How to Use the Lantus® SoloSTAR® Pre-filled Insulin Pen
A Quick Reference Guide

Go online to www.lantussolostar.com for a free video demonstration or call the 24-hour helpline 1-800-633-1610 to talk to a Lantus® SoloSTAR® expert.

Leave a message and a Lantus® SoloSTAR® expert will call you back.

Indications and Usage for Lantus®
Prescription Lantus® is a long-acting insulin used to treat adults with type 2 diabetes and adults and children (6 years and older) with type 1 diabetes for the control of high blood sugar. It should be taken once a day at the same time each day to lower blood glucose. Do not use Lantus® to treat diabetic ketoacidosis.

Important Safety Information for Lantus®
Do not take Lantus® if you are allergic to insulin or any of the inactive ingredients in Lantus®.

Please see additional Important Safety Information for Lantus® on page 9. Please see accompanying full prescribing information for Lantus®.
Congratulations on using the Lantus® SoloSTAR® insulin pen. Lantus® SoloSTAR® is easy to use and easy to inject. This quick reference guide is a short version of the instruction leaflet. It is designed to help make it easier to learn the steps.

Reading this guide will help to make sure that you inject the right amount of insulin every time. Otherwise, you may get too little or too much insulin, and that can affect your blood sugar levels.

• If you are using a new or unopened pen, remember to take it out of the refrigerator 1 to 2 hours before using it. There is less discomfort when you inject your insulin if it is at room temperature.

• Do not use the pen past the expiration date on the box.

These instructions are supplied as a guide only. Read the full instruction leaflet accompanying the pen before you use Lantus® SoloSTAR® for the first time. To help ensure an accurate dose each time, follow all steps in the leaflet.

If there’s anything you don’t understand or if you have any questions, ask your healthcare providers. You can also go online to www.lantussolostar.com or call the 24-hour support line at 1-800-633-1610.

Before starting, take a look at the Lantus® SoloSTAR® pen and its parts

Important Safety Information for Lantus® SoloSTAR®

Lantus® SoloSTAR® is a disposable prefilled insulin pen. Please talk to your healthcare provider about proper injection technique and follow instructions in the Instruction Leaflet that accompanies the pen.

Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.

*Sanofi US recommends using the BD Ultra-Fine™ pen needles.
How to get ready for an injection

What to do

Always store UNOPENED Lantus® SoloSTAR® pens in the refrigerator

**Why?** The cooler temperature will protect the insulin in the pen until you are ready to use it

Don’t inject cold insulin. Wait until the pen has been out of the refrigerator and warms up to room temperature. After opening the pen, you should not refrigerate it, and you can use it for up to 28 days

**Why?** Injecting cold insulin could make it feel more uncomfortable. But it’s not dangerous

Always wash your hands with soap and water before an injection

**Why?** Washing your hands will kill a lot of bacteria on them. That will help prevent getting an infection or contaminating the pen

**DOs and DON’Ts**

**DO** check the expiration date on the pen box.

**DON’T** use the pen past the expiration date on the box.

**DON’T** refrigerate the pen after opening it.

**DON’T** use the pen if it has been open for longer than 28 days.

How to do it

1. Remove pen cap

2. Before beginning, check to see that the insulin in the pen is clear and colorless. If it is not clear or has particles, do not use that Lantus® SoloSTAR® pen. Use another pen or call the 24-hour helpline at 1-800-633-1610

Important Safety Information for Lantus®

You must test your blood sugar levels while using insulin, such as Lantus®. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.

For additional help, visit www.lantussolostar.com or call 1-800-633-1610
How to correctly attach a needle

What to do

Always use a new needle. (Remember, needles are not supplied with the pen. See page 11 or talk to your healthcare provider)

Why? Re-using a needle can block the insulin from injecting correctly and can also cause contamination and infection. Also, the needle can become dull and make the injection less comfortable.

The needle for the pen is available as a screw-on needle or as a push-on needle.

DOs and DON’Ts

DO throw away the inner needle cap.
DO use a new needle for each injection.
DO hold the needle straight when attaching it.
DON’T throw away the outer needle cap.

How to do it

1. Keep the needle straight and not on an angle when you screw it on. Don’t make the needle too tight. If you have a push-on needle, keep it straight as you push it on.

2. After you have attached the needle, take off the outer needle cap.
   — Don’t throw the outer needle cap away; you will need it to safely remove the needle after your injection.

3. Remove the inner needle cap and throw it away.

Important Safety Information for Lantus®

Do NOT dilute or mix Lantus® with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious. Lantus® must only be used if the solution is clear and colorless with no particles visible. Do not share needles, insulin pens or syringes with others.

Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.
How to do a safety test

What to do
It is very important to always do a safety test before an injection

Why? The safety test removes air bubbles, which helps you get the most accurate dose. It also makes sure that the pen and needle are working right. The safety test does not waste insulin (there is a little extra insulin in the pen for the tests).

How to do it
1. Dial a test dose of 2 Units

2. Hold the pen with the needle pointing up. Then gently tap the reservoir so the air bubbles rise up to the needle.

3. Press the injection button all the way in (A) and check to see that insulin comes out of the needle (B)
—The dial will automatically go back to zero after you perform the test.

4. If no insulin comes out, repeat the test 2 more times.

5. If there is still no insulin coming out, use a new needle and do the safety test again.

IMPORTANT! If there is still no insulin coming out after the fourth test, DO NOT USE THAT PEN; USE ANOTHER PEN.

If you don’t have any pens left, call your pharmacy. You can also call the 24-hour helpline at 1-800-633-1610.

DOs and DON’Ts

DO hold the pen with the needle pointing up.

DO use another needle if no insulin comes out after doing the test 3 times.

DON’T use the pen if no insulin comes out after using a second needle.

Important Safety Information for Lantus® (insulin glargine [rDNA origin] injection)

The most common side effect of insulin, including Lantus®, is low blood sugar (hypoglycemia), which may be serious. Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision. Severe hypoglycemia may be serious and life threatening. It may cause harm to your heart or brain. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.
How to select the dose

What to do
Make sure the dose window is at “0” before dialing your dose

Why? If the dose window is not at 0, you will inject more insulin than you need. That can affect your blood sugar level

Make sure to remove the protective seal

Check to see that you have enough insulin in the pen for your dose. Try dialing your dose. If the pen doesn’t let you dial your dose, then you don’t have enough insulin left. Your dose cannot be dialed past the number of units left in the pen

DOs and DON’Ts

DON’T force the dose selector when dialing your dose.
DON’T push the injection button while dialing your dose.
DON’T try to set the dose selector to half units or the pen may jam.

Important Safety Information for Lantus®
Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works. Before starting Lantus®, tell your doctor about all your medical conditions including if you have liver or kidney problems, are pregnant or planning to become pregnant, or are breast-feeding or planning to breast-feed.

How to do it
1. Dial your dose (This example shows a dose of 10 units)

2. If you don’t dial the right dose, you can dial back up or down
—Dose cannot be dialed past the number of units left in the pen

3. You cannot dial more than 80 units because the pen automatically has a safety stop. If you need a dose of more than 80 units you must give yourself another injection

   If you have enough insulin left in the pen, you can redial the rest of your dose. If you don’t have enough insulin, use a new pen

   —You must attach a new needle and discard the one you just used (See step 6 on page 8)

Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.
How to inject your dose

What to do

Inject your dose into one of the 3 areas shown in the picture

Why? These areas have more fat and less nerve endings. You may feel less discomfort in these areas

Choose a new spot in the area each time you inject a dose

Why? Injecting in the same spot can make a small depression in your skin or make it thicken. This may cause more discomfort

Never force the needle

Why? Forcing the needle can hurt and may damage it. It can also affect how much insulin you get

How to do it

1. Keeping the pen straight, insert the needle into your skin

2. Using your thumb, press the injection button all the way down

3. Then slowly count to 10. Counting to 10 will make sure that you get your full insulin dose

4. After counting a full 10 seconds, release the button and remove the needle from your skin

DOs and DON’Ts

DO count to 10 after pressing the button.

DO take the needle from your skin if you dial another dose.

DON’T rub the injection spot after an injection.

DON’T inject in the same spot every time.

Important Safety Information for Lantus® SoloSTAR®

Lantus® SoloSTAR® is a disposable prefilled insulin pen. Please talk to your healthcare provider about proper injection technique and follow instructions in the Instruction Leaflet that accompanies the pen.

For additional help, visit www.lantussolostar.com or call 1-800-633-1610
**What to do**

Always remove the needle from the pen after each injection

**Why?** Removing the needle helps prevent contamination and infection. It also prevents insulin from leaking

Throw away the needle. Rules for throwing away needles are different in each state. So check with your healthcare provider. You can also visit www.safeneedledisposal.org for state-by-state instructions

**Why?** A needle can hurt someone else if it is not thrown away right. Also, bacteria can spread from the needle to another person, which could cause infection

Never share your needle or pen with another person

**Why?** Sharing your needle can spread bacteria and infection from you to another person or from another person to you

**DOs and DON’Ts**

**DO** use the outer needle cap to remove the needle.

**DON’T** reuse the needle; discard it safely.

**DON’T** refrigerate the pen after using it.

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**How to do it**

1. Put the outer needle cap back on the needle

2. Use the outer needle cap to unscrew (or pull) the needle from the pen

3. Discard the needle and the needle cap the way your healthcare provider told you to do it. Also visit www.safeneedledisposal.org

4. Put the pen cap back on the pen and store it in a safe place, such as your medicine cabinet

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**Important Safety Information for Lantus®**

You must test your blood sugar levels while using insulin, such as Lantus®. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

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Please see additional Important Safety Information for Lantus® on page 9.

Please see accompanying full prescribing information for Lantus®.
Indications and Usage for Lantus®
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Important Safety Information for Lantus®
Do not take Lantus® if you are allergic to insulin or any of the inactive ingredients in Lantus®.

You must test your blood sugar levels while using insulin, such as Lantus®. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

Do NOT dilute or mix Lantus® with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious. Lantus® must only be used if the solution is clear and colorless with no particles visible. Do not share needles, insulin pens or syringes with others.

The most common side effect of insulin, including Lantus®, is low blood sugar (hypoglycemia), which may be serious. Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision. Severe hypoglycemia may be serious and life threatening. It may cause harm to your heart or brain. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works. Before starting Lantus®, tell your doctor about all your medical conditions including if you have liver or kidney problems, are pregnant or planning to become pregnant, or are breast-feeding or planning to breast-feed.

Important Safety Information for Lantus® SoloSTAR®
Lantus® SoloSTAR® is a disposable prefilled insulin pen. Please talk to your healthcare provider about proper injection technique and follow instructions in the Instruction Leaflet that accompanies the pen.

Please see full prescribing information for Lantus® on page 12.
Getting Started

1. Why must I always wash my hands before using the Lantus® SoloSTAR® pen?
   Many bacteria live on the surfaces of your hands. Bacteria can cause infection if they get into the skin. Washing your hands before injecting yourself will greatly reduce the chance of your getting an infection.

Injecting with the Pen

2. Does using the Lantus® SoloSTAR® pen hurt?
   The pen uses a small and very thin needle. The insulin is injected into the fatty layers just under your skin, where there are fewer nerve endings than in other places.

3. Do I need to use a new pen each time I give myself an injection?
   No, you do not need to use a new pen each time you give yourself an injection. Each Lantus® SoloSTAR® pen contains 300 Units of insulin. Use the same pen until there is no more insulin left. The pen can be used for 28 days once you open it and start to use it.

4. Can I use the same needle more than one time?
   No, always attach a new, sterile needle. Using the same needle may cause contamination, air bubbles, or spread infection.

5. What do I do if my Lantus® SoloSTAR® pen jams?
   You can call a Lantus® SoloSTAR® pen expert at the 24-hour hotline 1-800-633-1610 and leave a message. You will be called back. In the meantime, use another pen to inject your insulin.

6. What do I do if there’s not enough insulin in the pen?
   If there is not enough insulin in the pen for your dose, you can use another pen to finish your dose. Remember, the pen will not let you dial more than the number of insulin units left in the pen. You must always use a new needle.

Storing and Caring for the Pen

7. What should I do with the pen if I have been using it for 28 days?
   You should throw the pen away if you have opened it and have been using it for 28 days, even if there is still insulin left in the pen.

8. Does the 28-day limit for using the pen also apply to unopened pens?
   Unopened pens can be stored at room temperature for up to 28 days and should be discarded after that. If unopened pens are kept refrigerated they may be used until their expiration date.

9. Is there any special way that the Lantus® SoloSTAR® pen has to be discarded?
   Always discard the pen with the pen cap on. You can discard it in regular trash. But always discard the needles the way your healthcare provider told you to do it. Also visit www.safeneedledisposal.org.

10. Do I need to keep my Lantus® SoloSTAR® pen in the refrigerator after I have opened it?
    No, do not refrigerate the pen after you have started using it. Only pens that have not been opened should be stored in the refrigerator.

11. How do I take care of my Lantus® SoloSTAR® pen?
    Protect your pen from dust and dirt. Clean the outside of the pen with a damp cloth. Do not run it under water or use any soap or other cleansers.

Insurance

12. Is the Lantus® SoloSTAR® pen covered by insurance?
    Yes, most insurance plans cover the pen. The co-pay is the same for the pen as it is for a vial and syringe. And with the Lantus® SoloSTAR® pen, you can get up to 500 more units of insulin with each prescription. But that depends on how the prescription is filled. Ask your pharmacist or healthcare provider for more information.

Please see Important Safety Information for Lantus® on page 9.
Please see accompanying full prescribing information for Lantus®.
The Lantus® SoloSTAR® insulin pen can be used with BD Ultra-Fine™ pen needles.

Your healthcare provider may prescribe Ultra-Fine™ pen needles. They come in the following sizes:

- 4 mm (5/32”) 32G Nano  NDC/HRI No. 08290-3201-22
- 5 mm (3/16”) 31G Mini  NDC/HRI No. 08290-3201-19
- 8 mm (5/16”) 31G Short  NDC/HRI No. 08290-3201-09

* Ultra-Fine is a trademark of Becton, Dickinson and Company.

Please see Important Safety Information for Lantus® on page 9.
Please see accompanying full prescribing information for Lantus®.
INDICATIONS AND USAGE

LANTUS® (insulin glargine [rDNA origin] injection) solution for subcutaneous injection

Initial U.S. Approval: 2000

Important Limitations of Use:

Not recommended for treating diabetic ketoacidosis. Use intravenous, short-acting insulin instead.

DOSE AND ADMINISTRATION

The starting dose should be individualized based on the type of diabetes and whether the patient is insulin-naive (2.1, 2.2, 2.3).

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

Rotate injection sites within an injection area (abdomen, thigh, or deltoid) to reduce the risk of lipodystrophy. (2.1)

Converting from other insulin therapies may require adjustment of timing and dose of LANTUS. Closely monitor glucose especially upon converting to LANTUS and during the initial weeks thereafter. (2.2)

Dosage Forms and Strengths

Solution for injection 100 units/mL (U-100) in:

• 10 mL vials
• 3 mL cartridge system for use in OptiClick (Insulin Delivery Device)
• 3 mL SoloStar disposable insulin device (3)

CONTRAINDICATIONS

Do not use in patients with hypersensitivity to LANTUS or one of its excipients (4)

WARNINGS AND PRECAUTIONS

• Dose adjustment and monitoring: Monitor blood glucose in all patients treated with insulin. Insulin regimens should be modified cautiously and only under medical supervision (5.1)
• Administration: Do not dilute or mix with any other insulin or solution. Do not administer subcutaneously via an insulin pump or intravenously because severe hypoglycemia can occur (5.2)
• Do not share reusable or disposable insulin devices or needles between patients (5.2)
• Hypoglycemia: Most common adverse reaction of insulin therapy and may be life-threatening (5.3, 6.1)
• Allergic reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur (5.4, 6.1)
• Renal or hepatic impairment: May require a reduction in the LANTUS dose (5.5, 5.6)

ADVERSE REACTIONS

Adverse reactions commonly associated with Lantus are:

• Hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, and rash. (6.1)

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

Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. (7)
• The signs of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine). (7)

USE IN SPECIFIC POPULATIONS

• Pregnancy category C: Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (8.1)
• Pediatric: Has not been studied in children with type 2 diabetes. Has not been studied in children with type 1 diabetes <6 years of age (8.4)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 04/2010

8.4 Pediatric Use
8.5 Geriatric Use

10. OVERDOSE
11. DESCRIPTION
12. CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13. NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
14. CLINICAL STUDIES
16. HOW SUPPLIED/STORAGE AND HANDLING
16.1 How supplied
16.2 Storage
16.3 Preparation and handling
17. PATIENT COUNSELING INFORMATION
17.1 Instructions for patients
17.2 FDA approved patient labeling

*Sections or subsections omitted from the full prescribing information are not listed

In patients with type 1 diabetes, LANTUS must be used in regimens with short-acting insulin. The intended duration of activity of LANTUS is dependent on injection into subcutaneous tissue [see Clinical pharmacology (12.2)]. LANTUS should not be administered intravenously or via an insulin pump. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia [see Warnings and Precautions (5.3)]. As with all insulins, injection sites should be rotated within the same region (abdomen, thigh, or deltoid) from one injection to the next to reduce the risk of lipodystrophy [see Adverse Reactions (6.1)].

In clinical studies, there was no clinically relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration.

As for all insulins, the rate of absorption, and consequently the onset and duration of action, may be affected by exercise and other variables, such as stress, intercurrent illness, or changes in co-administered drugs or meal patterns.

2.2 Initiation of LANTUS therapy

The recommended starting dose of LANTUS in patients with type 1 diabetes should be approximately one-third of the total daily insulin requirements. Short-acting, premeal insulin should be used to satisfy the remainder of the daily insulin requirements.

The recommended starting dose of LANTUS in patients with type 2 diabetes who are not currently treated with insulin is 10 units (or 0.2 Units/kg) once daily, which should subsequently be adjusted to the patient’s needs.
The dose of LANTUS should be adjusted according to blood glucose measurements. The dosage of LANTUS should be individualized under the supervision of a healthcare provider in accordance with the needs of the patient.

2.3 Converting to LANTUS from other insulin therapies

If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of shorter-acting insulins and doses of any oral anti-diabetic drugs may need to be adjusted.

- If transferring patients from once-daily NPH insulin to once-daily LANTUS, the recommended initial LANTUS dose is the same as the dose of NPH that is being discontinued.
- If transferring patients from twice-daily NPH insulin to once-daily LANTUS, the recommended initial LANTUS dose is 80% of the total NPH dose that is being discontinued. This dose reduction will lower the likelihood of hypoglycemia [see Warnings and Precautions (5.3)].

3. DOSAGE FORMS AND STRENGTHS

LANTUS solution for injection 100 Units/mL is available as:
- 10 mL Vial (1000 Units/10 mL)
- 3 mL Cartridge systems for use only in OptiChex® (300 Units/mL)
- 3 mL SoloStar® disposable insulin device (300 Units/mL)

4. CONTRAINDICATIONS

LANTUS is contraindicated in patients with hypersensitivity to LANTUS or one of its excipients.

5. WARNINGS AND PRECAUTIONS

5.1 Dosage adjustment and monitoring

Glucose monitoring is essential for all patients receiving insulin therapy. Changes to an insulin regimen should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral anti-diabetic treatment.

As with all insulin preparations, the time course of action for LANTUS may vary in different individuals or at different times in the same individual and is dependent on many conditions, including the local blood supply, local temperature, and physical activity.

5.2 Administration

Do not administer LANTUS intravenously or via an insulin pump. The intended duration of activity of LANTUS is dependent on injection into subcutaneous tissue.

Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia [see Warnings and Precautions (5.3)].

Do not dilute or mix LANTUS with any other insulin or solution. If LANTUS is diluted or mixed, the solution may become turbid and the pharmacokinetic or pharmacodynamic profile (e.g., onset of action, time to peak effect) of LANTUS and the mixed insulin may be altered in an unpredictable manner. When LANTUS and regular human insulin were mixed immediately before injection in dogs, a delayed onset of action and a delayed time to maximum effect for regular human insulin was observed. The total bioavailability of the mixture was also slightly decreased compared to separate injections of LANTUS and regular human insulin. The relevance of these observations in dogs to humans is unknown.

Do not share disposable or reusable insulin devices or needles between patients, because doing so carries a risk for transmission of blood-borne pathogens.

5.3 Hypoglycemia

Hypoglycemia is the most common adverse reaction of insulin, including LANTUS. The risk of hypoglycemia increases with intensive glycemic control. Patients must be educated to recognize and manage hypoglycemia. Severe hypoglycemia can lead to unconsciousness or convulsions and may result in temporary or permanent impairment of brain function or death. Severe hypoglycemia requiring the assistance of another person or parenteral glucose infusion or glucagon administration has been observed in clinical trials with insulin, including trials with LANTUS.

The timing of hypoglycemia usually reflects the time-action profile of the administered insulin formulations. Other factors such as changes in food intake (e.g., amount of food or timing of meals) or exercise, and concomitant medications may also alter the risk of hypoglycemia [See Drug Interactions (7)].

The prolonged effect of subcutaneous LANTUS may delay recovery from hypoglycemia. Patients being switched from twice-daily NPH insulin to once-daily LANTUS should have their initial LANTUS dose reduced by 20% from the previous total daily NPH dose to reduce the risk of hypoglycemia [see Dosage and Administration (2.3)].

As with all insulin preparations, use caution in patients with hypoglycemia unawareness and in patients who may be predisposed to hypoglycemia (e.g., the pediatric population and patients who fast or have erratic food intake). The patient’s 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.

Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as longstanding diabetes, diabetic neuropathy, use of medications such as beta-blockers, or intensified glycemic control. These situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to the patient’s awareness of hypoglycemia.

5.4 Hypersensitivity and allergic reactions

Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including LANTUS.

5.5 Renal impairment

Due to its long duration of action, Lantus is not recommended during periods of rapidly declining renal function because of the risk for prolonged hypoglycemia.

Although studies have not been performed in patients with diabetes and renal impairment, a reduction in the LANTUS dose may be required in patients with renal impairment because of reduced insulin metabolism, similar to observations found with other insulins. [See Clinical Pharmacology (12.3)].

5.6 Hepatic impairment

Due to its long duration of action, Lantus is not recommended during periods of rapidly declining hepatic function because of the risk for prolonged hypoglycemia.

Although studies have not been performed in patients with diabetes and hepatic impairment, a reduction in the LANTUS dose may be required in patients with hepatic impairment because of reduced capacity for gluconeogenesis and reduced insulin metabolism, similar to observations found with other insulins. [See Clinical Pharmacology (12.3)].

5.7 Drug interactions

Some medications may alter insulin requirements and subsequently increase the risk for hypoglycemia or hyperglycemia [See Drug Interactions (7)].

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 (5.4)]

6.1 Clinical trial experience

Because clinical trials are conducted under widely varying designs, the adverse reaction rates reported in one clinical trial may not be easily compared to those rates reported in another clinical trial, and may not reflect the rates actually observed in clinical practice.

The frequencies of treatment-emergent adverse events during LANTUS clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus are listed in the tables below.

Table 1: Treatment –emergent adverse events in pooled clinical trials up to 28 weeks duration in adults with type 1 diabetes (adverse events with frequency ≥ 5%)

<table>
<thead>
<tr>
<th>Event</th>
<th>LANTUS, % (n=1257)</th>
<th>NPH, % (n=1070)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection</td>
<td>22.4</td>
<td>23.1</td>
</tr>
<tr>
<td>Infection</td>
<td>9.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Accidental injury</td>
<td>5.7</td>
<td>6.4</td>
</tr>
<tr>
<td>Headache</td>
<td>5.5</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Table 2: Treatment –emergent adverse events in pooled clinical trials up to 1 year duration in adults with type 2 diabetes (adverse events with frequency ≥ 5%)

<table>
<thead>
<tr>
<th>Event</th>
<th>LANTUS, % (n=849)</th>
<th>NPH, % (n=714)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection</td>
<td>11.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Infection</td>
<td>10.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Retinal vascular disorder</td>
<td>5.8</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Table 3: Treatment –emergent adverse events in a 5-year trial of adults with type 2 diabetes (adverse events with frequency ≥ 10%)

<table>
<thead>
<tr>
<th>Event</th>
<th>LANTUS, % (n=514)</th>
<th>NPH, % (n=503)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection</td>
<td>29.0</td>
<td>33.6</td>
</tr>
<tr>
<td>Edema peripheral</td>
<td>20.0</td>
<td>22.7</td>
</tr>
<tr>
<td>Hypertension</td>
<td>19.6</td>
<td>18.9</td>
</tr>
<tr>
<td>Influenza</td>
<td>18.7</td>
<td>19.5</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>18.5</td>
<td>17.9</td>
</tr>
<tr>
<td>Cataract</td>
<td>18.1</td>
<td>15.9</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>15.2</td>
<td>14.1</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>14.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>13.0</td>
<td>13.1</td>
</tr>
<tr>
<td>Back pain</td>
<td>12.8</td>
<td>12.3</td>
</tr>
<tr>
<td>Cough</td>
<td>12.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>10.7</td>
<td>10.1</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>10.7</td>
<td>10.3</td>
</tr>
<tr>
<td>Depression</td>
<td>10.5</td>
<td>9.7</td>
</tr>
<tr>
<td>Headache</td>
<td>10.3</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Table 4: Treatment –emergent adverse events in a 28-week clinical trial of children and adolescents with type 1 diabetes (adverse events with frequency ≥ 5%)

<table>
<thead>
<tr>
<th>Event</th>
<th>LANTUS, % (n=174)</th>
<th>NPH, % (n=175)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>13.8</td>
<td>17.7</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>13.8</td>
<td>16.0</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>7.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>5.2</td>
<td>5.1</td>
</tr>
</tbody>
</table>

*Body System not Specified

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including LANTUS [See Warnings and Precautions (5.3)]. Tables 5 and 6 summarize the incidence of severe hypoglycemia in the LANTUS individual clinical trials. Severe symptomatic hypoglycemia was defined...
as an event with symptoms consistent with hypoglycemia requiring the assistance of another person and associated with either a blood glucose below 50 mg/dL (2.8 mmol/L) in the 5-year trial or prompt recovery after oral carbohydrate, intravenous glucose or glucagon administration.

The rates of severe symptomatic hypoglycemia in the LANTUS clinical trials (see Section 14 for a description of the study designs) were comparable for all treatment regimens (see Tables 5 and 6). In the pediatric phase 3 clinical trial, children and adolescents with type 1 diabetes had a higher incidence of severe symptomatic hypoglycemia in the two treatment groups compared to the adult trials with type 1 diabetes. (see Table 5) [See Clinical Studies (14)].

Table 5: Severe Symptomatic Hypoglycemia in Patients with Type 1 Diabetes

<table>
<thead>
<tr>
<th>Study</th>
<th>Type 1 Diabetes Adults 26 weeks in combination with regular insulin</th>
<th>Type 1 Diabetes Adults 28 weeks in combination with regular insulin</th>
<th>Type 1 Diabetes Adults 16 weeks in combination with insulin lispro</th>
<th>Type 1 Diabetes Pediatrics 26 weeks in combination with regular insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LANTUS NPH LANTUS NPH LANTUS NPH LANTUS NPH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of patients (n/total N)</td>
<td>10.6 (31/292) 15.0 (44/293) 8.7 (23/264) 10.4 (28/270) 6.5 (28/310) 5.2 (10/192) 23.0 (40/174) 28.6 (50/175)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Severe Symptomatic Hypoglycemia in Patients with Type 2 Diabetes

<table>
<thead>
<tr>
<th>Study</th>
<th>Type 2 Diabetes Adults 52 weeks in combination with oral agents</th>
<th>Type 2 Diabetes Adults 26 weeks in combination with regular insulin</th>
<th>Type 2 Diabetes Adults 5 years in combination with regular insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LANTUS NPH LANTUS NPH LANTUS NPH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of patients (n/total N)</td>
<td>1.7 (5/289) 1.1 (3/281) 0.4 (1/259) 2.3 (6/259) 7.6 (40/513) 11.8 (60/504)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Retinopathy

Retinopathy was evaluated in the LANTUS clinical studies by analysis of reported retinal adverse events and fundus photography. The number of retinal adverse events reported for LANTUS and NPH insulin treatment groups were similar for patients with type 1 and type 2 diabetes.

LANTUS was compared to NPH insulin in a 5-year randomized clinical trial that evaluated the progression of retinopathy as assessed with fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Scale (ETDRS). Patients had type 2 diabetes (mean age 55 yrs) with no (86%) or mild (14%) retinopathy at baseline. Mean baseline HbA1c was 8.4%. The primary outcome was progression by 3 or more steps on the ETDRS scale at study endpoint. Patients with pre-specified post-baseline eye procedures (pan-retinal photocoagulation for proliferative or severe nonproliferative diabetic retinopathy, local photocoagulation for new vessels, and vitreectomy for diabetic retinopathy) were also considered as 3-step progressors regardless of actual change in ETDRS score from baseline. Retinopathy graders were blinded to treatment group assignment. The results for the primary endpoint and other endpoints 7 and 8 for both the Per-protocol and Intent-to-Treat populations, and indicate similarity of Lantus to NPH in the progression of diabetic retinopathy as assessed by this outcome.

Table 7. Number (%) of patients with 3 or more step progression on ETDRS scale at endpoint

<table>
<thead>
<tr>
<th>Lantus (%)</th>
<th>NPH (%)</th>
<th>Difference 1 (SE)</th>
<th>95% CI for difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-protocol</td>
<td>53/374 (14.2%)</td>
<td>57/383 (15.7%)</td>
<td>-2.0% (2.8%)</td>
</tr>
<tr>
<td>Intent-to-Treat</td>
<td>63/502 (12.5%)</td>
<td>71/487 (14.8%)</td>
<td>-2.1% (2.1%)</td>
</tr>
</tbody>
</table>

1 Difference = Lantus – NPH

- Weight gain

Weight gain can occur with insulin therapy, including LANTUS, and has been attributed to the anabolic effects of insulin and the decrease in glucosuria.
LANTUS consists of insulin glargine dissolved in a clear aqueous fluid. Each milliliter of LANTUS (insulin glargine injection) contains 100 Units (3.6378 mg) insulin glargine. The 10 mL vial presentation contains the following inactive ingredients per mL: 30 mcg zinc, 2.7 mg m-cresol, 20 mcg glycerol 85%, 20 mcg polysorbate 20, and water for injection. The 3 mL presentation contains the following inactive ingredients per mL: 30 mcg zinc, 2.7 mg m-cresol, 20 mcg glycerol 85%, and water for injection.

The pH is adjusted by addition of aqueous solutions of hydrochloric acid and sodium hydroxide. LANTUS has a pH of approximately 4.

12. CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The primary activity of insulin, including insulin glargine, is regulation of glucose metabolism. Insulin and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin inhibits lipolysis and proteolysis, and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle.

The primary activity of insulin, including insulin glargine, is regulation of glucose metabolism. Insulin and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin inhibits lipolysis and proteolysis, and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle.

The longer duration of action (up to 24 hours) of LANTUS is directly related to its slower rate of absorption and supports once-daily subcutaneous administration. The time course of absorption of insulin, including LANTUS, may vary between individuals and within the same individual.

12.3 Pharmacokinetics

Absorption and Bioavailability. After subcutaneous injection of insulin glargine in healthy subjects and in patients with diabetes, the insulin serum concentrations indicated a slower, more prolonged absorption and a relatively constant concentration/time profile over 24 hours with no pronounced peak in comparison to NPH insulin. Serum insulin concentrations were thus consistent with the time profile of the pharmacodynamic activity of insulin glargine.

After subcutaneous injection of 0.3 Units/kg insulin glargine in patients with type 1 diabetes, a relatively constant concentration/time profile has been demonstrated. The duration of action after abdominal, deltoid, or thigh subcutaneous administration was similar.

Metabolism. A metabolism study in humans indicates that insulin glargine is partly metabolized at the carboxyl terminus of the B chain in the subcutaneous depot to form two active metabolites with in vitro activity similar to that of insulin, M1 (21-Gly-insulin) and M2 (21-Gly-des-30-Thr-insulin). Unchanged drug and these degradation products are also present in the circulation.

Special Populations

Age, Race, and Gender. Information on the effect of age, race, and gender on the pharmacokinetics of LANTUS is not available. However, in controlled clinical trials in adults (n=3890) and a controlled clinical trial in pediatric patients (n=349), subgroup analyses based on age, race, and gender did not show differences in safety and efficacy between insulin glargine and NPH insulin [see Clinical Studies (14)].

Smoking. The effect of smoking on the pharmacokinetics/pharmacodynamics of LANTUS has not been studied.

Pregnancy. The effect of pregnancy on the pharmacokinetics and pharmacodynamics of LANTUS has not been studied [see Use in Specific Populations (8.1)].

Obesity. In controlled clinical trials, which included patients with Body Mass Index (BMI) up to and including 49.6 kg/m², subgroup analyses based on BMI did not show differences in safety and efficacy between insulin glargine and NPH insulin [see Clinical Studies (14)].

Renal Impairment. The effect of renal impairment on the pharmacokinetics of LANTUS has not been studied. However, some studies with human insulin have shown increased circulating levels of insulin in patients with renal failure. Careful glucose monitoring and dose adjustments of insulin, including LANTUS, may be necessary in patients with renal impairment [see Warnings and Precautions (5.5)].

Hepatic Impairment. The effect of hepatic impairment on the pharmacokinetics of LANTUS has not been studied. However, some studies with human insulin have shown increased circulating levels of insulin in patients with liver failure. Careful glucose monitoring and dose adjustments of insulin, including LANTUS, may be necessary in patients with hepatic impairment [see Warnings and Precautions (5.6)].

13. NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In mice and rats, standard two-year carcinogenicity studies with insulin glargine were performed at doses up to 0.455 mg/kg, which was for the rat approximately 10 times and for the mouse approximately 5 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m². The findings in female mice were not conclusive due to excessive mortality in all dose groups during the study. Histocytomas were found at injection sites in male rats (statistically significant) and male mice (not statistically significant) in acid vehicle containing groups. These tumors were not found in female animals, in saline control, or in insulin comparator groups using a different vehicle. The relevance of these findings to humans is unknown.

Insulin glargine was not mutagenic in tests for detection of gene mutations in bacteria and mammalian cells (Ames- and HGPRT-test) and in tests for detection of chromosomal aberrations (cytogenetics in vitro in V79 cells and in vivo in Chinese hamsters).

In a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up to 0.36 mg/kg/day, which was approximately 10 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m², maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH insulin.

14. CLINICAL STUDIES

The safety and effectiveness of LANTUS given once-daily at bedtime was compared to that of once-daily and twice-daily NPH insulin in open-label, randomized, active-controlled, parallel studies of 2,327 adult patients and 549 pediatric patients with type 1 diabetes mellitus (see Tables 8–11). In general, the reduction in glycated hemoglobin (HbA1c) with LANTUS was similar to that with NPH insulin. The overall rates of hypoglycemia did not differ between patients with diabetes treated with LANTUS compared to NPH insulin [see Adverse Reactions (6.1)].

14.1 Diabetes–Adult

In two clinical studies (Studies A and B), patients with type 1 diabetes (Study A: n=585, Study B: n=534) were randomized to 28 weeks of basal-bolus treatment with LANTUS or NPH insulin. Regular human insulin was administered before each meal. LANTUS was administered at bedtime. NPH insulin was administered once daily at bedtime or in the morning and at bedtime when used twice daily.

In another clinical study (Study C), patients with type 1 diabetes (n=619) were randomized to 16 weeks of basal-bolus treatment with LANTUS or NPH insulin. Insulin lispro was used before each meal. LANTUS was administered once daily at bedtime and NPH insulin was administered once or twice daily.

In these 3 studies, LANTUS and NPH insulin had similar effects on HbA1c (Table 8) with a similar overall rate of hypoglycemia [see Adverse Reactions (6.1)].

Table 8: Type 1 Diabetes Mellitus–Adult

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment duration</th>
<th>Treatment in combination with</th>
<th>Study A</th>
<th>Study B</th>
<th>Study C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28 weeks</td>
<td>Regular insulin</td>
<td>28 weeks</td>
<td>Regular insulin</td>
<td>16 weeks</td>
</tr>
<tr>
<td>LANTUS</td>
<td>NPH</td>
<td>NPH</td>
<td>NPH</td>
<td>NPH</td>
<td>NPH</td>
</tr>
<tr>
<td>Number of subjects treated</td>
<td>292</td>
<td>293</td>
<td>264</td>
<td>270</td>
<td>310</td>
</tr>
</tbody>
</table>

* Determined as amount of glucose infused to maintain constant plasma glucose levels (hourly mean values); indicative of insulin activity.
human insulin was used before each meal. LANTUS was administered once daily at bedtime and NPH insulin once daily at bedtime (see Table 9).

Table 8: Type 1 Diabetes Mellitus–Adult (continued)

<table>
<thead>
<tr>
<th>Treatment duration</th>
<th>Study A 28 weeks</th>
<th>Study B 28 weeks</th>
<th>Study C 16 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment in combination with</td>
<td>Regular insulin</td>
<td>Regular insulin</td>
<td>Insulin lispro</td>
</tr>
<tr>
<td>LANTUS</td>
<td>NPH</td>
<td>LANTUS</td>
<td>NPH</td>
</tr>
<tr>
<td>Basal insulin dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>21</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>-2</td>
<td>-0</td>
<td>-1</td>
</tr>
<tr>
<td>Total insulin dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>48</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>-1</td>
<td>0</td>
<td>-4</td>
</tr>
<tr>
<td>Fasting blood glucose (mg/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>73.2</td>
<td>74.8</td>
<td>75.0</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>0.1</td>
<td>-0.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Table 9: Type 1 Diabetes Mellitus–Pediatric

<table>
<thead>
<tr>
<th>Treatment duration</th>
<th>Study D 28 weeks</th>
<th>Study E 52 weeks</th>
<th>Study F 28 weeks</th>
<th>Study G 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment in combination with</td>
<td>Regular insulin</td>
<td>Oral agents</td>
<td>Regular insulin</td>
<td>Regular insulin</td>
</tr>
<tr>
<td>LANTUS</td>
<td>NPH</td>
<td>LANTUS</td>
<td>NPH</td>
<td>NPH</td>
</tr>
<tr>
<td>HbA1c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline HbA1c</td>
<td>8.0</td>
<td>8.0</td>
<td>14.1</td>
<td>14.1</td>
</tr>
<tr>
<td>Adj. mean change from baseline</td>
<td>+0.2</td>
<td>+0.1</td>
<td>+0.3</td>
<td>+0.3</td>
</tr>
<tr>
<td>LANTUS – NPH</td>
<td>+0.1</td>
<td>+0.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>95% CI for Treatment difference</td>
<td>(-0.2; +0.2)</td>
<td>(0.0; +0.4)</td>
<td>(+0.1, +0.4)</td>
<td></td>
</tr>
<tr>
<td>Basal insulin dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>21</td>
<td>175</td>
<td>173</td>
<td>173</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>-2</td>
<td>-17</td>
<td>-20</td>
<td>-17</td>
</tr>
<tr>
<td>Body weight (kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>73.2</td>
<td>75.0</td>
<td>74.8</td>
<td>75.6</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>0.1</td>
<td>-0.0</td>
<td>1.0</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Table 10: Type 2 Diabetes Mellitus–Adult

<table>
<thead>
<tr>
<th>Treatment duration</th>
<th>Study E 52 weeks</th>
<th>Study F 28 weeks</th>
<th>Study G 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment in combination with</td>
<td>Oral agents</td>
<td>Regular insulin</td>
<td>Regular insulin</td>
</tr>
<tr>
<td>LANTUS</td>
<td>NPH</td>
<td>LANTUS</td>
<td>NPH</td>
</tr>
<tr>
<td>Number of subjects treated</td>
<td>259</td>
<td>259</td>
<td>513</td>
</tr>
<tr>
<td>HbA1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>9.0</td>
<td>8.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Adj. mean change from baseline</td>
<td>-0.5</td>
<td>-0.4</td>
<td>-0.6</td>
</tr>
<tr>
<td>LANTUS – NPH</td>
<td>+0.2</td>
<td>+0.2</td>
<td>+0.2</td>
</tr>
<tr>
<td>95% CI for Treatment difference</td>
<td>(-0.4; +0.4)</td>
<td>(0.4; +0.4)</td>
<td>(+0.4; 0.0)</td>
</tr>
<tr>
<td>Basal insulin dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>14</td>
<td>44.1</td>
<td>45.5</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>+12</td>
<td>+9</td>
<td>+10</td>
</tr>
<tr>
<td>Total insulin dose*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>43</td>
<td>180</td>
<td>166</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>+43</td>
<td>+10</td>
<td>+13</td>
</tr>
<tr>
<td>Fasting blood glucose (mg/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>83.5</td>
<td>82.1</td>
<td>89.6</td>
</tr>
<tr>
<td>Body weight (kg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>2.0</td>
<td>1.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Adj. mean change from baseline</td>
<td>2.0</td>
<td>+0.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*In Study G, the baseline dose of basal or total insulin was the first available on-treatment dose prescribed during the study (on visit month 1.5).

LANTUS Timing of Daily Dosing (see Table 11).

The safety and efficacy of LANTUS administered pre-breakfast, pre-dinner, or at bedtime were evaluated in a randomized, controlled clinical study in patients with type 1 diabetes (study H, n=378). Patients were also treated with insulin lispro at bedtime. LANTUS administered at different times of day was evaluated for 28 weeks. Regular human insulin was used before meals, as needed. LANTUS had similar effectiveness as either once- or twice-daily NPH insulin in reducing HbA1c and fasting glucose (Table 10). The rate of hypoglycemia was similar in LANTUS and NPH insulin treated patients (See Table A1).

In a randomized, controlled clinical study (Study D), pediatric patients (age range 6 to 15 years) with Type 1 Diabetes–Pediatric (see Table 9) were randomized to treatment in combination with Regular insulin or LANTUS or NPH insulin. All patients in this study also received glimepiride 3 mg daily. LANTUS given at bedtime was as effective as either once- or twice-daily NPH insulin in reducing HbA1c and fasting glucose (Table 10) with a similar incidence of hypoglycemia (See Table A1).
**Table 11: LANTUS Timing of Daily Dosing in Type 1 (Study H) and Type 2 (Study I) Diabetes Mellitus**

<table>
<thead>
<tr>
<th>Treatment duration</th>
<th>Study H (24 weeks)</th>
<th>Study I (24 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment in combination with:</td>
<td>LANTUS</td>
<td>Insulin lispro</td>
</tr>
<tr>
<td>Number of subjects treated</td>
<td>112</td>
<td>124</td>
</tr>
<tr>
<td>Baseline HbA1c</td>
<td>7.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>-0.2</td>
<td>-0.1</td>
</tr>
<tr>
<td>Basal insulin dose (U)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Total insulin dose (U)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Body weight (kg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline mean</td>
<td>77.1</td>
<td>77.8</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>0.7</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**Total number of patients evaluable for safety**

*Intent to treat*  
†Not applicable

### 16. HOW SUPPLIED/STORAGE AND HANDLING

#### 16.1 How supplied

LANTUS solution for injection 100 units per mL (U-100) is available as:

<table>
<thead>
<tr>
<th>Dosage Unit/Strength</th>
<th>Package size</th>
<th>NDC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mL vials 100 Units/mL</td>
<td>Pack of 1</td>
<td>2220-33</td>
</tr>
<tr>
<td>3 mL cartridge system 100 Units/mL</td>
<td>package of 5</td>
<td>2220-52</td>
</tr>
<tr>
<td>3 mL SoloStar® disposable insulin device 100 Units/mL</td>
<td>package of 5</td>
<td>2219-05</td>
</tr>
</tbody>
</table>

Cartridge systems are for use only in OptiClik® (Insulin Delivery Device)

Needles are not included in the packs. BD Ultra-Fine™ needles† to be used in conjunction with SoloStar and OptiClik are sold separately and are manufactured by BD.

*The brands listed are the registered trademarks of their respective owners and are not trademarks of sanofi-aventis U.S. LLC.

#### 16.2 Storage

LANTUS should not be stored in the freezer and should not be allowed to freeze. Discard LANTUS if it has been frozen.

- Unopened Vial/Cartridge system/SoloStar disposable insulin device: Refrigerated or room temperature (below 86°F [30°C]).
- Unopened LANTUS vials, cartridge systems and SoloStar device should be stored in a refrigerator, 36°F – 46°F (2°C – 8°C). Discard after the expiration date.
- Open (In-Use) Vial: Refrigerated or room temperature (below 86°F [30°C]).
- Open (In-Use) Cartridge system: In refrigerator or at room temperature (below 86°F [30°C]).
- Open (In-Use) SoloStar disposable insulin device: Refrigerated or room temperature (below 86°F [30°C]).

#### 16.3 Preparation and handling

Parenteral drug products should be inspected visually prior to administration whenever the solution and the container permit. LANTUS must only be used if the solution is clear and colorless with no particles visible.

- Mixing and diluting: LANTUS must NOT be diluted or mixed with any other insulin or solution [See Warnings and Precautions (5.2)].

- Vial: The syringes must not contain any other medicinal product or residue.
- Cartridge system/SoloStar: If OptiClik, the Insulin Delivery Device used with the LANTUS cartridge system, or SoloStar disposable insulin device, malfunctions, LANTUS may be drawn from the cartridge system or from SoloStar into a U-100 syringe and injected.

#### 17. PATIENT COUNSELING INFORMATION

#### 17.1 Instructions for patients

Patients should be informed that changes to insulin regimens must be made cautiously and only under medical supervision.

Patients should be informed 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. Patients should be informed 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. Patients who have frequent hypoglycemia or reduced or absent warning signs of hypoglycemia should be advised to use caution when driving or operating machinery.

Accidental mix-ups between LANTUS and other insulins, particularly short-acting insulins, have been reported. To avoid medication errors between LANTUS and other insulins, patients should be instructed to always check the insulin label before each injection.

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

Patients should be advised not to share disposable or reusable insulin devices or needles with other patients, because doing so carries a risk for transmission of blood-borne pathogens.

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.

Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy.

Refer patients to the LANTUS “Patient Information” for additional information.

#### 17.2 FDA approved patient labeling

See attached document at end of Full Prescribing Information.


### Patient Information

**LANTUS** 10 mL vial (1000 units per vial) 100 units per mL (U-100) (insulin glargine [recombinant DNA origin] injection)

- What is the most important information I should know about LANTUS?
- What is LANTUS?
- Who should NOT take LANTUS?
- How should I use LANTUS?
- What kind of syringe should I use?
- Mixing with LANTUS
- Instructions for Use
  - How do I draw the insulin into the syringe?
  - How do I inject LANTUS?
- What can affect how much insulin I need?
- What are the possible side effects of LANTUS and other insulins?
- How should I store LANTUS?
- General Information about LANTUS

Read this “Patient Information” that comes with LANTUS (LAN-tus) before you start using it and each time you get a refill because there may be new information. This leaflet does not take the place of taking with your healthcare provider about your condition or treatment. If you have questions about LANTUS or about diabetes, talk with your healthcare provider.
What is the most important information I should know about LANTUS?

- Do not change the insulin you are using without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type (for example: Regular, NPH, analogs), species (beef, pork, beef-pork, human) or method of manufacture (recombinant DNA versus animal source insulin) may need a change in the dose. This dose change may be needed right away or later on during the first several weeks or months on the new insulin. Doses of oral anti-diabetic medicines may also need to change, if your insulin is changed.
- You must test your blood sugar levels while using an insulin, such as LANTUS. Your healthcare provider will tell you how often you should test your blood sugar level, and what to do if it is high or low.
- Do NOT dilute or mix LANTUS with any other insulin or solution. It will not work and you may lose blood sugar control, which could be serious.
- LANTUS comes as U-100 insulin and contains 100 units of LANTUS per milliliter (mL). One milliliter of U-100 insulin contains 100 units of insulin. (1 mL = 1 cc).

What is Diabetes?

- Your body needs insulin to turn sugar (glucose) into energy. If your body does not make enough insulin, you need to take more insulin so you will not have too much sugar in your blood.
- Insulin injections are important in keeping your diabetes under control. But the way you live, your diet, careful checking of your blood sugar levels, exercise, and planned physical activity, all work with your insulin to help you control your diabetes.

What is LANTUS?

- LANTUS (insulin glargine [recombinant DNA origin]) is a long-acting insulin. Because LANTUS is made by recombinant DNA technology (DNA) and is chemically different from the insulin made by the human body, it is called an insulin analog. LANTUS is used to treat patients with diabetes for the control of high blood sugar. It is used once a day to lower blood sugar.
- LANTUS is a clear, colorless, sterile solution for injection under the skin (subcutaneously).
- The active ingredient in LANTUS is insulin glargine. The concentration of insulin glargine is 100 units per milliliter (mL) or U-100. LANTUS also contains zinc, metacresol, glycerol, polysorbate 20 and water for injection as inactive ingredients. Hydrochloric acid and/or sodium hydroxide may be added to adjust the pH.
- You need a prescription to get LANTUS. Always be sure you receive the right insulin from the pharmacy.

Who should NOT take LANTUS?

- Do not take LANTUS if you are allergic to insulin glargine or any of the inactive ingredients in LANTUS. Check with your healthcare provider if you are not sure.

Before starting LANTUS, tell your healthcare provider about all your medical conditions including if you:

- have liver or kidney problems. Your dose may need to be adjusted.
- are pregnant or plan to become pregnant. It is not known if LANTUS may harm your unborn baby. It is very important to maintain control of your blood sugar levels during pregnancy. Your healthcare provider will decide which insulin is best for you during your pregnancy.
- are breast-feeding or plan to breast-feed. It is not known whether LANTUS passes into your milk. Many medicines, including insulin, pass into human milk, and could affect your baby. Talk to your healthcare provider about the best way to feed your baby.
- about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements.

How should I use LANTUS?

See the "Instructions for Use" including the "How do I draw the insulin into the syringe?" section for additional information.

- Follow the instructions given by your healthcare provider about the type or types of insulin you are using. Do not make any changes with your insulin unless you have talked to your healthcare provider. Your insulin needs may change because of illness, stress, other medicines, or changes in diet or activity level. Talk to your healthcare provider about how to adjust your insulin dose.
- You may take LANTUS at any time during the day but you must take it at the same time every day.
- Only use LANTUS that is clear and colorless. If your LANTUS is cloudy or slightly colored, return it to your pharmacy for a replacement.
- Follow your healthcare provider’s instructions for testing your blood sugar.
- Inject LANTUS under your skin (subcutaneously) in your upper arm, abdomen (stomach area), or thigh (upper leg). Never inject it into a vein or muscle.
- Change (rotate) injection sites within the same body area.

What kind of syringe should I use?

- Always use a syringe that is marked for U-100 insulin. If you use other than U-100 insulin syringe, you may get the wrong dose of insulin causing serious problems for you, such as a blood sugar level that is too low or too high. Always use a new needle and syringe each time you give LANTUS injection.
- NEEDLES AND SYRINGES MUST NOT BE SHARED.
- Disposable syringes and needles should be used only once. Used syringe and needle should be placed in sharps containers (such as red biohazard containers), hard plastic containers (such as detergent bottles), or metal containers (such as an empty coffee can). Such containers should be sealed and disposed of properly.

Mixing with LANTUS

- Do NOT dilute or mix LANTUS with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious.

Instructions for Use

How do I draw the insulin into the syringe?

- The syringe must be new and does not contain any other medicine.
- Do not mix LANTUS with any other type of insulin.

Follow these steps:

1. Wash your hands with soap and water or with alcohol.
2. Check the insulin to make sure it is clear and colorless. Do not use the insulin after the expiration date stamped on the label, if it is colored or cloudy, or if you see particles in the solution.
- 3. If you are using a new vial, remove the protective cap. Do not remove the stopper.
- 4. Wipe the top of the vial with an alcohol swab. You do not have to shake the vial of LANTUS before use.
- 5. Use a new needle and syringe every time you give an injection. Use disposable syringes and needles only once. Throw them away properly. Never share needles and syringes.
- 6. Draw air into the syringe equal to your insulin dose. Put the needle through the rubber top of the vial and push the plunger to inject the air into the vial.
- 7. Leave the syringe in the vial and turn both upside down. Hold the syringe and vial firmly in one hand.
- 8. Make sure the tip of the needle is in the insulin. With your free hand, pull the plunger to withdraw the correct dose into the syringe.
- 9. Before you take the needle out of the vial, check the syringe for air bubbles. If bubbles are in the syringe, hold the syringe straight up and tap the side of the syringe until the bubbles float to the top. Push the bubbles out with the plunger and draw insulin back in until you have the correct dose.
- 10. Remove the needle from the vial. Do not let the needle touch anything. You are now ready to inject.

How do I inject LANTUS?

Inject LANTUS under your skin. Take LANTUS as prescribed by your healthcare provider.

Follow these steps:

1. Decide on an injection area - either upper arm, thigh or abdomen. Injection sites within an injection area must be different from one injection to the next.
2. Use alcohol or soap and water to clean the injection site. The injection site should be dry before you inject.
- 3. Pinch the skin. Stick the needle in the way your healthcare provider showed you. Release the skin.
- 4. Slowly push in the plunger of the syringes all the way, making sure you have injected all the insulin. Leave the needle in the skin for about 10 seconds.
- 5. Pull the needle straight out and gently press on the spot where you injected yourself for several seconds. Do not rub the area.
- 6. Follow your healthcare providers instructions for throwing away the used needle and syringe. Do not recap the used needle. Used needle and syringe should be placed in sharps containers (such
as red biohazard containers), hard plastic containers (such as detergent bottles), or metal containers (such as an empty coffee can). Such containers should be sealed and disposed of properly.

What can affect how much insulin I need?

Illness. Illness may change how much insulin you need. It is a good idea to think ahead and make a "sick day" plan with your healthcare provider in advance so you will be ready when this happens. Be sure to test your blood sugar more often and call your healthcare provider if you are sick.

Medicines. Many medicines can affect your insulin needs. Other medicines, including prescription and non-prescription medicines, vitamins, and herbal supplements, can change the way insulin works. You may need a different dose of insulin when you are taking certain other medicines. Know all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. You may want to keep a list of the medicines you take. You can show this list to your healthcare provider anytime you get a new medicine or refill. Your healthcare provider will tell you if your insulin dose needs to be changed.

Meals. The amount of food you eat can affect your insulin needs. If you eat less food, skip meals, or eat more food than usual, you may need a different dose of insulin. Talk to your healthcare provider if you change your diet so that you know how to adjust your LANTUS and other insulin doses.

Alcohol. Alcohol, including beer and wine, may affect the way LANTUS works and affect your blood sugar levels. Talk to your healthcare provider about drinking alcohol.

Exercise or Activity level. Exercise or activity level may change the way your body uses insulin. Check with your healthcare provider before you start an exercise program because your dose may need to be changed.

Travel. If you travel across time zones, talk with your healthcare provider about how to time your injections. When you travel, wear your medical alert identification. Take extra insulin and supplies with you.

Pregnancy or nursing. The effects of LANTUS on an unborn child or on a nursing baby are unknown. Therefore, tell your healthcare provider if you are planning to have a baby, are pregnant, or nursing a baby. Good control of diabetes is especially important during pregnancy and nursing.

What are the possible side effects of LANTUS and other insulins?

Insulins, including LANTUS, can cause hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), allergy, and skin reactions.

Hypoglycemia (low blood sugar):

Hypoglycemia is often called an "insulin reaction" or "low blood sugar." It may happen when you do not have enough sugar in your blood. Common causes of hypoglycemia are illness, emotional or physical stress, too much insulin, too little food or missed meals, and too much exercise or activity. Early warning signs of hypoglycemia may be different, less noticeable or not noticeable at all in some people. That is why it is important to check your blood sugar as you have been advised by your healthcare provider.

Hypoglycemia can happen with:

- Taking too much insulin. This can happen when too much insulin is injected.
- Not enough carbohydrate (sugar or starch) intake. This can happen if a meal or snack is missed or delayed.
- Vomiting or diarrhea that decreases the amount of sugar absorbed by your body.
- Intake of alcohol.
- Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider.
- Do not start any new medicines until you know how they may affect your insulin dose.
- Medical conditions that can affect your blood sugar levels or insulin. These conditions include diseases of the adrenal glands, the pituitary, the thyroid gland, the liver, and the kidney.
- Too much glucose use by the body. This can happen if you exercise too much or have a fever.
- Injecting insulin the wrong way or in the wrong injection area.

Hypoglycemia can be mild to severe. Its onset may be rapid. Some patients have few or no warning symptoms, including:

- patients with diabetes for a long time
- patients with diabetic neuropathy (nerve problems)
- or patients using certain medicines for high blood pressure or heart problems.

Hypoglycemia may reduce your ability to drive a car or use mechanical equipment and you may risk injury to yourself or others.

Severe hypoglycemia can be dangerous and can cause temporary or permanent harm to your heart or brain. It may cause unconsciousness, seizures, or death.

Symptoms of hypoglycemia may include:

- anxiety, irritability, restlessness, trouble concentrating, personality changes, mood changes, or other abnormal behavior
- tingling in your hands, feet, lips, or tongue
- dizziness, light-headedness, or drowsiness
- nightmares or trouble sleeping
- headache
- blurred vision
- slurred speech
- palpitations (fast heart beat)
- sweating
- tremor (shaking)
- unsteady gait (walking)

If you have hypoglycemia often or it is hard for you to know if you have the symptoms of hypoglycemia, talk to your healthcare provider.

Mild to moderate hypoglycemia is treated by eating or drinking carbohydrates, such as fruit juice, raisins, sugar candies, milk or glucose tablets. Talk to your healthcare provider about the amount of carbohydrates you should eat to treat mild to moderate hypoglycemia.

Severe hypoglycemia may require the help of another person or emergency medical people. A person with hypoglycemia who is unable to take foods or liquids with sugar by mouth, or is unconscious needs medical help fast and will need treatment with a glucagon injection or glucose given intravenously (IV). Without medical help right away, serious reactions or even death could happen.

Hyperglycemia (high blood sugar):

Hyperglycemia happens when you have too much sugar in your blood. Usually, it means there is not enough insulin to break down the food you eat into energy your body can use. Hyperglycemia can be caused by a fever, an infection, stress, eating more than you should, taking less insulin than prescribed, or it can mean your diabetes is getting worse.

Hyperglycemia can happen with:

- Insufficient (too little) insulin. This can happen from:
  - injecting too little or no insulin
  - incorrect storage (freezing, excessive heat)
  - use after the expiration date.
- Too much carbohydrate intake. This can happen if you eat larger meals, eat more often, or increase the amount of carbohydrate in your meals.
- Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider. Do not start any new medicines until you know how they may affect your insulin dose.
- Medical conditions that affect insulin. These medical conditions include fevers, infections, heart attacks, and stress.
- Injecting insulin the wrong way or in the wrong injection area.

Testing your blood or urine often will let you know if you have hyperglycemia. If your tests are often high, tell your healthcare provider so your dose of insulin can be changed.

Hyperglycemia can be mild or severe. Hyperglycemia can progress to diabetic ketoacidosis (DKA) or very high glucose levels (hyperosmolar coma) and result in unconsciousness and death.

Although diabetic ketoacidosis occurs most often in patients with type 1 diabetes, it can also happen in patients with type 2 diabetes who become very sick. Because some patients get few symptoms of hyperglycemia, it is important to check your blood sugar/urine sugar and ketones regularly.

Symptoms of hyperglycemia include:

- confusion or drowsiness
- increased thirst
- decreased appetite, nausea, or vomiting
- rapid heart rate
- increased urination and dehydration (too little fluid in your body).

Symptoms of DKA also include:

- fruity smelling breath
- fast, deep breathing
- stomach area (abdominal) pain.

Severe or continuing hyperglycemia or DKA needs evaluation and treatment right away by your healthcare provider.

Do not use LANTUS to treat diabetic ketoacidosis.

Other possible side effects of LANTUS include:

Serious allergic reactions:

Some times severe, life-threatening allergic reactions can happen with insulin. If you think you are having a severe allergic reaction, get medical help right away. Signs of insulin allergy include:

- rash all over your body
- shortness of breath
- wheezing (trouble breathing)
- fast pulse
- sweating
- low blood pressure.

Reactions at the injection site:

Injecting insulin can cause the following reactions on the skin at the injection site:

- little depression in the skin (lipoatrophy)
- skin thickening (lipohypertrophy)
- red, swelling, itchy skin (injection site reaction).

You can reduce the chance of getting an injection site reaction if you change (rotate) the injection site each time. An injection site reaction should clear up in a few days or a few weeks. If injection site reactions do not go away or keep happening, call your healthcare provider.

Tell your healthcare provider if you have any side effects that bother you. These are not all the side effects of LANTUS. Ask your healthcare provider or pharmacist for more information.

How should I store LANTUS?

- Unopened vial:
  - Store new (unopened) LANTUS vials in a refrigerator (not the freezer) between 36°F to 46°F (2°C to 8°C). Do not freeze LANTUS. Keep LANTUS out of direct heat and light. If a vial has been frozen or overheated, throw it away.
  - Open (In-Use) vial:
    - Once a vial is opened, you can keep it in a refrigerator or at room temperature (below 86°F [30°C]) but away from direct heat and light. Opened vial, either kept in a refrigerator or at room temperature, should be discarded 28 days after the first use even if it still contains LANTUS. Do not leave your insulin in a car on a summer day.

These storage conditions are summarized in the following table:

<table>
<thead>
<tr>
<th>Not in-use (unopened)</th>
<th>Refrigerated</th>
<th>Not in-use (unopened)</th>
<th>Room Temperature</th>
<th>In-use (opened)</th>
<th>(See Temperature Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mL Vial</td>
<td>Until expiration date</td>
<td>28 days</td>
<td>28 days</td>
<td>Refrigerated or room temperature</td>
<td></td>
</tr>
</tbody>
</table>
Patient Information

LANTUS® 3 mL cartridge system (300 units per cartridge system) 100 units per mL (U-100)

(insulin glargine [recombinant DNA origin] injection)

What is the most important information I should know about LANTUS?

What is LANTUS?

Who should NOT take LANTUS?

How should I use LANTUS?

What kind of insulin Pen should I use?

Mixing with LANTUS

Instructions for Use

What can affect how much insulin I need?

What are the possible side effects of LANTUS and other insulins?

How should I store LANTUS?

General Information about LANTUS

Read this "Patient Information" that comes with LANTUS (LAN-tus) before you start using it and each time you get a refill because there may be new information. This leaflet does not take the place of talking with your healthcare provider about your condition or treatment. If you have questions about LANTUS or about diabetes, talk with your healthcare provider.

What is the most important information I should know about LANTUS?

・ Do not change the insulin you are using without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type (for example: Regular, NPH, analogs), species (beef, pork, beef-pork, human) or method of manufacture (recombinant DNA versus animal-source insulin) may need a change in the dose. This dose change may be needed right away or later on during the first several weeks or months on the new insulin. Doses of oral anti-diabetic medicines may also need to change, if your insulin is changed.

・ You must test your blood sugar levels while using an insulin, such as LANTUS. Your healthcare provider will tell you how often you should test your blood sugar level, and what to do if it is high or low.

・ Do NOT dilute or mix LANTUS with any other insulin or solution. It will not work and you may lose blood sugar control, which could be serious.

・ LANTUS comes as U-100 insulin and contains 100 units of LANTUS per milliliter (mL). One milliliter of U-100 insulin contains 100 units of insulin. (1 mL = 1 cc).

What is Diabetes?

・ Your body needs insulin to turn sugar (glucose) into energy. If your body does not make enough insulin, you need to take more insulin so you will not have too much sugar in your blood.

Insulin injections are important in keeping your diabetes under control. But the way you live, your diet, careful checking of your blood sugar levels, exercise, and planned physical activity, all work with your insulin to help you control your diabetes.

What is LANTUS?

・ LANTUS (insulin glargine [recombinant DNA origin]) is a long-acting insulin. Because LANTUS is made by recombinant DNA technology (rDNA) and is chemically different from the insulin made by the human body, it is called an insulin analog. LANTUS is used to treat patients with diabetes for the control of high blood sugar. It is used once a day to lower blood glucose.

・ LANTUS is a clear, colorless, sterile solution for injection under the skin (subcutaneously).

・ The active ingredient in LANTUS insulin is glargine. The concentration of insulin glargine is 100 units per milliliter (mL), or U-100. LANTUS also contains zinc, metacresol, glycerol, and water for injection as inactive ingredients. Hydrochloric acid and/or sodium hydroxide may be added to adjust the pH.

・ You need a prescription to get LANTUS. Always be sure you receive the right insulin from the pharmacy.

Who should NOT take LANTUS?

Do not take LANTUS if you are allergic to insulin glargine or any of the inactive ingredients in LANTUS. Check with your healthcare provider if you are not sure.

Before starting LANTUS, tell your healthcare provider about all your medical conditions including:

・ have liver or kidney problems. Your dose may need to be adjusted.

・ are pregnant or plan to become pregnant. It is not known if LANTUS may harm your unborn baby. It is very important to maintain control of your blood sugar levels during pregnancy. Your healthcare provider will decide which insulin is best for you during your pregnancy.

・ are breast-feeding or plan to breast-feed. It is not known whether LANTUS passes into your milk. Many medicines, including insulin, pass into human milk, and could affect your baby. Talk to your healthcare provider about the best way to feed your baby.

・ about all the medicines you take including prescription and non-prescription medicines, vitamins and herbal supplements.

How should I use LANTUS?

See the "Instructions for OptiClik® Use" section for additional information.

Follow the instructions given by your healthcare provider about the type or types of insulin you are using. Do not make any changes with your insulin unless you have talked to your healthcare provider. Your insulin needs may change because of illness, stress, other medicines, or changes in diet or activity level. Talk to your healthcare provider about how to adjust your insulin dose.

・ You may take LANTUS at any time during the day but you must take it at the same time every day.

・ Only use LANTUS that is clear and colorless. If your LANTUS is cloudy or slightly colored, return it to your pharmacy for a replacement.

・ Follow your healthcare provider’s instructions for testing your blood sugar.

・ Inject LANTUS under your skin. Do not inject LANTUS in your upper arm, abdomen (stomach area), or thigh (upper leg). Never inject it into a vein or muscle.

・ Change (rotate) injection sites within the same body area.

What kind of insulin Pen should I use?

Always use the optiClik® device distributed by sanofi-aventis. If you use any other device than OptiClik® insulin Pen with this cartridge, you may get the wrong dose of insulin causing serious problems for you, such as a blood sugar level that is too low or too high. Always use a new needle each time you give LANTUS injection.

NEEDLES AND INSULIN PEN MUST NOT BE SHARED.

Disposable needle should be used only once. Used needle should be placed in sharps containers (such as red biohazard containers), hard plastic containers (such as detergent bottles), or metal containers (such as an empty coffee can). Such containers should be sealed and disposed of properly.

Mixing with LANTUS

・ Do NOT dilute or mix LANTUS with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious.

Instructions for OptiClik® Use

It is important to read, understand, and follow the step-by-step instructions in the "OptiClik® Instruction Leaflet" before using OptiClik® insulin Pen. Failure to follow the instructions may result in getting too much or too little insulin. If you have lost your leaflet or have a question, go to www.opticlik.com or call 1-800-633-1610.

The following general notes should be taken into consideration before injecting LANTUS:

・ Always wash your hands before handling the cartridge system and/or the OptiClik® insulin Pen.

・ Always attach a new needle before use. BD Ultra-Fine™ needles® are compatible with OptiClik. These are sold separately and are manufactured by BD.

・ Always perform the safety test before use.

・ Check the insulin solution in the cartridge system to make sure it is clear, colorless, and free of particles. If it is not, throw it away.

・ Do NOT mix or dilute LANTUS with any other insulin or solution. LANTUS will not work if it is mixed or diluted and you may lose blood sugar control, which could be serious.

・ Decide on an injection area - either upper arm, thigh, or abdomen. Do not use the same injection site as your last injection.

・ After injecting LANTUS, leave the needle in the skin for an additional 10 seconds. Then pull the needle straight out. Gently press on the spot where you injected yourself for a few seconds. Do not rub the area.

・ Do not drop the OptiClik® insulin Pen.

If your blood glucose reading is high or low, tell your healthcare provider so the dose can be adjusted.

What can affect how much insulin I need?

Illness. Illness may change how much insulin you need. It is a good idea to think ahead and make a plan with your healthcare provider in advance so you will be ready when this happens. Be sure to test your blood sugar more often and call your healthcare provider if you are sick.

Medicines. Many medicines can affect your insulin needs. Other medicines, including prescription and non-prescription medicines, vitamins, and herbal supplements, can change the way insulin works. You may need a different dose of insulin when you are taking certain other medicines. Know all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. You may want to keep a list of the medicines you take. You can show this list to your healthcare provider and pharmacists anytime you get a new medicine or refill. Your healthcare provider may need to tell you if your insulin dose needs to be changed.

Meals. The amount of food you eat can affect your insulin needs. If you eat less food, skip meals, or eat more food than usual, you may need a different dose of insulin. Talk to your healthcare provider if you change your diet so that you know how to adjust your LANTUS and other insulin doses.

・ Alcohol, including beer and wine, may affect the way LANTUS works and affect your blood sugar levels. Talk to your healthcare provider about drinking alcohol.

Exercise or Activity level. Exercise or activity level may change the way your body uses insulin. Check with your healthcare provider before you start an exercise program because your dose may need to be changed.

Travel. If you travel across time zones, talk with your healthcare provider about how to time your injections. When you travel, wear your medical alert identification. Take extra insulin and supplies with you.

Pregnancy or nursing. The effects of LANTUS on an unborn child or on a nursing baby are unknown. Therefore, tell your healthcare provider if you are planning to have a baby, are pregnant, or nursing a baby. Good control of diabetes is especially important during pregnancy and nursing.

What are the possible side effects of LANTUS and other insulins?

Insulins, including LANTUS, can cause hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), allergy, and skin reactions.

Hypoglycemia (low blood sugar):

Hypoglycemia is often called an “insulin reaction” or “low blood sugar”. It may happen when you do not have enough sugar in your blood. Common causes of hypoglycemia are insulin injections, emotional or physical stress, too much insulin, too little food or missed meals, and too much exercise or activity. Early warning signs of hypoglycemia may be different, less noticeable or not noticeable at all in some people. That is why it is important to check your blood sugar as you have been advised by your healthcare provider.

Hypoglycemia can happen with:

・ Taking too much insulin. This can happen when too much insulin is injected.

・ Not enough carbohydrate (sugar or starch) intake. This can happen if a meal or snack is skipped or delayed.

・ Vomiting or diarrhea that decreases the amount of sugar absorbed by your body.

・ Intake of alcohol.

・ Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider. Do not start any new medicines until you know how they may affect your insulin dose.

・ Medical conditions that can affect your blood sugar levels or insulin. These conditions include diseases of the adrenal glands, the pituitary, the thyroid gland, the liver, and the kidney.

・ Too much glucose use by the body. This can happen if you exercise too much or have a fever.

・ Injecting insulin the wrong way or in the wrong injection area.
Severe hypoglycemia can be dangerous and can cause temporary or permanent harm to your heart or brain. It may cause unconsciousness, seizures, or death.

Symptoms of hypoglycemia may include:
- anxiety, irritability, restlessness, trouble concentrating, personality changes, mood changes, or other abnormal behavior
- tingling in your hands, feet, lips, or tongue
- dizziness, light-headedness, or drowsiness
- nightmares or trouble sleeping
- headache
- blurred vision
- blurred speech
- palpitations (fast heart beat)
- sweating
- tremor (shaking)
- unsteadiness or lack of coordination

If you have hypoglycemia often or it is hard for you to know if you have the symptoms of hypoglycemia, talk to your healthcare provider.

Mild to moderate hypoglycemia is treated by eating or drinking carbohydrates such as fruit juice, raisins, sugar candies, milk or glucose tablets. Talk to your healthcare provider about the amount of carbohydrates you should eat to treat mild to moderate hypoglycemia.

Severe hypoglycemia may require the help of another person or emergency medical people. A person with hypoglycemia who is unable to take foods or liquids with sugar by mouth, or is unconscious needs medical help fast and will need treatment with a glucagon injection or glucose given intravenously (IV). Without medical help right away, serious reactions or even death could happen.

Hyperglycemia (high blood sugar):
- Hyperglycemia can happen with:
  - insulin treatment
  - medicines that affect insulin
  - diabetes medications
  - patients with type 2 diabetes
  - patients with diabetic neuropathy (nerve problems)
  - patients with diabetes for a long time

- Hyperglycemia can happen when you have too much sugar in your blood. Usually, it means there is not enough insulin to break down the food you eat into energy your body can use. Hyperglycemia can be caused by a fever, an infection, stress, eating more than you should, taking less insulin than prescribed, or it can mean your diabetes is getting worse.

Hyperglycemia can happen with:
- Insufficient (too little) insulin. This can happen from:
  - injecting too little or no insulin
  - incorrect storage (freezing, excessive heat)
- Too much carbohydrate intake. This can happen if you eat larger meals, eat more often, or increase the amount of carbohydrate in your meals.
- Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider.

- Medical conditions that affect insulin. These medical conditions include fevers, infections, heart attacks, and stress.
- Injecting insulin the wrong way or in the wrong injection area.

- Testing your blood or urine often will let you know if you have hyperglycemia. If your tests are often high, tell your healthcare provider so your dose of insulin can be changed.

Hyperglycemia can be mild or severe. It can progress to diabetic ketoacidosis (DKA) or very high glucose levels (hyperosmolar coma) and result in unconsciousness and death.

Although diabetic ketoacidosis occurs most often in patients with type 1 diabetes, it can also happen in patients with type 2 diabetes who become very sick. Because some patients get few symptoms of hyperglycemia, it is important to check your blood sugar/urine sugar and ketones regularly.

Symptoms of hyperglycemia include:
- confusion or drowsiness
- increased thirst
- decreased appetite, nausea, or vomiting
- rapid heart rate
- increased urination and dehydration (too little fluid in your body).

Symptoms of DKA also include:
- fruity smelling breath
- fast, deep breathing
- stomach area (abdominal) pain

Severe or continuing hyperglycemia or DKA needs evaluation and treatment right away by your healthcare provider.

Do not use LANTUS to treat diabetic ketoacidosis. Other possible side effects of LANTUS include:
- Serious allergic reactions:
  - Some times severe, life-threatening allergic reactions can happen with insulin. If you think you are having a severe allergic reaction, get medical help right away. Signs of insulin allergy include:
    - rash all over your body
    - shortness of breath
    - wheezing (trouble breathing)
    - fast pulse
    - sweating
    - low blood pressure

Reactions at the injection site:
- Injecting insulin can cause the following reactions on the skin at the injection site:
  - skin thickening (lipothropy)
  - skin redness
  - swelling, itchy skin

You can reduce the chance of getting an injection site reaction if you change (rotate) the injection site each time. An injection site reaction should clear up in a few days or a few weeks. If injection site reactions do not go away or keep happening call your healthcare provider.

Tell your healthcare provider if you have any side effects that bother you. These are not all the side effects of LANTUS. Ask your healthcare provider or pharmacist for more information.
L builtin}(U-100 insulin contains 100 units of insulin. (1 mL = 1 cc).

What is Diabetes?

• Your body needs insulin to turn sugar (glucose) into energy. If your body does not make enough insulin, you need to take more insulin so you will not have too much sugar in your blood.

• Insulin injections are important in keeping your diabetes under control. But the way you live, your diet, careful checking of your blood sugar levels, exercise, and planned physical activity, all work with your insulin to help you control your diabetes.

What is LANTUS?

• LANTUS (insulin glargine [recombinant DNA origin]) is a long-acting insulin. Because Lantus is made by recombinant DNA technology (rDNA) and is chemically different from the insulin made by the human body, it is called an insulin analog. LANTUS is used to treat patients with diabetes for the control of high blood sugar. It is used once a day to lower blood glucose.

• LANTUS is a clear, colorless, sterile solution for injection under the skin (subcutaneously).

• The active ingredient in LANTUS is insulin glargine. The concentration of insulin glargine is 100 units per milliliter (mL) or U-100. LANTUS also contains zinc, metacresol, glycerol, and water for injection as inactive ingredients. Hydrochloric acid and/or sodium hydroxide may be added to adjust the pH.

• You need a prescription to get LANTUS. Always be sure you receive the right insulin from the pharmacy.

Who should not take LANTUS?

Do not take LANTUS if you are allergic to insulin glargine or any of the inactive ingredients in LANTUS. Check with your healthcare provider if you are not sure.

Before starting LANTUS, tell your healthcare provider about all your medical conditions including if you:

• have liver or kidney problems. Your dose may need to be adjusted.

• are pregnant or plan to become pregnant. It is not known if LANTUS may harm your unborn baby. It is very important to maintain control of your blood sugar levels during pregnancy. Your healthcare provider will decide which insulin is best for you during your pregnancy.

• are breast-feeding or plan to breast-feed. It is not known whether LANTUS passes into your milk. Many medicines, including insulin, pass into human milk, and could affect your baby. Talk to your healthcare provider about the best way to feed your baby.

• are taking any other medicines including prescription and non-prescription medicines, vitamins and herbal supplements.

How should I use LANTUS?

See the "Instructions for SoloStar Use" section for additional information.

• Follow the instructions given by your healthcare provider about the type or types of insulin you are using. Do not make any changes with your insulin unless you have talked to your healthcare provider. Your insulin needs may change because of illness, stress, other medicines, or changes in diet or activity level. Talk to your healthcare provider about how to adjust your insulin dose.

• You may take LANTUS at any time during the day but you must take it at the same time every day.

• Only use LANTUS that is clear and colorless. If your LANTUS is cloudy or slightly colored, return it to your pharmacy for a replacement.

• Follow your healthcare provider’s instructions for testing your blood sugar.

• Inject LANTUS under your skin (subcutaneously) in your upper arm, abdomen (stomach area), or thigh (upper leg). Never inject it into a vein or muscle.

• Change (rotate) injection sites within the same body area.

NEEDLES AND SOLOSTAR® MUST NOT BE SHARED.

Disposable needles should be used only once. Used needle should be placed in sharps containers (such as red biohazard containers), hard plastic containers (such as detergent bottles), or metal containers (such as an empty coffee can). Such containers should be sealed and disposed of properly.

Mixing with LANTUS

• DO NOT dilute or mix LANTUS with any other insulin or solution. It will not work as intended and you may lose blood sugar control, which could be serious.

Instructions for SoloStar® Use

It is important to read, understand, and follow the step-by-step instructions in the "SoloStar® Instruction Leaflet" before using SoloStar® disposable insulin Pen. Failure to follow the instructions may result in too much or too little insulin. If you have lost your leaflet or have a question, go to www.lantus.com or call 1-800-633-1610.

The following general notes should be taken into consideration before injecting LANTUS:

• Always wash your hands before handling the SoloStar® disposable insulin Pen.

• Always attach a new needle before use. BD Ultra-Fine™ needles† are compatible with SoloStar. These are sold separately and are manufactured by BD.

• Always perform the safety test before use.

• Check the insulin solution in the pen to make sure it is clear, colorless, and free of particles. If it is not, do not use.

• DO NOT mix or dilute LANTUS with any other insulin or solution. LANTUS will not work if it is mixed or diluted and you may lose blood sugar control, which could be serious.

• Decide on an injection area — either upper arm, thigh, or abdomen. Do not use the same injection site as you did for your last injection.

• After injecting LANTUS, leave the needle in the skin for an additional 10 seconds. Then pull the needle straight out. Gently press on the spot where you injected yourself for a few seconds. Do not rub the area.

• Do not drop the SoloStar® disposable insulin Pen.

If your blood glucose reading is high or low, tell your healthcare provider so the dose can be adjusted.

What can affect how much insulin I need?

Illness. Illness may change how much insulin you need. It is a good idea to think ahead and make a "ick day" plan with your healthcare provider in advance so you will be ready when this happens. Be sure to test your blood sugar more often and call your healthcare provider if you are sick.

• Medicines. Many medicines can affect your insulin needs. Other medicines, including prescription and non-prescription medicines, vitamins, and herbal supplements, can change the way insulin works. You may need a different dose of insulin when you are taking certain other medicines. Know all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. You may want to keep a list of the medicines you take. You can show this list to your healthcare provider and pharmacists anytime you get a new medicine or refill. Your healthcare provider will tell you if your insulin dose needs to be changed.

Meals. The amount of food you eat can affect your insulin needs. If you eat less food, skip meals, or eat more food than usual, you may need a different dose of insulin. Talk to your healthcare provider if you change your diet so that you know how to adjust your LANTUS and other insulin doses.

Alcohol. Alcohol, including beer and wine, may affect the way LANTUS works and affect your blood sugar levels. Talk to your healthcare provider about drinking alcohol.

Exercise or Activity level. Exercise or activity level may change the way you use insulin. Follow your healthcare provider before you start an exercise program because your dose may need to be changed.

Travel. If you travel across time zones, talk with your healthcare provider about how to time your injections. When you travel, wear your medical alert identification. Take extra insulin and supplies with you.

Pregnancy or nursing. The effects of LANTUS on an unborn child or on a nursing baby are unknown. Therefore, tell your healthcare provider if you planning to have a baby, are pregnant, or nursing a baby.

What are the possible side effects of LANTUS and other insulins?

Insulins, including LANTUS, can cause hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), allergy, and skin reactions.

Hypoglycemia (low blood sugar) symptoms:

Hypoglycemia is often called an "insulin reaction" or "low blood sugar". It may happen when you do not have enough sugar in your blood. Common causes of hypoglycemia are illness, emotional or physical stress, too much insulin, too little food or missed meals, and too much exercise or activity. Early warning signs of hypoglycemia may be different, less noticeable or not noticeable at all in some people. That is why it is important to check your blood sugar as you have been advised by your healthcare provider.

Hypoglycemia can happen with:

• Taking too much insulin. This can happen when too much insulin is injected.

• Not enough carbohydrate (sugar or starch) intake. This can happen if a meal or snack is missed or delayed.

• Nourishing or diarrhea that decreases the amount of sugar absorbed by your body.

• Intake of alcohol.

• Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider.

Do not start any new medicines until you know how they may affect your insulin dose.

• Medical conditions that can affect your blood sugar levels or insulin. These conditions include diseases of the adrenal glands, the pituitary, the thyroid gland, the liver, and the kidney.

• Too much glucose use by the body. This can happen if you exercise too much or have a fever.

• Injecting insulin the wrong way or in the wrong injection area.

Hypoglycemia can be mild to severe. Its onset may be rapid. Some patients have few or no warning symptoms, including:

• patients with diabetes for a long time

• patients with diabetic neuropathy (nerve problems)

• or patients using certain medicines for high blood pressure or heart problems.

• Hypoglycemia may reduce your ability to drive a car or use mechanical equipment and you may risk injury to yourself or others.

• Severe hypoglycemia can be dangerous and can cause temporary or permanent harm to your heart or brain. It may cause unconsciousness, seizures, or death.

Symptoms of hypoglycemia may include:

• anxiety, irritability, restlessness, trouble concentrating, personality changes, mood changes, or other abnormal behavior

• tingling in your hands, feet, lips, or tongue

• dizziness, light-headedness, or drowsiness

• nightmares or trouble sleeping

• headache

• blurred vision

• slurred speech

• palpitations (fast heart beat)

• sweating

• tremor (shaking)

• unsteady gait (walking)

If you have hypoglycemia often or it is hard for you to know if you have the symptoms of hypoglycemia, talk to your healthcare provider.

Mild to moderate hypoglycemia is treated by eating or drinking carbohydrates such as fruit juice, raisins, sugar candies, milk or glucose tablets. Talk to your healthcare provider about the amount of carbohydrates you should eat to treat mild to moderate hypoglycemia.

Severe hypoglycemia may require the help of another person or emergency medical people. A person with hypoglycemia who is unable to take foods or liquids with sugar by mouth, or is unconscious needs medical help fast and will need treatment with a glucagon injection or glucose given intravenously (IV).

Without medical help right away, serious reactions or even death could happen.

Hyperglycemia (high blood sugar):

Hyperglycemia happens when you have too much sugar in your blood. Usually, it means there is not enough insulin to break down the food you eat into energy your body can use. Hyperglycemia can be caused by a fever, an infection, stress, eating more than you should, taking less insulin than prescribed, or it can mean your diabetes is getting worse.

Hyperglycemia can happen with:

• Insufficient (too little) insulin. This can happen from:

• injecting too little or no insulin

• incorrect storage (freezing, excessive heat) after the expiration date.

• Too much carbohydrate intake. This can happen if you eat larger meals, eat more often, or increase the amount of carbohydrate in your meals.

• Medicines that affect insulin. Be sure to discuss all your medicines with your healthcare provider.

Do not start any new medicines until you know how they may affect your insulin dose.

• Medical conditions that affect insulin. These medical conditions include fevers, infections, heart attacks, and stress.

• Injecting insulin the wrong way or in the wrong injection area.

Testing your blood or urine often will let you know if you have hyperglycemia. If your tests are often too high, tell your healthcare provider so your dose of insulin can be changed.

Hyperglycemia can be mild or severe. It can progress to diabetic ketoacidosis (DKA) or very high glucose levels (hyperosmolar coma) and result in unconsciousness and death.
Although diabetic ketoacidosis occurs most often in patients with type 1 diabetes, it can also happen in patients with type 2 diabetes who become very sick. Because some patients get few symptoms of hyperglycemia, it is important to check your blood sugar/urine sugar and ketones regularly.

**Symptoms of hyperglycemia include:**
- confusion or drowsiness
- increased thirst
- decreased appetite, nausea, or vomiting
- rapid heart rate
- increased urination and dehydration (too little fluid in your body).

**Symptoms of DKA also include:**
- fruity smelling breath
- fast, deep breathing
- stomach area (abdominal) pain.

Severe or continuing hyperglycemia or DKA needs evaluation and treatment right away by your healthcare provider.

Do not use LANTUS to treat diabetic ketoacidosis.

Other possible side effects of LANTUS include:

**Serious allergic reactions:** Some times severe, life-threatening allergic reactions can happen with insulin. If you think you are having a severe allergic reaction, get medical help right away. Signs of insulin allergy include:
- rash all over your body
- shortness of breath
- wheezing (trouble breathing)
- fast pulse
- sweating
- low blood pressure.

**Reactions at the injection site:** Injecting insulin can cause the following reactions on the skin at the injection site:
- little depression in the skin (lipoatrophy)
- skin thickening (lipohyper trophy)
- red, swelling, itchy skin (injection site reaction).

You can reduce the chance of getting an injection site reaction if you change (rotate) the injection site each time. An injection site reaction should clear up in a few days or a few weeks. If injection site reactions do not go away or keep happening call your healthcare provider.

Tell your healthcare provider if you have any side effects that bother you.

These are not all the side effects of LANTUS. Ask your healthcare provider or pharmacist for more information.

**How should I store LANTUS?**

- **Unopened SoloStar®:**
  Store new unopened SoloStar® disposable insulin pen in a refrigerator (not the freezer) between 36°F to 46°F (2°C to 8°C). Do not freeze LANTUS. Keep LANTUS out of direct heat and light. If a disposable insulin pen has been frozen or overheated, throw it away.

- **Open (In-Use) SoloStar®:**
  Once SoloStar® is opened (in-use), SoloStar® should NOT be refrigerated but should be kept at room temperature (below 86°F [30°C]) away from direct heat and light. The opened (in-use) SoloStar® kept at room temperature must be discarded after 28 days.

These storage conditions are summarized in the following table:

<table>
<thead>
<tr>
<th>Not in-use (unopened)</th>
<th>Not in-use (unopened)</th>
<th>In-use (opened)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerated</td>
<td>Room Temperature</td>
<td>Room Temperature (Do not refrigerate)</td>
</tr>
</tbody>
</table>

- Do not use SoloStar® with LANTUS after the expiration date stamped on the label.
- Do not use LANTUS if it is cloudy, colored, or if you see particles.

**General Information about LANTUS**

- Use LANTUS only to treat your diabetes. Do not give or share LANTUS with another person, even if they have diabetes also. It may harm them.
- This leaflet summarizes the most important information about LANTUS. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about LANTUS that is written for healthcare professionals. For more information about LANTUS call 1-800-633-1610 or go to website www.lantus.com.

**ADDITIONAL INFORMATION**

**DIABETES FORECAST** is a national magazine designed especially for patients with diabetes and their families and is available by subscription from the American Diabetes Association (ADA), P.O. Box 363, Mt. Morris, IL 61054-0363, 1-800-DIABETES (1-800-342-2383). You may also visit the ADA website at www.diabetes.org.

Another publication, **COUNTDOWN**, is available from the Juvenile Diabetes Research Foundation International (JDRF), 120 Wall Street, 19th Floor, New York, New York 10005, 1-800-JDF-CURE (1-800-533-2873). You may also visit the JDRF website at www.jdrf.org.

To get more information about diabetes, check with your healthcare professional or diabetes educator or visit www.DiabetesWatch.com.

Additional information about LANTUS can be obtained by calling 1-800-633-1610 or by visiting www.lantus.com.

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