Lantus Solostar
Solution for Injection in Pre-filled Pen

Insulin glargine (100 units/ml)

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1. WHAT IS LANTUS USED FOR

Lantus is used to treat diabetes mellitus in adults, adolescents and children age 2 years and above.
Diabetes mellitus is a disease where your body does not produce enough insulin to control the level of blood sugar.

2. HOW LANTUS WORKS

Lantus contains insulin glargine. This is a modified insulin, very similar to human insulin. Insulin glargine has a long and steady blood-sugar-lowering action.

3. BEFORE YOU USE LANTUS

- When you must not take it

If you are allergic (hypersensitive) to insulin glargine or to any of the other ingredients of Lantus (for a full list of ingredients, see *Ingredients*).

- Before you start to take it

Take special care with Lantus

Follow closely the instructions for dosage, monitoring (blood and urine tests), diet and physical activity (physical work and exercise), injection technique as discussed with your doctor.

If your blood sugar is too low (hypoglycaemia), follow the guidance for hypoglycaemia (see HYPERGLYCAEMIA AND HYPOGLYCAEMIA at the end of this leaflet).

Skin changes at the injection site

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

Travel

Before travelling consult your doctor. You may need to talk about
- the availability of your insulin in the country you are visiting,
- supplies of insulin, syringes etc.
- correct storage of your insulin while travelling,
- timing of meals and insulin administration while travelling,
- the possible effects of changing to different time zones,
- possible new health risks in the countries to be visited,
- what you should do in emergency situations when you feel unwell or become ill.

Illnesses and injuries

In the following situations, the management of your diabetes may require a lot of care (for example, adjustment to insulin dose, blood and urine tests):
- If you are ill or have a major injury then your blood sugar level may increase (hyperglycaemia).
- If you are not eating enough your blood sugar level may become too low (hypoglycaemia).

In most cases you will need a doctor. **Make sure that you contact a doctor early.**

If you have type 1 diabetes (insulin dependent diabetes mellitus), do not stop your insulin and continue to get enough carbohydrates. Always tell people who are caring for you or treating you that you require insulin.

- Taking other medicines

Some medicines cause changes in the blood sugar level (decrease, increase or both depending on the situation). In each case, it may be necessary to adjust your insulin dose to avoid blood sugar levels that are too low or too high. Be careful when you start or stop taking another medicine.

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription. Before taking a medicine ask your doctor if it can affect your blood sugar level and what action, if any, you need to take.

Medicines that may cause your blood sugar level to fall (hypoglycaemia) include:
- all other medicines to treat diabetes,
- angiotensin converting enzyme (ACE) inhibitors (used to treat certain heart conditions or high blood pressure),
- disopyramide (used to treat certain heart conditions),
- fluoxetine (used to treat depression),
- fibrates (used to lower high levels of blood lipids),
- monoamine oxidase (MAO) inhibitors (used to treat depression),
- pentoxifylline, propoxyphene, salicylates (such as aspirin, used to relieve pain and lower fever),
- sulfonamide antibiotics.

Medicines that may cause your blood sugar level to rise (hyperglycaemia) include:
- corticosteroids (such as "cortisone" used to treat inflammation),
- danazol (medicine acting on ovulation),
- diazoxide (used to treat high blood pressure),
- diuretics (used to treat high blood pressure or excessive fluid retention),
- glucagon (pancreas hormone used to treat severe hypoglycaemia),
- isoniazid (used to treat tuberculosis),
- oestrogens and progestogens (such as in the contraceptive pill used for birth control),
- phenothiazine derivatives (used to treat psychiatric disorders),
- somatropin (growth hormone),
- sympathomimetic medicines (such as epinephrine [adrenaline], or salbutamol, terbutaline used to treat asthma),
- thyroid hormones (used to treat thyroid gland disorders),

- atypical antipsychotic medicines (such as clozapine, olanzapine),
- protease inhibitors (used to treat HIV).

Your blood sugar level may either rise or fall if you take:
- beta-blockers (used to treat high blood pressure),
- clonidine (used to treat high blood pressure),
- lithium salts (used to treat psychiatric disorders).

Pentamidine (used to treat some infections caused by parasites) may cause hypoglycaemia which may sometimes be followed by hyperglycaemia.

Beta-blockers like other sympatholytic medicines (such as clonidine, guanethidine, and reserpine) may weaken or suppress entirely the first warning symptoms which help you to recognise a hypoglycaemia.

If you are not sure whether you are taking one of those medicines ask your doctor or pharmacist.

Using Lantus with food and drink
Your blood sugar levels may either rise or fall if you drink alcohol.

Pregnancy and breast-feeding
Ask your doctor or pharmacist for advice before taking any medicine.
Inform your doctor if you are planning to become pregnant, or if you are already pregnant. Your insulin dose may need to be changed during pregnancy and after giving birth. Particularly careful control of your diabetes, and prevention of hypoglycaemia, is important for the health of your baby.

If you are breast-feeding consult your doctor as you may require adjustments in your insulin doses and your diet.

Important information about some of the ingredients of Lantus
This medicine contains less than 1 mmol (23 mg) sodium per dose, i.e. it is essentially 'sodium-free'.

4. HOW TO USE LANTUS
Always use this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.
Although Lantus contains the same active substance as Toujeo (insulin glargine 300 units/ml), these medicines are not interchangeable. The switch from one insulin therapy to another requires medical prescription, medical supervision and blood glucose monitoring. Please, consult your doctor for further information.

- How much to use
Based on your life-style and the results of your blood sugar (glucose) tests and your previous insulin usage, your doctor will
- determine how much Lantus per day you will need and at what time.
- tell you when to check your blood sugar level, and whether you need to carry out urine tests,
- tell you when you may need to inject a higher or lower dose of Lantus.

Lantus is a long-acting insulin. Your doctor may tell you to use it in combination with a short-acting insulin or with tablets used to treat high blood sugar levels.

Many factors may influence your blood sugar level. You should know these factors so that you are able to react correctly to changes in your blood sugar level and to prevent it from becoming too high or too low. See HYPERGLYCAEMIA AND HYPOGLYCAEMIA at the end of this leaflet for further information.

Use in children
Lantus can be used in adolescents and children of 2 years and above.

- When to use it
You need one injection of Lantus every day, at the same time of the day.

- How long to use it
Do not stop taking Lantus unless instructed by your doctor.

Method of administration
Lantus is injected under the skin. Do NOT inject Lantus in a vein, since this will change its action and may cause hypoglycaemia.

Your doctor will show you in which area of the skin you should inject Lantus. With each injection, change the puncture site within the particular area of skin that you are using.

How to handle SoloStar
SoloStar is a pre-filled disposable pen containing insulin glargine.

Read carefully the "SoloStar Instructions for Use". You must use the pen as described in these Instructions for Use.

A new needle must be attached before each use. Only use needles that are compatible for use with SoloStar (see "SoloStar Instructions for Use").

A safety test must be performed before each injection.

Look at the cartridge before you use the pen. Do not use SoloStar if you notice particles in it. Only use SoloStar if the solution is clear, colourless and waterlike. Do not shake or mix it before use.

To prevent the possible transmission of disease, never share your pen with anyone else. This pen is only for your use.

Make sure that neither alcohol nor other disinfectants or other substances contaminate the insulin.

Always use a new pen if you notice that your blood sugar control is unexpectedly getting worse. If you think you may have a problem with SoloStar, consult your doctor, pharmacist or nurse.
Empty pens must not be re-filled and must be properly discarded.

Do not use SoloStar if it is damaged or not working properly, it has to be discarded and a new SoloStar has to be used.

- If you use more Lantus than you should (overdose)
- If you **have injected too much Lantus**, your blood sugar level may become too low (hypoglycaemia). Check your blood sugar frequently. In general, to prevent hypoglycaemia you must eat more food and monitor your blood sugar. For information on the treatment of hypoglycaemia, see HYPERGLYCAEMIA AND HYPOGLYCAEMIA at the end of this leaflet.

- If you forget to use Lantus
- If you **have missed a dose of Lantus** or if you **have not injected enough insulin**, your blood sugar level may become too high (hyperglycaemia). Check your blood sugar frequently. For information on the treatment of hyperglycaemia, see HYPERGLYCAEMIA AND HYPOGLYCAEMIA at the end of this leaflet.

- Do not take a double dose to make up for a forgotten dose.

If you stop using Lantus
This could lead to severe hyperglycaemia (very high blood sugar) and ketoacidosis (build-up of acid in the blood because the body is breaking down fat instead of sugar). Do not stop Lantus without speaking to a doctor, who will tell you what needs to be done.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

5. WHILE YOU ARE USING LANTUS

- Things you must do
Take Lantus according to your doctor's instructions.
Tell your doctor or pharmacist if any side effect become serious, or if you notice any side effects not listed in this leaflet.

- Things you must not do
Do not stop taking Lantus unless advised by your doctor.

- Things to be careful of
Driving and using machines
Your ability to concentrate or react may be reduced if:
- you have hypoglycaemia (low blood sugar levels),
- you have hyperglycaemia (high blood sugar levels),
- you have problems with your sight.

Keep this possible problem in mind in all situations where you might put yourself and others at risk (such as driving a car or operating machines). You should contact your doctor for advice on driving if:
- you have frequent episodes of hypoglycaemia,
- the first warning symptoms which help you to recognise hypoglycaemia are reduced or absent.

Insulin mix-ups
You must always check the insulin label before each injection to avoid mix-ups between Lantus and other insulins.

6. SIDE EFFECTS

Like all medicines, Lantus can cause side effects, although not everybody gets them.
If you notice signs of you blood sugar being too low (hypoglycaemia), take action to increase your blood sugar level straight away (see the box at the end of this leaflet). Hypoglycaemia (low blood sugar) can be very serious and is very common with insulin treatment (may affect more than 1 in 10 people). Low blood sugar means that there is not enough sugar in your blood. If your blood sugar level falls too low, you may pass out (become unconscious). Serious hypoglycaemia may cause brain damage and may be life-threatening.

Severe allergic reactions (rare, may affect up to 1 in 1,000 people) – the signs may include large-scale skin reactions (rash and itching all over the body), severe swelling of skin or mucous membranes (angiooedema), shortness of breath, a fall in blood pressure with rapid heartbeat and sweating. Severe allergic reactions to insulins may become life-threatening. Tell a doctor straight away if you notice signs of severe allergic reaction.

Other side effects:
Tell your doctor, pharmacist or nurse if you notice any of the following side effects:
• **Skin changes at the injection site**
If you inject your insulin too often at the same place, the skin may either shrink (lipoatrophy, *may affect up to 1 in 100 people*) or thicken (lipohypertrophy, *may affect up to 1 in 10 people*). Lumps under the skin may also be caused by build-up of a protein called amyloid Frequency 'not known': Changes at the injection site (Cutaneous amyloidosis). The insulin may not work very well if you inject into lumpy area. Change the injection site with each injection to help prevent these skin changes.

Common reported side effects (may affect up to 1 in 10 people)
• **Skin and allergic reactions at the injection site**
The signs may include reddening, unusually intense pain when injecting, itching, hives, swelling or inflammation. This can spread around the injection site. Most minor reactions to insulins usually disappear in a few days to a few weeks.

Rare reported side effect (may affect up to 1 in 1,000 people)
• **Eye reactions**
A marked change (improvement or worsening) in your blood sugar control can disturb your vision temporarily. If you have proliferative retinopathy (an eye disease related to diabetes) severe hypoglycaemic attacks may cause temporary loss of vision.

• **General disorders**
In rare cases, insulin treatment may also cause temporary build-up of water in the body, with swelling in the calves and ankles.
Very rare reported side-effects (may affect up to 1 in 10,000 people)
In very rare cases, dysgeusia (taste disorders) and myalgia (muscular pain) can occur.

Use in children and adolescents
In general, the side effects in children and adolescents of 18 years of age or less are similar to those seen in adults.

Complaints of injection site reactions (injection site reaction, injection site pain) and skin reactions (rash, urticaria) are reported relatively more frequently in children and adolescents of 18 years of age or less than in adults. There is no experience in children under 2 years.

Talk to your doctor or pharmacist if any of the side effects gets serious or lasts longer than a few days or if you notice any side effects not listed in this leaflet.

You may report any side effects or adverse drug reactions directly to the National Centre for Adverse Drug Reaction Monitoring by visiting the website npra.gov.my [Consumers → Reporting Side Effects to Medicines (ConSERF) or Vaccines (AEFI)].

7. STORAGE AND DISPOSAL OF LANTUS

- Storage
Keep out of the reach and sight of children.
Do not use Lantus after the expiry date which is stated on the carton and on the label of the pen after "EXP". The expiry date refers to the last day of that month.

Not in-use pens
Store in a refrigerator (2°C-8°C). Do not freeze or place next to the freezer compartment or a freezer pack.
Keep the pre-filled pen in the outer carton in order to protect from light.

In use pens
Pre-filled pens in use or carried as a spare may be stored for a maximum of 4 weeks not above 30°C and away from direct heat or direct light. The pen in use must not be stored in the refrigerator. Do not use it after this time period.

- Disposal
Medicines should not be disposed of via wastewater or household waste. Ask

your pharmacist how to dispose of medicines you no longer use. These measures will help to protect the environment.

8. PRODUCT DESCRIPTION

- What is looks like

Lantus SoloStar 100 units/ml solution for injection in a pre-filled pen, is a clear and colourless solution.
Each pen contains 3 ml of solution for injection (equivalent to 300 units).

- Ingredients

Active ingredient: insulin glargine. Each ml of the solution contains 100 units of the active substance insulin glargine (equivalent to 3.64 mg).
Inactive ingredients: zinc chloride, metacresol, glycerol, sodium hydroxide, hydrochloric acid and water for injections.

- MAL number

Lantus Solostar 100units/ml solution for injection in a prefilled pen
MAL20081742AZ

9. Manufacturer

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HYPERGLYCAEMIA AND HYPOGLYCAEMIA

Always carry some sugar (at least 20 grams) with you.
Carry some information with you to show you are diabetic.

HYPERGLYCAEMIA
(high blood sugar levels)

If your blood sugar is too high (hyperglycaemia), you may not have injected enough insulin.
Why does hyperglycaemia occur?
Examples include:
- you have not injected your insulin or not injected enough, or if it has become less effective, for example through incorrect storage,
- your insulin pen does not work properly,
- you are doing less exercise than usual, you are under stress (emotional distress, excitement), or you have an injury, operation, infection or fever,
- you are taking or have taken certain other medicines (see *Taking other medicines*).

Warning symptoms of hyperglycaemia
Thirst, increased need to urinate, tiredness, dry skin, reddening of the face, loss of appetite, low blood pressure, fast heart beat, and glucose and ketone bodies in urine. Stomach pain, fast and deep breathing, sleepiness or even loss of consciousness may be signs of a serious condition (ketoacidosis) resulting from lack of insulin.

What should you do if you experience hyperglycaemia?
Test your blood sugar level and your urine for ketones as soon as any of the above symptoms occur. Severe hyperglycaemia or ketoacidosis must always be treated by a doctor, normally in a hospital.

HYPOGLYCAEMIA
(low blood sugar levels)

If your blood sugar level falls too much you may become unconscious. Serious hypoglycaemia may cause a heart attack or brain damage and may be life-threatening. You normally should be able to recognise when your blood sugar is falling too much so that you can take the right actions.

Why does hypoglycaemia occur?
Examples include:
- you inject too much insulin,
- you miss meals or delay them,
- you do not eat enough, or eat food containing less carbohydrate than normal (sugar and substances similar to sugar are called carbohydrates; however, artificial sweeteners are NOT carbohydrates),
- you lose carbohydrates due to vomiting or diarrhoea,
- you drink alcohol, particularly if you are not eating much,
- you are doing more exercise than usual or a different type of physical activity,
- you are recovering from an injury or operation or other stress,
- you are recovering from an illness or from fever,
- you are taking or have stopped taking certain other medicines (see *Taking other medicines*).

Hypoglycaemia is also more likely to occur if
- you have just begun insulin treatment or changed to another insulin preparation (when changing from your previous basal insulin to Lantus, hypoglycaemia, if it occurs, may be more likely to occur in the morning than at night),
- your blood sugar levels are almost normal or are unstable,
- you change the area of skin where you inject insulin (for example from the thigh to the upper arm),
- you suffer from severe kidney or liver disease, or some other disease such as hypothyroidism.

Warning symptoms of hypoglycaemia
- In your body
Examples of symptoms that tell you that your blood sugar level is falling too much or too fast: sweating, clammy skin, anxiety, fast hearbeat, high blood pressure, palpitations and irregular heartbeat. These symptoms often develop before the symptoms of a low sugar level in the brain.

- In your brain
Examples of symptoms that indicate a low sugar level in the brain: headaches, intense hunger, nausea, vomiting, tiredness, sleepiness, sleep disturbances, restlessness, aggressive behaviour, lapses in concentration, impaired reactions, depression, confusion, speech disturbances (sometimes total loss of speech), visual disorders, trembling, paralysis, tingling sensations (paraesthesia), numbness and tingling sensations in the area of the mouth, dizziness, loss of self-control, inability to look after yourself, convulsions, loss of consciousness.

The first symptoms which alert you to hypoglycaemia ("warning symptoms") may change, be weaker or may be missing altogether if

- you are elderly, if you have had diabetes for a long time or if you suffer from a certain type of nervous disease (diabetic autonomic neuropathy),
- you have recently suffered hypoglycaemia (for example the day before) or if it develops slowly,
- you have almost normal or, at least, greatly improved blood sugar levels,
- you have recently changed from an animal insulin to a human insulin such as Lantus,
- you are taking or have taken certain other medicines (see *Taking other medicines*).

In such a case, you may develop severe hypoglycaemia (and even faint) before you are aware of the problem. Be familiar with your warning symptoms. If necessary, more frequent blood sugar testing can help to identify mild hypoglycaemic episodes that might otherwise be overlooked. If you are not confident about recognising your warning symptoms, avoid situations (such as driving a car) in which you or others would be put at risk by hypoglycaemia.

What should you do if you experience hypoglycaemia?
1. Do not inject insulin. Immediately take about 10 to 20 g sugar, such as glucose, sugar cubes or a sugar-sweetened beverage. Caution: Artificial sweeteners and foods with artificial sweeteners (such as diet drinks) are of no help in treating hypoglycaemia.

2. Then eat something that has a long-acting effect in raising your blood sugar (such as bread or pasta). Your doctor or nurse should have discussed this with you previously. The recovery of hypoglycaemia may be delayed because Lantus has a long action.

3. If the hypoglycaemia comes back again take another 10 to 20 g sugar.

4. Speak to a doctor immediately if you are not able to control the hypoglycaemia or if it recurs.

Tell your relatives, friends and close colleagues the following:
If you are not able to swallow or if you are unconscious, you will require glucagon (a medicine which increases blood sugar) or an injection of glucose. These treatments are justified even if it is not certain that you have hypoglycaemia.

It is advisable to test your blood sugar immediately after taking glucose to check that you really have hypoglycaemia.