

Company decision to pull diabetes drug could add GBP9 million to NHS drugs bill

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Drug company Novo Nordisk's decision to pull its Mixtard 30 insulin drug from the UK could add GBP9 million to the NHS drugs bill in England alone, says an editorial in the *Drug and Therapeutics Bulletin* (DTB).

The decision could also leave thousands of patients dependent on others to help them take their [insulin](#), says DTB, which today launches its "Don't Drop Mixtard 30" campaign to convince the company to change its mind.

In late June Novo Nordisk announced its intention to withdraw its only conventional human biphasic insulin, Mixtard 30, from the UK market by the end of the year, citing commercial reasons.

The move will affect an estimated 90,000 patients across all age groups with type 1 and 2 [diabetes](#) who require insulin treatment.

Guidelines on the care of patients with diabetes, including those issued by the National Institute for Health and Clinical Excellence (NICE), recommend human biphasic insulin as the treatment of choice for these groups.

There are alternative biphasic analogue insulins, but these are all more expensive.

"Assuming a direct swap to Novo Nordisk's analogue biphasic insulin,

NovoMix 30, the increased prescribing costs could be over £9 million in England alone," says DTB.

"This is quite apart from the extra resources needed to review patients, to discuss and decide on alternative treatments, and the disruption and concern such changes may cause for affected individuals," it continues.

The decision also means that biphasic insulin will no longer be available in the ergonomic InnoLet device, which "could therefore leave many users who have poor eyesight or reduced manual dexterity, dependent on others for their insulin administration," adds DTB.

Furthermore, the published evidence shows that the alternative biphasic analogue insulins are no better than conventional human biphasic insulins in terms of their effectiveness, long term outcomes, or safety, it says.

But Novo Nordisk's biphasic analogue insulin is prescribed 50% more often than Mixtard 30, it points out, possibly because it comes in a particularly convenient pen format (FlexPen).

"It is possible that the decline in Mixtard 30 sales... could have been prevented if it had also been available in the FlexPen," comments DTB, adding that the drug is available in this format in Germany, where there do not seem to be any plans to withdraw it.

"My personal experience is that patients prefer the FlexPen for their biphasic insulin. It's very easy to use," comments DTB editorial board member and consultant endocrinologist at Imperial College London, Dr Wing May Kong, in an accompanying podcast.

"It makes me wonder to what extent this drift from conventional to analogue insulin is device driven," she asks, adding that German

healthcare professionals lobbied for conventional insulin to be available in the FlexPen.

Cathy Moulton, a care advisor for Diabetes UK, says in the podcast that the charity remonstrated with Novo Nordisk about its plans. The charity was "very disappointed" by the company's stance, particularly the short timeframe for the planned change, she said. The move "takes away patient choice," she added.

Commenting on the plans, DTB editor, Dr Ike Iheanacho said: "The decision to remove Mixtard 30 will cause huge disruption and anxiety for people with diabetes, not least because it might take months to switch successfully to another form of insulin."

He continued: "And at a time of tight budgetary constraint, the added costs inherent in this move are an unwelcome blow for the NHS."

DTB has set up an online petition at www.dtb.bmj.com to protest Novo Nordisk's decision. "We urge all those with an interest in cost effective prescribing to campaign with us against Novo Nordisk's short-sighted decision," it says.

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