



OFFICE of the DEPUTY PRIME MINISTER  
MINISTRY for HEALTH  
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

**DH Circular 115/2019**  
DH 1487/2019

14<sup>th</sup> November 2019

**Attention All:** Consultants  
Medical Officers  
Pharmacists  
Pharmacy Technicians  
Nurses

**Re: Insulin Glargine 100 units/mL for Type 2 Diabetes Mellitus**

Insulin Glargine 100 units/mL is available on the Government Formulary List and can be prescribed by Consultants Endocrinology and Diabetes. It is regulated by protocol 101 which, up till now, only entitled patients suffering from Type 1 Diabetes Mellitus.

However, in line with the National Strategy for Diabetes and with Government policy, it is being brought to your attention that Insulin Glargine 100 units/mL can now also be prescribed **for Type 2 Diabetes Mellitus**.

Moreover, the entitlement of Insulin Glargine and Insulin Aspart for Type 1 Diabetes Mellitus was also revised in line with the National Strategy for Diabetes so that now, all Type 1 diabetics are eligible for treatment without any restrictions.

Protocol 101 for Insulin Glargine and protocol 207 for Insulin Aspart have been updated to include these new changes, as shown in Annexes 1 and 2 respectively. Both protocols have a duration of approval of 3 years.

For your attention please.

Dr. Denis Vella Baldacchino  
Chief Medical Officer

**Insulin Glargine 100 units/mL Cartridges, Pens and Needles**

**Prescriber Criteria:** Consultant Endocrinology & Diabetes

**Out-patient and In-patient use:**

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

***1. Diabetes Mellitus Type 1:***

Patients with Type 1 Diabetes Mellitus.

***2. Diabetes Mellitus Type 2:***

Patients with Type 2 Diabetes Mellitus with:

- an HbA1c >7% after 3 months on a conventional insulin  
**AND/OR**
- 2 or more hypoglycaemic attacks per month on a conventional insulin

**Duration of Approval:**

3 years

**Insulin Aspart Cartridges**

**Prescriber Criteria:** Consultant Endocrinology & Diabetes

**Out-patient and In-patient use:**

1. Diabetes Mellitus Type 1

Patients with Type 1 Diabetes Mellitus.

**Duration of Approval:**

3 years