

## Berkshire West Area Prescribing Committee Policy Statement

<b>Drug Name</b>	Insulin degludec (Tresiba®)
<b>Indication under review</b>	Treatment of Diabetes Mellitus
<b>Policy No:</b>	APC 003
<b>Date of Issue/Date of re-issue:</b>	May 2013, May 2015, May 2017
<b>Review Date:</b>	May 2020
<b>Policy Statement:</b> Insulin degludec (Tresiba®) is not recommended for routine use within Berkshire West for the treatment of diabetes mellitus in adults unless a specific request has been made by a consultant endocrinologist or a Diabetes Specialist Nurse under the directions of a consultant endocrinologist.	
<b>Traffic Light Status</b>	<b>Brown</b>
<b>Key Points considered:</b>	
<ul style="list-style-type: none"> <li>• There is no evidence that insulin degludec improves long-term survival in either type 1 or type 2 diabetes compared to other basal insulin regimens.</li> <li>• The rate of nocturnal hypoglycaemia was found to be lower with degludec and as such may benefit a very small cohort of patients with intractable nocturnal hypoglycaemia despite measures to improve this such as splitting doses between morning and night.</li> <li>• Degludec is significantly more expensive than human insulin and other insulin analogues.</li> <li>• This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their practice budget.</li> </ul>	
<b>References:</b> See appendix 1 below	
<b>Date taken to APC:</b>	1 <sup>st</sup> May 2013
<b>Date Ratified by MMC on Behalf of the Board:</b>	10 <sup>th</sup> July 2013
<b>Expired policy reviewed by APC</b>	6 <sup>th</sup> May 2015, reviewed by APC in May 2017
<b>Date ratified by GP MOC</b>	17 <sup>th</sup> June 2015, reviewed in June 2017

### Appendix 1: References

1. Heller S, Buse J, Fisher M, Garg S, Marre M, Merker L, et al. Insulin degludec, an ultra-longacting basal insulin, versus insulin glargine in basal-bolus treatment with mealtime insulin aspart in type 1 diabetes (BEGIN Basal-Bolus Type 1): a phase 3, randomised, open-label, treat-to-target non-inferiority trial. *Lancet*. 2012 Apr 21;379(9825):1489-97.
2. Garber AJ, King AB, Del Prato S, Sreenan S, Balci MK, Munoz-Torres M, et al. Insulin degludec, an ultra-long acting basal insulin, versus insulin glargine in basal-bolus treatment with mealtime insulin aspart in type 2 diabetes (BEGIN Basal-Bolus Type 2): a phase 3, randomised, open-label, treat-to-target non-inferiority trial. *Lancet*. 2012 Apr 21;379(9825):1498-507.
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5. Diabetes UK. Diabetes in the UK 2012, Key statistics on diabetes, <http://www.diabetes.org.uk/Documents/Reports/Diabetes-in-the-UK-2012.pdf> 2012.
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10. Brod M, Christensen T, Thomsen TL, Bushnell DM. The impact of non-severe hypoglycemic events on work productivity and diabetes management. *Value Health*. 2011;14(5):665-71.
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12. Frier BM. How hypoglycaemia can affect the life of a person with diabetes. *Diabetes Metab Res Rev*. 2008;24(2):87-92.
13. Wild D, von Maltzahn R, Brohan E, Christensen T, Clauson P, Gonder-Frederick L. A critical review of the literature on fear of hypoglycemia in diabetes: Implications for diabetes management and patient education. *Patient Educ Couns*. 2007;68(1):10-5.
14. Cryer PE, Davis SN, Shamoon H. Hypoglycemia in diabetes. *Diabetes Care*. 2003;26(6):1902-12.
15. The use of insulin degludec in diabetes Mellitus August 2012 Regional Drugs and Therapeutics Centre (Newcastle)

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.