

Formulary:

Insulin pen needles and lancets preferred choices

This formulary is intended to assist healthcare professionals in the choice of therapeutic options for patient-centred care. Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics.

If, after discussion with the patient or carer, there are good reasons for not following preferred choices, it is good practice to record these and communicate them to others involved in the care of the patient.

1. Introduction

This formulary outlines preferred choices of insulin pen needles and lancets for NHS GGC.

The NHS Greater Glasgow and Clyde Guidance on the choices of insulin pen needles and lancets have been developed by an ADTC Therapeutic Short Life Working Group, with the expertise and support of the diabetic specialist nurses (DSN) and Diabetes MCN. The choices included provide safe and cost effective products when used with best practice in technique by patients self managing their diabetes.

Currently international best practice supports the use of the shortest possible length of pen needles (4mm and 5mm). In addition to this, pen needles and lancets should only be used once then safely discarded. This, together with preventative therapeutic strategies, will reduce the risk of pain and lipohypertrophy (accumulation of fat under the skin caused by injecting too frequently in the same area).

Based on international consensus [The First UK Injection Technique Recommendations](#) provides further evidence to support best practice.

Practitioners should aim to use the preferred choices of needles and lancets in the majority of instances and only use alternative products when there is a good clinical reason for doing so, or to support appropriate patient choice. Products which are the same or lower price range than preferred choices can be used; these will be considered total formulary and will continue to support safe, cost effective care.

Variations may be due to lack of compatibility with patients' devices, or following discussion with their practice or DSN, the patient still prefers to use longer 6mm or 8mm needles. There are a small number of patients currently using 10mm and 12mm needles and this group may prefer a "step down" approach in the first instance, until they gain confidence in use of shorter needles.

In order to support clinicians in their practice and demonstrate the effectiveness of the migration to preferred choices, quarterly monitoring of prescribing activity will be carried out with focus on Prescribing Information System for Scotland (PRISMs) reports. This can provide indicators to support clinicians to review progression of change or to identify areas where use of longer sized needles persist. It may also help identify those areas where patients appear to be reusing needles and lancets to support DSNs and practices to channel patient support where required.

ScriptSwitch messages are available on practice clinical systems to alert prescribers of the preferred choices. This provides the opportunity to switch patients' pen needles and lancets when initiating a new acute or repeat prescription, or reauthorizing a repeat.



Signature
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1.1. Diabetic pen needles and lancets for self administration of insulin

Insulin pen needles:

GlucoRX Finepoint Needles for Insulin Pens (box of 100)	DSN please tick size
4mm 31G	
4mm Ultra 32G	
5mm	
6mm	
8mm	

Omnican Fine Needles for Insulin Pens (box of 100)	DSN please tick size
4mm	
6mm	
8mm	

Lancets:

Apollo Twist Lancets (box of 200)	

Omnican Lance Soft Lancets (box of 100)	

1.2 Links to compatibility charts

Links are for your information only.

If you intend printing or displaying these charts please remove ordering details from the bottom of the chart.

Usual prescribing route applies.

GlucoRx Fine Point compatibility chart is available [here](#)

Omnican fine BBraun compatibility chart is available [here](#)

Lancing device compatibility information is available [here](#)

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