NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group NHS

Updated June 2014

Insulin Degludec (Tresiba®▼) for the Treatment of Diabetes Mellitus (Type 1 and Type 2) where insulin is required.

The New Therapies Subgroup discussed the above drug at its meeting on the 24th July 2012. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of Insulin degludec for the treatment of diabetes (type 1 and 2) where insulin is required.

The group does not recommend the use of insulin degludec over other more established insulins for the above indications.

The group noted that clinical trials showed that insulin degludec was non inferior to insulin Glargine with regards reducing HbA1c levels in both type 1 and type 2 diabetes. However there do not appear to be any published trials comparing insulin degludec with other insulins, which would assist in assessing the place in therapy of insulin degludec. In addition further data are required on the risk of hypoglycaemia in certain situations with insulin degludec. (e.g. increased risk of acute hypoglycaemia if the patient becomes unwell or reduces oral intake)

The group reminds prescribers that NICE CG87 and NICE CG15 outline criteria for use of longer acting insulins and recommends neutral protamine hagedorn (NPH) insulin as the preferred treatment option for type 2 patients who require insulin.

Insulin degludec may be of use in a small subgroup of patients who fail to maintain glycaemic control overnight and in whom nocturnal hypoglycaemia is an issue despite optimisation of medication regimen or those with an unpredictable lifestyle e.g. shift workers.

If insulin degludec is initiated for the small subgroup of patients referred to above then a documented objective review should take place prior to continuing use.

According to set criteria Insulin degludec was deemed to be a low priority for funding.

Review date: July 2018

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.