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

Chancellor confirms soft drink levy rates

The Chancellor has confirmed the final rates that will be levied on high-sugar soft drinks from April 2018. The levy, which was first announced by the previous Chancellor, will be set at 18 p per litre and 24 p per litre for the two sugar bands at 5 g/100 mL and 8 g/100 mL, respectively.

The soft drink levy appears to have had an effect even before its implementation, as a number of major companies, including Tesco and Lucozade–Ribena–Suntory, have begun work to reformulate their products ahead of the levy. The Treasury now expects more than 40% of drinks that would previously have been eligible for the levy to have been reformulated by April 2018.

Dexcom's CGM system as safe and effective as SMBG

A study from the Type 1 Diabetes Exchange network has demonstrated that, in well-controlled adults with type 1 diabetes at low risk of severe hypoglycaemia, use of continuous glucose monitoring (CGM) without regular use of confirmatory self-monitoring of blood glucose (SMBG) is as safe and effective as using CGM without finger-prick measurements.

A total of 226 people were randomised 2:1, either using Dexcom's G4 system alone to determine their insulin dose, or using the CGM system with confirmatory SMBG. After 6 months, the mean time spent in the target glycaemic range was the same in the two groups, and HbA_{1c} levels were unchanged. No severe hypoglycaemia occurred in the CGM-only group.

Saxagliptin/dapagliflozin fixed-dose combination now available in UK

AstraZeneca has announced that its saxagliptin and dapagliflozin fixed-dose combination, Qtern™, is now available in the UK. It is the first fixed-dose combination of a dipeptidyl peptidase-4 inhibitor and a sodium–glucose cotransporter 2 inhibitor to be launched in the country.

The combination received marketing authorisation from the European Commission in July 2016. It is indicated in adults aged ≥18 years with type 2 diabetes, to improve glycaemic control when metformin and/or a sulfonylurea and one of the two monocomponents do not provide adequate control, or when a patient is already being treated with the free combination of saxagliptin and dapagliflozin.

NICE will not appraise the fixed-dose combination and, thus, decisions on its use in NHS England will be taken at a local level. The Scottish Medicines Consortium and All Wales Medicines Strategy Group will appraise the combination in 2017 in line with their standard processes.

Sanofi's insulin glargine/lixisenatide combination approved in EU

The European Commission has granted marketing authorisation in Europe for Suliqua™, Sanofi's once-daily, titratable fixed-ratio combination of basal insulin glargine 100 units/mL and the glucagon-like peptide-1 receptor agonist lixisenatide, for the treatment of adults with type 2 diabetes.

Suliqua will be delivered in two pre-filled pens providing different dosing options: either 10–40 dose-steps of glargine in combination with 5–20 µg of lixisenatide, or 30–60 dose-steps of glargine with 10–20 µg of lixisenatide. Launches in individual European countries are anticipated from the second quarter of 2017 onward.

Suliqua is authorised for use in combination with metformin to improve glycaemic control when metformin, alone or combined with other oral drugs or basal insulin, has been insufficient to achieve optimal glycaemic control.

Fast-acting insulin aspart launched

Following approval by European regulators in January, Novo Nordisk has launched its new fast-acting insulin aspart, Fiasp®. It is a new formulation of insulin aspart (NovoRapid) that has a faster rate of absorption (4 vs 9 minutes in pharmacokinetic studies). Fiasp can be administered up to 2 minutes before or, if necessary, up to 20 minutes after starting a meal.

European approval was based on the ONSET studies, in which, compared with mealtime NovoRapid, Fiasp improved post-prandial glucose control (and HbA_{1c}) in people with type 1 diabetes and was non-inferior in people with type 2 diabetes.

Hypoglycaemia may occur earlier with Fiasp than with other mealtime insulins because of its earlier onset of action. The time to onset must be taken into account when prescribing to people with concomitant diseases or treatment that may cause delayed absorption of food.

Fiasp is available in Penfill cartridges, prefilled pens and vials.