

# A guide to starting Toujeo® (Insulin Glargine 300units/ml)

A promotional aid, provided by Sanofi, for UK Healthcare Professionals to support people transitioning to Toujeo SoloStar (Insulin Glargine 300units/ml) from either a once daily or weekly GLP-1 Receptor Agonist (GLP-1 RA). These resources have been developed by Anne Goodchild, Diabetes Specialist Nurse and Lead trainer for PITstop (Programme of injectable therapies) course. Please consult local guidelines and refer to the Summary of Product Characteristics before initiating any treatment.

INSULIN TREATMENT SHOULD ONLY BE INITIATED, TITRATED, AND MONITORED BY HEALTHCARE PROFESSIONALS WITH THE RELEVANT EXPERTISE AND TRAINING. IF YOU ARE SUPPORTING PATIENTS DURING THE SHORTAGE OF GLP-1 RECEPTOR AGONISTS, PLEASE WORK ALONGSIDE A SPECIALIST IN INSULIN INITIATION TO DISCUSS EACH CASE AND THE PLAN OF ACTION.

The advice in this material is in line with recommendations provided within the PITstop training programme. Local guidelines may vary and should also be consulted

## Resources

- Dummy SoloStar device to demonstrate an injection
- Toujeo SoloStar information booklet
- 4mm needles in line with local formulary
- Blood glucose monitors (ready to teach people on treatment regimens not involving Sulfonylureas)
- DVLA insulin leaflet INF294, DIAB1 form (complete online). For Group 2 drivers, insulin leaflet INS186, VDIAB11 form [www.gov.uk/diabetes-driving](http://www.gov.uk/diabetes-driving)
- PITstop patient handbook and HbA1c chart [www.pitstopdiabetes.co.uk/resources](http://www.pitstopdiabetes.co.uk/resources)
- Recommend resources on the NHS Better Health website and referral to the NHS digital weight management programme to coincide with the initial 3-months having started insulin
- Hypoglycaemia education resources for patients [www.diabetes.org.uk/guide-to-diabetes/complications/hypos](http://www.diabetes.org.uk/guide-to-diabetes/complications/hypos)

## Prescription

- Sharps bin, plus understanding of local collection policy
- 4mm needles (according to local formulary)
- Make any changes to the current treatment regimen (including the GLP-1 RA)
- Blood glucose strips (may require a monitor, plus education on how to use)
- Toujeo SoloStar x 3

Note: the Toujeo device in use, can be kept out of the fridge for a maximum of up to 6 weeks, below 30°C<sup>1</sup>.

## For record keeping the following templates are available:

- Ardens EMIS PITstop insulin template
- SystmOne Ardens Diabetes template (PITstop page)

## Process

1. Assessment and initiation stage (requires a number of short appointments or a 30–60-minute appointment)	Tick														
Find out about the individual's eating pattern, lifestyle and how they feel about the treatment regimen changes. You may agree to set a lifestyle goal (review after 3 months) <sup>5</sup> .															
Provide written information about changes to current oral medication on the day insulin is started. Continue Metformin and SGLT-2 inhibitor, unless contra-indicated. Stop Sulfonylureas <sup>3</sup> .															
Describe the time/action profile of Toujeo, as a once a day injection that lasts over 24 hours with a stable and prolonged duration of action <sup>1,2</sup> . This helps explain how the insulin works and fits in with their current lifestyle. Agree the time of the day to perform the injection and explain that if needed*, they can administer Toujeo up to 3 hours before or after their usual time of administration due to the duration of action <sup>1</sup> , without effecting their glucose control or risk of hypoglycaemia. *Summary of Product Characteristics does state it's preferable to take it at the same time each day and to use the window only when needed															
<p><b>Work out the starting dose:</b> 0.2 units / kg of total body weight<sup>3,8</sup></p> <p><b>Examples:</b> prescribe Toujeo as a repeat variable 1. Dave's weight 136kg 0.2 units / kg = 28 units daily. 2. Grace's weight 78.5kg 0.2 units / kg = 16 units daily.</p>															
Start insulin using the pictorial guide in the Toujeo SoloStar information booklet <sup>6</sup> (pages 8/9)															
Teach injection technique in line with Trend Diabetes' Injection Technique Matters <sup>7</sup> .															
Reinforce the DVLA requirements when starting insulin, including informing the DVLA <sup>4</sup> (see resources).															
Reinforce understanding about what hypoglycaemia is, prevention and management (including when driving).															
Revisit blood glucose monitoring requirements for driving. If their current treatment regimen does not involve a Sulfonylurea, they will need to be given a monitor and strips in line with local formulary and taught self-monitoring. To enable insulin adjustments, testing their fasting blood glucose daily, is required. <b>Group 1</b> drivers must test within 2-hours of driving and every 2 hours during a long drive <sup>4</sup> . <b>Group 2</b> drivers must stop driving their Group 2 vehicle when starting insulin until the DVLA has made a licensing decision. Once working they must test twice daily on days off and within 2-hours of driving and every 2 hours during a shift <sup>4</sup> .															
Agree a long-term target HbA1c. You may need to agree an interim target HbA1c for three months and a fasting blood glucose target range, in line with the target HbA1c. Examples below <sup>5</sup> :															
<table border="1"> <thead> <tr> <th>Target HbA1c (mmol/mol)</th> <th>Target fasting blood glucose range (also the pre meal range) (mmol/l)</th> </tr> </thead> <tbody> <tr> <td>53</td> <td>5.0 - 6.5</td> </tr> <tr> <td>58</td> <td>5.5 - 7.5</td> </tr> <tr> <td>64</td> <td>6.5 - 8.5</td> </tr> <tr> <td>69</td> <td>7.0 - 9.0</td> </tr> <tr> <td>75</td> <td>8.0 - 10.0</td> </tr> <tr> <td>86</td> <td>9.0 - 11.0</td> </tr> </tbody> </table>	Target HbA1c (mmol/mol)	Target fasting blood glucose range (also the pre meal range) (mmol/l)	53	5.0 - 6.5	58	5.5 - 7.5	64	6.5 - 8.5	69	7.0 - 9.0	75	8.0 - 10.0	86	9.0 - 11.0	
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Please scan or click the QR code for full prescribing information:



2. Review one week after starting insulin (phone or face-to-face)	Tick
Self-management of insulin injections and monitoring. How have they got on? Any issues or concerns?	
Review injection technique and reinforce site rotation.	
Have they informed the DVLA <sup>4</sup> ?	
Have they understood hypoglycaemia key messages?	
Start teaching insulin adjustment using the last week's fasting blood glucose levels and the agreed fasting target range. Toujeo SoloStar information booklet <sup>6</sup> (pages 10-13). <b>Toujeo adjustment (simplified):</b> <ul style="list-style-type: none"> <li>• look at the last 3 fasting results<sup>3,5,6,8</sup></li> <li>• take the middle of the results and compare with the agreed fasting target range<sup>6</sup></li> <li>• if above the target increase Toujeo by 2 units<sup>5,6,8</sup></li> <li>• if below the target reduce Toujeo by 2 units<sup>5,6,8</sup></li> <li>• if any blood glucose is below 4 mmol/mol, reduce Toujeo by 4 units<sup>6</sup>.</li> </ul> Can they repeat this every 3 days until their appointment in 3 weeks (a potential 7 adjustment steps)? Do they require telephone support? Ideally phone on an adjustment day. Ask them what they plan to do, rather than adjust the insulin for them. <b>General rule: titrate Toujeo until either:</b> <ul style="list-style-type: none"> <li>• they have reached their fasting target range (you may need to adjust the target if you started with a high interim target HbA1c) or</li> <li>• they have reached 0.5 units / kg total body weight as this is what is recommended as general insulin requirement for an individual<sup>3</sup>.</li> </ul>	
Assess self-management ability re. insulin adjustment (consider phone support if required).	
Agree a review date in approximately 3 weeks.	
3. Review one month after starting insulin	Tick
Self-management of insulin injections and monitoring. How have they got on? Any issues or concerns?	
Ensure they have informed the DVLA <sup>4</sup> .	
Progress with insulin adjustment. Note current dose in their records.	
If within target blood glucose range, consider adjusting the target range (never lower than 5 – 6.5mmol/l) and continue adjustments to the new target range.	
Any adjustment to the insulin dose required today?	
Assess self-management ability re. insulin adjustment (consider phone support if required).	
Discuss illness management with insulin and review learning <sup>5</sup> .	
Discuss activity management with insulin and review learning <sup>5</sup> .	
Agree a review date in approximately 2 months, organise patient to have a HbA1c test and weight recorded before review.	
4. Review 3 months after starting insulin	Tick
Self-management of insulin injections and monitoring. How have they got on? Any issues or concerns?	
Travel advice with insulin, including a travel letter <sup>5</sup> . Diabetes UK.	
Review weight at 3 months. Discussion about weight since starting insulin.	
Progress with lifestyle goal.	
Check injection sites and how the individual has interpreted 'site rotation'.	
Progress with insulin adjustment. Note current dose in records. Have they reached their final fasting target range <sup>3</sup> ? Have they reached 0.5 units / kg <sup>3</sup> ? Does the insulin require intensification (advised to complete an intensive period of blood glucose monitoring and review the need for a bolus of 4 units of rapid-acting insulin before the meal with the highest post-meal blood glucose peak) <sup>3</sup> . Seek assistance if a rapid-acting insulin is required.	
Agree a review date. 3 months after an HbA1c if within target, or sooner if adjustments to insulin required.	
Feedback from individuals about the service offered and how they feel they have progressed since their treatment regimen change.	

#### Adverse events should be reported

Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to the Sanofi drug safety department on 0800 0902 314. Alternatively, send via email to [UK-drugsafety@sanofi.com](mailto:UK-drugsafety@sanofi.com)

**References:** 1. Toujeo SmPC. 2. Becker et al Diabetes Care 2015;38:637–643 | DOI: 10.2337/dc14-0006. 3. Davies M.J., Aroda V.R., Collins B.S et al. Management of Hyperglycaemia in Type 2 Diabetes, 2022. A consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD), Diabetologia, Sept 2022. 4. DVLA and insulin website page Diabetes and driving - GOV.UK ([www.gov.uk](http://www.gov.uk)) Last Accessed: October 2025. 5. PITstop Handbook. 6. Toujeo SoloStar leaflet. 7. Trend Diabetes, Injection Technique Matters <https://trenddiabetes.online/injection-technique-matters/> Last Accessed: November 2024. 8. PITstop insulin general rules PIT-stopA4posters\_StudentPack\_ed15with-GR.pdf ([pitstopdiabetes.co.uk](http://pitstopdiabetes.co.uk)) Last Accessed: October 2025.