

Industry update

With so many ongoing advances in the management of diabetes, this section keeps you up to date with product-related developments and other relevant news

Qtern accepted for restricted use in NHS Scotland

The Scottish Medicines Consortium has approved the use of the saxagliptin 5 mg/ dapagliflozin 10 mg fixed-dose combination, Qtern[®], for use in combination with metformin in adults with type 2 diabetes when the use of a sulfonylurea is inappropriate.

The indication reviewed was to improve glycaemic control in adults with type 2 diabetes when metformin and/or a sulfonylurea and one of the individual components of Qtern do not provide adequate control, or in patients already being treated with both dapagliflozin and saxagliptin.

NHS reports large increase in diabetes prescriptions

The number of primary care prescriptions for diabetes has increased significantly over the past decade, according to a recent NHS Digital report of prescribing trends in England. During this time there has also been an increase in net ingredient costs (NICs) for diabetes treatments.

The *Prescribing for Diabetes* report had three key findings. First, that drugs used in diabetes now make up 4.7% of prescriptions. These prescriptions account for 11% of total NICs. Second, in the 2016/17 financial year, 52 million items were prescribed for diabetes at a NIC of £983.7 million compared to the 2006/7 figures of 28.9 million prescriptions at a NIC of £57.4 million. This represents a 55.6% increase in prescriptions and a 58.2% increase in cost. Third, antidiabetes drugs made up 45.1% of the 2016/17 NIC of drugs used in diabetes and accounted for 72% of prescription items.

Liraglutide approved in the EU for the prevention of cardiovascular events

The indication for the use of liraglutide (Victoza[®]) has been expanded by the European Commission to reflect its ability to reduce cardiovascular events as well as lower blood glucose levels. Liraglutide is currently the only glucagon-like peptide-1 analogue proven to prevent cardiovascular events in people with diabetes who have high cardiovascular risk.

This approval follows the results of the Liraglutide Effect and Action in Diabetes: Evaluation of Cardiovascular Outcome

Results (LEADER) trial, which demonstrated a significant 13% reduction in the risk of cardiovascular death, non-fatal myocardial infarction and non-fatal stroke compared with placebo when added to standard care. Liraglutide produced a 22% overall risk reduction for cardiovascular death compared to placebo. The LEADER trial randomised 9340 people with type 2 diabetes to either liraglutide or placebo. The primary endpoint of the study was the first occurrence of a composite cardiovascular outcome.

NHS England launches RightCare diabetes pathway

Multiple stakeholders have come together to produce a document defining the core components of an optimal diabetes service for people with or at risk of developing type 1 and type 2 diabetes. The recently published NHS RightCare diabetes pathway aims to deliver better value in terms of diabetes outcomes and cost.

This pathway provides key evidence-based interventions that a service should focus on in order to achieve the greatest improvement. It includes examples from practice within the NHS that support these interventions.

The pathway has been created as a guide for service commissioners, who can compare existing services with an optimal service and refer to guidance about the scale of improvements that could be delivered by optimising local pathways. Public Health England, Diabetes UK and the NHS Diabetes Prevention Programme, among others, contributed to this pathway.

NICE publishes MIB on FreeStyle Libre

NICE has summarised evidence for the use of the FreeStyle[®] Libre flash glucose monitoring system in a Medtech Innovation Briefing (MIB). The Libre is an alternative to finger-prick blood glucose testing that measures glucose levels from a sensor applied to the skin. It can also indicate trends in glucose levels over time. The sensor is intended as an alternative to routine blood glucose monitoring in people with type 1 and type 2 diabetes who use insulin injections, although finger-prick measurements are sometimes still required.

According to NICE, evidence from the five studies that were included in the MIB suggests that using the Libre for up to 12 months reduces time spent in hypoglycaemia in comparison to self-monitoring of blood glucose with finger-prick tests. However, uncertainty relating to its benefit in people with very unstable glucose levels is noted.