NHS
Fylde and Wyre
Clinical Commissioning Group

Insulin Aspart (Fiasp®) solution for injection

for the treatment of diabetes mellitus in adults

Commissioning Statement

Fylde and Wyre Clinical Commissioning Group has agreed to fund the prescribing of Insulin Aspart (Fiasp®) solution for injection for the treatment of diabetes mellitus in adults who are suitable for NovoRapid® and their diabetes cannot be adequately managed with alternative formulary choices and at least one of the following applies:

- Where the prescriber believes a faster onset of action would be beneficial to the patient
- Where a patient requires 'tight' control of blood sugar levels
- Where a patient has rapid post meal increase in blood sugar levels

This medicine is classified as GREEN (Restricted) for this indication

Summary of supporting evidence

- Fiasp® is insulin aspart in a new formulation with a faster onset of action than NovoRapid® . There are currently no alternative formulations of insulin aspart available or in development.
- Onset 1 demonstrated noninferiority of Fiasp®, for both mealtime and post-meal dosing, compared to mealtime NovoRapid® in terms of change from baseline in HbA1c in type 1 patients (and superiority for mealtime Fiasp® versus mealtime NovoRapid®).
- Onset 2 supported the results of onset 1 demonstrating noninferiority of mealtime Fiasp® with mealtime NovoRapid® in terms of change from baseline in HbA1c.
- Noninferiority of post-meal Fiasp® compared to mealtime NovoRapid® may offer flexibility of bolus dosing in certain situations when an individual is unable to predict the exact timing or carbohydrate content of a meal in advance (e.g. on social occasions), when experiencing lack of appetite or nausea (e.g. the very elderly or frail), when appetite is unpredictable (e.g. children), if an injection is forgotten, or if an individual is anxious about severe hypoglycaemia.
- NICE guidance does not recommend the routine use of rapid-acting insulin analogues after meals for adults with type 1 diabetes.
- Apart from differences in the timing of the hypoglycaemic episodes, no significant differences of clinical importance in the pattern, proportions and rates of adverse events were identified between Fiasp® and NovoRapid® in either type 1 or type 2 diabetes mellitus.
- Both onset 1 and onset 2 demonstrated superior post prandial glucose control at 1 hour for mealtime Fiasp® compared to mealtime NovoRapid® . The clinical relevance of these findings is uncertain but may benefit certain patient cohorts (e.g. pregnant patients).
- If Fiasp® was used in place of NovoRapid® no cost burden is expected, although availability of Fiasp® could further complicate the treatment pathway given that several rapid-acting insulin analogues are already available.

For details around the colour classification system please refer to the website of the Lancashire Medicines Management Group at: http://www.lancsmmg.nhs.uk/