HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
10 JUNE 2020

The legally binding text is the original French opinion version

insulin lispro
LYUMJEV 100 units/mL and 200 units/mL solution for injection

First assessment

Key points

Favourable opinion for reimbursement in the treatment of diabetes mellitus in adults.

What therapeutic improvement?

No clinical added value compared to HUMALOG (insulin lispro).

Role in the care pathway?

In the management of type 1 diabetes in adults, the fast-acting insulin analogue may be used in a basal-bolus regimen, in combination with a long-acting insulin.

In the management of type 2 diabetes in adults, when initiating insulin therapy, it is recommended, in addition to monotherapy or dual therapy, to start:
- with an intermediate-acting insulin (NPH) at bedtime, preferably;
- or with a long-acting insulin analogue if the risk of nocturnal hypoglycaemia is a concern.

If the blood glucose target is not achieved despite the introduction of insulin therapy, the latter should be intensified. The different regimens possible are:
- a basal-bolus regimen

- a regimen with 1 to 3 daily injections of biphasic insulin.

In the event of very poor diabetes control, with repeated blood glucose levels above 3 g/L and/or an HbA1c level of more than 10%, an intensified insulin dosing regimen may be initiated from the outset following the opinion of an endocrinologist.

Role of the medicinal product in the care pathway

LYUMJEV (insulin lispro) is one of the recommended treatments in insulin-dependent diabetics requiring the administration of fast-acting insulin to control postprandial glucose levels, using a multiple-injection regimen (in combination with basal insulin) or insulin pump:
- in type 1 diabetes, LYUMJEV (insulin lispro) is a first-line treatment.
- in type 2 diabetes, LYUMJEV (insulin lispro) is a last-line treatment in a context of insulin therapy intensification.

The SPC for LYUMJEV (insulin lispro) does not contraindicate its use in pregnant women and studies have not demonstrated any systemic absorption of treprostinil, included as an excipient in the composition of LYUMJEV (insulin lispro); however, the precautionary principle should nonetheless be applied in women of childbearing potential, insofar as other available insulins do not contain this excipient and there is significant experience of their use.

The name LYUMJEV (insulin lispro) “Junior KwikPen”, enabling the dose to be adjusted in steps of 0.5 units, may be a source of confusion, suggesting the possibility of use in paediatric patients, whereas LYUMJEV (insulin lispro) is only indicated in adults, in contrast with HUMALOG (insulin lispro), for which the same name exists, which has an indication in children.

The existence of pens with 2 different dosages of the same insulin, as is the case for LYUMJEV (insulin lispro) and other insulins on the market (HUMALOG (insulin lispro) in particular), is a potential source of confusion and administration errors, for both patients and healthcare professionals, and such errors may have serious consequences, particularly in the event of insulin overdose.

COMMITTEE'S CONCLUSIONS

Clinical benefit

◗ Type 1 and type 2 diabetes are chronic diseases with potentially serious complications, particularly cardiovascular and renal.
◗ LYUMJEV (insulin lispro) is a symptomatic treatment for hyperglycaemia.
◗ The efficacy/adverse effects ratio of LYUMJEV (insulin lispro) is high.
◗ There are therapeutic alternatives.
◗ LYUMJEV (insulin lispro) is one of the recommended treatments in insulin-dependent diabetics requiring the administration of fast-acting insulin to control postprandial glucose levels, using a multiple-injection regimen (in combination with basal insulin) or an insulin pump:

- in type 1 diabetes, LYUMJEV (insulin lispro) is a first-line treatment.
- in type 2 diabetes, LYUMJEV (insulin lispro) is a last-line treatment in a context of insulin therapy intensification.

Public health impact

Considering:

- the seriousness of the disease,
- its prevalence/incidence,
- the met medical need,
- the absence of data capable of supporting an additional impact of LYUMJEV (insulin lispro) on the care and/or life pathway,
- the absence of any demonstrated impact of LYUMJEV (insulin lispro) on the organisation of care,
- the lack of any additional response provided by LYUMJEV (insulin lispro) to the already met need in view of the results of 2 non-inferiority studies versus HUMALOG (insulin lispro) in type 1 and type 2 diabetics on the interim endpoint HbA1c,

LYUMJEV (insulin lispro) is unlikely to have an additional impact on public health.

Given all these elements, the Committee deems that the clinical benefit of LYUMJEV (insulin lispro) is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the marketing authorisation indication(s) and dosages.

Clinical Added Value

Considering:

- **demonstration of the non-inferiority of LYUMJEV (insulin lispro) compared to HUMALOG (insulin lispro) in terms of an interim endpoint - HbA1c variation after 26 weeks - in two studies conducted in type 1 and 2 diabetics, respectively, without any demonstration of superiority for this endpoint,**
- **the absence of demonstrated advantage of LYUMJEV (insulin lispro) in terms of efficacy, safety (reduction of lipodystrophy, in particular) and quality of life compared to HUMALOG (insulin lispro), despite the addition of 2 excipients, treprostinil and citrate,**
- **the absence of morbidity and mortality data,**

the Transparency Committee considers that LYUMJEV (insulin lispro) provides no clinical added value (CAV V) compared to HUMALOG (insulin lispro) in the treatment of diabetes in adults.