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