GENERAL GUIDANCE (SA MANUFACTURER RECOMMENDATIONS)

INITIATION

For patients with **type 2 diabetes mellitus**, the recommended total daily starting dose of insulin degludec/insulin aspart is 10 units once daily with a meal followed by individual dosage adjustments.
For patients with **type 1 diabetes mellitus,** insulin degludec/insulin aspart is to be used once daily at mealtime and a short-/rapid-acting insulin should be used at the remaining meals with individual dosage adjustments.
The recommended starting dose of insulin degludec/insulin aspart is 60-70% of the total daily insulin requirements.

TRANSFER FROM OTHER INSULIN MEDICINAL PRODUCTS

Close glucose monitoring is recommended during transfer and in the following weeks.

PATIENTS WITH TYPE 2 DIABETES

Patients switching from once daily basal or premix insulin therapy can be converted unit-to-unit to once daily insulin degludec/insulin aspart at the same total insulin dose as the patient's previous total daily insulin dose.
Patients switching from more than once daily basal or premix insulin therapy can be converted unit-to-unit to twice daily insulin degludec/insulin aspart at the same total insulin dose as the patient's previous total daily insulin dose.
Patients switching from basal/bolus insulin therapy to insulin degludec/insulin aspart will need to convert their dose based on individual needs. In general, patients are initiated on the same number of basal units.
Doses and timing of concomitant antidiabetic treatment may need to be adjusted.

PATIENTS WITH TYPE 1 DIABETES

For patients with type 1 diabetes mellitus, the recommended starting dose of insulin degludec/insulin aspart is 60-70 % of the total daily insulin requirements in combination with short-/rapid-acting insulin at the remaining meals followed by individual dosage adjustments.
Doses and timing of concurrent short-/rapid-acting insulin products may need to be adjusted.