Prescribing Clinical Network

Policy Statement	Toujeo (insulin glargine 300units/ml) in type I diabetes.
Policy No:	PCN 181 -2016
Date of Issue	February 2016
Review Date:	February 2019 *(Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE)*

Recommendations:

The PCN recommends the use of Toujeo (insulin glargine 300units/ml) in type I diabetes in the following circumstances:

To be initiated by consultants or those GPs with a specialist interest in diabetes only in those poorly controlled patients where:

- attempts to achieve target haemoglobin A1c (HbA1c) levels with multiple daily injections (MDIs) result in the patient experiencing disabling hypoglycaemia (defined as the repeated and unpredictable occurrence of hypoglycaemia that results in persistent anxiety about recurrence and is associated with a significant adverse effect on quality of life
- or HbA1c levels have remained high (that is, at 8.5% [69 mmol/mol] or above) on MDI therapy (including, if appropriate, the use of long-acting insulin analogues) despite a high level of care.
- MDIs are defined as per NICE guidance NG17 i.e. twice daily detemir should have been tried or if twice daily is unacceptable once daily detemir or glargine 100units/ml.

Toujeo (insulin glargine 300units/ml) in type I diabetes will be considered as **AMBER*** on the traffic light system

Key Consideration:

- EDITION 4 trial – reduced rate of nocturnal hypoglycaemia during first 8 weeks with insulin glargine 300units/ml compared with insulin glargine 100units/ml. Reduction not observed during remainder of 6 month trial.
- Safe and effective (comparable to Lantus) - niche group of patients that could benefit from treatment with Toujeo

Date taken to Prescribing Clinical Network	February 2016
Agreed by PCN members	22nd February 2016