

PATIENT INFORMATION

Name:	HSN:	DOB:
Address:		Telephone:
Allergies:		Date:

PRODUCT SELECTION

Review Formulary listings and exemptions prior to prescribing

Previous use per: PIP/eHealth Patient/Designate Pharmacy Records

STOP	SWITCH TO
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Basal	Lantus® (insulin glargine) 100 units/mL	Basaglar® (insulin glargine) 100 units/mL	Semglee® (insulin glargine) 100 units/mL	
	<input type="radio"/> Cartridge <input type="radio"/> Solostar® prefilled pen <input type="radio"/> Vial	<input type="radio"/> Cartridge (5 x 3 mL) <input type="radio"/> Kwikpen® prefilled pen (5 x 3 mL)	<input type="radio"/> Prefilled pen (5 x 3 mL)	
	Directions:	Directions: (Continue same dose previously used with Lantus®) Quantity:		

STOP	SWITCH TO
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Bolus	NovoRapid® (insulin aspart) 100 units/mL	Trurapi® (insulin aspart) 100 units/mL	Kirsty® (insulin aspart) 100 units/mL	
	<input type="radio"/> Cartridge <input type="radio"/> FlexTouch® prefilled pen <input type="radio"/> Vial	<input type="radio"/> Cartridge (5 x 3 mL) <input type="radio"/> Solostar® prefilled pen (5 x 3 mL)	<input type="radio"/> Prefilled pen (5 x 3 mL)	
	Directions:	Directions: (Continue same dose previously used with NovoRapid®) Quantity:		

STOP	SWITCH TO
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Bolus	Humalog® (insulin lispro) 100 units/mL	Admelog® (insulin lispro) 100 units/mL
	<input type="radio"/> Cartridge <input type="radio"/> KwikPen® prefilled pen <input type="radio"/> Vial	<input type="radio"/> Cartridge (5 x 3 mL) <input type="radio"/> Solostar® prefilled pen (5 x 3 mL) <input type="radio"/> Vial (10 mL)
	Directions:	Directions: (Continue same dose previously used with Humalog®) Quantity:

MEDICAL INFORMATION

Review PIP/eHealth

Type 1 Diabetes
 Type 2 Diabetes
 Gestational Diabetes/Pregnant with pre-existing diabetes

Relevant labs: HbA1C: Date:

Review current diabetes management:

Adherence and injection technique
 Glycemic control
 Hypoglycemic episodes
 Insulin adverse events

ASSESSMENT AND PLAN

Assessment notes:

Supply insulin: no concerns identified

Instruct patient to contact primary care/specialist prescriber's office to make an appointment to have HbA1C measured and to review insulin therapy within 3 months
 No primary care/specialist prescriber

Supply insulin: concerns identified

Pharmacist intervention as documented above
 Instruct patient to contact primary care/specialist prescriber's office to make an appointment for timely review
 Refer patient to urgent/walk-in care
 Recommend Certified Diabetes Educator consult to patient

ADMINISTRATIVE PRESCRIBING OF BIOSIMILAR INSULIN

- Rationale: Transition to a lower cost biosimilar insulin required to facilitate drug coverage or to support affordability for the patient.**
- Informed consent obtained**

- Transmit administrative prescription to PIP
- Stop previous prescriptions for insulin on pharmacy software and PIP
- Notify primary care/specialist prescriber's office (if applicable)

PATIENT EDUCATION

- Inform patient that primary care/specialist prescriber will be notified about transition to ensure continuity of care.
- Review proper storage and use of the pen device as required.
- Ensure patient can differentiate between their basal insulin and bolus insulin.
- Review prevention, recognition, and management of hypoglycemia as required.
- Remind patient to:
 - Continue all other diabetes medications and insulins not affected by biosimilar transition.
 - Test blood sugars regularly/more often during the transition period.
 - Confirm the correct insulin has been selected prior to each injection.
 - Stop the reference biologic insulin used previously.
 - Immediately report any adverse event to pharmacist or primary care provider and seek urgent attention for medical emergency.

PHARMACIST FOLLOW-UP (at least within 2-3 weeks)

Date of follow up:

Assess transition to biosimilar insulin: adherence, injection technique, glycemic control, hypoglycemic episodes, and adverse events.

Assessment notes:

- Adverse event, poor glycemic control identified: patient referred to Primary Care/Specialist prescriber or urgent/walk-in care as required
- No further follow-up required

PHARMACIST

Name:

Signature:

Pharmacy:

Date:

Telephone:

Fax:

PRIMARY CARE / SPECIALIST PRESCRIBER

Name:

Address:

Telephone:

Fax:

- No primary care/specialist prescriber

Prescriber Notification Of Transition To Biosimilar Insulin

TO (Prescriber)		FROM (Pharmacy)	
Name:		Pharmacy Name:	
Phone:	Fax:	Phone:	Fax:

REGARDING (Patient)

Name:	
DOB:	HSN:
Dear Dr. / NP:	Date:

Per the Saskatchewan Biosimilars Initiative, patients will transition to a biosimilar version of their insulin to maintain drug coverage and support drug affordability.

I have transitioned our patient to a biosimilar insulin as per the details below.

Please note: All subsequent prescriptions will need to be written for the biosimilar insulin indicated below.

INSULIN TRANSITION

STOPPED Lantus® (insulin glargine) 100 units/mL; SWITCHED TO

Basaglar® (insulin glargine) 100 units/mL

- Cartridge (5 x 3 mL)
- Kwikpen® prefilled pen (5 x 3 mL)

Semglee® (insulin glargine) 100 units/mL

- Prefilled pen (5 x 3 mL)

Directions: Continue same dose previously used with Lantus®

STOPPED NovoRapid® (insulin aspart) 100 units/mL; SWITCHED TO

Trurapi® (insulin aspart) 100 units/mL

- Cartridge (5 x 3 mL)
- Solostar® prefilled pen (5 x 3 mL)

Kirsty® (insulin aspart) 100 units/mL

- Prefilled pen (5 x 3 mL)

Directions: Continue same dose previously used with NovoRapid®

STOPPED Humalog® (insulin lispro) 100 units/mL; SWITCHED TO

Admelog® (insulin lispro) 100 units/mL

- Cartridge (5 x 3 mL)
- Solostar® prefilled pen (5 x 3 mL)
- Vial (10 mL)

Directions: Continue same dose previously used with Humalog®

FOR REVIEW

- Patient instructed to contact your office to make an appointment to have HbA1C measured and to review insulin therapy within 3 months
- Patient instructed to contact your office to make an appointment for timely review of above
- Patient referred to urgent/walk-in care
- Certified Diabetes Educator consult recommended to patient

I will follow up with our patient within 2 weeks. Should any concerns arise during follow-up, I will address them accordingly or have the patient contact you.

Thank you for your attention to this.

Pharmacist Name:	Signature:
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