



YOUR TOUJEO[®] (insulin glargine 300 units/mL) DOUBLESTAR[®] GUIDE

GETTING THE MOST FROM YOUR TREATMENT

This item is intended for adults, adolescents and children from the age of 6 years with diabetes who have been prescribed Toujeo[®] in DoubleStar[®] pen.

This item has been developed and funded by Sanofi.

Start your journey with Toujeo®

This booklet will support you in making a positive start to managing your diabetes by helping you understand what Toujeo® is and providing you with a step-by-step guide on how to take it.

It's intended as additional support to the advice from your doctor, pharmacist or nurse and does not replace the patient information leaflet, so please read that leaflet alongside this booklet.

Contents

What is Toujeo®?	3
Getting started with Toujeo® DoubleStar®	3
Changing from another insulin to Toujeo®	4
Storing your Toujeo® DoubleStar®	4
Things to know before you inject	5
Injecting Insulin	6
Hypoglycaemia	8
Possible side effects	9
Managing diabetes	10
Living well with diabetes	11
Driving guidelines	13
Travelling with insulin	14
DOs and DON'Ts	15
FAQs	15

Reporting of side effects: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the Patient Information Leaflet. You can also report side effects directly via HPRC Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie

Side effects should also be reported to Sanofi: Tel: 01 403 5600 e-mail: IEPharmacovigilance@sanofi.com

By reporting side effects you can help provide more information on the safety of this medicine.

Reporting of product technical complaints: If you are aware of any product quality issues, please report them to the company as soon as possible by calling the freephone 24-hour Sanofi Diabetes care-line 1800 946 677 or emailing IE-ProductQualityComplaints@sanofi.com

Freephone 24-hour Sanofi Diabetes care-line: **1800 946 677**

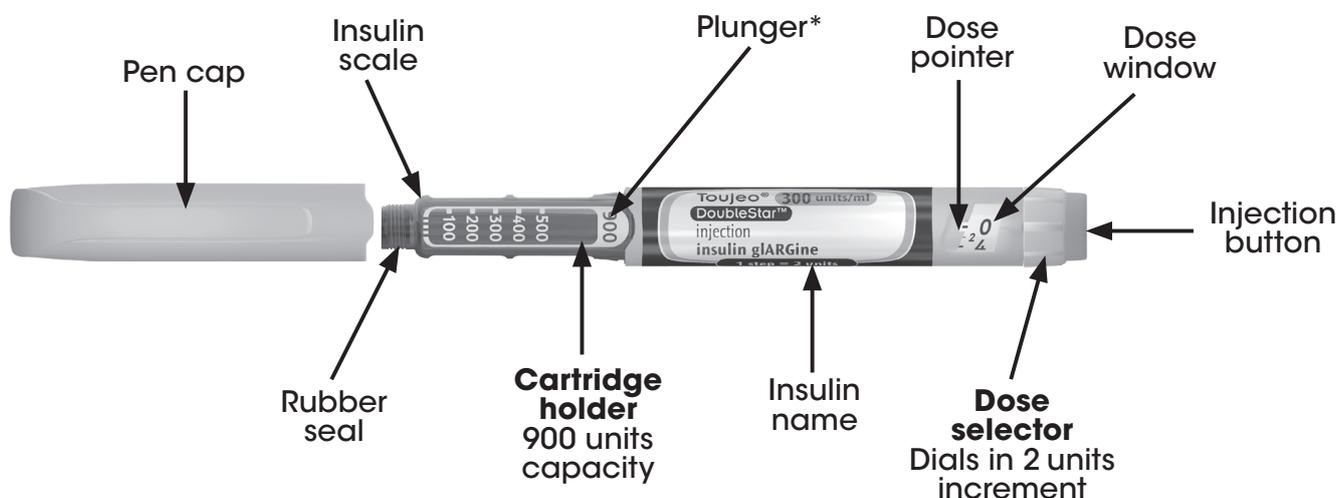
18 Riverwalk, Citywest Business Campus, Dublin 24, D24 VK33, Ireland

What is Toujeo®?

- Toujeo® (also called insulin glargine 300 units/mL) is a long-acting background or “basal” insulin
- It is taken once-a-day by injection, using a pen-like device
- Toujeo® DoubleStar® is a disposable injection device that is pre-filled with Toujeo®
- Toujeo® is slowly released into your body over a period of 24 hours
- This gives you a constant level of background insulin that helps to control your blood glucose levels between meals and at night-time

Getting started with Toujeo® DoubleStar®

- Toujeo® DoubleStar® is a disposable injection device that looks like a pen and is pre-filled with Toujeo® insulin glargine 300 units/mL
- Toujeo® DoubleStar® contains 900 units of insulin glargine
- Once open, your Toujeo® DoubleStar® pen must be left out of the fridge. It can be used for up to 6 weeks
- You can dial-up doses from 2 to 160 units in **steps of 2 units** and view the number of units through the clear window on the pen



- Your Toujeo® DoubleStar® pen can only dial the amount of insulin remaining – if there are only 12 units left, your Toujeo® DoubleStar® pen can only dial-up to 12 units
- When the insulin inside your Toujeo® DoubleStar® runs out, you should carefully dispose of the pen as instructed by your healthcare professional and start using a new Toujeo® DoubleStar®



After the first use, NEVER put your pen back in the fridge – keep it at room temperature below 30°C

*You will not see the plunger until you have injected a few doses.

Changing from another insulin to Toujeo®

Will my Toujeo® dose be the same as my old basal insulin?

- If you are changing to Toujeo® from a once-daily basal insulin, your starting dose of Toujeo® is likely to be the same as your previous basal insulin dose. Your Toujeo® dose will then be adjusted until you reach your target fasting blood glucose level
- If you are changing to Toujeo® from a twice-daily basal insulin, your total daily dose of basal insulin is likely to be 80% of the total daily dose of your old insulin. Your Toujeo® dose will then be adjusted until you reach your target fasting blood glucose level

Example:

Once-daily basal insulin to Toujeo®

- If you were taking 30 units of basal insulin once-a-day, your Toujeo® starting dose will be 30 units once-a-day

Twice-daily basal insulin to Toujeo®:

- If you were taking 20 units of basal insulin in the morning and 20 units of basal insulin in the evening your total daily dose was 40 units
- Your starting Toujeo® insulin dose will be 32 units taken once-a-day

Storing your Toujeo® DoubleStar®

Before you use your Toujeo® DoubleStar® pen



Store your Toujeo® DoubleStar® pens in their box in a fridge, but away from the cooling element, until you're ready to use a new pen for the first time



Cold insulin is more painful to inject, so before you use a new pen, take it out of the fridge and allow it to warm up to room temperature for an hour or two

Once a pen is in use



Once you take a Toujeo® DoubleStar® pen out of the fridge for use, or as a spare, it can be used for a maximum of 6 weeks



During this time you can store it at room temperature, but not higher than 30°C



Store your pen with the cap on, away from direct heat or light



Never store your pen with the needle attached, dispose of used needles in an appropriate sharps bin



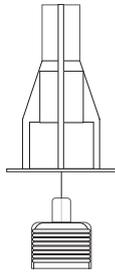
DO NOT put your pen back into the fridge

Things to know before you inject:

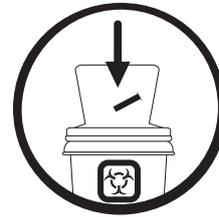
DOs and DON'Ts:

Do	Don't
✓ Always perform a safety check	✗ Never re-use your needles
✓ Always carry a spare pen and needles in case they get lost or stop working	✗ Never use a syringe to remove insulin from your pen
	✗ Never use your pen if it's damaged
	✗ Never share your pen

Extra items you will need:



A new sterile needle for each injection



A puncture resistant container to throw away used needles and pens

Injecting insulin

- Toujeo® is a clear solution which should be injected once-a-day, at the same time every day
- You can occasionally take Toujeo® up to 3 hours before or 3 hours after your normal time if necessary

Giving yourself an insulin injection isn't difficult, but it does take practice. Your doctor or nurse will show you how.

The 2 recommended injection sites are:

The stomach:

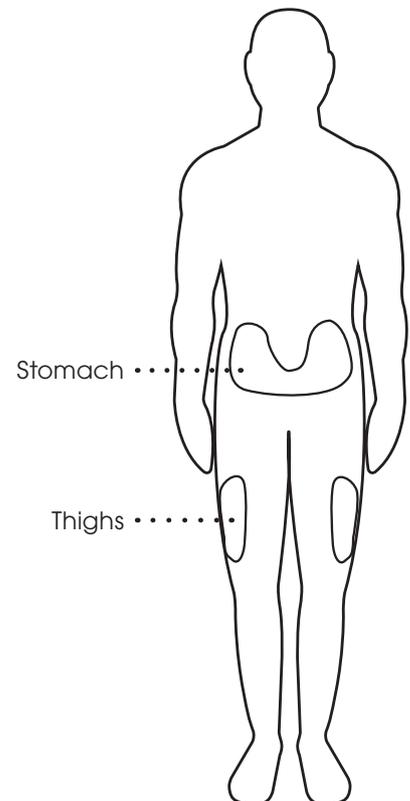
except for a 2-inch circle around the belly button

The top and outer thighs:

avoid injecting too close to the area above the knee

You should **inject under the skin**, and to prevent damage it is **important to rotate your injection site for each injection**, 1 cm apart each time, within the thigh and stomach areas.

Rotating the injection site prevents skin changes such as lumps under the skin. The insulin may not work very well if you inject into a lumpy area. Contact your doctor if you are currently injecting into a lumpy area before you start injecting in a different area. Your doctor may tell you to check your blood sugar more closely, and to adjust your insulin or your other antidiabetic medications dose.



Injecting insulin

Your doctor or nurse will show you how to inject your insulin, always follow their advice and don't hesitate to ask them any questions. For more detailed information, please also refer to the patient information leaflet.

1 Check your pen



- Ensure you're using the correct insulin
- Check the pen is not damaged
- Check the expiration date has not passed
- Check that the insulin is clear and **DO NOT** use the pen if the insulin looks cloudy or contains particles



2 Attach a new needle



- Take a new needle and peel off the protective seal
- Screw the new needle onto the pen until fixed. **DO NOT** over-tighten
- Remove the outer needle cap. Keep this to use again after your injection
- Pull off the inner needle cap and throw it away



3 Always do a safety test

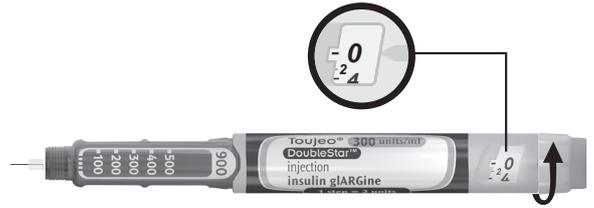


- Turn the dose selector by 4 units and press the injection button down all the way to ensure insulin comes out of the needle

If no insulin comes out of the needle:

- Repeat the safety test up to 6 times
- Failing this, replace the needle and test it again
- If insulin still doesn't come out, use a new pen

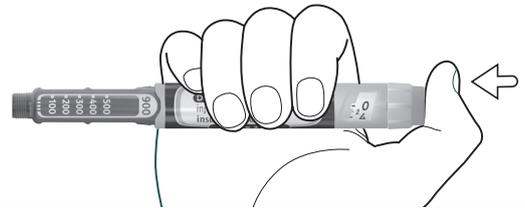
4 Select the dose



- Ensure the needle is attached and the dose is set to '0'
- Turn the dose selector until the pointer lines up with your intended dose
- If you cannot select your full prescribed dose, split the dose into two injections or use a new pen to make up the remaining amount



5 Inject your dose



- To prevent damage to your skin, inject into a different area each time, swapping between the upper arms, thighs or stomach
- Push the needle into the skin of your chosen injection site and press the injection button all the way down
- When you see '0' in the dose window, slowly count from 1 to 5, to make sure you inject the full dose. You can then release the injection button and remove the needle from your skin



6 Remove the needle



- Place the outer needle cap back onto the pen and turn it several times to remove the needle
- Throw the used needle away in a puncture resistant container
- Place the pen cap back onto the pen and store it at room temperature
- Never take insulin out of the pen with a syringe

Hypoglycaemia

What is hypoglycaemia?

Normally your blood sugar levels should be between 4–7 mmol/L when you're fasting (before breakfast). If your blood sugar levels fall below 4 mmol/L, you may start to feel unwell, this is known as hypoglycaemia or a 'hypo'.

What causes a hypo?

The cause of a hypo is not always clear but the following can increase the chance of your blood sugar levels falling too low:

- missing or delaying a meal
- exercising more than usual without having extra snacks or reducing your tablet/insulin dose
- taking a dose of tablets/insulin that is too high
- drinking alcohol
- hot weather
- sexual activity
- certain illnesses*
- some medicines**

Signs of a hypo

A hypo can occur quickly so it's important to **know the early warning signs**. The most common ones are:

-  tiredness or headaches
-  feeling hungry
-  blurred vision
-  dizziness or shaking
-  sweating heavily
-  feeling anxious or excited
-  rapid heart beat
-  being sick

How to treat a hypo?

If you experience hypo symptoms or if a blood sugar test has shown your levels are below 4 mmol/L, you must **act quickly** and:

-  eat or drink something high in sugar (15g of carbohydrate), such as:
 - 150ml of pure fruit juice
 - 150ml of a sugary drink (non-diet) (170ml of LUCOZADE® original) or
 - 4-5 glucose tablets
 - 5 sweets such as jelly babies
-  test your blood sugar level after 10–15 minutes to see if it's more than 4 mmol/L, if it's not eat or drink more sugary foods
-  if your blood sugar level is more than 4 mmol/L have your next meal (containing carbohydrates) or a starchy snack, such as a sandwich, biscuits or fruit

If you're not sure what or how much you should be eating and drinking during a hypo, or if you're having a lot of hypos, speak to your doctor, pharmacist or nurse.

What if I am unconscious?

Not acting quickly when you have a hypo could lead you to become unconscious. If this happens make sure your relatives, friends and close colleagues know how to react. They **must not** give you food or drink to try and give you more sugar as you could choke. Instead, they should **call an ambulance** and put you in the recovery position.

How to prevent a hypo?

There are several ways you can reduce the chance of getting a hypo:

-  test your blood sugar levels regularly
-  learn to recognise your own hypo signs
-  plan ahead and carry extra snacks
-  always keep your diabetes ID or insulin passport with you

*Particularly infections, vomiting or diarrhoea.

**Your doctor, pharmacist or nurse will be able to advise you which medicines can cause a hypo.

Possible side effects

What is hyperglycaemia?

Hyperglycaemia or a 'hyper' can occur when your blood sugar levels get too high and increase above 7 mmol/L before a meal, and 8.5 mmol/L 2 hours after a meal.

Signs of a hyper

A hyper can also occur quickly so it's important to **know the early warning signs**. The most common ones are:



urinating more than usual



tiredness



feeling thirsty and having a dry mouth



headache



being sick



blurred vision

If you experience symptoms of hyperglycaemia, follow the advice of your doctor or nurse to reduce your blood sugar level. You may be advised to drink plenty of sugar-free fluids (especially if you're dehydrated) and/or to adjust your dose of insulin or diabetes medication.

If you're experiencing severe symptoms such as being sick, rapid heartbeat, irregular breathing or feeling sleepy, you should seek medical assistance immediately.

Skin changes at injection site



These can occur if you inject your insulin too often in the same place. Fatty tissue under the skin at the site may either shrink (lipoatrophy) or thicken (lipohypertrophy). Lumps under the skin may also be caused by build-up of a protein called amyloid (cutaneous amyloidosis). The insulin may not work very well if you inject into a lumpy area. Change the injection site with each injection to help prevent these skin changes. See page 5.

Skin and allergic reactions



Skin and allergic reactions at the injection site patients may experience reactions at, and around, the injection site (such as reddening, pain on injection, itching, hives, swelling or inflammation). Most minor reactions to Toujeo® usually resolve themselves in a few days. Occasionally they may take longer.

Allergic reactions



Allergic reactions are rare with Toujeo®, but it's important to know about them, just in case you do experience this. If you feel any skin reactions on your body (e.g. rash and itching), or swelling of the face, tongue or throat, contact your doctor or nurse immediately.

Please refer to the Patient Information Leaflet accompanying your Toujeo® Doublestar® pen for a full list of side effects.

If you have any questions about side effects, talk to your doctor, pharmacist or nurse.

Managing diabetes

Having high blood sugar levels (also known as hyperglycaemia) for a long time can lead to health complications, so it's important to start managing your blood sugar levels as soon as you're diagnosed. If your diabetes is not well controlled, it could lead to:



Eyesight complications

The 'seeing' part of the eye called the retina could get damaged and if left untreated, could lead to loss of eyesight



Pregnancy complications

Diabetes during pregnancy could lead to premature birth or jaundice, and in severe cases a miscarriage or stillbirth



Kidney complications

The kidneys could get damaged meaning the body may be unable to get rid of 'waste' via urine



Sexual dysfunction in females

Damaged nerves and blood vessels could lead to reduced pleasure, loss of libido, pain during sex and vaginal dryness



Heart complications

The heart may not get enough blood which could lead to a heart attack or a stroke



Sexual dysfunction in males

Damaged nerves and blood vessels could lead to difficulty achieving and/or maintaining an erection during sex



Feet and leg complications

Damaged nerves and blood vessels in the feet could mean you don't realise you're hurt and a simple cut or blister could easily get infected

How can you manage your diabetes?

Your key tools to managing your diabetes include taking diabetes medication (tablets or insulin) and having a healthy diet and lifestyle.

It's also important to have regular check-ups for your heart, kidneys, eyes and feet so any complications can be detected and treated early. Your doctor or nurse will discuss how often you will need to have these check-ups and may refer you to a specialist.

Tips to look after your feet daily:



Wash and check your feet everyday



Wear socks and comfortable shoes



Be careful when cutting your toenails



Tell your doctor or nurse if you have any pain, cuts, swelling or bruising



Don't walk barefoot



Keep your feet hydrated

Living well with diabetes

A healthy, balanced diet

Having a healthy, balanced diet can help keep you in good health. It's an important part of keeping your diabetes under control.

Tips for healthy eating



Eat regular meals

Always eat breakfast and try not to skip meals. Also, make sure to always carry snacks with you



Eat your 'five a day'

All fruit and vegetables are good for you. They are full of vitamins, minerals and fibre, and contain little fat. Aim for at least five helpings every day



Eat healthier carbohydrates

Eat wholegrain breads and cereals. Have fruit whole rather than as a juice and try quinoa as an alternative to pasta



Eat less fatty foods

Use skimmed or semi-skimmed milk, and grill, steam or bake foods instead of frying them



Reduce your salt intake

There is a lot of salt in ready meals so try to cook your meals fresh and replace salt with herbs or spices



Eat more fish and fibre

Try to eat more fish and foods high in fibre, such as tuna, salmon, wholemeal bread and beans



Stay hydrated

Try to drink 8–10 glasses of fluid a day, such as water, tea or coffee and try not to add any sugar



Eating out

When going out for a meal, work out when you need to eat and if you need to change your insulin dose, as you may eat more than usual

If you would like more advice about healthy eating, your doctor or nurse may be able to arrange for you to see a dietitian.

Keeping active

Regular physical activity also helps to maintain good health and has several essential benefits: where possible

- it helps to maintain a healthy weight
- it's good for the heart and reduces the risk of heart disease, high blood pressure and high blood cholesterol
- it helps to control blood sugar levels
- it reduces stress and improves sleep

Tips for being active



Aim to do at least 30 minutes of moderate or 15 minutes of high intensity activity five times a week



Wear suitable footwear and check your feet before and after each activity



Keep your diabetes ID and insulin passport with you. Your insulin requirements may need to be adapted. You should discuss the management of your blood glucose levels during exercise with your diabetes team.



Stay hydrated and drink fluids regularly and carry extra snacks with you



Aim to walk 10,000 steps a day and use a step counter to track this



Instead of taking the lift or an escalator, use the stairs



Walk or cycle instead of driving or taking public transport where possible



Start a new activity that you will enjoy and keep you active, such as gardening, dancing, cycling or swimming

Living well with diabetes

Alcohol

Provided you drink in moderation, there is no reason why you should have to give up alcohol due to diabetes. However, it's very important that you drink responsibly.

Tips to drink responsibly



Never drink on an empty stomach and carry snacks with you



Always keep your diabetes ID or insulin passport with you



Use sugar-free mixers with cocktails or spirits



Remember that alcohol can lower your blood sugar levels



Pace yourself and keep track of how much you've drunk

Smoking

Smoking is bad for your health, but especially for those with diabetes. Giving up smoking is highly recommended for people with Type 2 diabetes as it can reduce the risk of high blood pressure, heart disease or a stroke.



Ask your doctor, pharmacist or nurse for information about the best way to give up smoking

Talk to your doctor or nurse for advice on quitting. You can also contact the National Smokers Quitline: 1800 201 203 or visit www.quit.ie



By stopping smoking you can reduce your chances of complications like a heart attack or a stroke

Sick day rules

It's important to take care of yourself when you're ill. If your diabetes isn't well managed it can increase your risk of developing a cold, flu or an infection.

Tips for managing diabetes with illness



When the body is fighting infection it can cause blood glucose levels to rise. Check your blood sugar levels more often when you're ill – at least four times a day



Try to carry on eating, but if you can't keep food down and feel sick, replace meals with small snacks, glucose tablets or sugary drinks (non-diet)



Stay well hydrated and drink at least 8-10 glasses of fluid a day, such as water, tea or coffee



Never stop taking your medication. Contact your doctor, pharmacist or nurse if you're unsure on what to do and if you need to adjust your diabetes medication

Driving guidelines

Driving with diabetes – Group 1 drivers

Group 1 Categories A, A1, A2, AM, B, BE, or W i.e. motorcycles, cars and tractors (with or without trailer)



You should notify the National Driver License Service (www.ndls.ie) and your insurance company that you take insulin

You must inform the NDLS of the following:

- You have suffered more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months. You must also inform them if you or your medical team feel you are at high risk of developing hypoglycaemia
- You develop impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar)
- You suffer severe hypoglycaemia while driving
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely



If the medical standards are met, a 1- or 3-year license may be issued

- ✓ **Always check your blood glucose levels before driving**
- ✗ **Never drive if your blood glucose level is less than 5.0 mmol/L without eating first. If your blood glucose level is less than 5.0 mmol/L, eat a piece of fruit or small healthy snack before driving**

Driving with diabetes – Group 2 drivers

Group 2 Categories C, CE, C1, C1E, D, DE, D1 or D1E i.e. truck and bus (with or without trailer)



You should notify the National Driver License Service (www.ndls.ie) and your insurance company that you take insulin



RSA Guidelines stipulate that you must satisfy the following criteria:

- NO episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months
- Must have appropriate awareness of hypoglycaemia and appropriate glucose level
- Must regularly monitor blood glucose at least twice-daily and at times relevant to driving using a glucose meter with a memory function to measure and record blood glucose levels
- At the annual examination by a consultant endocrinologist, 3 months of blood glucose readings must be available
- Must have no other condition which would render you a danger when driving Group 2 vehicles
- You will be required to comply with the direction of doctors treating your diabetes and to report immediately to the NDLS any significant change in your condition



If the medical standards are met, a 1-year license may be issued

- ✓ **Always check your blood glucose levels before driving**
- ✗ **Never drive if your blood glucose level is less than 5.0 mmol/L without eating first. If your blood glucose level is less than 5.0 mmol/L, eat a piece of fruit or small healthy snack before driving**

For further information visit: www.ndls.ie, Tel: 1890 40 60 40

Driving with diabetes

Drivers with insulin-treated diabetes are advised to take the following precautions:



You must **always** carry your glucose meter and blood glucose strips with you. You must check your blood glucose before the first journey and every two hours whilst you are driving



Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle



In each case if your blood glucose is **5.0 mmol/L or less, take a snack. If it is less than 4.0 mmol/L or you feel hypoglycaemic, do not drive**



You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident



If hypoglycaemia develops while driving, stop the vehicle as soon as possible



Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy



You must switch off the engine, remove the keys from the ignition and move from the driver's seat



You must take regular meals, snacks and rest periods at least every 2 hours on long journeys. Always avoid alcohol



You must not start driving until 45 minutes after blood glucose has returned to normal. It takes up to 45 minutes for the brain to recover fully

Travelling with insulin

Travelling with insulin



When traveling overseas, carry a letter from your doctor or nurse stating that you are carrying insulin, needles, glucose meter, lancets and any other supplies that you need



Make sure that you have adequate carbohydrates and glucose tablets packed in your hand luggage to cover all eventualities



Always bring spare insulin and supplies



Keep your food supplies under the seat in front of you when flying – just in case you need something when the seatbelt sign is on!



Never leave insulin in a parked car as it can get very hot or very cold inside



It may also be a good idea to pack some reliable carbohydrates and glucose tablets into your main luggage for use abroad if you are likely to experience difficulties getting similar versions while away



Keep insulin in your hand luggage, as there is a danger of freezing in the airline luggage containers at high altitude



Always split your supplies into two bags and if possible give one set to a travelling companion

DOs and DON'Ts

Do

- ✓ Keep medicines out of reach of children
- ✓ Store unopened Toujeo® DoubleStar® pens in the fridge, but away from the element
- ✓ Store the pen you are using at room temperature away from direct heat or light
- ✓ Use a new needle for every injection
- ✓ Rotate your injection sites
- ✓ Keep at least one spare Toujeo® DoubleStar® in case your current pen is lost or damaged
- ✓ Carry glucose tablets/fizzy drinks (non-diet) with you at all times
- ✓ Inform the NDLS and your insurance company that you take insulin
- ✓ Always test your blood glucose levels before driving – never drive if your blood glucose level is less than 5.0 mmol/L
- ✓ Carry insulin in your hand luggage when travelling with a letter from your doctor or nurse
- ✓ Dispose of needles as instructed by your doctor or nurse

Don't

- ✗ Freeze your Toujeo® DoubleStar®
- ✗ Use your Toujeo® DoubleStar® if it is open for longer than 6 weeks
- ✗ Share your Toujeo® DoubleStar® pens or needles with anyone else
- ✗ Store your pen with the needle attached
- ✗ Try to refill or repair your DoubleStar® pen
- ✗ Wash, soak or lubricate the pen as this may damage it
- ✗ Throw away any medicines via wastewater or household waste
- ✗ Leave your Toujeo® DoubleStar® in the car
- ✗ Remove insulin from your Toujeo® pen with a syringe

FAQs

What do I do if there are air bubbles in the pen container?

It's normal to have small air bubbles in the pen container and they will not harm you. Your dose will still be correct and you will be able to use the pen as instructed.

Which needle do I need?

Your Toujeo® DoubleStar® pen can be used with a range of small, disposable needles of different sizes. The needles are small to minimise any discomfort. Your doctor or nurse will choose and prescribe the right size needles for you.

What if no insulin comes out during activation?

The needle may be blocked or not screwed on properly. Remove the needle and attach a new one. If there is still no insulin being ejected, your Toujeo® DoubleStar® may be damaged. If this is the case, do not use the pen.

What do I do if it's hard to press the injection button all the way down?

Withdraw the needle and check that it's screwed on correctly. If it's still difficult to push the injection button, the needle may be blocked, so remove it and attach a new one. If there is still no insulin being ejected, your Toujeo® DoubleStar® may be damaged. If this is the case, do not use the pen.

What do I do if I accidentally inject myself before my Toujeo® DoubleStar® pen is activated?

Do not try to correct this by giving yourself a

second injection. Contact your doctor or nurse for advice on what to do next and how to check your blood sugar levels.

Do I have to change my needle after each injection?

Yes, never use a needle more than once. This will help prevent infections at the injection site and stop the needle from becoming blocked.

What if I am taking (or intend to take) other medicines at the same time as Toujeo®?

Some medicines can change your blood sugar levels. This may mean your insulin dose has to change. So, before taking a medicine ask your doctor or nurse if it will affect your blood sugar levels and what action, if any, you need to take. You also need to be careful when you stop taking a medicine.

What happens if I miss a dose?

If you miss a dose of Toujeo®, you may inject up to three hours after your normal injection time. If that window of time has passed, check your blood sugar levels frequently and then resume your next scheduled dose at your normal injection time. Do not take a double dose of Toujeo® to make up for a missed dose.

If you're in any doubt about any of these FAQs, please speak to your doctor or nurse, or call the freephone 24/7 Sanofi Diabetes care-line: 1800 946 677.