NovoMix[®] 30 is a prescription medicine that is fully funded. Before prescribing please review the NovoMix[®] 30 Data Sheet available at www.medsafe.govt.nz.

NovoMix® 30 (insulin aspart (rys)). NovoMix® 30 contains soluble insulin aspart (rys) and protamine-crystallised insulin aspart (rys) 100 units per mL, in the ratio of 30:70. Indication: Treatment of diabetes mellitus. Contraindications: Hypoglycaemia. Hypersensitivity to insulin aspart or excipients. **Precautions:** Inadequate dosing or discontinuation of treatment, especially in type 1 diabetes, may lead to hyperglycaemia and diabetic ketoacidosis. Where blood glucose is greatly improved, e.g. by intensified insulin therapy, patients may experience a change in usual warning symptoms of hypoglycaemia, and should be advised accordingly. The impact of the rapid onset of action should be considered in patients where a delayed absorption of food might be expected. Do not use in insulin infusion pumps. No studies in children and adolescents under the age of 18. No clinical experience in pregnancy. When thiazolidinediones (TZDs) are used in combination with insulin, patients should be observed for signs and symptoms of congestive heart failure, weight gain and oedema; discontinuation of TZDs may be required. Interactions: Oral hypoglycaemic agents, octreotide, lanreotide, monoamine oxidase inhibitors, non-selective betaadrenergic blocking agents, angiotensin converting enzyme (ACE) inhibitors, salicylates, alcohol, anabolic steroids, alpha-adrenergic blocking agents, quinine, quinidine, sulphonamides, oral contraceptives, thiazides, glucocorticoids, thyroid hormones, sympathomimetics, growth hormone, diazoxide, asparaginase, nicotinic acid. Adverse Effects: Hypoglycaemia. Dosage and Administration: Dosage as determined by physician, NovoMix[®] 30 should be administered immediately before a meal, or when necessary after the start of a meal, Resuspend immediately before use. Discard the needle after each injection. Subcutaneous injection only. NovoMix® 30 must not be administered intravenously. (October 2012).

References: 1. Liebl A. The when and how of insulin initiation in type 2 diabetes. *Current Medical Research and Opinion* 2007; 23(1): 129–132. 2. Unnikrishnan AG, Tibaldi J, Hadley-Brown M *et al.* Practical guidance on intensification of insulin therapy with BIAsp 30: a consensus statement. *International Journal of Clinical Practice* 2009; 63(11): 1571–1577. 3. Garber AJ, Wahlen J, Wahl T *et al.* Attainment of glycaemic goals in type 2 diabetes with once-, twice-, or thrice-daily dosing with biphasic insulin aspart 70/30 (The 1-2-3 study). *Diabetes, Obesity & Metabolism* 2006; 8(1): 58–66. 4. Colagiuri S, Dickinson S, Girgis S *et al.* National Evidence Based Guidelines for Blood Glucose Control in Type 2 Diabetes, Diabetes Australia and NHMRC, Canberra 2009.