National Institute for Health and Care Excellence

Health Technology Evaluation

Insulin efsitora alfa for treating type 2 diabetes ID6499

Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	Eli Lilly (company)	We would like to propose that NICE revisits the topic selection for insulin efsitora alfa and instead suggest that, once licensed, insulin efsitora alfa be recommended alongside other basal insulins available in UK clinical practice. Recommendations for the treatment of type 2 diabetes (T2D) are currently provided in the NICE guideline, Type 2 diabetes in adults: management (NG28).1 A partial update to NG28 is currently in development, with an expected publication date of February 2026.2 In the updated draft guideline, basal insulins are recommended at a class level for adults with T2D: "1.8.63. Offer basal insulin as the initial insulin therapy to adults with type 2 diabetes" and "1.8.65. Make a shared decision with the person on the choice of basal insulin preparation, based on considerations that are specific to them, including whether: • The person needs help from a carer of healthcare professional to inject insulin or • There is a particular concern about nocturnal hypoglycaemia or	Thank you for your comment. The topic has been considered again at NICE's prioritisation board and considered suitable for a technology appraisal.

Section	Stakeholder	Comments [sic]	Action
		• The person has a strong preference for once-daily injections…" The 2024 voluntary scheme for branded medicines, pricing, access and growth states that NICE will continue to evaluate all new active substances and significant indications, except where there is a clear rationale not to do so. In this case, we believe there is clear rationale to not evaluate insulin efsitora alfa as the updated NG28 guideline is anticipated to recommend basal insulins at a class level. Therefore, there would be no additional value in conducting a separate evaluation for insulin efsitora alfa. In the case that NICE cannot revisit the topic selection, we consider that the streamlined cost-comparison route, as opposed to single technology appraisal (STA), is the most appropriate for insulin efsitora alfa. Insulin efsitora alfa is a once-weekly basal insulin, and is anticipated to be positioned as an alternative to other basal insulins, such as insulin glargine and insulin degludec. Efsitora is comparable in terms of efficacy and safety to other basal insulins which are established in practice and have substantial use in the NHS in England for the same indication. The QWINT1-4 Phase 3 trials have demonstrated non-inferiority of efsitora to glargine and degludec in insulin-naïve and insulin-experienced patients with T2D.3-6 Insulin efsitora exhibited a broadly comparable safety profile to insulin glargine and insulin degludec, with a similar incidence of treatment-emergent adverse events.3-6	
	Diabetes UK	We welcome the evaluation of this topic. A TA seems appropriate.	Thank you for your comment. No action required.
Wording	Eli Lilly (company)	Yes, the wording of the remit is appropriate.	Thank you for your comment. No action required.

Section	Stakeholder	Comments [sic]	Action
Timing Issues	Eli Lilly (company)	As outlined in the draft scope, T2D affects millions of people in the UK, and if not managed effectively, can lead to multiple comorbid conditions which have a substantial impact on patients and the NHS.7-9 Insulin therapy is a key treatment modality for patients with T2D. However, the updated NG28 draft guidance (August 2025) highlights the withdrawal of insulin products and known insulin brand shortages.2 Given the high disease burden and prevalence of T2D, coupled with the lack of recent innovation in insulin treatment there is a clear need for alternative options to provide additional flexibility and support people with diabetes and healthcare professionals to choose the most suitable treatment. Insulin efsitora alfa is a once-weekly basal insulin (compared with once-daily dosing for other basal insulins), and thus offers a less burdensome treatment regimen for patients relative to existing options. Given the urgency for insulin efsitora alfa, the most efficient approach to ensure timely access to treatment would be to include insulin efsitora alfa in the updated NG28 draft guidance, which recommends basal insulins at a class level.	Thank you for your comment. The appraisal will continue along scheduled timelines.
Additional comments on the draft remit		No comments	

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Eli Lilly (company)	The background information is based on the current NICE guideline for type 2 diabetes in adults: management (NG28).1 However, in August 2025, an updated draft guideline was made available for consultation, with final	Thank you for your comment. Until the final publication of the guideline, the

Section	Consultee/ Commentator	Comments [sic]	Action
		publication expected in February 2026.2 The updated guideline has key changes around the use of insulin-based treatment in T2D, notably: "In 2025, the insulin-based treatment recommendations underwent a pragmatic refresh in the context of the withdrawal of insulin products and known insulin brand shortages. Based on the committee's clinical experience and consensus, this refresh acknowledges the increased use of analogue insulin. The committee agreed that: • different insulin therapies may be more useful for different people dependent on their symptoms (for example: if there is a risk of nocturnal hypoglycaemia, a longer acting basal insulin might be more suitable) and • the added flexibility of recommending broad drug classes rather than specific insulins will support people with diabetes and healthcare professionals to choose the most suitable treatment." This updated guidance removes the recommendation: "In adults with type 2 diabetes, if metformin is contraindicated or not tolerated and dual therapy with 2 oral drugs has not continued to control HbA1c to below the person's individually agreed threshold for intervention, consider insulin-based treatment" instead suggesting that insulin is "included alongside other options for treatment escalation." While we acknowledge the draft guideline update is still subject to consultation, we believe the proposed updates are better aligned with clinical practice in the UK and should be included in the background section of the scope.	recommendations are still considered draft and subject to change. The scope has been changed to note the update to the guideline and clarify that the recommendations are in reference to the current guideline. The contents of the final guideline will be considered by committee.
	Diabetes UK	The background section describes guidance from the current NG28 but is mostly about the medicines management which is set to change under the draft guidance for the medicines update. The new guidance should be used as the background for this scope. Although we acknowledge the principle of adding in insulin is largely the same.	Thank you for your comment. Until the final publication of the guideline, the recommendations are still considered draft and subject to change. The contents of the final

Section	Consultee/ Commentator	Comments [sic]	Action
			guidance will be considered by committee.
Population	Eli Lilly (company)	To align with the anticipated marketing authorisation for insulin efsitora alfa, we propose that ‘people’ with type 2 diabetes is updated to ‘adults’ with type 2 diabetes.	Thank you for your comment. The population has been changed to ‘Adults with type 2 diabetes, suitable for basal insulin therapy’
	Diabetes UK	Yes	Thank you for your comment. No action required.
Subgroups	Eli Lilly (company)	The subgroups of people who are insulin naïve and people who have previously had insulin are appropriate.	Thank you for your comment. No action required.
	Diabetes UK	It would be helpful if the subgroups could specifically include groups of people that once weekly insulin would be more helpful for (as also likely to be more cost effective in these groups) - People who would need insulin administration by a third party. - People living in care homes and institutions where stable glycaemia needs prioritising - Vulnerable people who struggle to access medication or struggle to adhere to medication regimens - e.g homeless peopl**e**	Thank you for your comment. The scope has been updated to add a subgroup for “people who would particularly benefit from long-acting basal insulin, such as people who need help from a carer or healthcare professional to inject

Section	Consultee/ Commentator	Comments [sic]	Action
			insulin, people living in care homes, people who find adherence to regular medicine more difficult, such as people experiencing homelessness." This has also been noted in the Equalities Impact Assessment form.
Comparators	Eli Lilly (company)	The comparator of basal insulin therapy, alone, or alongside other treatments for T2D is appropriate. Data are available from four Phase 3 clinical trials (QWINT 1-4) demonstrating non-inferiority of insulin efsitora alfa to insulin glargine and insulin degludec,3-6 the two most frequently used basal insulins used in clinical practice in England.	Thank you for your comment. No action required
	Diabetes UK	Yes	Thank you for your comment. No action required.
Outcomes	Eli Lilly (company)	The outcomes listed are broadly appropriate and considered to capture the most important health related benefits and harms of the technology. Of note, data for change in BMI or waist circumference were not captured in the QWINT1-4 trials so cannot be provided in the submission. Change in body weight was collected so we propose updating the wording of the scope to reflect the outcomes available.	Thank you for your comment. The scoping outcomes are intended to be inclusive. The committee will consider evidence presented to them.
	Diabetes UK	Outcomes could potentially include - hospital admissions related to disglycaemia, number of healthcare visits related to administration of insulin, and disutility for carers.	Thank you for your comment. 'Hospital admissions related to

Section	Consultee/ Commentator	Comments [sic]	Action
			dysglycaemia' and 'number of healthcare visits related to administration of insulin' have been added to the list of outcomes. The health related quality of life and adverse effects of treatment outcomes will capture carer quality of life where relevant.
Equality	Eli Lilly (company)	None identified.	Thank you for your comment. No action required.
	Diabetes UK	This treatment potentially could close an inequality gap as this is a simplified insulin regimen which will make it easier for more vulnerable and disadvantaged groups.	Thank you for your comment. It has been noted in the Equalities Impact Assessment form and may be considered by the committee during the appraisal, as appropriate.
Other considerations		No comments	
Questions for consultation	Eli Lilly (company)	*Where do you consider insulin efsitora alfa will fit into the existing care pathway for type 2 diabetes?*	Thank you for your comments.

Section	Consultee/ Commentator	Comments [sic]	Action
		Insulin efsitora alfa is expected to be used in the same positioning as other basal insulins i.e. typically in second- or third-line treatment after dual therapy. It may be used in patients who are starting insulin for the first time, or in patients with T2D already on basal insulin who wish to switch to efsitora.	Thank you. No action required
		Would insulin efsitora be used instead of any other treatments for type 2 diabetes, other than basal insulin therapy? Which other treatments would insulin efsitora be used alongside?	
		Insulin efsitora is not expected to displace any other non-insulin treatments, and like other basal insulins, may be used alongside other antidiabetes medications.	Thank you, no action required.
		Which basal insulin therapies are available in the NHS? Which basal insulin therapies are typically used in the NHS?	
		Insulin glargine and insulin degludec are available in the NHS. Insulin glargine is used more commonly, but there is still significant use of insulin degludec.	Thank you, no action required.
		Please select from the following, will insulin efsitora alfa be: *A. Prescribed in primary care with routine follow-up in primary care* *B. Prescribed in secondary care with routine follow-up in primary care* *C. Prescribed in secondary care with routine follow-up in secondary care* *D. Other (please give details):* *For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.*	

Section	Consultee/ Commentator	Comments [sic]	Action
		Currently, basal insulins are prescribed across a range of clinical settings – primary care, community care and secondary care. It is anticipated that insulin efsitora will be also prescribed in these clinical settings.	Thank you, no action required.
		Would insulin efsitora alfa be a candidate for managed access? No, insulin efsitora alfa would not be a candidate for managed access.	Thank you, no action required.
		Do you consider that the use of insulin efsitora alfa can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits. Eli Lilly propose a cost comparison with other basal insulins for the evaluation of insulin efsitora alfa. As such, a QALY calculation will not be provided. Key health-related benefits with insulin efsitora alfa may relate to the once-weekly dosing schedule. The convenience of a once-weekly insulin could result in earlier adoption of insulin therapy and could improve adherence and persistence leading to improved real-world outcomes. Several lines of evidence have demonstrated that people with T2D prefer weekly over daily insulin formulations regardless of previous experience primarily for reasons of convenience and ease of dosing.[10-12] Notably, a recent analysis estimated utility differences between daily and weekly basal insulin administration based on preferences of individuals in the UK with type 1 diabetes (T1D) and T2D, in a vignette-based time trade-off (TTO) utility elicitation study.[12] Weekly basal insulin was generally preferred over daily basal insulin by respondents with both T1D and T2D, although some (8%) preferred daily basal insulin.	Thank you for your comment. A cost-comparison approach would not be appropriate because there are no NICE approved comparators. The NICE reference case states “Health effects should be expressed in QALYs”

Section	Consultee/ Commentator	Comments [sic]	Action
		Real-world experience with glucagon-like peptide-1 receptor agonists (GLP-1 RAs) has also provided indirect evidence that weekly versus daily administration improved medication adherence,[13-15] and that from the person-perspective, lower frequency dosing is an important medication attribute.[14, 16] *Please indicate if any of the treatments in the scope are used in NHS practice differently than advised in their Summary of Product Characteristics. For example, if the dose or dosing schedule for a treatment is different in clinical practice. If so, please indicate the reasons for different usage of the treatment(s) in NHS practice. If stakeholders consider this a relevant issue, please provide references for data on the efficacy of any treatments in the pathway used differently than advised in the Summary of Product Characteristics.* Not to our knowledge. *NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:* • *could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which insulin efsitora alfa will be licensed;* • *could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;*	Thank you, no action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		• *could have any adverse impact on people with a particular disability or disabilities.* *Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.* No issues identified.	Thank you, no action required.
Additional comments on the draft scope	Eli Lilly (company)	**References** 1. NICE. Type 2 diabetes in adults: management (NG28). 2015. Available from: https://www.nice.org.uk/guidance/ng28. Accessed on: 2nd September 2025. 2. NICE. Type 2 diabetes in adults: NICE guideline GID-NG10336. 2025. Available from: https://www.nice.org.uk/guidance/gid-ng10336/documents/450. Accessed on: 2nd September 2025. 3. Blevins T, Dahl D, Pérez Manghi FC, Murthy S, Ortiz Carrasquillo R, Li X, et al. Once-weekly insulin efsitora alfa versus once-daily insulin glargine U100 in adults with type 2 diabetes treated with basal and prandial insulin (QWINT-4): a phase 3, randomised, non-inferiority trial. Lancet. 2025;405(10497):2290-301. 4. Philis-Tsimikas A, Bergenstal RM, Bailey TS, Jinnouchi H, Thrasher JR, Ilag L, et al. Once-weekly insulin efsitora alfa versus once-daily insulin	No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		degludec in adults with type 2 diabetes currently treated with basal insulin (QWINT-3): a phase 3, randomised, non-inferiority trial. The Lancet. 2025;405(10497):2279-89. 5. Rosenstock J, Bailey T, Connery L, Miller E, Desouza C, Wang Q, et al. Weekly Fixed-Dose Insulin Efsitora in Type 2 Diabetes without Previous Insulin Therapy. New England Journal of Medicine. 2025;393(4):325-35. 6. Wysham C, Bajaj HS, Prato SD, Franco DR, Kiyosue A, Dahl D, et al. Insulin Efsitora versus Degludec in Type 2 Diabetes without Previous Insulin Treatment. New England Journal of Medicine. 2024;391(23):2201-11. 7. Diabetes UK. How many people in the UK have diabetes? 2025. Available from: https://www.diabetes.org.uk/about-us/about-the-charity/our-strategy/statistics. Accessed on: 2nd September 2025. 8. Diabetes UK. Complications of diabetes. 2025. Available from: https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/complications. Accessed on: 2nd September 2025. 9. Diabetes UK. Diabetes and heart disease. 2025. Available from: https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/complications/cardiovascular-disease. Accessed on: 2nd September 2025. 10. Gelsey FT, Schapiro D, Kosa K, Vass C, Perez-Nieves M, Pierce A, et al. Perspectives and Preferences of People with Type 2 Diabetes for the Attributes of Weekly Insulin. Diabetes Ther. 2024;15(11):2367-79. 11. Kerr D, Rajpura JR, Namvar T. Evaluating Patient and Provider Preferences for a Once-Weekly Basal Insulin in Adults with Type 2 Diabetes. Patient Prefer Adherence. 2024;18:411-24. 12. Stewart KD, Matza LS, Schapiro D, Boye K, Gelsey F. PCR88 Patient Preferences and Health State Utilities Associated With Frequency of Basal	

Section	Consultee/ Commentator	Comments [sic]	Action
		Insulin Administration for Type 1 and Type 2 Diabetes. Value in Health. 2024;27:S521-S2. 13. Polonsky WH, Arora R, Faurby M, Fernandes J, Liebl A. Higher Rates of Persistence and Adherence in Patients with Type 2 Diabetes Initiating Once-Weekly vs Daily Injectable Glucagon-Like Peptide-1 Receptor Agonists in US Clinical Practice (STAY Study). Diabetes Ther. 2022;13(1):175-87. 14. Weeda ER, Muraoka AK, Brock MD, Cannon JM. Medication adherence to injectable glucagon-like peptide-1 (GLP-1) receptor agonists dosed once weekly vs once daily in patients with type 2 diabetes: A meta-analysis. Int J Clin Pract. 2021;75(9):e14060. 15. Weiss T, Yang L, Carr RD, Pal S, Sawhney B, Boggs R, et al. Real-world weight change, adherence, and discontinuation among patients with type 2 diabetes initiating glucagon-like peptide-1 receptor agonists in the UK. BMJ Open Diabetes Res Care. 2022;10(1). 16. Thieu VT, Robinson S, Kennedy-Martin T, Boye KS, Garcia-Perez LE. Patient preferences for glucagon-like peptide 1 receptor-agonist treatment attributes. Patient Prefer Adherence. 2019;13:561-76.	