South East London Integrated Medicines Optimisation Committee
Formulary recommendation

Reference	**115**
Intervention:	**Fiasp™ insulin (insulin aspart) for the management of diabetes mellitus in adults** (Fiasp™ is a fast-acting insulin aspart formulation)
Date of Decision:	**January 2020**
Date of Issue:	**February 2020, re-issued September 2024 – updated with minor amendments**
Recommendation:	**Amber 2– initiation and first prescription from the specialist diabetes team**
Further Information	• Fiasp™ is a newer formulation of the existing fast-acting insulin aspart product NovoRapid™. The addition of nicotinamide (vitamin B3) in Fiasp™ results in a more rapid initial absorption of insulin compared to conventional NovoRapid™.Fiasp™ is a mealtime insulin for subcutaneous administration up to 2 minutes before the start of the meal, with the option to administer up to 20 minutes after starting the meal. • Fiasp™ is accepted for use in South East London as a **second-line** fast acting insulin option in people with diabetes mellitus where the first line rapid acting insulin analogue does not provide adequate post-prandial plasma glucose (PPG*) control. • Use of Fiasp™ as a second-line option is approved in the following patient cohorts only: - Adult patients with Type 1 diabetes mellitus (T1DM) or cystic fibrosis related diabetes with sub-optimal control of PPG excursions that is impairing ability to achieve target glycaemic control. - Pregnant women with diabetes (T1DM or Type 2 DM) or gestational diabetes where post prandial control is of particular importance for foetal health. - Where a post-meal insulin injection would be of benefit to PPG control due to social, physiological or psychological reasons (Fiasp™ can be administered up to 20 minutes after starting the meal versus Novorapid™ and Humalog™ which are to be administered pre-meal only). • The criteria for use of Fiasp™ are the same as the criteria for the use of Lyumjev™ (fast-acting insulin lispro), as outlined in Formulary Recommendation 151. • Patients changed to Fiasp™ must be adequately counselled on the new fast acting insulin by the initiating prescriber. • There should be regular review by the diabetes specialist of eligible patients who are switched to Fiasp™ to ensure ongoing effectiveness. • A number of fast-acting insulins are included on the SEL formulary. Any inadvertent substitution has the potential to impact on patient safety. In view of this, these insulins must be prescribed **BY BRAND** to ensure brand continuity in people with diabetes and to minimise the risk of substitution/medication errors/patient harm. *PPG is the plasma glucose concentration after eating.
Shared Care/ Transfer of care required:	N/A

Cost Impact for agreed patient group	The cost implication from switching patients from either Novorapid™ or Humalog™ would be cost neutral as the prices in their various preparations are identical (in the case of Fiasp™ and Novorapid™) or relatively identical (Fiasp™ and Humalog™). This recommendation will be subject to ongoing review in line with the availability of biosimilar preparations of insulin aspart and their implementation.
Usage Monitoring & Impact Assessment	**Acute Trusts:** • Providers to monitor use and submit usage data and audit reports (against this recommendation) upon request to the IMOC.
	SEL Borough Medicines Teams: • Monitor EPACT 2 data • Exception reports from GPs if inappropriate prescribing requests are made to primary care.
Evidence reviewed	**References (from evidence evaluation)** 1. Russell-Jones D et al. Fast-acting insulin aspart improves glycaemic control in basal-bolus treatment for Type 1 diabetes: Results of a 26-week multicentre, active-controlled, treat-to-target, randomised, parallel-group trial (Onset 1) (2017). Diabetes Care; volume 30: pages 943-950. 2. Summary of Product Characteristics. Fiasp 100 units/mL solution for injection in cartridge (Penfill). Last updated 18/10/19/. Accessed online via: https://www.medicines.org.uk/emc/product/8108/smpc Last accessed 04/12/19. 3. National Institute for Health and Care Excellence. Type 1 diabetes in adults: diagnosis and management (NG17). Accessed online via: https://www.nice.org.uk/guidance/ng17/chapter/1-Recommendations#insulin-therapy-2 Last accessed 02/01/20. 4. Russell-Jones D et al. Fast Acting Insulin Aspart Improves Glycaemic Control in Basal-Bolus Treatment for Type 1 Diabetes: results of a 26-week multicentre, active-controlled, treat-to-target, randomised, parallel-group trial (2017). Diabetes Care; volume 40: pages 943-950. 5. Human Medicine European 2017 Public Assessment Report (EPAR): Fiasp. Available online via: https://www.ema.europa.eu/en/documents/assessment-report/fiasp-epar-public-assessment-report_en.pdf Last accessed 04/12/19. 6. Bode BW et al. Efficacy and Safety of Fast-Acting Insulin Aspart Compared With Insulin Aspart, Both In Combination With Insulin Degludec, In Children and Adolescents With Type 1 Diabetes (2019). Diabetes Care; volume 42: pages 1255-1262. 7. Bode BW et al. Improved Postprandial Glycaemic Control With Faster-Acting Insulin Aspart In Patients With Type 1 Diabetes Using Continuous Subcutaneous Insulin Infusion (2017). Diabetes Technology and Therapeutics; volume 19(1), pages 25-33. 8. Guide to HbA1c. Accessed online via: Diabetes.co.uk. Last accessed 07/01/2020. 9. International Diabetes Federation. Guideline for Management of PostMeal Glucose in Diabetes (2011). Accessed online via: https://www.idf.org/e-library/guidelines/82-management-of-postmeal-glucose.html. Last accessed 02/01/20. 10. Scottish Medicines Consortium. Insulin aspart (Fiasp) 2017. Accessed online via: https://www.scottishmedicines.org.uk/medicines-advice/insulin-aspart-fiasp-abbreviatedsubmission-122717/. Last accessed 03/01/20.

NOTES:

a) SEL IMOC recommendations and minutes are available publicly via the website.

b) This SEL IMOC recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation 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