Healthcare Improvement Scotland

NICE Health Technology Appraisal On ACD for Canagliflozin, dapagliflozin and empagliflozin as monotherapies for Type 2 Diabetes	
TO: NICE	FROM: Healthcare Improvement Scotland 27 January 2016

1. Do you consider that all the relevant evidence has been taken into account? If not, what evidence do you consider has been omitted and what are the implications of this omission on the results?

Yes

2. Do you consider that the analysis of clinical and cost effectiveness has used an appropriate comparator which reflects Scottish practice? If not, please explain.

Yes

3. Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence. If not, in which areas do you consider that the summaries are not reasonable interpretations?

Yes

4. Are the provisional recommendations of the Appraisal Committee sound, and do they constitute a suitable basis for the preparation of guidance to the NHS. Yes

5. Would the provisional recommendations change the patient pathways and/or patient numbers in NHSScotland? No

6. Do you think there is any reason why this provisional guidance would not be as valid in Scotland as it is in England and Wales? No

7. Please add any other information which you think would be useful to the Appraisal Committee, or helpful to us in guiding the Scottish response to this assessment. The confusion about the two doses of cana and empa remain – particularly with empa. When should one increase the dosage and why? The role of SUs has been reviewed – although not expensive medications as such – their downstream costs are enormous.