## South East London Area Prescribing Committee

### Formulary recommendation

<table>
<thead>
<tr>
<th>Reference</th>
<th>059</th>
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<tbody>
<tr>
<td><strong>Intervention:</strong></td>
<td>Insulin degludec 100 units/ml and 200 units per ml (Tresiba&lt;sup&gt;®&lt;/sup&gt; FlexTouch and penfill cartridges) for type 1 diabetes (adults and children)</td>
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<td>(Insulin degludec is a high strength, long acting insulin analogue)</td>
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<td><strong>Date of Decision:</strong></td>
<td>December 2016</td>
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<td><strong>Date of Issue:</strong></td>
<td>January 2017, updated July 2017</td>
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<td><strong>Recommendation:</strong></td>
<td>Amber 3 – initiation and first 3 months supplied by the specialist diabetes team</td>
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### Further Information

- This recommendation updates and supersedes SEL APC recommendation 002 – insulin degludec for use in adults with type 1 diabetes. Following a formulary submission, the recommendation has been extended to include children and young people with diabetes aged over 1 year.
- Insulin choice in people with type 1 diabetes mellitus should be in line with NICE guideline NG17 (adults) and NG18 (children and young people).
- Insulin degludec may be considered as a third line option for use in adults and children aged over 1 year with type 1 diabetes if the following criteria are met:
  - Both insulin detemir and insulin glargine have been tried and the patient still has poorly controlled diabetes and
  - The next step would otherwise be an insulin pump and
  - Psychosocial or other factors indicate the need for longer duration insulin to facilitate continued treatment and avoid decompensation due to the mismanagement of insulin and
  - There have been frequent emergency admissions
- Additionally, in adolescents, insulin degludec may be considered if following MDT input (including psychology, nursing and a medical review) as well elective admission for education and training there is still poor adherence to insulin therapy. These patients will have evidence of poor adherence to standard multiple dose injection insulin therapy which has resulted in poor diabetes control including a high HBA1c (indicated by several readings >9%) or an admission to hospital with DKA or the development of co-morbidities including neuropathy or retinopathy.
- The current formulary submission to the APC also included use in children and young people with type 2 diabetes. This cohort of patients may be considered for therapy in line with the criteria above but prescribing must remain under specialist care in view of the lack of current experience of use in this patient cohort. This will enable experience to be gained in a specialist setting and allow outcomes to be evaluated (see point below).
- A report summarising outcomes in relation to the use of insulin degludec in the new paediatric cohort (children and young people) will be presented back to the Committee in 1 year. This report will be co-ordinated across SEL by the original formulary applicant and will include:
  - The number of patients treated and the indication (type 1 or type 2 diabetes)
  - Whether use is in line with this recommendation
  - Impact on patient related outcomes, such as (i) diabetes control [including HbA1c] (ii) adverse effects (iii) compliance (iv) hospital admissions
  - The number of patients discontinuing treatment and reasons for stopping

### Shared Care/ Transfer of care required:

Yes – existing transfer of care for insulin degludec will be updated in line with this recommendation for people with type 1 diabetes. For children with type 2 diabetes, prescribing will remain under the diabetes specialist team.
| Cost Impact for agreed patient group | • It is estimated that there will be 10 children/young people eligible for treatment with insulin degludec per Trust (30 children/young people across SEL). The previous submission for adults with type 1 diabetes estimated 100 patients across SEL. Thus an additional 30 patients are estimated for treatment.  
• The cost of insulin degludec 100 units/ml is £417 per patient per year based on a dose of 40 units daily. The respective costs of insulin glargine (biosimilar) and insulin detemir at this dose are ~ £339 and £403 per patient per year.  
• Based on this, insulin degludec 100 units/ml would cost between £14 to £78 more per patient per year vs. biosimilar insulin glargine and insulin detemir. For 30 patients this would equate to an additional cost of around £2500 per year in SEL.  
• This does not include savings from reduced emergency admissions. |
| Usage Monitoring & Impact Assessment | • Collate data at a SEL level as outlined in “Further Information” section and present report to APC after January 2018.  
• CCGs to monitor ePACT data.  
• Exception reports from GPs if inappropriate prescribing requests are made to primary care. |
| Evidence reviewed | References (from evidence evaluation)  
1) Diabetes (type 1 and type 2) in children and young people: diagnosis and management. NICE guideline [NG18] August 2015. Available at: [https://www.nice.org.uk/guidance/ng18/evidence](https://www.nice.org.uk/guidance/ng18/evidence)  
2) Type 1 diabetes in adults diagnosis and management. NICE guideline [NG17] August 2015. Available at: [https://www.nice.org.uk/guidance/ng17](https://www.nice.org.uk/guidance/ng17)  
3) Type 1 diabetes: Insulin Degludec. NICE evidence summary https://www.nice.org.uk/advice/esnm24/chapter/key-points-from-the-evidence  
http://www.nice.org.uk/mpc/evidencesummariesnewmedicines/ESNM4.jsp  
Jul. 1, 2013  

NOTES:  
a) Area Prescribing Committee recommendations and minutes are available publicly on the APC website.  
b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.  
c) Not to be used for commercial or marketing purposes. Strictly for use within the NHS