Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

HERTFORDSHIRE AND WEST ESSEX AREA PRESCRIBING COMMITTEE (HWE APC)

BIOSIMILAR INSULINS (SEMGLEE® AND TRURAPI®) FOR DIABETES MELLITUS

RECOMMENDED FOR RESTRICTED USE

Name: generic (trade)	What it is	Indication	Date Decision last revised	Decision Status	NICE / SMC Guidance
Biosimilar insulin glargine (100units/ml) (Semglee®) Biosimilar insulin aspart (100units/ml) (Trurapi®)	Long-acting insulin analogue Rapid-acting insulin analogue	Diabetes mellitus - Type 1 & 2 (T1 & T2DM)	July 2023. Implementation Plan agreed April 2024.	Final	NICE – none SMC – none

AMBER INITIATION: Initiation by specialists in community, secondary or tertiary care and continuation in primary care. Initiation can be undertaken by insulin initiating practices in primary care.

Biosimilar insulins (Semglee® and Trurapi®) are RECOMMENDED FOR RESTRICTED USE as the first-choice option for new <u>adult</u> patients where the reference insulin is indicated (see table below).

Biosimilar insulin(s)	Available forms	Reference insulin	Available forms
Semglee® (Insulin glargine 100units/ml) **Abasaglar®*** (Insulin glargine 100units/ml)	Pre-filled pen Pre-filled pen Cartridges	**Lantus®** (Insulin glargine 100units/ml)	Pre-filled pen Vials Cartridges
Trurapi® (Insulin aspart 100units/ml)	Pre-filled pen Vials Cartridges	**NovoRapid®** (Insulin aspart 100units/ml)	Pre-filled pen Vials Cartridges

**Abasaglar® is the least cost-effective form of insulin glargine 100units/ml and is not recommended for new patients. Prescribing may continue for existing patients stabilised on Abasaglar®.*

- **Prescribe BY BRAND to ensure brand/product continuity and minimise risk of substitution.**
- For existing patients stabilised on a particular brand of insulin, switching to a more cost-effective biosimilar insulin may be considered by specialist-led services or insulin initiating practices following a discussion with the patient.
- The reference insulins (Humalog®, Lantus® and NovoRapid®) are to remain as formulary options to enable prescribing in children and young people (in line with East of England Paediatric Network guidelines) and can be used in adults where it is not clinically appropriate to initiate, or to switch to, the biosimilar insulin. Examples of these circumstances include (note this is not an exhaustive list):
  1. The patient requires use of a “smart” re-usable insulin delivery device (NovoPen® 6 / NovoPen® Echo Plus) to allow data sharing with a healthcare professional and the biosimilar insulin cartridge is not compatible.
  2. The patient’s insulin pump is not licensed for use with the biosimilar insulin.
  3. The biosimilar insulin is not available in the dosage form which is most appropriate for the patient (e.g. the biosimilar insulin Semglee® is only available as a pre-filled pen and cannot be used in patients that require insulin glargine 100units/ml cartridges).
- **An implementation plan has been developed to support safe implementation of the biosimilar insulins across HWE ICB.**

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BIOSIMILAR INSULIN IMPLEMENTATION PLAN

Action required:	Actions required/by:
Education and training for patients regarding use of the biosimilar insulin.	**Initiating diabetes specialists/primary care clinicians who have undertaken suitable training on insulin initiation.**
Use of 'insulin passports'.	**Initiating diabetes specialists/primary care clinicians who have undertaken suitable training on insulin initiation** to issue insulin passport to all patients initiated on a biosimilar insulin.
	All healthcare professionals to refer to patient's insulin passport at point of prescribing, dispensing or administration.
All insulins **should be prescribed by brand name**; prescriptions should also include the strength and device	**All prescribers** (primary and secondary care). **ICB** to add GP prescribing system message (via ScriptSwitch) to generic entries of insulins to advise brand prescribing.
Education for hospital staff regarding availability/use of biosimilar insulins.	**Provider organisations** via newsletters/medication safety training sessions or equivalents, with initial and on-going reinforcement by ward pharmacy staff to consolidate learning. The availability/use of biosimilar insulins also to be included in routine staff induction training (as part of medication safety programmes) for all staff involved in prescribing/administering insulins. **Diabetes Nurse Specialists** to include in routine training sessions for nurses/healthcare professionals.
Review by provider organisations of existing policies/procedures. To include need to: • review storage to mitigate risk of picking errors. • review paper/electronic prescribing systems (to reduce the risk of prescribing errors), e.g. for electronic systems: consider use of 'pop-up' warnings / removal of option for generic insulin names. • ensure systems are in place to ensure pharmacy personnel clarify the insulin product and presentation during medicines reconciliation. • use of retractable pen needles where patients unable to self-administer.	**Provider organisations.**

Education for community pharmacy staff. To include: • availability/use of biosimilar insulins. • need to review storage to mitigate risk of picking errors. • need to show the insulin container to the patient/carer at dispensing to confirm that the expected version of insulin has been dispensed. • need to inform prescriber if the prescribed insulin is unavailable/out of stock.	Information to be circulated by **ICBs** in newsletters to community pharmacies. Community Pharmacy Hertfordshire (Herts LPC) and Community Pharmacy Essex (Essex LPC) also to circulate information via newsletter and at LPC community pharmacy meetings.

Education for GPs and practice staff. regarding:
• availability/use of biosimilar insulins.
• need to consider reviewing paper/electronic prescribing systems (to reduce the risk of prescribing errors), e.g. for electronic systems: consider use of 'pop-up' warnings / removal of option for generic insulin names.
• For non-insulin initiating practices:
  ○ need to request advice and guidance from the diabetes specialist team if switching from a reference insulin to a biosimilar insulin (or vice versa) is required (e.g. due to supply issue).
• For dispensing practices:
  ○ need to review storage to mitigate risk of picking errors;
  ○ need to show the insulin container to the patient/carer at dispensing to confirm that the expected version of insulin has been dispensed.
	Information to be circulated by **ICB** in newsletters to GPs, practice nurses and GP/PCN pharmacists. Also to be raised by ICB at GP prescribing lead meetings.
	GP practices – information to be included in medication safety training sessions or equivalent, with initial and on-going reinforcement by **GP/PCN pharmacists** and **Diabetes Nurse Specialists.**
	GP practices – the availability/use of biosimilar insulins also to be included in routine staff induction training (as part of medication safety programmes) for all staff involved in prescribing/dispensing/administering insulins.

Education for community healthcare professionals regarding availability/use of biosimilar insulins (to include need to use retractable pen needles where patients unable to self-administer).	Information to be circulated to community nursing teams via **CLCH**, **HCT and EPUT** (i.e. for staff in HWE ICB). The availability/use of biosimilar insulins also to be included in routine staff induction training (as part of medication safety programmes) for all staff involved in prescribing/administering insulins.
Education for care home staff regarding availability/use of biosimilar insulins (to include need to review storage to mitigate risk of picking errors & need to use retractable pen needles where patients unable to self-administer).	Information to be circulated to care home providers in HWE ICB by PMOT care home team. On-going reinforcement by ICB care home pharmacists and GP/PCN pharmacists.

Version	1.0 1.1 Updated to remove Admelog following the discontinuation from manufacturer
Developed by	Pharmacy and medicines optimisation team Hertfordshire and West Essex (HWE) ICB with relevant HWE ICS stakeholders
Approved by	Hertfordshire and West Essex Area Prescribing Committee
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