AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:0075		APCBSSE/0075
Drug name and formulations:		Fiasp® - Insulin aspart
Criteria	***Example***	**Committee Consensus**
Patient Safety	*Potential for abuse, toxicity, significant drug interactions*	Comparable to current rapid acting insulin preparations on the formulary. There may be an increased risk of confusion from extending the formulary further but no inherent patient safety risks noted.
Clinical effectiveness	*Established licensed product*	Fiasp® comparable to similar products/rapid acting insulins on the formulary. Found to be non-inferior to NovoRapid®
Strength of evidence		The evidence presented supports non-inferior status compared with other rapid acting insulins.
Cost effectiveness or resource impact	*£*	Similar to current products/rapid acting insulins. May become more expensive when patent expires and/or biosimilar becomes available.
Place of therapy relative to available treatments	*1/2nd tier*	Second line agent in the defined cohort of patients.
National guidance and priorities	*NICE, MTRAC*	SMC accepted for use. Evidence is consistent with NICE guidelines for diabetes in pregnancy which outlines recommendations for post prandial glucose targets
Local health priorities	*CCG views*	Diabetes is high priority, especially in view of high infant mortality locally. Better care during pregnancy may help reduce this.
Equity of access	*Equality assessment*	N/A
Stakeholder views	*Define wider groups to be engaged*	N/A
Implementation requirements	*Requires, RICAD ESCA etc.*	N/A

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	N/A
Not approved and rationale:	N/A
Formulary status (RAG) and rationale	RED status for specialist use in pregnancy. Rationale: Gestational diabetes in managed in secondary care. Small patient numbers anticipated. Patients expected to have regular contact with specialist. Insufficient evidence of benefit over existing products for other 2 patient cohorts identified within the application.
Implementation requirements:	N/A
Implementation monitoring:	N/A