Dulaglutide (Trulicity®) solution for injection 1.5mg & 0.75mg

For the treatment of Type II Diabetes Mellitus in adults

Commissioning Statement

Fylde and Wyre Clinical Commissioning Group has agreed to fund the prescribing of Dulaglutide (Trulicity®) solution for injection 1.5mg & 0.75mg for the treatment of Type II Diabetes Mellitus in adults to improve glycaemic control.

Dulaglutide is a drug appropriate for initiation and ongoing prescribing in both primary and secondary care when prescribed in the clinical circumstances outlined in NICE Guideline 28.

This medicine is classified as GREEN for this indication

Supporting information:

Two studies (AWARD-1 and -2), which were open-label except for the comparison with placebo in the first, recruited adults with type 2 diabetes and inadequate glycaemic control defined as glycosylated haemoglobin (HbA1c) at least 7% (but not exceeding 11% on OAD monotherapy and 10% on OAD combination therapy). Patients entered lead-in periods where those not receiving specified OADs (i.e. metformin plus pioglitazone in AWARD-1 and metformin and glimepiride in AWARD-2) were switched from their existing OAD to these and doses up-titrated over two or four weeks in the respective studies and then maintained on stable doses for eight weeks. Patients with HbA1c greater than 6.5% after lead-in periods were randomised to study treatment, with stratification for country and HbA1c (≤8.5% or >8.5%).

In the AWARD-1 study patients were assigned to 52 weeks’ treatment with dulaglutide 1.5mg or 0.75mg s/c once weekly; exenatide 5 micrograms s/c twice daily for 4 weeks then 10micrograms s/c twice daily; or placebo s/c once weekly for 26 weeks then dulaglutide 1.5mg or 0.75mg s/c once weekly. In the AWARD-2 study patients were randomised equally to 78 weeks’ treatment with dulaglutide 1.5mg or 0.75mg s/c once weekly or insulin glargine once daily titrated to achieve fasting plasma glucose <5.6mmol/L. The primary outcome was mean change in HbA1c from baseline to week 26 and 52 in the respective studies. This was assessed in the intention-to-treat population, which comprised all randomised patients who received at least one dose of study drug using analysis of covariance (ANCOVA) with last observations carried forward for missing data and time-points after administration of rescue medication. AWARD-1 was designed to test superiority to placebo then non-inferiority to active comparator. In both studies non-inferiority to active comparators was assessed using a 0.4% margin.

In AWARD-1 least squares (LS) mean changes from baseline to week 26 in HbA1c with dulaglutide 1.5mg, dulaglutide 0.75mg, exenatide and placebo were -1.51%, -1.30%, -0.99% and -0.46%, respectively. These were significantly greater for dulaglutide 1.5mg and 0.75mg compared to placebo with differences of -1.05% and -0.84%; and compared to exenatide, with differences of -0.52% and -0.31% respectively. LS mean change in body weight from baseline to week 26 was -1.30kg, 0.20kg, -1.07kg and 1.24kg in the dulaglutide 1.5mg and 0.75mg, exenatide and placebo groups, respectively.
In AWARD-2 LS mean changes from baseline to week 52 in HbA1c with dulaglutide 1.5mg, dulaglutide 0.75mg and insulin glargine were -1.08%, -0.76%, and -0.63%, respectively. Non-inferiority was demonstrated for both doses of dulaglutide compared to insulin glargine, and dulaglutide 1.5mg was also superior. Differences compared to insulin glargine were -0.45% for dulaglutide 1.5mg and -0.13% for dulaglutide 0.75mg. Mean change in body weight from baseline to week 52 was significantly different in the dulaglutide 1.5mg and dulaglutide 0.75mg groups compared to insulin glargine: -1.87kg and -1.33kg versus 1.44kg, respectively.

In AWARD-1 and -2 there was little change from baseline and generally no consistent significant differences between active treatments for EQ-5D dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and visual analogue scale of current health state. In AWARD-1 at 52 weeks mean change from baseline in Diabetes Treatment Satisfaction Questionnaire (DTSQ)-status score and the similar mean DTSQ-change score (both on 36-point scales) were significantly greater with dulaglutide 1.5mg compared to exenatide, with between treatment differences of 1.37 and 1.35 on the respective scales. DTSQ-status and DTSQ-change items 2 and 3 assess patients’ perceptions of frequency of hyperglycaemia and hypoglycaemia on 6-point scales, respectively. In the AWARD-1 study there were significant differences on both scales between dulaglutide 1.5mg and 0.75mg versus exenatide for item 2 (hyperglycaemia), which were typically less than 0.8 points; and for item 3 (hypoglycaemia), on mean change in DTSQ-status score only, which was less than 0.4 points.iii

Evidence was also provided from a supportive study with metformin monotherapy as the baseline therapy. In the supportive AWARD-6 study, which was an open-label non-inferiority study, 599 adults with type 2 diabetes inadequately controlled on metformin were randomised to dulaglutide 1.5mg s/c once weekly or liraglutide 1.8mg s/c once daily for 26 weeks. The primary outcome, LS mean change from baseline to week 26, was -1.42% and -1.36% in the respective groups, with a difference of -0.06%, which was within the pre-specified margin for noninferiority of 0.4%. Mean reduction in body weight at week 26 was 2.90kg and 3.61kg respectively, with a difference between groups of 0.71kg (p=0.011).v

For details around the colour classification system please refer to the website of the Lancashire Medicines Management Group at: http://www.lancsmmg.nhs.uk/

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