the Summary of Product Characteristics (SmPC) available from: <http://www.medicines.org.uk/emc/medicine/27188/SPC>

SMC guidance on dapagliflozin³

Dapagliflozin is accepted for restricted use within NHS Scotland.

Indication under review: In adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as add-on combination therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.

SMC restriction: in triple therapy in combination with metformin and sulphonylurea, as an alternative to a dipeptidyl peptidase-4 (DPP-4) inhibitor.

SMC has previously accepted dapagliflozin for use:

- as dual therapy in combination with metformin, when metformin alone with diet and exercise does not provide adequate glycaemic control and a sulphonylurea is inappropriate.
- in combination with insulin, when insulin with diet and exercise, does not provide adequate glycaemic control.

About SGLT2 inhibition

Until now, the development of treatments for type 2 diabetes has focused primarily on mechanisms that rely on the body's own insulin, a hormone that helps to keep blood glucose at normal levels.

However, as the body gradually becomes resistant to insulin, or insulin levels decline, many 'insulin-dependent' therapies are unable to maintain consistent blood glucose levels over time.⁷

Dapagliflozin's mode of action works independently of insulin action, via the kidney.

The kidney plays an important role in glucose balance, normally filtering and reabsorbing approximately 180g of glucose each day, with virtually all glucose being reabsorbed back into circulation. SGLT2 is a major sodium-glucose co-transporter in the kidney responsible for the re-absorption of glucose back into the blood. Selective inhibition of SGLT2 facilitates the excretion of glucose and its associated calories in the urine, thereby lowering blood glucose levels in an insulin-independent manner.^{4,7}

About diabetes

- An estimated 2.88 million people in the UK are living with type 2 diabetes and a further 765,000 people are thought to have undiagnosed type 2 diabetes.^{5,8*}
- Obesity is a major risk factor for type 2 diabetes, with 80-85% of people with type 2 diabetes being overweight or obese.⁵ (See type 2 diabetes factsheet for further information)

*Calculations based on 90% of diabetes population in UK having type 2 diabetes.⁵

Financial impact of diabetes in Scotland

- NHS Scotland spends more than £1 billion in treating type 1 and type 2 diabetes patients; accounting for around 10% of NHS costs in Scotland.²
- 80% of diabetes spending in NHS Scotland is spent on complications associated with type 1 and type 2 diabetes and approximately 7% is spent on medication.²

About AstraZeneca

AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection and neuroscience diseases. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information please visit www.astrazeneca.com.

References

1. CSD Patient Data, Cegedim Strategic Data UK Ltd, [MAT May 2014] Report AZ_A10B23_023
2. Diabetes UK: State of the Nation 2013, Scotland. Available at: http://www.diabetes.org.uk/In_Your_Area/Scotland/Diabetes_in_your_area_Scotland/. Last accessed June 2014.
3. Scottish Medicine Consortium. https://www.scottishmedicines.org.uk/SMC_Advice/Advice/799_12_dapagliflozin_Forxiga/dapagliflozin_Forxiga_2nd_Resub. Last accessed July 2014.

4. FORXIGA Summary of Product Characteristics. Available at: <http://www.medicines.org.uk/emc/medicine/27188/SPC>. Last accessed June 2014.
5. Diabetes UK: Diabetes in the UK 2012. Available at: <http://www.diabetes.org.uk/Documents/Reports/Diabetes-in-the-UK-2012.pdf>. Last accessed June 2014.
6. Nau D. Recommendations for improving adherence to type 2 diabetes mellitus therapy--focus on optimizing oral and non-insulin therapies. *Am J Manag Care*. 2012 Apr;18(3 Suppl):S49-54.
7. Komoroski B, Vachharajani N, Boulton D et al. Dapagliflozin, a Novel SGLT2 Inhibitor, Induces Dose-Dependent Glucosuria in Healthy Subjects. *Clin Pharmacol Ther*. 2009;85(5):520-526.
8. Diabetes UK. News. Available at: https://www.diabetes.org.uk/About_us/News/Number-of-people-diagnosed-with-diabetes-reaches-32-million/ Last accessed June 2014.