are considered impractical or inappropriate. Children on insulin pumps should undergo a trial of multiple-injection therapy between the ages of 12 and 18 years.
www.nice.org.uk/guidance/ta151

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **Fiasp** (Novo Nordisk Ltd) ▼
  Insulin aspart 100 unit per 1 ml Fiasp 100units/ml solution for injection 10ml vials | 1 vial PoM £14.08 DT = £14.08
- **Fiasp FlexTouch** (Novo Nordisk Ltd) ▼
  Insulin aspart 100 unit per 1 ml Fiasp FlexTouch 100units/ml solution for injection 3ml pre-filled pens | 5 pre-filled disposable injection PoM £30.60 DT = £30.60
- **Fiasp Penfill** (Novo Nordisk Ltd) ▼
  Insulin aspart 100 unit per 1 ml Fiasp Penfill 100units/ml solution for injection 3ml cartridges | 5 cartridge PoM £28.31 DT = £28.31
- **NovoRapid** (Novo Nordisk Ltd)
  Insulin aspart 100 unit per 1 ml NovoRapid 100units/ml solution for injection 10ml vials | 1 vial PoM £14.08 DT = £14.08
- **NovoRapid FlexPen** (Novo Nordisk Ltd)
  Insulin aspart 100 unit per 1 ml NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens | 5 pre-filled disposable injection PoM £30.60 DT = £30.60
- **NovoRapid FlexTouch** (Novo Nordisk Ltd)
  Insulin aspart 100 unit per 1 ml NovoRapid FlexTouch 100units/ml solution for injection 3ml pre-filled pens | 5 pre-filled disposable injection PoM £32.13 DT = £30.60
- **NovoRapid Penfill** (Novo Nordisk Ltd)
  Insulin aspart 100 unit per 1 ml NovoRapid Penfill 100units/ml solution for injection 3ml cartridges | 5 cartridge PoM £28.31 DT = £28.31
- **NovoRapid PumpCart** (Novo Nordisk Ltd)
  Insulin aspart 100 unit per 1 ml NovoRapid PumpCart 100units/ml solution for injection 1.6ml cartridges | 5 cartridge PoM £15.10 DT = £15.10

Ⓕ 490

Insulin glulisine

27-Jul-2018

(Recombinant human insulin analogue—short acting)

- **INDICATIONS AND DOSE**

Diabetes mellitus

- BY SUBCUTANEOUS INJECTION
- Child: Administer immediately before meals or when necessary shortly after meals, according to requirements
- BY SUBCUTANEOUS INFUSION, OR BY INTRAVENOUS INFUSION
- Child: According to requirements

- **UNLICENSED USE** Not licensed for children under 6 years.
- **INTERACTIONS** → Appendix 1: insulins
- **DIRECTIONS FOR ADMINISTRATION** Short-acting injectable insulins can be given by continuous subcutaneous infusion using a portable infusion pump. This device delivers a continuous basal insulin infusion and patient-activated bolus doses at meal times. This technique can be useful for patients who suffer recurrent hypoglycaemia or marked morning rise in blood-glucose concentration despite optimised multiple-injection regimens. Patients on subcutaneous insulin infusion must be highly motivated, able to monitor their blood-glucose concentration, and have expert training, advice and supervision from an experienced healthcare team.
- **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus (type 1) (July 2008)** NICE TA151
  Continuous subcutaneous insulin infusion is recommended as an option in adults and children 12 years and over with type 1 diabetes:
  - who suffer repeated and unpredictable hypoglycaemia, whilst attempting to achieve optimal glycaemic control with multiple-injection regimens, **or**
  - whose glycaemic control remains inadequate (HbA_{1c} over 8.5% [69 mmol/mol]) despite optimised multiple-injection regimens (including the use of long-acting insulin analogues where appropriate).

  Continuous subcutaneous insulin infusion is also recommended as an option for children under 12 years with type 1 diabetes for whom multiple-injection regimens are considered impractical or inappropriate. Children on insulin pumps should undergo a trial of multiple-injection therapy between the ages of 12 and 18 years.
  www.nice.org.uk/guidance/ta151

Scottish Medicines Consortium (SMC) decisions

The *Scottish Medicines Consortium* has advised (November 2008) that *Apidra*® is accepted for restricted use within NHS Scotland for the treatment of adults and children over 6 years with diabetes mellitus in whom the use of a short-acting insulin analogue is appropriate.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **Apidra** (Sanofi)
  Insulin glulisine 100 unit per 1 ml Apidra 100units/ml solution for injection 3ml cartridges | 5 cartridge PoM £28.30 DT = £28.30
  Apidra 100units/ml solution for injection 10ml vials | 1 vial PoM £16.00 DT = £16.00
- **Apidra SoloStar** (Sanofi)
  Insulin glulisine 100 unit per 1 ml Apidra 100units/ml solution for injection 3ml pre-filled SoloStar pens | 5 pre-filled disposable injection PoM £28.30 DT = £28.30

Ⓕ 490

Insulin lispro

18-Feb-2020

(Recombinant human insulin analogue—short acting)

- **INDICATIONS AND DOSE**

Diabetes mellitus

- BY SUBCUTANEOUS INJECTION
- Child 1 month–1 year: Administer shortly before meals or when necessary shortly after meals, according to requirements
- Child 2–17 years: Administer shortly before meals or when necessary shortly after meals, according to requirements
- BY SUBCUTANEOUS INFUSION, OR BY INTRAVENOUS INFUSION, OR BY INTRAVENOUS INJECTION
- Child 1 month–1 year: According to requirements
- Child 2–17 years: According to requirements

- **UNLICENSED USE** Not licensed for use in children under 2 years.
- **INTERACTIONS** → Appendix 1: insulins
- **PREGNANCY** Not known to be harmful—may be used during pregnancy.
- **BREAST FEEDING** Not known to be harmful—may be used during lactation.
- **DIRECTIONS FOR ADMINISTRATION** Short-acting injectable insulins can be given by continuous subcutaneous infusion using a portable infusion pump. This device delivers a continuous basal insulin infusion and patient-activated bolus doses at meal times. This technique can be useful for patients who suffer recurrent hypoglycaemia or marked morning rise in blood-glucose concentration despite optimised multiple-injection regimens (see also NICE guidance, below). Patients on subcutaneous insulin infusion must be highly motivated, able to monitor their blood-glucose concentration, and have expert training,