

Individual with type 2 diabetes suitable for insulin glargine
(identified at routine diabetes review or via proactive search)

New initiation of biosimilar insulin glargine

- Analogue insulin naïve

Initiate biosimilar insulin glargine

- Initiate and titrate dose as per local policy
- Monitor as per local policy
- Issue insulin passport
- Report any adverse reactions to MHRA

Individuals currently managed on insulin glargine

Assess current glycaemic control by checking:

- Any blood glucose levels <4 mmol/l in past 2 weeks?
 - Any signs or symptoms of hypoglycaemia (see Box 1)?
 - Is individualised HbA_{1c} target NOT being met?
 - Are individualised blood glucose levels NOT within target ranges?
- If the answer to ANY of the above is 'YES', follow the suboptimal control pathway below.

Optimal control on insulin glargine

Switch to biosimilar insulin glargine

- Discuss with individual rationale for switching
- Agree switch with individual and obtain and document consent
- Initiate at 10% lower dose than usual dose for 4 days
- Advise individual to:
 - continue to monitor as per recommended monitoring guidelines
 - titrate back to original dose if indicated after 4 days
 - contact their HCP if they perceive they have a problem
- Issue new insulin passport and destroy old passport
- Report any adverse reactions to MHRA

Suboptimal control on insulin glargine

Identify possible reasons why suboptimal (see Box 4)

Switch to biosimilar insulin glargine

- Agree switch with individual and obtain and document consent
- Undertake minimum 4-day baseline blood glucose monitoring—at least fasting, pre-meal, and pre-bed—to identify blood glucose profiles

Regularly below individualised blood glucose target levels and/or HbA_{1c}

- Initiate at 20% lower dose than usual dose for 4 days
- Advise individual to:
 - continue to monitor as per recommended monitoring guidelines
 - titrate as indicated after 4 days
 - further dose reduction may be indicated if person experiences any hypoglycaemic episodes; determine cause, if no clear reason decrease dose IMMEDIATELY by 10–20%
 - contact their HCP if they perceive they have a problem
- Issue new insulin passport and destroy old passport
- Report any adverse reactions to MHRA

Any ongoing high in-day variability

- Extend baseline monitoring
- Consider referral or specialist advice

Regularly above individualised blood glucose target levels and/or HbA_{1c}

- Initiate at same dose for 4 days
- Advise individual to:
 - continue to monitor as per recommended monitoring guidelines
 - escalate dose as indicated as per local guidelines
 - contact their HCP if they perceive they have a problem
- Issue new insulin passport and destroy old passport
- Report any adverse reactions to MHRA