

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: | | APCBSSE/00026 |
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| Drug name and formulations: | | Abasaglar® (insulin glargine biosimilar) |
| Criteria | Example | Committee Consensus |
| Patient Safety | <i>Potential for abuse, toxicity, significant drug interactions</i> | Similar safety profile to Lantus®. No additional safety concerns if prescribed by brand. The abbreviated unit sign “U” on labelling of pen device and cartridge instead of units may lead to prescribing transcription errors. |
| Clinical effectiveness | <i>Established licensed product</i> | Demonstrated to be equal to Lantus®. |
| Strength of evidence | | Robust due to licensing requirements of a biosimilar. |
| Cost effectiveness or resource impact | £ | Appreciable savings (15% cheaper than Lantus®). |
| Place of therapy relative to available treatments | <i>1/2nd tier</i> | 1 st tier in new patients. |
| National guidance and priorities | <i>NICE, MTRAC</i> | NICE guidance for T1DM and T2DM supports the use of long acting insulin analogues, including biosimilars of insulin glargine 100 units/mL. |
| Local health priorities | <i>CCG views</i> | CCGs are supportive. |
| Equity of access | <i>Equality assessment</i> | N/A |
| Stakeholder views | <i>Define wider groups to be engaged</i> | N/A |
| Implementation requirements | <i>Requires, RICAD ESCA etc.</i> | None identified |
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Decision Summary

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| Resubmission is recommended to complete the information to enable a decision: | |
| Not approved and rationale: | |
| Formulary status (RAG) and rationale | GREEN. Formulary must be annotated to recommend prescribing by brand. |

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| | <p>Although the presenting clinician requested use in new patients only, it may be worth considering switching patients currently on Lantus® to Abasaglar® once there is more clinical experience. HOWEVER this would <u>require patient engagement and a managed approach</u> with blood glucose monitoring, since dosage adjustments could theoretically be required.</p> |
| Implementation requirements: | |
| Implementation monitoring: | |