

PRESS RELEASE

NICE updates guidance on glitazones for people with type 2 diabetes in England and Wales

The National Institute for Clinical Excellence (NICE or 'the Institute') has today issued updated guidance to every GP in England and Wales on the use of glitazones for the treatment of people with type 2 diabetes.

The Institute reviews each piece of guidance it issues and today's guidance replaces Technology Appraisal Guidance No. 9 issued in August 2000 and Technology Appraisal Guidance No. 21 issued in March 2001.

The review has resulted in a change in the guidance. Specifically there has been:

- a change in recommendations on the use of pioglitazone and rosiglitazone where the combination of metformin and sulphonylurea is tolerated and not contraindicated, but has failed to achieve target HbA1c levels
- a clarification of the Institute's position with regard to triple combination therapy

The new guidance recommends that:

- For people with type 2 diabetes, the use of a glitazone as second-line therapy added to either metformin or a sulphonylurea - as an alternative to treatment with a combination of metformin and a sulphonylurea - is not recommended except for those who are unable to take metformin and a sulphonylurea in combination because of intolerance or a contraindication to one of the drugs.

- The effectiveness of glitazone combination therapy should be monitored against treatment targets for glycaemic control and for other cardiovascular risk factors, including lipid profile.
- The present UK licence does not allow the Institute to recommend the use of glitazones in triple combination therapy (with other oral antidiabetic agents), as monotherapy, or in combination with insulin. The use of a glitazone in triple combination (with other oral antidiabetic agents) is classified in the licence under 'special warnings and special precautions for use'. This precaution is based on the fact that at the time the licence was issued there was no clinical experience of triple combination therapy. When this guidance is reviewed the recommendations will take into account any extensions to the licence for the use of glitazones.

Anne-Toni Rodgers, Corporate Affairs Director and Executive Lead for this appraisal said: “The Institute reviews all its guidance to ensure that we take account of any new research or changes in clinical practice. In reviewing guidance we follow the same consultative approach as in the original process, seeking submissions from and consulting with, groups representing people with diabetes, health professionals and manufacturers. In this re-appraisal we were provided with new evidence on both the clinical effectiveness and the cost effectiveness of the glitazones. This included new trial data and economic models; some of which was submitted to us in confidence. Following advice from the independent committee which considered all the new evidence and comments, the Institute decided to change part of the guidance”.

Professor David Barnett, Chair of the Independent Appraisal Committee which advises NICE said: “ The previous guidance indicated the glitazones were effective at reducing blood glucose when added to oral monotherapy (metformin or a sulphonylurea) in people whose blood glucose is inadequately controlled by monotherapy; we agreed that the results from the new trials support this conclusion. However, having reviewed the new data the Committee concluded that, for people with type 2 diabetes in whom monotherapy with either metformin or a sulphonylurea is tolerated but has failed to provide adequate glycaemic control, the use of combination therapy with a glitazone and either metformin or a sulphonylurea is not likely to be cost effective when compared with the combination of metformin and a

sulphonylurea. We therefore advised NICE that metformin and sulphonylurea combination therapy should remain the first treatment choice where monotherapy has failed to achieve adequate glycaemic control.”

He added; “The situation of people with diabetes for whom the combination of metformin and sulphonylurea had failed to achieve target HbA_{1c} levels, despite appropriate doses of these drugs was also considered. There was no additional evidence relating to the substitution of a glitazone in this situation and after reviewing the evidence base used in the original appraisal and discussing the advisability of substituting a glitazone for either metformin or sulphonylurea with the clinical experts, the Committee concluded that the assumptions underpinning the substitution strategy were not supported and advised NICE to update the guidance”

Professor Barnett concluded: “ We also considered the off-licence use of glitazones as part of triple combination therapy, which is widely practised in the UK. This use has been particularly targeted at a subset of people with diabetes for whom the combination of metformin and sulphonylurea has failed to achieve target HbA_{1c} levels despite appropriate doses of these drugs and for whom the conventional choice of switching to insulin therapy is not acceptable for a number of reasons, including nature of employment (for example, HGV licence holders), ‘needle phobia’, or other personal issues. Furthermore, we were made aware of a recent trial (sponsored by a manufacturer and published as an abstract only) supporting the clinical effectiveness of triple therapy. The Committee also considered the views of the clinical experts in this appraisal on the use and value of triple therapy. However, this indication is not covered by the current UK licence, and therefore the Appraisal Committee did not put forward a recommendation to NICE. Similarly, we did not consider the currently unlicensed use of glitazones as monotherapy or in combination with insulin.”

Anne-Toni Rodgers concluded “ The Institute’s previous guidance on glitazones suggested that the use of glitazones may result in eventual cost savings of up to £12 million, depending on the average dose of the glitazone and of insulin, based on the assumption that there would be 70,000 people eligible for treatment with a glitazone. Today’s guidance limits the use of glitazones to those people with type 2 diabetes who are unable to take metformin and a sulphonylurea in combination because of

intolerance or a contraindication to either metformin or sulphonylurea. Therefore estimates are that the number of people eligible for treatment will reduce by approximately 30% (that is, to around 50,000 per annum). Consequently, proportionally lower cost savings should be expected than were estimated in the previous guidance”.

ENDS

Notes to Editors

1. NICE has also issued guidance this month on four interventional procedures. For more information on these, visit the NICE website at www.nice.co.uk

About NICE

2. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
3. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.

NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

4. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

About technology appraisals

5. Media briefings giving further details of the guidance are available on the NICE website at www.nice.org.uk
6. Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales, such as:
 - medicines (for example, drugs)
 - medical devices (for example, hearing aids or inhalers)
 - diagnostic techniques (tests used to identify diseases)
 - surgical procedures (for example, repairing hernias)
 - health promotion activities (for example, patient education models for diabetes).
7. Our technology appraisal recommendations are prepared by an independent Committee, who include healthcare professionals working in the NHS and people who are familiar with the issues affecting patients and carers. The Committee considers the evidence on the clinical and cost effectiveness of the technology – this includes hearing the views of, and evidence from, clinical health professionals, experts and patients.
8. NHS organisations in England and Wales have to make the resources and facilities available to enable NICE guidance to be implemented. In January 2002 the Government announced a legal obligation for the NHS to provide funding for treatments and drugs recommended by NICE as a part of its technology appraisals work programme.