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Insulin Degludec Cartridges, Pens and Needles

Prescriber Criteria: Consultant Endocrinology & Diabetes
Specialist Family Medicine [Renewals only]

Outpatient and Inpatient use:

1. Diabetes Mellitus Type 1
2. Diabetes Mellitus Type 2

Patients with Diabetes Mellitus Type 1 or Type 2, with:

- an HbA1c >7%* after 3 months on a long-acting insulin analogue

AND/OR

- 2 or more hypoglycaemic attacks per month on a long-acting insulin analogue.

* HbA1c blood test **MUST** be attached with the application for the request to be processed.

Duration of Approval:
3 years