

Enclosure No:	5/AWMSG/1116
Agenda Item No:	9 – Review of existing AWMSG advice: insulin detemir (Levemir®)
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Action for AWMSG:

Endorse the updated Final Appraisal Recommendation for insulin detemir (Levemir®) following a review of the recommendation.

Background:

Insulin detemir is licensed for treatment of diabetes mellitus, for which marketing authorisation was first granted in 2004. In 2011, the licence was extended to allow treatment of children aged 2 to 5 years. This licence extension was appraised by AWMSG using the limited submission process, and the following recommendation issued:

Insulin detemir (Levemir®) is recommended as an option for use within NHS Wales for the treatment of diabetes mellitus in children aged 2–5 years.

On 25 June 2015, the age group covered by the licensed indication was amended to allow treatment of children aged 1 year and above. Therefore the current licensed indication is:

Insulin detemir (Levemir) is indicated for treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above.

AWMSG advice on insulin detemir is undergoing 3-year review, and as part of this, it is proposed that the recommendation is updated to:

Insulin detemir (Levemir®) is recommended as an option for use within NHS Wales for the treatment of diabetes mellitus in children aged 1–5 years.

Consideration:

All AWMSG final appraisal recommendations are periodically reviewed. The review of the existing AWMSG advice on insulin detemir highlighted that the licensed indication has been amended to include children aged 1 year and above.

It is estimated that no more than four patients aged 1–2 years would be eligible for treatment with insulin detemir each year, at an estimated cost per patient of £75.50 per year. The maximum budget impact resulting from the use of insulin detemir in 1-2 year olds would therefore be £302.00 per year. This figure assumes that all eligible patients are treated with insulin detemir, and does not account for the savings from displacement of existing insulin treatment options. Therefore, the true budget impact is likely to be lower.