

Patient selection criteria for human insulin vs insulin analogues in Type 2 Diabetes mellitus (T2DM)

All T2DM patients who need insulin therapy should be started on human insulin, other than the following groups, in whom insulin analogues could be considered:

- Documented history of significant nocturnal hypoglycaemia on human insulin.
- Holder of Group 2 vehicle driving licence.
- Patients under the age of 60 with an eGFR ≤ 30 mL/minute/1.73m² who require tighter blood glucose control.
- Pregnancy (note NICE guidelines on diabetes in pregnancy states that 'isophane insulin (NPH insulin) remains the first choice for long-acting insulin during pregnancy').
- Patients under the age of 35 requiring basal bolus regimen with blood glucose between 4-7mmol/litre before meals, to prevent long-term organ damage (this is not based on published evidence but is proposed to be in line with Type 1 diabetes control).

Switching from an insulin analogue to human insulin in Type 2 Diabetes mellitus (T2DM)

Switching established patients on an insulin analogue from an insulin analogue to human insulin should be carried out in the following patient groups:

- Patients who require symptomatic control only (eg elderly patients in care homes or at home).
- Prior to the addition of GLP-1 analogues to insulin, except in the following groups:
 - Documented history of significant nocturnal hypoglycaemia on human insulin.
 - Holder of Group 2 vehicle driving licence.
- Patients under the Hertfordshire Community NHS Trust Community Diabetes Service who are in regular contact with the service will be reviewed for a switch if appropriate.