

Quick reference guide

Liraglutide for the treatment of type 2 diabetes mellitus

Guidance

- 1 Liraglutide 1.2 mg daily in triple therapy regimens (in combination with metformin and a sulphonylurea, or metformin and a thiazolidinedione) is recommended as an option for the treatment of people with type 2 diabetes, only if used as described for exenatide in 'Type 2 diabetes: the management of type 2 diabetes' (NICE clinical guideline 87); that is, when control of blood glucose remains or becomes inadequate (HbA1c \geq 7.5%, or other higher level agreed with the individual), and the person has:
 - a body mass index (BMI) \geq 35 kg/m² in those of European descent (with appropriate adjustment for other ethnic groups) and specific psychological or medical problems associated with high body weight, **or**
 - a BMI $<$ 35 kg/m², and therapy with insulin would have significant occupational implications or weight loss would benefit other significant obesity-related comorbidities.
- 2 Treatment with liraglutide 1.2 mg daily in a triple therapy regimen should only be continued as described for exenatide in 'Type 2 diabetes: the management of type 2 diabetes' (NICE clinical guideline 87); that is, if a beneficial metabolic response has been shown (defined as a reduction of at least 1 percentage point in HbA1c and a weight loss of at least 3% of initial body weight at 6 months).
- 3 Liraglutide 1.2 mg daily in dual therapy regimens (in combination with metformin or a sulphonylurea) is recommended as an option for the treatment of people with type 2 diabetes, 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.
- 4 Treatment with liraglutide 1.2 mg daily in a dual therapy regimen should only be continued if a beneficial metabolic response has been shown (defined as a reduction of at least 1 percentage point in HbA1c at 6 months).
- 5 Liraglutide 1.8 mg daily is not recommended for the treatment of people with type 2 diabetes.
- 6 People with type 2 diabetes currently receiving liraglutide who do not meet the criteria specified in section 1 or 3, or who are receiving liraglutide 1.8 mg, should have the option to continue their current treatment until they and their clinicians consider it appropriate to stop.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice (listed below). These are available on our website (www.nice.org.uk/guidance/TA203).

- Costing template and report to estimate the national and local savings and costs associated with implementation.
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/guidance/TA203

- A quick reference guide (this document) – the recommendations.
- ‘Understanding NICE guidance’ – a summary for patients and carers.
- The NICE guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2336 (quick reference guide)
- N2337 (‘Understanding NICE guidance’).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

- Type 2 diabetes: newer agents (partial update of CG66). NICE clinical guideline 87 (2009). Available from www.nice.org.uk/guidance/CG87
- Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus (review of technology appraisal guidance 57). NICE technology appraisal guidance 151 (2008). Available from www.nice.org.uk/guidance/TA151
- Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal period. NICE clinical guideline 63 (2008). Available from www.nice.org.uk/guidance/CG63
- Type 2 diabetes: prevention and management of foot problems. NICE clinical guideline 10 (2004). Available from www.nice.org.uk/guidance/CG10
- Guidance on the use of patient-education models for diabetes. NICE technology appraisal guidance 60 (2003). Available from www.nice.org.uk/guidance/TA60
- Guidance on the use of long-acting insulin analogues for the treatment of diabetes – insulin glargine. NICE technology appraisal guidance 53 (2002). Available from www.nice.org.uk/guidance/TA53

Updating the appraisal

This technology appraisal will be considered for review in May 2012. Information about the progress of a review will be available at www.nice.org.uk/guidance/TA203

This guidance represents the view of NICE, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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