Dapagliflozin (as Dapagliflozin propanediol monohydrate) 10 mg Forxiga 10mg tablets | 28 tablet PoM £36.59 DT = £36.59

Combinations available: ***Saxagliptin with dapagliflozin,*** p. 733

Dapagliflozin with metformin

29-Nov-2019

The properties listed below are those particular to the combination only. For the properties of the components please consider, dapagliflozin p. 742, metformin hydrochloride p. 730.

INDICATIONS AND DOSE

Type 2 diabetes mellitus [not controlled by metformin alone, or by metformin in combination with other antidiabetic drugs (including insulin)]

- BY MOUTH
- Adult: 1 tablet twice daily, based on patient's current metformin dose

INTERACTIONS → Appendix 1: dapagliflozin · metformin

HEPATIC IMPAIRMENT Manufacturer advises avoid (increased risk of lactic acidosis).

NATIONAL FUNDING/ACCESS DECISIONS

Scottish Medicines Consortium (SMC) decisions

SMC No. 983/14

The *Scottish Medicines Consortium* has advised (August 2014) that dapagliflozin plus metformin (*Xigduo*®) is accepted for restricted use within NHS Scotland in patients for whom a combination of dapagliflozin and metformin is an appropriate choice of therapy i.e when metformin alone does not provide adequate glycaemic control and a sulfonylurea is inappropriate, **or** in combination with insulin, when insulin and metformin does not provide adequate control, **or** in combination with a sulphonylurea, when a sulfonylurea and metformin does not provide adequate control.

MEDICINAL FORMS There can be variation in the licensing of different medicines containing the same drug.

Tablet

CAUTIONARY AND ADVISORY LABELS 21

- **Xigduo** (AstraZeneca UK Ltd)

  Dapagliflozin (as Dapagliflozin propanediol monohydrate) 5 mg, Metformin hydrochloride 850 mg Xigduo 5mg/850mg tablets | 56 tablet PoM £36.59 DT = £36.59

  Dapagliflozin (as Dapagliflozin propanediol monohydrate) 5 mg, Metformin hydrochloride 1 gram Xigduo 5mg/1000mg tablets | 56 tablet PoM £36.59 DT = £36.59

Empagliflozin

17-Apr-2020

DRUG ACTION Reversibly inhibits sodium-glucose co-transporter 2 (SGLT2) in the renal proximal convoluted tubule to reduce glucose reabsorption and increase urinary glucose excretion.

INDICATIONS AND DOSE

Type 2 diabetes mellitus as monotherapy (if metformin inappropriate) | Type 2 diabetes mellitus in combination with insulin or other antidiabetic drugs (if existing treatment fails to achieve adequate glycaemic control)

- BY MOUTH
- Adult 18–84 years: 10 mg once daily, increased to 25 mg once daily if necessary and if tolerated
- Adult 85 years and over: Initiation not recommended

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- Dose of concomitant insulin or drugs that stimulate insulin secretion may need to be reduced.

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE (UPDATED APRIL 2016): RISK OF DIABETIC KETOACIDOSIS WITH SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS (CANAGLIFLOZIN, DAPAGLIFLOZIN OR EMPAGLIFLOZIN)

A review by the European Medicines Agency has concluded that serious, life-threatening, and fatal cases of diabetic ketoacidosis (DKA) have been reported rarely in patients taking an SGLT2 inhibitor. In several cases, the presentation of DKA was atypical with patients having only moderately elevated blood glucose levels, and some of them occurred during off-label use.

To minimise the risk of such effects when treating patients with a SGLT2 inhibitor, the European Medicines Agency has issued the following advice:

- inform patients of the signs and symptoms of DKA, (including rapid weight loss, nausea or vomiting, abdominal pain, fast and deep breathing, sleepiness, a sweet smell to the breath, a sweet or metallic taste in the mouth, or a different odour to urine or sweat), and advise them to seek immediate medical advice if they develop any of these
- test for raised ketones in patients with signs and symptoms of DKA, even if plasma glucose levels are near-normal
- use empagliflozin with caution in patients with risk factors for DKA, (including a low beta cell reserve, conditions leading to restricted food intake or severe dehydration, sudden reduction in insulin, increased insulin requirements due to acute illness, surgery or alcohol abuse), and discuss these risk factors with patients
- discontinue treatment if DKA is suspected or diagnosed
- do not restart treatment with any SGLT2 inhibitor in patients who experienced DKA during use, unless another cause for DKA was identified and resolved
- interrupt SGLT2 inhibitor treatment in patients who are hospitalised for major surgery or acute serious illnesses; treatment may be restarted once the patient's condition has stabilised

MHRA/CHM ADVICE: SGLT2 INHIBITORS: MONITOR KETONES IN BLOOD DURING TREATMENT INTERRUPTION FOR SURGICAL PROCEDURES OR ACUTE SERIOUS MEDICAL ILLNESS (MARCH 2020)

New recommendations have been issued following a European review of peri-operative diabetic ketoacidosis in patients taking SGLT2 inhibitors. Healthcare professionals are advised to monitor ketone levels during SGLT2 inhibitor treatment interruption in patients who have been hospitalised for major surgery or acute serious illness—measurement of blood ketone levels is preferred to urine. Treatment may be restarted once ketone levels are normal and the patient's condition has stabilised.

MHRA/CHM ADVICE: SGLT2 INHIBITORS: REPORTS OF FOURNIER'S GANGRENE (NECROTISING FASCIITIS OF THE GENITALIA OR PERINEUM) (FEBRUARY 2019)

Fournier's gangrene, a rare but serious and potentially life-threatening infection, has been associated with the use of sodium-glucose co-transporter 2 (SGLT2) inhibitors. If Fournier's gangrene is suspected, stop the SGLT2 inhibitor and urgently start treatment (including antibiotics and surgical debridement).

Patients should be advised to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area,