

HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE

**LIRAGLUTIDE (1.2MG ONLY) FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS
– RECOMMENDED ONLY IN LINE WITH THE CRITERIA GIVEN**

Name: generic (trade)	What it is	Indication	Date Decision last revised	Decision Status	NICE / SMC Guidance
Liraglutide (Victoza®)	GLP -1 analogue	Treatment of type 2 diabetes mellitus	November 2010	Final	NICE – TA203, recommended SMC – Accepted for restricted use as a 3 rd line anti-diabetic agent

HMMC Recommendation (following further clarification from specialists):

RECOMMENDED FOR RESTRICTED USE as a treatment option at a dose of 1.2mg for type 2 diabetes mellitus in accordance with the NICE TA 203 in patients:

1. **As a triple therapy in patients who cannot tolerate exenatide and meet the following criteria as per exenatide:**

- with type 2 diabetes in triple therapy regimens (metformin/sulphonylurea) or metformin/pioglitazone) where HbA1c >7.5% **AND:**
 - ◆ The person has a BMI >35kg/m² **OR**
 - ◆ A BMI <35kg/m² and therapy with insulin would have significant occupational implications or weight loss would benefit other significant obesity-related complications.

Therapy should only be continued if there is a reduction of 1% in HbA1c and a weight loss of 3% initial body weight at 6 months. Patients should be informed of the stopping criteria.

2. **As a dual therapy regimen with a sulphonylurea or metformin only if:**

- the person is intolerant of either metformin **or** a sulphonylurea, or treatment with metformin **or** a sulphonylurea is contraindicated, **AND**
- the person is intolerant of thiazolidinediones **and** dipeptidyl peptidase-4 (DPP-4) inhibitors, or treatment with thiazolidinediones **and** DPP-4 inhibitors is contraindicated

Therapy should only be continued if there is a reduction of 1% in HbA1c at 6 months. Patients should be informed of the stopping criteria

NOT RECOMMENDED FOR:

- Unlicensed indications
- Patients currently taking exenatide, with relative needle phobia, an active lifestyle or where there are practical issues with administering 2 injections/day
- **Use at a dose of 1.8mg – not recommended by NICE**
- Use beyond 6 months if patients do not achieve treatment targets above
- Use in combination with insulin

<p><u>EFFICACY</u></p> <ul style="list-style-type: none"> • Five double-blind, randomised, controlled clinical trials have evaluated liraglutide up to 26 weeks of treatment • Treatment gave clinically and statistically significant improvements in HbA1c, fasting and post-prandial plasma glucose compared with placebo 	<p><u>SAFETY</u></p> <ul style="list-style-type: none"> • Lack of controlled long-term safety data • Most common side effects seen in studies were nausea, diarrhoea and hypoglycaemia • Major adverse effects that have been linked to GLP-1 analogues are pancreatitis and thyroid adverse events
<p><u>COST</u></p> <ul style="list-style-type: none"> • Liraglutide 1.2mg is approximately £100/year more expensive per patient than exenatide 10mg • Liraglutide 1.8mg is considerably more expensive 	<p><u>PATIENT FACTORS</u></p> <ul style="list-style-type: none"> • Once a day formulation and no administration restrictions to mealtimes may make it more attractive to patients than exenatide