SGLT2 inhibitors: relaxing List 2 conditions

Summary of recommendations by *Zorginstituut Nederland* (National Health Care Institute, the Netherlands) dated 31 July 2018

Zorginstituut Nederland has carried out an assessment of whether the existing List 2 conditions for SGLT2 inhibitors could be relaxed, and came to the following conclusion.

In a letter dated 18 August 2017 (CIBG-17-04956), the Minister of Health, Welfare and Sport (VWS) asked *Zorginstituut Nederland* to carry out a substantive assessment of whether the existing list 2 conditions for SGLT2 inhibitors could be relaxed. This is a group assessment. The *Zorginstituut* has now completed its assessment, after being advised by the Scientific Advisory Board (WAR).

In the past, the *Zorginstituut* assessed a group of medicines once before in relation to relaxing List 2 conditions. That was for GLP1 agonists. This second assessment is for SGLT2 inhibitors. Having consulted health insurers, companies involved and representatives of specialists and GPs, the companies have jointly submitted a dossier that bundles the available knowledge on the use of SGLT2 inhibitors. The present question was whether patients who do not achieve their HbA1c target values despite a therapy including an optimally titrated basal-bolus insulin regimen would benefit from the addition of SGLT2 inhibitors.

Zorginstituut Nederland has concluded that for the treatment of diabetes mellitus type 2, there is no added therapeutic value of the addition of SGLT2 inhibitors to an optimally titrated basal-bolus insulin regimen in comparison to the addition of placebo, if insufficient regulation is achieved by means of an optimally adjusted basal-bolus insulin regimen.

This conclusion was drawn due to:
1. the slight – possibly clinically irrelevant – reduction in HbA1c,
2. clinically non-relevant effects on body weight and insulin usage,
3. a clinically relevant improvement on cardiovascular endpoints has not been explicitly demonstrated. The effect on cardiovascular endpoints cannot be extrapolated to the total population of patients with type 2 diabetes mellitus who are not regulated after optimisation with a basal-bolus insulin regimen, and it is impossible to issue a statement at class level due to the lack of data on dapagliflozin.

As a result, it is clear that the addition of SGLT2 inhibitors to an optimally adjusted treatment with basal-bolus insulin does not have a proven better effect in comparison with treatment with an optimally adjusted basal-bolus regimen alone. The *Zorginstituut*'s report 'Established medical science and medical practice' states the following: "In the event that a new intervention is comprised of the standard care or usual treatment and an addition, then for the care to be deemed 'established medical science and medical practice', the new intervention must have an effectiveness and added value in comparison with the standard care or usual treatment".

In the case of the use of SGLT2 inhibitors studied, this requirement has not been fulfilled.

As a result, the *Zorginstituut* advises the Minister not to alter the existing List 2 conditions.

For further information, please contact: JBoer@zinl.nl; warcg@zinl.nl

The original text of this excerpt from advice of Zorginstituut Nederland was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of Zorginstituut Nederland's advice.
Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.