SEL Area Prescribing Committee
Biosimilar insulin glargine – Position Statement, June 2017

Reference:	**PS-003**
Intervention:	**Biosimilar insulin glargine marketed in the UK as Abasaglar®.** *The therapeutic indications, dosing regimen and strength of Abasaglar® are the same as those of Lantus®. Abasaglar® is available as a Kwikpen® pre-filled pen and as a cartridge whereas Lantus® is available as a Solostar® pre-filled pen, a cartridge and a vial.*
Date of Decision:	**March 2017**
Date of Issue:	**June 2017**
Recommendation:	**AMBER 2 – Initiation by diabetes specialist team, first prescription from the specialist diabetes team.**
Further Information:	1. For patients appropriate for initiation of an analogue insulin in line with NICE, Abasaglar® should be prescribed based on acquisition cost. 2. Clinicians titrating a patient's Lantus® dose due to inadequate glycaemic control should consider changing to Abasaglar® based on acquisition cost, while maintaining consideration of user ability and satisfaction with a device. 3. Patients whose clinical condition remains stable on Lantus® should continue on their current treatment. Blanket switching of patients between different insulin glargine preparations is **not** supported. 4. For patients switching between biosimilar insulin glargine products, a dose for dose change is recommended. Appropriate support and vigilant monitoring to assess changes in glycaemic control must be in place. 5. Prescribers will use the **BRAND NAME** when prescribing insulin glargine, to ensure that substitution of a biosimilar product does not occur when the medicine is dispensed by the pharmacist.
Cost Impact for agreed patient group	1. The cost of Abasaglar® is approximately 15% lower than Lantus® (BNF 72, September 2016). 2. The manufacturer conducted a cost-minimisation analysis which demonstrated an average annual cost saving of £49.43 per patient treated with Abasaglar®; sub-group analyses indicated average annual cost savings of £38.02 and £60.83 for T1DM and T2DM patients respectively.
Usage Monitoring & Impact Assessment	**Acute Trusts** – To monitor and submit usage and audit data to the APC on request. **CCGs** • Monitor epact data • Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.
Evidence Reviewed	**Key references:** 1. UKMI. In Use Product Safety Assessment Report for Toujeo and Abasaglar (insulin glargines). October 2015. 2. Hooker, N. London Medicines Evaluation Network. Answers to commonly asked questions about biosimilar versions of insulin glargine. October 2015. 3. National Institute for Health and Clinical Excellence. Diabetes mellitus type 1 and type 2: insulin glargine biosimilar (Abasaglar). December 2015. 4. All Wales Therapeutics and Toxicology Centre. AWMSG Secretariat Assessment Report. Insulin glargine (Abasaglar) 100 units/ml solution for injection. Reference number: 2307. October 2015. 5. MHRA Drug Safety Update: Biosimilar Products. February 2008

NOTES:

a) Area Prescribing Committee recommendations, position statements and minutes are available publicly on member CCG websites.

b) This Area Prescribing Committee position statement has been made on the cost effectiveness, patient outcome and safety data available at the time. The position statement will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) Not to be used for commercial or marketing purposes. Strictly for use within the NHS.