



More from PHARMAC on long-acting insulin analogues: insulin glargine now funded

Further to PHARMAC's response in the *Journal* on long-acting insulin analogues (<http://www.nzma.org.nz/journal/118-1224/1716/>), insulin glargine (Lantus) will now be funded on the Pharmaceutical Schedule from 1 July. Insulin glargine will be available under Special Authority for those patients who have failed to control their diabetes with conventional insulins or who are allergic to conventional insulins. Details of the Special Authority requirements are described below.

In addition, people with a Special Authority approval for insulin glargine will also be able to have a free Owen Mumford Autopen to inject the treatment. With the Owen Mumford Autopen, insulin is delivered automatically by sliding a side-mounted button instead of having to manually press a plunger. Owen Mumford claims that this means that whatever the dose size or needle gauge, it takes the same amount of minimal force every time to inject, without causing any unnecessary pressure or bruising at the injection site.

One injection with insulin glargine lasts for up to 24 hours, compared with up to three injections a day with conventional insulins. The criteria for subsidising insulin glargine will see about 3200 patients using the treatment within three years, or about 10% of all people currently using insulin. The funding of current insulin products such as insulin costs about \$19 million per annum; we estimate that insulin glargine will mean further expenditure of more than \$5 million over the next five years.

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Conflicts of interest: None declared.

Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Both:

1.1 Patient has type 1 diabetes and has received an intensive regimen (injections at least three times a day) of an intermediate acting insulin in combination with a rapid acting insulin analogue for at least three months; and

1.2 Either:

1.2.1 Patient has experienced more than one unexplained severe hypoglycaemic episode in the previous 12 months (severe defined as requiring the assistance of another person); or

1.2.2 Patient has experienced unexplained symptomatic nocturnal hypoglycaemia, biochemically documented at <3.0 mmol/L, more than once a month despite optimal management;

Or

- 2 Patient has documented severe, or continuing, systemic or local allergic reaction to existing insulins. Note this does not include hypoglycaemic episodes.

Renewal only from a relevant specialist or general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 3 Patient is continuing to derive benefit due to reduced hypoglycaemic events whilst maintaining similar or better glycaemic control;

Or

- 4 Patient's allergic reaction has significantly decreased, or resolved, following the change to long-acting insulin and patient is continuing to benefit from treatment.