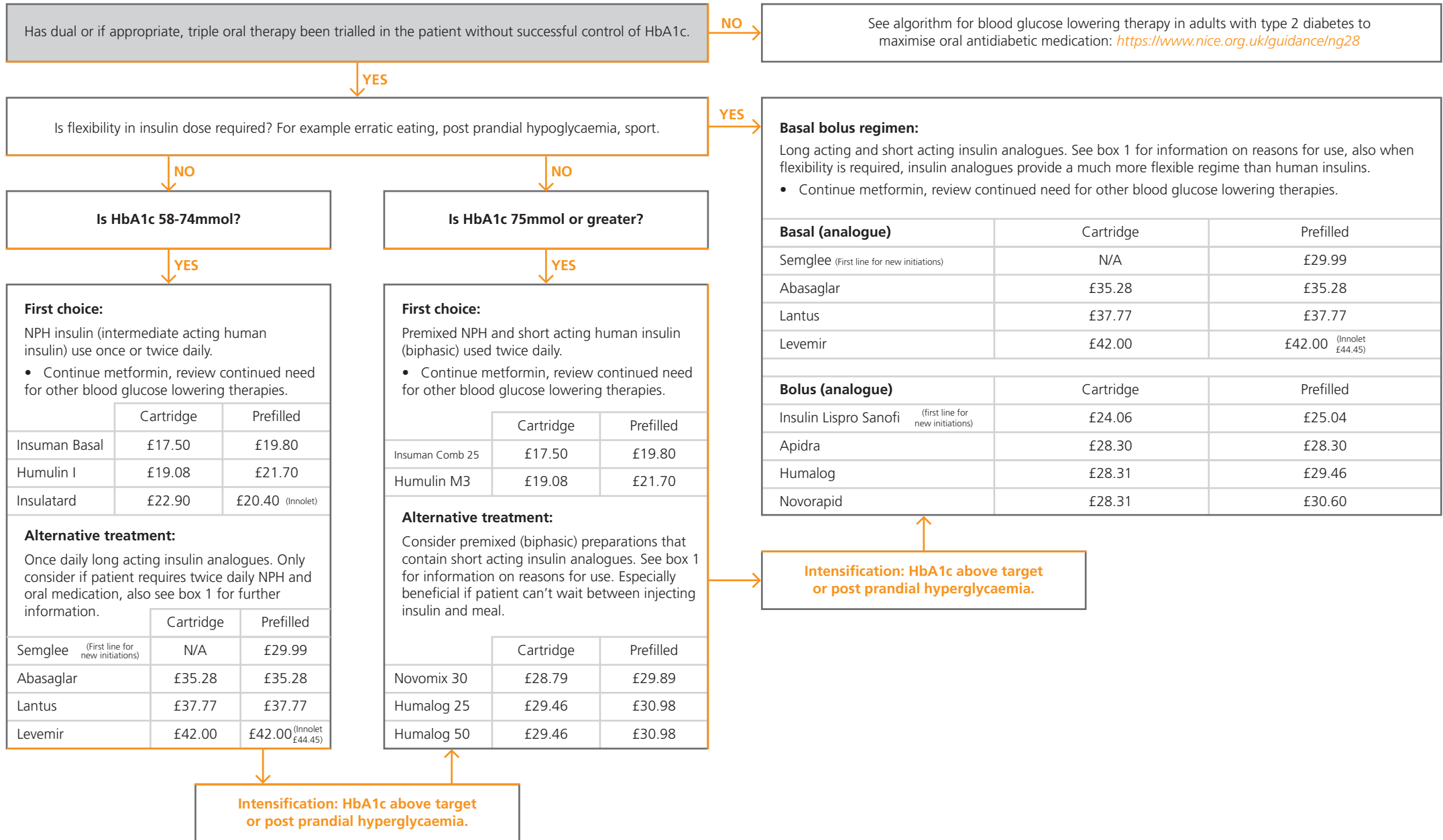


Guidance on insulin based treatment of type 2 diabetes mellitus (T2DM)

This document is designed to encourage appropriate prescribing of insulin in patients with T2DM, in order to use NHS resources in the most cost effective way and in line with national guidelines. <https://www.nice.org.uk/guidance/ng28>



When starting insulin therapy in adults with type 2 diabetes, use a structured programme employing active insulin dose titration that encompasses:

- injection technique, including rotating injection sites and avoiding repeated injections at the same point within sites
- continuing telephone support
- self-monitoring
- dose titration to target levels
- dietary understanding
- DVLA guidance on current medical standards of fitness to drive
- management of hypoglycaemia
- management of acute changes in plasma glucose control
- support from an appropriately trained and experienced healthcare professional.

Care: Restricted prescribing in primary care

Insulin Toujeo:

high strength glargine insulin (300iu/ml) initiated under advice of DSN/consultant but can be prescribed in primary care.

Insulin Tresiba:

ultra long acting analogue only initiated under advice of DSN/consultant where large dose of other analogues is required due to insulin resistance. Please see the SPC for dosage guidance.

Box 1: Reasons for switching from NPH to long acting insulin analogue:

Consider switching to insulin glargine (Semglee) from NPH insulin in adults with type 2 diabetes:

- who do not reach their target HbA1c because of significant hypoglycaemia or who experience significant hypoglycaemia on NPH insulin irrespective of the level of HbA1c reached or
- who cannot use the device needed to inject NPH insulin but who could administer their own insulin safely and accurately if a switch to one of the long-acting insulin analogues was made or
- who need help from a carer or healthcare professional to administer insulin injections and for whom switching to one of the long-acting insulin analogues would reduce the number of daily injections.

Reasons for switching from short acting human insulin to a short acting insulin analogue, either as part of a premixed (biphasic) preparation or as part of a basal bolus regime:

Consider switching to a short acting insulin analogue from short acting human insulin if:

- a person prefers injecting insulin immediately before a meal or
- hypoglycaemia is a problem or
- blood glucose levels rise markedly after meals.

Devices and needles:

Innolet device:

Large dial prefilled device for patients with dexterity issues or visual impairment.

Cost effective reusable pens:

- Autopen 24 £16.47 – takes any Sanofi insulin cartridges. e.g. Insuman, Lantus
- Autopen Classic £16.47 – takes Eli Lilly e.g. Humulin, Abasaglar and Wockhardt e.g. animal insulin cartridges
- Novopen 5 £26.86 – takes Novo Nordisk cartridges e.g. Novorapid, Novomix 30, Insulatard, Levemir.

There are safety benefits of using prefilled pens e.g. wrong cartridges being put in pens.

Preferred pen needles

BD Viva (BD)

PROFine (Prosum Medical)

TriCare (Owen and Mumford)

As well as any brand with an acquisition cost of less than £4.05/100.

Recommended safety pen needle

BD autoshield duo £30.08/100

Complex Care Clinics:

For complex patients, contact the Diabetes Specialist Nurses (DSNs), see numbers below. The DSN team will arrange with you to set up a Complex Care Clinic in the GP practice. They will see complex patients and put an action plan in place.

Redditch and Bromsgrove:

01527 488649

South Worcestershire:

01905 733834

Wyre Forest:

01562 826385