

Transfer of Care Guideline for Dapagliflozin in Type 1 Diabetes Mellitus

Dapagliflozin

Executive Summary/ Critical Information.

For further information on the properties of dapagliflozin, please refer to the current Summary of Product Characteristics (www.medicines.org.uk) and BNF monograph

Indication	Route & Dose	Key aims of treatment in the long term	Actions and Monitoring undertaken by specialist before requesting transfer of care (to be communicated to the GP upon handover of pt)	Ongoing monitoring by GP	Duration of treatment	Stopping criteria	Follow up (weeks/months)
<p><i>Dapagliflozin will only be initiated following discussion and agreement by the Type 1 diabetes mellitus MDT.</i></p> <p>As per NICE TA 597 recommendations.</p> <p>To be used as an adjunct to insulin in Type 1 patients with a BMI greater</p>	<p>Dapagliflozin (oral) 5mg once a day</p>	<p>Improve glycaemic control for people already on optimised insulin therapy</p>	<p>Patient to have completed an education programme that includes an understanding of diabetic ketoacidosis; how to check blood ketone levels; how to interpret the result; and what action to take (including how to recognise risk factors, signs and</p>	<p>Regular monitoring of renal function, at least quarterly if GFR<60mls/min or annually if GFR>60mls/min.</p> <p>To discontinue treatment if</p>	<p>Lifelong if there is sustained improvement in glycaemic control.</p> <p>To be monitored at least quarterly dependant on renal function</p>	<p>If there is no sustained improvement in glycaemic control over a six month period (ie a fall in HbA1c level of about 0.3% or 3mmol.mol)</p>	<p>Specialist team input – The patient will receive the following input from the Diabetes team(in addition to regular monitoring by GP):</p> <ul style="list-style-type: none"> - A member of the specialist Diabetes team will contact the patient via telephone/email frequently for the first 4 – 6 weeks. - A face to face (depending on status of pandemic) review with a Diabetes Specialist Nurse (DSN) every 3 months. - A six-monthly Consultant review. - Monitoring of clinic attendance

<p>than or equal to 27kg/m², when insulin alone fails to achieve adequate glycaemic control (dose of at least 0.5 units/kg of body weight/day)</p>			<p>symptoms, how and when to monitor blood ketone levels and how to respond to elevated blood ketones).</p> <p>The patient is provided with a letter to take to A&E if emergency care is required (see Appendix 1).</p> <p>Education programme – completed as part of the patient consultant initiation appointment and the patient will also receive a copy of the dapagliflozin patient information booklet (appendix 3)</p> <p>Monitoring of renal function prior to initiation.</p>	<p>GFR<45mls/min</p> <p>6 monthly monitoring of HbA1c (based on NICE)</p> <p><i>Patients will be provided a guide on how and when to self-test their ketones (see Appendix 2).</i></p> <p><i>Abnormal results to be reported to the GP.</i></p>			<p>and an ongoing assessment of patient engagement with treatment</p> <ul style="list-style-type: none"> - Access to the team via email and telephone during working hours <p>The diabetes consultant and Type 1 Diabetes MDT will retain oversight and be responsible for the overall management of these patients.</p> <p>GP :</p> <ul style="list-style-type: none"> - 6 monthly review of HbA1c - At least quarterly review of renal function dependant on baseline level - Review of ketone results which have been self reported by the patient - Regular supply of prescriptions for ketone strips and medication <p>Contact the Diabetic Team</p> <p>NUH 0207 476 4000 bleep 4150/4238</p> <p>RLH 0203 594 6058 or 0207 377 2000</p> <p>WXH 0208 535 6701 bleep 424 Bartshealth.wxmetabolic@nhs.net</p> <p>SBH</p>
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Key Safety Notice (for instance: notification if prescribing must be brand specific or BNF cautionary and advisory warnings).

MHRA/CHM advice: Risk of diabetic ketoacidosis with sodium-glucose co-transporter 2 (SGLT2) inhibitors (canagliflozin, dapagliflozin or empagliflozin)

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-updated-advice-on-the-risk-of-diabetic-ketoacidosis>

SGLT2 inhibitors: reports of Fournier’s gangrene (necrotising fasciitis of the genitalia or perineum)

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-reports-of-fournier-s-gangrene-necrotising-fasciitis-of-the-genitalia-or-perineum>

SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes)

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-updated-advice-on-increased-risk-of-lower-limb-amputation-mainly-toes>

Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses. Treatment with dapagliflozin may be restarted when the ketone values are normal and the patient's condition has stabilised.

Document Management

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