

Insulin Degludec TAG summary recommendations July 2013

The enclosed policies represent DRAFT recommendations to CCGs. It is proposed that individual CCGs consider the summaries and policies enclosed within their relevant decision making groups and respond to the CCG with a decision regarding adoption/amendment of the policy – please use the attached form. Further advice on the contents of the draft policies can be sought from the contacts list at the end of the document.

Insulin Degludec for the management of diabetes mellitus in adults.

Recommendation: Awaiting views from acute trusts but minded not to recommend for the management of both type 1 and 2 diabetes. The overall benefits do not outweigh the extra costs compared to other long acting insulins.

Key points which were discussed include:

- 1) Evidence shows that insulin degludec is non inferior to insulin glargine in terms of glycaemic control in terms of both type 1 and 2 diabetes.
- 2) Primary endpoint of the studies was the surrogate outcome of change in HbA1c levels. There is no data at present on patient-oriented long term complications associated with diabetes.
- 3) NPH insulin is the preferred basal insulin recommended by NICE. At present there are no published studies comparing insulin degludec with NPH insulin.
- 4) In type 1 diabetes studies, the secondary endpoint of nocturnal hypoglycaemia was statistically significantly reduced with insulin degludec compared with insulin glargine. There was a reduction of about 1.5 episodes of nocturnal hypoglycaemia per patient per year of treatment, and no statistically significant reduction in overall, daytime or severe hypoglycaemia.
- 5) In type 2 diabetes studies the secondary end points of overall, nocturnal and daytime hypoglycaemia were statistically significantly reduced with insulin degludec compared with insulin glargine. There were reductions of about 2.5 episodes of overall hypoglycaemia, 0.5 episodes of nocturnal hypoglycaemia, and 2.1 episodes of daytime hypoglycaemia per patient per year of treatment.
- 6) SMC have not recommended insulin degludec.
- 7) There are concerns over possible risk of medication errors due to this insulin being available in two different strengths: 100units/ml and 200units/ml.
- 8) It has been shown that the timing of administration is not as critical compared to other insulins, so this may be beneficial in patients who rely on a third party for administration such as carer or district nurse.
- 9) Insulin degludec is significantly more expensive compared to other insulins.