

Prescribing Recommendations:

Insulin pen needles and lancets: preferred choices for self administration

This document 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 a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

These recommendations have been updated by
They will be monitored by the Therapeutics Subcommittee of the Area Drugs and Therapeutics Committee

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1. Introduction

This guideline outlines preferred choices of insulin pen needles and lancets for NHS GGC. The contents are restricted to use by patients who self administer their own insulin therapy and monitor their glycaemic control.

Safety needles and lancets which are required for health care professionals (HCP) checking blood glucose levels and administering insulin are not included in this guidance.

This guidance has been developed by an ADTC Therapeutic Short Life Working Group, with the expertise and support of the diabetic specialist nurses (DSN) and MCN in diabetes. The choices included provide safe and cost effective products when used with best practice in technique by patients self managing their diabetes. Products are listed in Part 3, "Appliances" Scottish Drug Tariff ([here](#)).

Assessment and use of all appliances must be undertaken by an appropriately trained healthcare professional; who should "maintain the knowledge and skills you need for safe and effective practice" NMC Code (October 2018). ([here](#))

The Forum for Injection Technique UK ([here](#)) and Best Practice Guideline to Support Correct Injection Technique in Diabetes Care ([here](#)) provides evidence-based best practice recommendations for people with diabetes who are using injectable therapies and for clinicians who care for people with diabetes using injectable therapies. Best practice supports the use of the shortest possible length of pen needles (4mm or in some people, 5mm). In addition to this pen needles and lancets should only be used once and safely discarded. This, together with preventative therapeutic strategies, will reduce risk of pain and lipohypertrophy (accumulation of fat under the skin caused by injecting too frequently in the same area).

HCPs should aim to use the preferred choice formulary products. Alternative products should only be used when there is a good clinical reason for doing so or to support appropriate patient choice. Variances may be due to lack of compatibility with patients' devices (see compatibility charts below); or following discussion with their practice or DSN, highlighting risk of larger sized needles, the patient still prefers to use size 6mm or 8mm needles. There may be 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, 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 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 will be activated to alert prescribers of the preferred choices; providing the opportunity to switch patients' pen needles and lancets when initiating a new acute/repeat prescription, or reauthorizing a repeat.

2. Ordering and accessing supplies

Patients should be encouraged to self administer insulin regardless of care setting to ensure timely administration and maintain independence

Hospitalised patients

Whenever possible, patients are encouraged to use their own devices and consumables when admitted to hospital.

An additional supply of needles can be obtained from procurement using usual Pecos ordering route.

For patients who are started on insulin treatment during their hospital stay, Diabetic Specialist Nurses (DSN) will obtain supplies via Pecos route, which can include “sample” packs for patients to use on discharge, prior to ongoing script raised by Patient’s GP Practice.

Nb clinicians administering insulin, will use safety needles are outwith the scope of this guidance. For further advice on NHS GGC use of safety devices [access here](#)

Primary care

Patients will have needles and lancets by repeat script via GP practice.

Clinicians should ensure needles requested are of appropriate size, volume and within ceiling cost.

Considerations clinician/patient to make when requesting repeat prescription

1. It is the responsibility of caseload holder/clinician to be aware of cost of products when prescribing and whenever possible opt for preferred choice (see below).
2. Clinicians supporting patients at initiation and ongoing use of devices, who are not prescribers, should ensure that they request reasonable volumes to prevent waste and to choose products that support ongoing continuity of care in community.
3. Patients should be advised on reasonable volumes of needles/lancets and who to contact if they feel that products/volumes are not meeting their needs, with subsequent review.
4. Patients should be encouraged to order when they get to a defined threshold quantity to allow sufficient time for delivery.
5. Patients should be encouraged to report to their GP practice or named DSN if they feel that they have excess stock building up or any concern with service delivery to prevent waste.

Audit and patient safety

To support safe and cost effective prescribing to meet individual patient needs the prescribing support pharmacist can support clinicians. This includes identifying variances in prescribing, such as: individual patients who are being prescribed higher cost needles/lancets; safety needles for routine use; high/low volumes over a period of time

Anyone may report adverse incidents or problems with products, including patients, carers, or any healthcare professional via the Medicines and Healthcare Products Regulatory Authority (MHRA). www.yccscotland.scot.nhs.uk

3. Insulin pen needles and lancets for self administration of insulin

Supporting safe cost effective practice:

A ceiling cost has been provided to support cost effective prescribing of consumables, whilst ensuring safe and effective product choices. Any product out with ceiling cost required to meet patient needs either under specialist advice or for a specific patient condition, will have rationale clearly documented in patient notes. This will prevent switches being made at patient review or at medical reconciliation

Category	Ceiling cost
Pen needle (sheathed)	≤ £4.00
Pen needle (unsheathed)	≤ £4.50
Lancet (box of 200)	≤ £6.00

3.1 Insulin pen needles: preferred choice

INSULIN PEN NEEDLES		
Sheathed: GLUCORX CAREPOINT (£ 2.75 box 100)		Unsheathed: OMNISCAN FINE 32G (£3.95 box 100)
4mm/31G		4mm/32G
5mm/31G		5mm/32G
6mm/31G		6mm/32G
4mm/32G CAREPOINT ULTRA		
Nb best practice supports smallest size needle		

3.2 Lancets: preferred choice

LANCET	
Apollo Twist (0.36mm/28G)	£4.50 box of 200
Omniscan Lance Soft (0.3mm/30G)	£5.45 box of 200

4: 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 Carepoint compatibility chart is available [here](#)

Omniscan Fine compatibility chart is available [here](#)

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