

Another SoloStar® pen option



Toujeo®

Max SoloStar®

insulin glargine injection 300 Units/mL



The highest capacity basal insulin pen on the market¹⁻⁵

The larger capacity (900 U) pen means:

1

Fewer pens
to store

2

Delivery of up
to **160 Units** in a
single injection¹

3

Fewer injections
for patients requiring
greater than
80 Units per dose

Depending on prescription insurance coverage, using fewer pens per year may allow for fewer refills and associated co-pays.

Toujeo is a long-acting human insulin analog indicated to improve glycemic control in adults and pediatric patients 6 years and older with diabetes mellitus.

Limitations of Use: Toujeo is not recommended for treating diabetic ketoacidosis.

Important Safety Information for Toujeo® (insulin glargine injection) 300 Units/mL

Contraindications

Toujeo is contraindicated during episodes of hypoglycemia and in patients hypersensitive to insulin glargine or any of its excipients.

Warnings and Precautions

Toujeo contains the same active ingredient, insulin glargine, as Lantus. The concentration of insulin glargine in Toujeo is 300 units per mL.

Insulin pens and needles must never be shared between patients. Do NOT reuse needles.

Please see full Important Safety Information for Toujeo® on pages 2 and 3.

Please see full Prescribing Information in pocket.

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Monitor blood glucose in all patients treated with insulin. Modify insulin regimens only under medical supervision. Changes in insulin regimen, strength, manufacturer, type, injection site or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral antidiabetic treatment. Changes in insulin regimen may result in hyperglycemia or hypoglycemia.

Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis may result in hyperglycemia; sudden change in the injection site (to unaffected area) has been reported to result in hypoglycemia. Advise patients to rotate injection site to unaffected areas and closely monitor for hypoglycemia.

Unit for unit, patients started on, or changed to, Toujeo required a higher dose than patients controlled with Lantus. When changing from another basal insulin to Toujeo, patients experienced higher average fasting plasma glucose levels in the first few weeks of therapy until titrated to their individualized fasting plasma glucose targets. Higher doses were required in titrate-to-target studies to achieve glucose control similar to Lantus.

Hypoglycemia is the most common adverse reaction of insulin therapy, including Toujeo, and may be life-threatening.

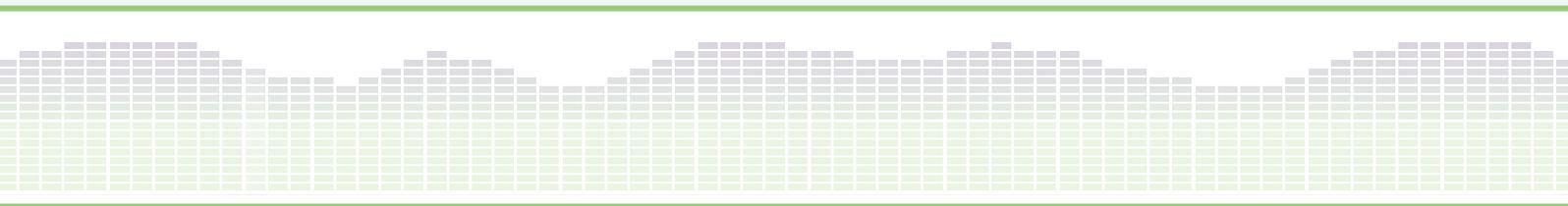
Medication errors, such as accidental mix-ups between basal insulin products and other insulins, particularly rapid-acting insulins, have been reported. Patients should be instructed to always verify the insulin label before each injection.

Do not dilute or mix Toujeo with any other insulin or solution. If mixed or diluted, the solution may become cloudy, and the onset of action/time to peak effect may be altered in an unpredictable manner. Do not administer Toujeo via an insulin pump or intravenously because severe hypoglycemia can occur.

Severe life-threatening, generalized allergy, including anaphylaxis, can occur. Discontinue Toujeo, monitor and treat if indicated.

A reduction in the Toujeo dose may be required in patients with renal or hepatic impairment.

As with all insulins, Toujeo use can lead to life-threatening hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Closely monitor potassium levels in patients at risk of hypokalemia and treat if indicated.



Fluid retention, which may lead to or exacerbate heart failure, can occur with concomitant use of thiazolidinediones (TZDs) with insulin. These patients should be observed for signs and symptoms of heart failure. If heart failure occurs, dosage reduction or discontinuation of TZD must be considered.

Drug Interactions

Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. The signs of hypoglycemia may be reduced in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine).

Adverse Reactions

Adverse reactions commonly associated with Toujeo include hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, rash, edema and weight gain.

Important Safety Information for Toujeo® (insulin glargine injection) 300 Units/mL SoloStar® and Toujeo® Max SoloStar®

Toujeo SoloStar and Toujeo Max SoloStar are single-patient-use prefilled insulin pens. To help ensure an accurate dose each time, patients should follow all steps in the Instruction Leaflet accompanying the pen; otherwise they may not get the correct amount of insulin, which may affect their blood glucose levels. It is especially important to perform a safety test when a patient is using a new pen for the first time.

Do not withdraw Toujeo from the SoloStar and Max SoloStar single-patient-use prefilled pens with a syringe.

Please see full Prescribing Information in pocket.

References

1. Toujeo Prescribing Information. **2.** Basaglar Prescribing Information. **3.** Lantus Prescribing Information. **4.** Levemir Prescribing Information. **5.** Tresiba Prescribing Information. **6.** Toujeo® Max SoloStar® Instructions for Use.



The highest capacity basal insulin pen on the market¹⁻⁵



Toujeo[®] Max SoloStar[®]

insulin glargine injection 300 Units/mL



Cartridge:
900 U¹

Max dose:
160 U per
injection¹

Adjust
by 2 U¹

Half-length
dial extension

It also shares features with Toujeo[®] SoloStar[®]:

- Same pen size
- 5-second hold time⁶
- 56-day shelf life¹
- Lowest injection volume of any basal insulin^{1-5*}
- Known SoloStar[®] platform

*On a unit-for-unit basis.

Learn more about Toujeo[®] Max SoloStar[®] at
<https://www.toujeopro.com/toujeo-supply-and-storage>

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