

Industry update

With so many ongoing advances in the management of diabetes, this section keeps you up to date with product-related developments and other relevant news

Onglyza[®] granted licence extension

Onglyza[®] (saxagliptin), a dipeptidyl peptidase-4 (DPP-4) inhibitor marketed by Bristol-Myers Squibb and AstraZeneca, has been granted a licence extension by the European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP) as a part of triple oral therapy in adults with T2D. Saxagliptin is recommended for use when metformin and sulphonylurea do not achieve appropriate glycaemic control.

Komboglyze[®] (saxagliptin and metformin HCl immediate-release fixed dose combination) has also been endorsed for triple oral therapy. This combination product has potential benefits for people receiving multiple therapies for co-morbidities by lowering pill burden and reducing medication regimens in older patients.

ILUVIEN[®] launched in UK for DMO treatment

ILUVIEN[®], a sustained release implant developed by Alimera Sciences, has become available in the UK for the treatment of vision impairment in chronic diabetic macular oedema (DMO). In cases where other treatments have failed, ILUVIEN[®] can be injected into the retina, where the intravitreal implant will release sustained levels of fluocinolone acetonide (FAc) for up to 36 months.

Alimera Sciences has also submitted a Patient Access Scheme (PAS) to NICE, in the hope that NICE will revise their prescription guidelines and ILUVIEN[®] will become funded for the treatment of chronic DMO by the NHS across England and Wales.

LifeScan Inc issued global recall of OneTouch[®] Verio[®] blood glucose meters

LifeScan Inc has initiated a recall of its OneTouch[®] Verio[®]IQ, OneTouch Verio[®]Pro and OneTouch Verio[®]Pro+ blood glucose monitors with immediate effect. Registered users, healthcare professionals and pharmacies across the world were notified of the voluntary recall and replacement, after it was found that the products do not operate effectively at exceptionally high blood glucose levels of 56.8 mmol/L and over.

LifeScan warned that the OneTouch Verio[®] Pro[®] records and displays an incorrect blood glucose reading at concentrations higher than 56.8 mmol/L, whereas the Verio[®] IQ[®] is likely to switch off.

Blood glucose concentrations at this level are an extremely serious health risk

and require immediate medical attention. Although it is highly unlikely that people with diabetes would experience blood glucose values as high as 56.8 mmol/L, improper detection of such glucose levels could lead to delayed or incorrect treatment for hyperglycaemia, possibly causing injury.

Dr Michael Pfeifer, LifeScan's Chief Medical Officer, said: "The safety of our patients is our highest priority. When we learn that a product does not fully meet our expected standards, we will voluntarily notify our regulators, customers and patients and take corrective action. We regret any difficulties these actions may cause; however, we will always err on the side of caution and act in the best interests of our patients."

Insulin pump audit: UK lags behind Europe

Data from the UK's first insulin pump audit show that only 7% of an estimated 247 500 people with T1D have access to an insulin pump, which is significantly lower than other European countries such as Germany and Norway, where 15% of people have access to an insulin pump.

As a result, Diabetes UK and the Juvenile Diabetes Research Foundation (JDFR) have expressed concerns that people with T1D are being left at high-risk of developing serious complications because the NHS is not providing sufficient numbers of insulin pumps to people across the country.

Produced by Ian Gallen, Fellow of NICE, the report revealed that 19% of children have access to an insulin pump in the UK, which is less than comparable European countries. Pump usage is even greater in the US, where 40% of people with T1D are treated with an insulin pump.

According to the report, low numbers of healthcare professionals that are qualified to teach patients how to use a pump is the reason for the low numbers of pump users in the UK. In particular, the report suggests that small numbers of diabetes specialist nurses is a problem. Following this, Diabetes UK and JDFR are calling on the NHS to increase access to qualified healthcare professionals who are experienced in pump usage, in a bid to improve pump availability across the UK.

Barbara Young, Chief Executive for Diabetes UK, said: "While not everyone with Type 1 diabetes wants a pump, it is important that those who would benefit and meet NICE guidance are able to access one, as pumps help some people to maintain a better level of blood glucose control than is possible through injecting insulin."