health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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NOTICE: ULTRA-FAST-ACTING AND LONG-ACTING INSULIN ANALOGUE INTERIM ESSENTIAL MEDICINES LIST STATUS

As communicated in previous circulars: (1) Availability of Insulin Pen Sets dated 06 May 2024 and (2) Guidance on insulin switching insulin pen sets to insulin vials, and human insulin products to insulin analogue products; there have been significant challenges in accessing human insulin pen sets.

Insulin analogue pen sets are available on contract. To enable equitable access to insulin pens, the specifically awarded insulin analogue products on contract HP06-2024SVP (*see Table 1 below*) have been made essential medicines and added to the essential medicines list (EML) temporarily. This temporary update to the EML would assist provinces in the procurement of these insulin pens in the absence of human insulin products. The EML status for specific products outlined in Table 1 is valid until the end of contract HP06-2024SVP *i.e. 30 April 2027.*

The inclusion of insulin analogues (not product specific) in the Standard Treatment Guidelines and Essential Medicines List (STGs and EML) in the long-term is still being further considered by the National Essential Medicines List Committee, particularly in terms of cost and availability.

Table 1: Insulin Analogues awarded on National Contract

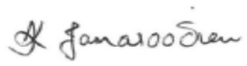
Contract	NSN	Medicine Pack short Description	Brand As Per Contract	Supplier Name	Price
HP06-2024SVP	222000179	Insulin, Analogue, Human, Long Acting; 100IU/ml; pen, prefilled; 3 ml	OPTISULIN SOLOSTAR 3.64 MG/ML INJ 3 ML x 5	Sanofi-Aventis SA (Pty) Ltd	R39.12
HP06-2024SVP	222000181	Insulin, Analogue, Human, Ultrafast-Acting; 100IU/ml; pen, prefilled; 3 ml	APIDRA SOLOSTAR 100 IU/ML INJ 3 ML x 5	Sanofi-Aventis SA (Pty) Ltd	R74.40

Please see Annexure A and Annexure B to help guide switching from human insulin pen sets to analogue insulin pen sets.

A supplementary tender is underway to try enable access to biphasic insulin analogues. Further details on availability and status of these products will be provided on finalisation of this process.

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees. Kindly share with all healthcare professionals and relevant stakeholders.

Kind regards,



MS KHADIJA JAMALOODIEN
CHIEF DIRECTOR: SECTOR-WIDE PROCUREMENT
DATE: 17 October 2024

ANNEXURE A

RECOMMENDATIONS FOR MANAGING THE SWITCHOVER IN CHILDREN AND ADOLESCENTS WITH TYPE 1 DIABETES

Type 1 diabetes in children and adolescents

Points to note

- There is no/very low endogenous insulin
  – full replacement is required, or else DKA results (with cerebral oedema risk)
- The developing brain is more at risk of damage with hypoglycaemia and suppressed ketones when insulin dose higher than required
- Children's needs change with growth and puberty – frequent review and individualisation required
- All changes to therapy need explicit patient/family education

Diabetes Centre
Groote Schuur Hospital/UCT

Difference in switching in Children/Adolescents

- Pens to syringes
  - smaller 50u (or even 30u) syringes for accuracy
  - can mix soluble and isophane (Actrapid and Protophane)
- Soluble to rapid acting glulisine insulin (Actrapid to Apidra)
  - dose for dose (no reduction required)
  - timing needs to be emphasised (within 15 minutes of meal)
  - 'inbetween' carbs may need additional injections
- Isophane to long acting glargine insulin (Protophane to Optisulin)
  - total daily basal dose reduced by 20%
  - may not last 24 hours, split into morning and night dose may be needed

Diabetes Centre
Groote Schuur Hospital/UCT

ANNEXURE B

RECOMMENDATIONS FOR MANAGING THE SWITCHOVER IN ADULTS.

DIVISION OF ENDOCRINOLOGY
Groote Schuur Hospital
University of Cape Town

28 May 2024

Switching to using regular human insulin vials and syringes

Regular human insulin will not be available in a pen for the foreseeable future, requiring all patients to switch to using vials and syringes. Unfortunately, not all patients may be able to use an insulin syringe. Therefore, the following guide has been created to assist with the conversion process safely. **However, it is crucial to prioritize the clinical judgment of the treating clinician at all times.**

VERY IMPORTANT

Any change in the insulin regimen OR type of insulin must be accompanied by the following:

1. Patient education on the new insulin and new regimen
2. Increased monitoring of the fingerprick glucose
3. Provision must made for the patient to access immediate advice if a problem arises

Regimen: Protaphane only

Able to use an insulin syringe
Change to a Protaphane vial

Cannot use an insulin syringe
Change to an Optisulin pen
(Reduce the dose by 20%)

Regimen: Actrapid and Protaphane

Able to use an insulin syringe
Change to an Actrapid vial and Protaphane vial

Cannot use an insulin syringe
Change to an Apidra pen (No dose reduction)
Change to an Optisulin pen (Reduce the dose by 20%)

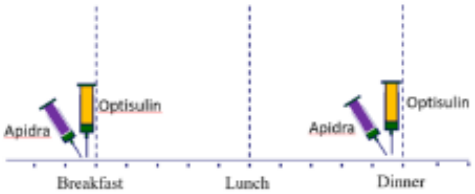
Apidra must be given WITH meals, no delay required

Regimen: Actraphane

Able to use an insulin syringe
Change to an Actraphane vial

Cannot use an insulin syringe
Change to an Apidra pen and Optisulin pen

- Step 1: Reduce the dose of Actraphane by 20%
- Step 2: 30% of the dose (from Step 1) must be given as Apidra (rapid-acting) and 70% of the dose (from Step 1) must be given as Optisulin (long-acting)
- Step 3: Apidra and Optisulin must be given **WITH** breakfast and **WITH** supper (no delay required)



Example: someone using 40 units of Actraphane 20 minutes before breakfast and 28 units of Actraphane 20 minutes before supper

- The new insulin dose will be 32 units before breakfast (Actraphane dose reduced by 20%) and 22 units before supper (Actraphane dose reduced by 20%)
- Give 10 units of Apidra (30% of the new insulin dose) and 22 units of Optisulin (70% of the new insulin dose) **WITH** breakfast and 7 units of Apidra (30% of the new insulin dose) and 15 units of Optisulin (70% of the new insulin dose) **WITH** supper

Cannot use an insulin syringe AND unable to differentiate the different pens
Change to an Optisulin pen only 50% WITH breakfast and 50% WITH supper (Reduce the dose by 20%)

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