TOUJEO® (insulin gliargine injection) U-300, for subcutaneous use
Initial U.S. Approval: 2015

INDICATIONS AND USAGE
TOUJEO is a long-acting human insulin analog indicated to improve glycemic control in adults with diabetes mellitus (1)

DOSAGE AND ADMINISTRATION
Individualize dose based on type of diabetes, metabolic needs, blood glucose monitoring results and glycemic control goal. (2.1, 2.2, 2.3)

Administer subcutaneously once daily at any time during the day, at the same time every day. (2.1)

Rotate injection sites to reduce the risk of lipoatrophy. (2.1)

Do not dilute or mix with any other insulin or solution. (2.1)

Closely monitor glucose when changing to TOUJEO and during initial weeks thereafter. (2.3)

Dosage Forms and Strengths
Injection: 300 units/mL insulin gliargine in 1.5 mL SoloStar disposable prefilled pen (3)

Contraindications
Never share a TOUJEO SoloStar pen between patients, even if the needle is changed. (5.1)

Hypoglycemia with changes in insulin regimen: Carry out under close medical supervision. (5.2)

WARNINGS AND PRECAUTIONS

Hypoglycemia: May be life-threatening. Increase frequency of glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal impairment or hepatic impairment or hypoglycemia unawareness. (5.3, 6.1)

Medication Errors: Accidental mix-ups between insulin products can occur. Instruct patients to check insulin labels before injection. (5.4)

Hypersensitivity reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur. Discontinue TOUJEO, monitor and treat if indicated. (5.5, 6.1)

Hypokalemia: May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated. (5.6)

Fluid retention and heart failure with concomitant use of Thiazolidinediones (TZDs): Observe for signs and symptoms of heart failure; consider dosage reduction or discontinuation if heart failure occurs. (5.7)

ADVERSE REACTIONS

Adverse reactions commonly associated with TOUJEO (≥5%) are:

Hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, rash, edema and weight gain. (6.1, 6.2)

To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Drugs that affect glucose metabolism: Adjustment of insulin dosage may be needed; closely monitor blood glucose. (7.1, 7.2, 7.3)

Anti-Adrenergic Drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine): Signs and symptoms of hypoglycemia may be reduced or absent. (7.3, 7.4)

ADVERSE REACTIONS

Full listing of adverse reactions is available in the full prescribing information. (6.1)
Hypoglycemia

- To minimize the risk of hypoglycemia, do not administer TOUJEO intravenously, intramuscularly, or in an insulin pump.
- To minimize the risk of hypoglycemia, do not mix TOUJEO with any other insulin products or solutions.

Starting Dose in Insulin-Naïve Patients

**Type 1 Diabetes**
- The recommended starting dose of TOUJEO in insulin naïve patients with type 1 diabetes is approximately one-third to one-half of the total daily insulin dose. The remainder of the total daily insulin dose should be given as a short-acting insulin and divided between each daily meal. As a general rule, 0.2 to 0.4 units of insulin per kilogram of body weight can be used to calculate the total daily insulin dose in insulin naïve patients with type 1 diabetes.

**Type 2 Diabetes**
- The recommended starting dose of TOUJEO in insulin naïve patients with type 2 diabetes is 0.2 units per kilogram of body weight once daily. The dosage of other anti-diabetic drugs may need to be adjusted when starting TOUJEO to minimize the risk of hypoglycemia. [See Warnings and Precautions (5.3)].

Starting Dose in Patients with either Type 1 or Type 2 Diabetes Already on Insulin Therapy

- To minimize the risk of hypoglycemia when changing patients from a once daily long-acting or intermediate acting insulin product to TOUJEO, the starting dose of TOUJEO can be the same as the once daily long-acting dose. For patients controlled on LANTUS (insulin glargine, 100 units/mL), the basal dose of TOUJEO will be needed to maintain the same level of glycemic control [see Clinical Pharmacology (12.2) and Clinical Studies (14.1)].
- To minimize the risk of hypoglycemia when changing patients from two-daily NPH insulin to one-daily TOUJEO, the recommended starting TOUJEO dose is 80% of the total daily NPH dosage.
- To minimize the risk of hypoglycemia when changing patients to TOUJEO, monitor glucose frequency in the first weeks of therapy titrate the dose of TOUJEO per instructions and the dose of other glucose lowering therapies per standard of care. [See Warnings and Precautions (5.2) and Clinical Pharmacology Section (12.2)].

Important Administration Instructions

- Prior to initiation of TOUJEO, patients should be trained by their healthcare professional on proper use and injection technique. Training reduces the risk of administration errors such as needle sticks and incomplete dosing.
- Patients should follow the Instructions for Use to correctly use the pen device and administer TOUJEO.
- Patients should be informed that the dose counter of the TOUJEO SoloStar disposable prefilled pen shows the number of units of TOUJEO to be injected. The TOUJEO SoloStar prefilled pen has been specifically designed for TOUJEO, therefore no dose conversion is required [Patient counseling information (17)].
- Patients should be instructed to visually inspect the TOUJEO solution for particulate matter and discoloration prior to administration and only use if the solution is clear and colorless with no visible particles.
- For single patient use only [see Warnings and Precautions (5.1)].
- Refrigerate unused (unopened) TOUJEO SoloStar prefilled pens.

**DOSAGE FORMS AND STRENGTHS**

Inject: 300 units per mL of insulin glargine available as a clear, colorless, solution in a 1.5 mL prefilled pen.

**CONTRAINDICATIONS**

- TOUJEO is contraindicated:
  - During episodes of hypoglycemia [See Warnings and Precautions (5.3)].
  - In patients with hypersensitivity to insulin glargine or one of its excipients [See Warnings and Precautions (5.3)].

**WARNINGS AND PRECAUTIONS**

5.1 Never Share a TOUJEO SoloStar pen Between Patients

TOUJEO SoloStar disposable prefilled pens must never be shared between patients, even if the needle is changed. Pen sharing poses a risk for transmission of blood-borne pathogens.

5.2 Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen

Changes in insulin strength, concentration, type, or method of administration may affect glycemic control and predispose to hypoglycemia [See Warnings and Precautions (5.3)] or hypoglycemia. These changes should be made cautiously and only under close medical supervision, and the frequency of blood glucose monitoring should be increased. For patients with type 2 diabetes, dosage adjustments of concomitant oral anti-diabetic products may be needed.

On a unit to unit basis, TOUJEO has a lower glucose lowering effect than LANTUS [See Clinical Pharmacology (12.2)]. In clinical trials, patients who changed to TOUJEO from other basal insulins experienced higher average fasting plasma glucose levels in the first weeks of therapy compared to patients who were changed to LANTUS. To minimize the risk of hypoglycemia when initiating TOUJEO, monitor glucose daily, titrate TOUJEO according to labeling instructions, and adjust co-administered glucose lowering therapies per standard of care [See Dosage and Administration (2.2, 2.3)]. Higher doses of TOUJEO were required to achieve similar levels of glucose control compared to LANTUS in clinical trials [See Clinical Pharmacology Section (12.2)].

The onset of action of TOUJEO develops over 6 hours following an injection. In type 1 diabetes patients treated with IV insulin, consider the longer onset of action of TOUJEO before stopping IV insulin. The full glucose lowering effect may not be apparent for at least 5 days [See Dosage and Administration (2.2) and Clinical Pharmacology (12.2)].

5.3 Hypoglycemia

Hypoglycemia is the most common adverse reaction associated with insulin, including TOUJEO. Severe hypoglycemia can cause seizures, may be life-threatening or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g., driving, or operating other machinery). Hypoglycemia can cause symptoms which may differ in each individual and may differ over time in the same individual. Symptomatic awareness of hypoglycemia may be less pronounced in patients with longstanding diabetes, in patients with diabetic nerve disease, in patients using medications that block the sympathetic nervous system (e.g., beta-blockers) [See Drug Interactions (7)], or in patients who experience recurrent hypoglycemia.

Risk Factors for Hypoglycemia

The timing of hypoglycemia usually reflects the time-action profile of the administered insulin formulation. As with all insulin preparations, the glucose lowering effect time course of TOUJEO may vary in different individuals or at different times in the same individual and depends on many conditions, including the area of injection as well as the injection site blood supply and temperature [see Clinical Pharmacology (12.2)]. Other factors which may increase the risk of hypoglycemia include changes in meal pattern (e.g., macronutrient content or timing of meals), changes in level of physical activity, or changes to co-administered medication [see Drug Interactions (7)]. Patients with renal or hepatic impairment may be at higher risk of hypoglycemia [see Use in Specific Populations (8.5, 8.6)].

**ADVERSE REACTIONS**

The following adverse reactions are discussed elsewhere:
- Hypoglycemia [See Warnings and Precautions (5.3)]
- Hypersensitivity and allergic reactions [See Warnings and Precautions (5.5)]
- Hypokalemia [See Warnings and Precautions (5.6)]

6.1 Clinical trial experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug, and may not reflect the rates actually observed in clinical practice.

The data in Table 1 reflect the exposure of 304 patients with type 1 diabetes to TOUJEO with mean exposure duration of 23 weeks. The type 1 diabetes population had the following characteristics: Mean age was 46 years and mean duration of diabetes was 21 years. Fifty five percent were male, 87% were Caucasian, 5% were Black or African American and 17% were Hispanic. At baseline, mean eGFR was 82 mL/min/1.73m² and 35% of patients had eGFR < 90 mL/min/1.73m². The mean BMI was 28 kg/m².

The data in Table 2 reflect the exposure of 1242 patients with type 2 diabetes to TOUJEO with mean exposure duration of 25 weeks. The type 2 diabetes population had the following characteristics: Mean age was 59 years and mean duration of diabetes was 13 years. Fifty three percent were male, 88% were Caucasian, 3% were Black or African American and 4% were Hispanic. At baseline, the mean eGFR was 79 mL/min/1.73m² and 27% of patients had an eGFR < 60 mL/min/1.73m². The mean BMI was 35 kg/m².

Common adverse reactions were defined as reactions occurring in ≥5% of the population studied. Common adverse reactions occurring for TOUJEO-treated subjects during clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus are listed in Table 1 and Table 2, respectively. Hypoglycemia is discussed in a dedicated subsection below.
7.3 Drugs That May Increase or Decrease the Blood Glucose Lowering Effect of TOUJEO

The glucose lowering effect of TOUJEO may be increased or decreased when co-administered with alcohol, beta-blockers, clonidine, and lithium salts. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia. Dose adjustment and increased frequency of glucose monitoring may be required when TOUJEO is co-administered with these drugs.

7.4 Drugs That May Affect Signs and Symptoms of Hypoglycemia

The signs and symptoms of hypoglycemia (see Warnings and Precautions (5.3)) may be blunted when beta-blockers, clonidine, guanethidine, and reserpine are co-administered with TOUJEO.

8. USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. This background risk is increased in pregnancies complicated by hyperglycemia and may be decreased with good metabolic control. It is essential for patients with diabetes for a history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. In patients with diabetes or gestational diabetes, insulin requirements may decrease after the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in these patients. Therefore, female patients should be advised to tell their physicians if they intend to become, or if they become pregnant while taking TOUJEO.

Hypoglycemia

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including TOUJEO [See Warnings and Precautions (5.3)]. In the TOUJEO program, severe hypoglycemia was defined as an event requiring assistance of another person to administer a resuscitative action and documented symptomatic hypoglycemia was defined as an event with typical symptoms of hypoglycemia accompanied by a self-monitored or plasma glucose value equal to or less than 54 mg/dL. The incidence of severe hypoglycemia in patients with type 1 diabetes receiving TOUJEO as part of a multiple daily injection regimen was 6.6% at 26 weeks. The incidence of documented symptomatic hypoglycemia was 68% at 26 weeks. There were no clinically important differences in hypoglycemia between TOUJEO and LANTUS among type 1 diabetes patients.

The incidence of severe hypoglycemia in patients with type 2 diabetes was 5% at 26 weeks in patients receiving TOUJEO as part of a multiple daily injection regimen, and 1.0% and 0.9%, respectively at 26 weeks in the two studies where patients received TOUJEO as part of a basal-insulin only regimen. The incidence of documented symptomatic hypoglycemia in patients with type 2 diabetes receiving TOUJEO ranged from 8% to 37% at 26 weeks and the highest risk was again seen in patients receiving TOUJEO as part of a multiple daily injection regimen.

Insulin initiation and intensification of glucose control

Intensification or rapid improvement in glucose control has been associated with a transitory, reversible ophthalmologic refractive disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Peripheral Edema

Insulin, including TOUJEO, may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Lipodystrophy

Long-term use of insulin, including TOUJEO, can cause lipoatrophy (depression in the skin) or lipohypertrophy (enlargement or thickening of tissue) in some patients and may affect insulin absorption [See Dosage and Administration (2.1)].

Weight gain

Weight gain has occurred with some insulin therapies including TOUJEO and has been attributed to the anabolic effects of insulin and the decrease in glucagon.

Allergic Reactions

Some patients taking insulin therapy, including TOUJEO have experienced erythema, local edema, and pruritus at the site of injection. These conditions were usually self-limiting. Severe cases of generalized allergy (anaphylaxis) have been reported [See Warnings and Precautions (5.5)].

Cardiovascular Safety

No clinical studies to establish the cardiovascular safety of TOUJEO have been conducted. A cardiovascular outcomes trial, ORIGIN, has been conducted with LANTUS. It is unknown whether the results of ORIGIN can be applied to TOUJEO.

The Outcome Reduction with Initial Glargine Intervention trial (i.e., ORIGIN), was an open-label, randomized, 12,537 patient study that compared LANTUS to standard care on the time to first occurrence of a major adverse cardiovascular event (MACE). MACE was defined as the composite of CV death, nonfatal myocardial infarction and nonfatal stroke. The incidence of MACE was similar between LANTUS and ORIGIN [Hazard Ratio (HR) for MACE; 1.02 (0.94, 1.11)].

In the ORIGIN trial, the overall incidence of cancer (all types combined) [Hazard Ratio (HR); 0.99 (0.88, 1.11)] or death from cancer [Hazard Ratio (HR); 0.94 (0.77, 1.15)] was also similar between treatment groups.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity.

In a 6-month study of type 1 diabetes patients, 79% of patients who received TOUJEO once daily were positive for anti-insulin antibodies (AIA) at least once during the study, including 62% that were positive at baseline and 44% of patients who developed anti-drug antibody [i.e., anti-insulin glargine antibody (ADA)] during the study. Eighty percent of the AIA positive patients on TOUJEO with antibody test at baseline, remained AIA positive at month 6.

In two 6-month studies in type 2 diabetes patients, 25% of patients who received TOUJEO once daily were positive for AIA at least once during the study, including 42% who were positive at baseline and 20% of patients who developed ADA during the study. Ninety percent of the AIA positive patients on TOUJEO with antibody test at baseline, remained AIA positive at month 6.

The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay and may be influenced by several factors such as: assay methodology, sample handling, timing of sample collection, concomitant medication, and underlying disease. For these reasons, comparison of the incidence of antibodies to TOUJEO with the incidence of antibodies in other studies or to other products, may be misleading.

7. DRUG INTERACTIONS

7.1 Drugs That May Increase the Risk of Hypoglycemia

The risk of hypoglycemia associated with TOUJEO use may be increased with antiadrenergic agents, (ACE) inhibitors, angiotensin II receptor blocking agents, discopyramide, flurbiprofen, monamine oxidase inhibitors, pentoxifylline, pramipexole, propoxyphene, salicylates, somatostatin analogs (e.g., octreotide), and sulfonamide antibiotics. Dose adjustment and increased frequency of glucose monitoring may be required when TOUJEO is co-administered with these drugs.

7.2 Drugs That May Decrease the Blood Glucose Lowering Effect of TOUJEO

The glucose lowering effect of TOUJEO may be decreased when co-administered with atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, dexamethasone, estrogens, glucagon, ginseng, zonisamide, oral contraceptives, phenoxyzines, progestogens (e.g., oral contraceptives), propranolol, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline) and thyroid hormones. Dose adjustment and increased frequency of glucose monitoring may be required when TOUJEO is co-administered with these drugs.
Each milliliter of TOUJEO contains 300 Units (10.91 mg) insulin glargine dissolved in a clear aqueous fluid. The 1.5 mL SoloStar disposable prefilled pen presentation contains the following inactive ingredients per mL: 90 mcg zinc, 2.7 mg m-cresol, 20 mg glycerol 85%, and water for injection.

The pharmacokinetic profiles for single 0.4, 0.6, and 0.9 U/kg doses of TOUJEO in 24 patients with type 1 diabetes mellitus was evaluated in a euglycemic clamp study. On a unit-to-unit basis, TOUJEO had a lower maximum (Grmax) and 24 hour glucose lowering effect (GIR-AUC0–24) compared to LANTUS. The overall glucose lowering effect of TOUJEO 0.4 U/kg was 12% of the glucose lowering effect of an equivalent dose of LANTUS. Glucose lowering at least 30% of the effect of a single 0.4 U/kg dose of LANTUS was not observed until the single dose of TOUJEO exceeded 0.6 U/kg.

13. NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In two open-label, randomized, active-control, parallel studies of up to 26 weeks in patients with type 1 diabetes mellitus and patients with type 2 diabetes mellitus (Tables 3 and 4), at trial end, the reduction in self-reported hypoglycemia, including some deaths, was observed. Consequently, a reduction in the reporting rate occurred in the high-dose group only. Similar effects were observed with NPH insulin.

14. CLINICAL STUDIES

14.1 Overview of Clinical Studies

In an open-label, controlled study (Study A), patients with type 1 diabetes (n=546), were randomized to basal-bolus treatment with TOUJEO or LANTUS and treated for 26 weeks. TOUJEO and LANTUS were administered once daily in the morning (time period covering from pre-breakfast until pre-lunch) or in the evening (time period defined as prior to the evening meal until bedtime). A mealtime insulin analogue was administered before each meal. Mean age was 47.3 years and mean duration of diabetes was 21 years. 57% were male. 85.1% were Caucasian, 4.7% Black or African American. 4.7% were Hispanic, 32.2 percent of patients had GFR >60 mL/min/1.73m². The mean BMI was approximately 27.6%. At week 26, treatment with TOUJEO provided a mean reduction in HbA1c that met the pre-specified non-inferiority margin of 0.4% (Table 3). Patients treated with TOUJEO used 17.5% more basal insulin than patients treated with LANTUS. There were no clinically important differences in glycemic control when TOUJEO was administered once daily in the morning or in the evening. There were no clinically important differences in body weight between treatment groups.

Table 3: Type 1 Diabetes Mellitus – Adult (TOUJEO plus Mealtime insulin versus LANTUS plus Mealtime insulin)

<table>
<thead>
<tr>
<th>Treatment duration</th>
<th>Treatment in combination with Basal insulin</th>
<th>Number of subjects treated (mITT)</th>
<th>Basal insulin</th>
<th>Adjusted Mean change from baseline</th>
<th>Adjusted Mean difference</th>
<th>95% Confidence Interval</th>
<th>HbA1c</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOUJEO</td>
<td>+mealtime insulin</td>
<td>273</td>
<td></td>
<td>-0.4 -0.44</td>
<td>0.04</td>
<td>[0.10 to 0.15]</td>
<td>8.56</td>
</tr>
<tr>
<td>LANTUS</td>
<td>+mealtime insulin</td>
<td>273</td>
<td></td>
<td>-0.4 -0.44</td>
<td>0.04</td>
<td>[0.10 to 0.15]</td>
<td>8.52</td>
</tr>
<tr>
<td>Fasting Plasma Glucose mg/dL</td>
<td>Baseline mean</td>
<td>166</td>
<td>189</td>
<td>17 -20</td>
<td>Adjusted Mean difference</td>
<td>95% Confidence Interval</td>
<td>HbA1c</td>
</tr>
<tr>
<td>TOUJEO</td>
<td>+mealtime insulin</td>
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<td>0.04</td>
<td>[0.10 to 0.15]</td>
<td>8.52</td>
</tr>
</tbody>
</table>

†mITT : Modified intention-to-treat
‡Mealtime insulin refers to insulin glulisine, insulin lispro or insulin aspart
§Modified intention-to-treat
£Treatment difference: TOUJEO – LANTUS

14.3 Clinical Studies in Adults with Type 2 Diabetes

In a 26-week open-label, controlled study (study B, n=804), adults with type 2 diabetes were randomized to oncedaily treatment in the evening with either TOUJEO or LANTUS. Short-acting mealtime insulin analogues with or without metformin were also administered. The average age was 60 years. The majority of patients were White (92.3%) and 52.2% were male. 20.3% of patients had GFR of 60–89 mL/min/1.73m². The mean BMI was approximately 36.6 kg/m². At week 26, treatment with TOUJEO provided a mean reduction in HbA1c that met the pre-specified non-inferiority margin of 0.4% compared to LANTUS (Table 4). Patients treated with TOUJEO used 11% more basal insulin than patients treated with LANTUS. There were no clinically important differences in body weight between treatment groups.

In two open-label, controlled studies (n=1,670), adults with type 2 diabetes mellitus were randomized to either TOUJEO or LANTUS once daily for 26 weeks as part of a regimen of combination therapy with non-insulin anti-diabetic drugs. At the time of randomization, 808 patients were treated with basal insulin and were permitted for more than 6 months. 862 patients were insulin naive (study D). In Study C, the average age was 58.2 years. The majority of patients were White (93.8%) and 45.9% were male. 32.8 percent of patients had GFR of 60–80 mL/min/1.73 m². The mean BMI was approximately 34.8 kg/m². At week 26, treatment with TOUJEO provided a mean reduction in HbA1c that met the pre-specified non-inferiority margin of 0.4% compared to LANTUS (Table 4). Patients treated with TOUJEO used 12% more basal insulin than patients treated with LANTUS. There were no clinically important differences in body weight between treatment groups.

In Study D, the average age was 57.7 years. The majority of patients were White (78%) and 57.7% were male. 28 percent of patients had GFR of 60–80 mL/min/1.73 m². The mean BMI was approximately 33 kg/m². At week 26, treatment with TOUJEO provided a mean reduction in HbA1c that met the pre-specified non-inferiority margin compared to LANTUS (Table 4). Patients treated with TOUJEO used 15% more basal insulin than patients treated with LANTUS. There were no clinically important differences in body weight between treatment groups.
Table 4: Type 2 Diabetes Mellitus - Adult

<table>
<thead>
<tr>
<th>Treatment in combination with</th>
<th>Study B</th>
<th>Study C</th>
<th>Study D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26 weeks</td>
<td>26 weeks</td>
<td>26 weeks</td>
</tr>
<tr>
<td><strong>Mealtime insulin analog+metformin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOUJEO (300 Units/mL)</td>
<td>404</td>
<td>400</td>
<td>403</td>
</tr>
<tr>
<td>LANTUS (100 Units/mL)</td>
<td>405</td>
<td>402</td>
<td>403</td>
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<tr>
<td><strong>Non-insulin anti-diabetic drugs</strong></td>
<td></td>
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<td></td>
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<tr>
<td>TOUJEO (300 Units/mL)</td>
<td>405</td>
<td>402</td>
<td>403</td>
</tr>
<tr>
<td>LANTUS (100 Units/mL)</td>
<td>405</td>
<td>402</td>
<td>403</td>
</tr>
</tbody>
</table>

**HbA1c**

<table>
<thead>
<tr>
<th>Baseline mean</th>
<th>Adjusted mean change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOUJEO (300 Units/mL)</td>
<td>-0.90</td>
</tr>
<tr>
<td>LANTUS (100 Units/mL)</td>
<td>-0.73</td>
</tr>
</tbody>
</table>

Adjusted mean difference [95% Confidence interval]

| [0.14 to 0.08] | [-0.17 to 0.10] | [0.09 to 0.17] |

**Fasting Plasma Glucose (mg/dL)**

<table>
<thead>
<tr>
<th>Baseline mean</th>
<th>Adjusted mean change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOUJEO (300 Units/mL)</td>
<td>157</td>
</tr>
<tr>
<td>LANTUS (100 Units/mL)</td>
<td>149</td>
</tr>
</tbody>
</table>

Adjusted mean difference [95% Confidence interval]

| [-5 to 7] | [3 to 9] | [2 to 12] |

16. HOW SUPPLIED/STORAGE AND HANDLING

**16.1 How supplied**

TOUJEO (insulin glargine injection) is supplied as a solution containing 300 units per mL (U-300) of insulin glargine and is available in:

- **0.8 mL prefilled pen**
- **1.5 mL prefilled pen**

TOUJEO SoloStar disposable prefilled pen contains BD Ultra-Fine™ needles 3 to 11 mm in length, 31 gauge, and are manufactured by BD.

**16.2 Storage**

TOUJEO SoloStar disposable prefilled pen should not be stored in the freezer and should not be allowed to freeze. Discard TOUJEO SoloStar disposable prefilled pen if it has been frozen.

- Unopened SoloStar disposable prefilled pen:
  - Unopened TOUJEO SoloStar disposable prefilled pen should be stored in a refrigerator, 36°F – 46°F (2°C – 8°C), Discard after the expiration date.
  - Open (In-Use) SoloStar disposable prefilled pen:
    - The opened (in-use) TOUJEO SoloStar disposable prefilled pen should not be refrigerated but should be kept at room temperature (preferably below 86°F [30°C]) away from direct heat and light. The opened (in-use) TOUJEO SoloStar disposable prefilled pen must be discarded 28 days after being opened.

These storage conditions are summarized in the following table:

<table>
<thead>
<tr>
<th>Dosage Unit/Strength</th>
<th>Package size</th>
<th>NDC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 mL SoloStar disposable prefilled pen (300 Units/mL)</td>
<td>Package of 3</td>
<td>0024-5869-03</td>
</tr>
<tr>
<td>1.5 mL SoloStar disposable prefilled pen (300 Units/mL)</td>
<td>Package of 5</td>
<td>0024-5869-05</td>
</tr>
</tbody>
</table>

- BD Ultra-Fine™ needles 3 to 11 mm in length, 31 gauge, are sold separately and are manufactured by BD.

**16.3 Preparation and handling**

Parenteral drug products should be inspected visually prior to administration whenever the solution and the container permit. TOUJEO must only be used if the solution is clear and colorless with no particles visible. See Dosage and Administration [2.4].

Mixing and diluting: TOUJEO must not be diluted or mixed with any other insulin or solution. See Dosage and Administration [2.1].

If TOUJEO SoloStar disposable prefilled pen, malfunctions, TOUJEO must not be drawn from the TOUJEO pen into any syringe and injected. Needles must not be re-used. A new sterile needle must be attached before each injection. Re-use of needles increases the risk of blocked needles which may cause underdosing or overdosing. Using a new sterile needle for each injection also minimizes the risk of contamination and infection.

**17. PATIENT COUNSELING INFORMATION**

See FDA-approved patient labeling (Instruction Leaflet)

General Counseling Information—Prior to treatment, patients should fully understand the risks and benefits of TOUJEO. Ensure that all patients receive the Instruction Leaflet prior to initiating TOUJEO therapy.

17.1 Never Share a TOUJEO SoloStar Pen Between Patients

[see Warnings and Precautions (5.1)]

Advise patients that they must never share TOUJEO SoloStar pen with another person even if the needle is changed. Pen sharing poses a risk for transmission of blood-borne pathogens.

17.2 Hyperglycemia or Hypoglycemia

[see Warnings and Precautions (5.2, 5.3)]

Inform patients that hypoglycemia is the most common adverse reaction with insulin. Inform patients of the symptoms of hypoglycemia. Inform patients that the ability to concentrate and react may be impaired as a result of hypoglycemia. This may present a risk in situations where these abilities are especially important, such as driving or operating other machinery. Advise patients who have frequent hypoglycemia or reduced or absent warning signs of hypoglycemia to use caution when driving or operating machinery.

Advise patients that changes in insulin regimen can predispose to hyper- or hypoglycemia. Advise patients that changes in insulin regimen should be made under close medical supervision.

Inform patients that if they change to TOUJEO from other basal insulins they may experience higher average fasting plasma glucose levels in the first weeks of therapy. Advise patients to monitor glucose daily when initiating TOUJEO.

17.3 Medication Errors

[see Warnings and Precautions (5.4)]

Instruct patients to always check the insulin label before each injection. The "300 Units/mL (U-300)" is highlighted in honey gold on the label of TOUJEO SoloStar disposable prefilled pen.

Inform patients that TOUJEO (insulin glargine 300 Units/mL) contains 3 times as much insulin in 1 mL as standard insulin (100 Units/mL).

Inform patients that the dose counter of TOUJEO SoloStar disposable prefilled pen shows the number of units of TOUJEO to be injected. No dose re-calculation is required.

Instruct patients to not re-use needles. A new needle must be attached before each injection. Re-use of needles increases the risk of blocked needles which may cause underdosing or overdosing. In the event of blocked needle, the patients must follow the instructions described in Step 3 of the Instructions for Use.

Advise patients to never use a syringe to remove TOUJEO from the SoloStar disposable insulin prefilled pen.

17.4 Administration

TOUJEO must only be used if the solution is clear and colorless with no particles visible. Patients must be advised that TOUJEO must NOT be diluted or mixed with any other insulin or solution.

17.5 Management of Hypoglycemia and Handling of Special Situations

Patients should be instructed on self-management procedures including glucose monitoring, proper injection technique, and management of hypoglycemia and hyperglycemia. Patients must be instructed on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, and skipped meals.
17.6 Pregnancy

Advise patients to inform their health care professional if they are pregnant or are contemplating pregnancy.

Refer patients to the TOUJEO “Patient Information” for additional information about the potential side effects of insulin therapy, including lipodystrophy (and the need to rotate injection sites within the same body region), weight gain, allergic reactions, and hypoglycemia.

17.7 FDA Approved Patient Labeling

See attached document at end of Full Prescribing Information.

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Bridgewater, NJ 08807

Sanofi-aventis U.S. LLC

Patient Information

TOUJEO (Too-Jay-o) (insulin glargine injection) for subcutaneous use, 300 Units/mL (U-300)

Do not share your TOUJEO SoloStar pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

If the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is TOUJEO?

TOUJEO is a long-acting man-made insulin used to control high blood sugar in adults with diabetes mellitus.

- TOUJEO contains 3 times as much insulin in 1 mL as standard insulin (100 U/mL).
- TOUJEO is not for use to treat diabetic ketoacidosis.
- It is not known if TOUJEO is safe and effective in children.

Who should not use TOUJEO?

Do not use TOUJEO if you:

- are having an episode of low blood sugar (hypoglycemia)
- have an allergy to insulin glargine or any of the ingredients in TOUJEO. See the end of this Patient Information leaflet for a complete list of ingredients in TOUJEO.

What should I tell my healthcare provider before using TOUJEO?

Before using TOUJEO, tell your healthcare provider about all your medical conditions, including if you:

- have liver or kidney problems
- take other medicines, especially ones called TZDs (thiazolidinediones).
- have heart failure or other heart problems. If you have heart failure, it may get worse while you take TZDs with TOUJEO.
- are pregnant, planning to become pregnant, or are breastfeeding.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Before you start using TOUJEO, talk to your healthcare provider about low blood sugar and how to manage it.

How should I use TOUJEO?

- Read the detailed Instructions for Use that come with your TOUJEO SoloStar® disposable prefilled pen.
- Use TOUJEO exactly as your healthcare provider tells you to. Your healthcare provider should tell you how much TOUJEO to use and when to use it.
- Know the amount of TOUJEO you use. Do not change the amount of TOUJEO you use unless your healthcare provider tells you to.
- Check your insulin label each time you give your injection to make sure you are using the correct insulin.
- TOUJEO comes in a SoloStar disposable prefilled pen that you must use to give your TOUJEO. The dose counter on your pen shows your dose of TOUJEO. Do not make any dose changes unless your healthcare provider tells you to.
- Do not use a syringe to remove TOUJEO from your SoloStar disposable prefilled pen.
- Do not re-use needles. Always use a new needle for each injection. Re-use of needles increases your risk of having blocked needles, which may cause you to get the wrong dose of TOUJEO. Using a new needle for each injection also lowers your risk of getting an infection. If your needle is blocked, follow the instructions in Step 3 of the Instructions for Use.

- TOUJEO should be used 1 time each day and at the same time each day.
- TOUJEO is injected under your skin (subcutaneously). Do not use TOUJEO in an insulin pump or inject TOUJEO into your vein (intravenously).
- Change (rotate) your injection sites within the area you chose with each dose. Do not use the exact spot for each injection.
- Do not mix TOUJEO with any other type of insulin or liquid medicine.

Check your blood sugar levels. Ask your healthcare provider what your blood sugar should be and when you should check your blood sugar levels.

Keep TOUJEO and all medicines out of the reach of children.

Your dose of TOUJEO may need to change because of:

- a change in level of physical activity or exercise, weight gain or loss, increased stress, illness, change in diet, or because of other medicines you take.

What should I avoid while using TOUJEO?

While using TOUJEO do not:

- drive or operate heavy machinery, until you know how TOUJEO affects you
- drink alcohol or use over-the-counter medicines that contain alcohol

What are the possible side effects of TOUJEO?

TOUJEO may cause serious side effects that can lead to death, including:

- low blood sugar (hypoglycemia). Signs and symptoms that may indicate low blood sugar include:
  - dizziness or light-headedness, sweating, confusion, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability or mood change, hunger
- severe allergic reaction (whole body reaction). Get medical help right away if you have any of these signs or symptoms of a severe allergic reaction:
  - a rash over your whole body, trouble breathing, a fast heartbeat, or sweating
- low potassium in your blood (hypokalemia).
- heart failure. Taking certain diabetes pills called TZDs (thiazolidinediones) with TOUJEO may cause heart failure in some people. This can happen even if you have never had heart failure or heart problems before. If you already have heart failure it may get worse while you take TZDs with TOUJEO. Your healthcare provider should monitor you closely while you are taking TZDs with TOUJEO. Tell your healthcare provider if you have any new or worse symptoms of heart failure including:
  - shortness of breath, swelling of your ankles or feet, sudden weight gain

Treatment with TZDs and TOUJEO may need to be changed or stopped by your healthcare provider if you have new or worse heart failure.

Get emergency medical help if you have:

- trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, confusion.

The most common side effects of TOUJEO include:

- low blood sugar (hypoglycemia), weight gain, allergic reactions, including reactions at your injection site, skin thickening or pits at the injection site (lipodystrophy).

These are not all the possible side effects of TOUJEO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of TOUJEO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use TOUJEO for a condition for which it was not prescribed. Do not give TOUJEO to other people, even if they have the same symptoms that you have. It may harm them.
This Patient Information leaflet summarizes the most important information about TOUJEO. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about TOUJEO that is written for health professionals. For more information, go to www.TOUJEO.com or call 1-800-633-1610.

**What are the ingredients in TOUJEO?**
- **Active ingredient:** insulin glargine
- **Inactive ingredients:** zinc, m-cresol, glycerol and water for injection
  Hydrochloric acid and sodium hydroxide may be added to adjust the pH.

**Manufactured By:** sanofi-aventis U.S., LLC, Bridgewater, NJ 08807

This Patient Information has been approved by the U.S. Food and Drug Administration
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