

MANAGE YOUR PATIENTS STARTING ON APIDRA®

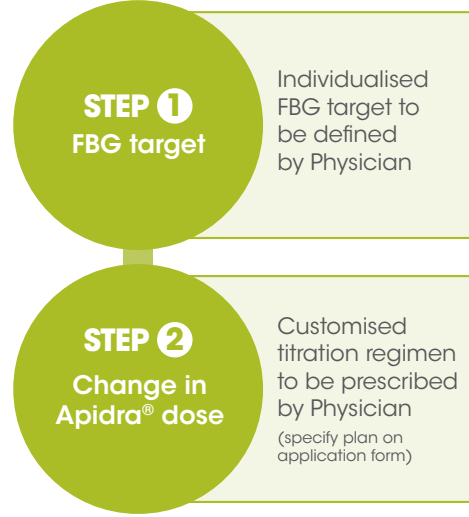
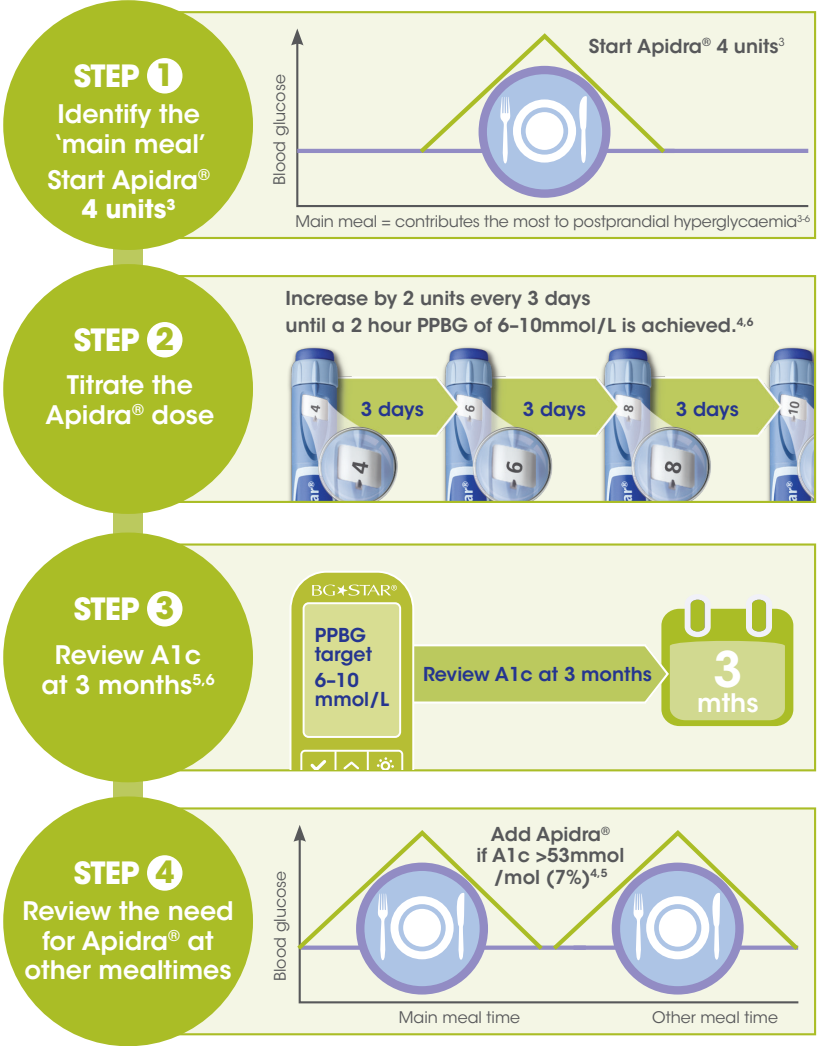
TITRATION PLANS FOR PATIENTS

The goal of the CoSTARS® Plus support program is to improve glycaemic control in patients who require intensification of their basal insulin therapy with the addition of Apidra®. Please nominate one of the titration plans for your preferred Credentialed Diabetes Educator (CDE)/Nurse Practitioner (NP) to follow.

Prior to intensification with Apidra® please ensure the basal insulin your patient is on has been optimally titrated to achieve fasting blood glucose (FBG) targets.

Plan A: Preset Titration Plan

OR Plan B: Physician Custom Plan



INSULINS CARRY A RISK OF HYPOGLYCAEMIA⁷

The risk of hypoglycaemia is increased if patients:

- accidentally use too much Apidra®
- delay eating meals or snacks or eat too little food
- have too much or unexpected exercise
- are ill

Prescribers are advised to provide guidance on 'hypo' identification and management to patients.

Desired blood glucose levels and the dosage of Apidra® should be individualised and determined based on the Physician's advice in accordance with the needs of the patient, especially those with a history of severe hypoglycaemia, a limited life expectancy, comorbidities or who are elderly.

Notes:

A1c = HbA1c, glycated haemoglobin PPBG = postprandial blood glucose FBG = fasting blood glucose

OAD = oral antidiabetic BGL = blood glucose level

Titration should be reviewed by a healthcare professional at each contact.

Patients need to be aware that a reduction in the carbohydrate content of their main meal will require a reduction in the dose of their mealtime insulin. Reduce the Apidra® dose and consider stopping sulphonylurea if hypoglycaemia occurs.

Please Fax to Perth Diabetes Care for registration on 9355 5718



ENROLMENT FORM FOR PATIENTS ON APIDRA®

PRESCRIBING DOCTOR (Please print clearly in BLOCK LETTERS)

OR STAMP

Title: _____ First name: _____ Surname: _____

Provider number: _____

Please titrate this patient to the FBG target, using the following plan via the CDE or NP nominated below: (please tick appropriate box)

Plan A: Preset Titration Plan (As per guide on inside cover)

Plan B: Doctor Custom Plan Please specify: Current A1c: _____ Targeted A1c: _____
FBG target and titration regimen below:

Over a period of 9 months your patient will receive:

- Up to three face-to-face sessions and three follow-up calls with a CDE/NP;
- One face-to-face session with an APD

AND/OR **Patient to receive education from CDE/NP on correct pen-device use only** (please tick if applicable)

By typing my name in the box below, I consent to enrolling into the Diabetes CoSTARS Plus Program. A Diabetes CoSTARS nurse will contact you for the purpose of verifying your consent.

Doctor signature: _____ Date: DD / MM / YYYY

ALLIED HEALTH SUPPORT (Please tick one or both support services)

Yes, I would like my patient to receive telephone support from CoSTARS® Plus nurse consultants
(Note: Apidra® dose titration is not available via nurse support calls)

Yes, I would like my patient to receive support from a CDE/NP as defined above. My preferred provider is:
Title: _____ First name: **Perth Diabetes** Surname: **Care** Tel: (08) **6110 0570**

Yes, I would like my patient to receive support from an APD. My preferred provider is:
Title: _____ First name: **Perth Diabetes** Surname: **Care** Tel: (08) **6110 0570**

PATIENT DETAILS (Please print clearly in BLOCK LETTERS)

Type 1 Diabetes

Type 2 Diabetes

Title: _____ First name: _____ Surname: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Date of birth: DD / MM / YYYY Daytime tel:(_____) Mobile: _____

(Please tick)

Yes, I have read and agree to the Privacy Statement set out below

Yes, I consent to my Doctor being kept informed of my participation and treatment progress in the CoSTARS® Plus support program

Yes, I consent to my CDE/NP being kept informed of my participation and treatment progress in the CoSTARS® Plus support program

Yes, I consent that Atlantis may use information that it collects as part of the CoSTARS® Plus support program such as FBG, HbA1c and Apidra® dose in a de-identified form to advise doctors of patient experiences with Apidra®, including via publication in medical journals and presentations at clinical meetings.

Sanofi will pay a fee ranging from \$57.20 to \$190 (excl. GST) to the CDE/NP/APD for the consultation(s) that form part of the program.

By typing my name in the box below, I consent to enrolling into the Diabetes CoSTARS Plus Program. A Diabetes CoSTARS nurse will contact you for the purpose of verifying your consent.

Patient signature: _____ Date: DD / MM / YYYY

Privacy Statement: CoSTARS® Plus is administered by Atlantis Healthcare ("Atlantis") on behalf of the sponsor Sanofi-aventis australia pty ltd ABN 31 008 558 807 ("Sanofi") who owns the contents of the database. In this capacity Atlantis is the organisation that collects your Personal Information which includes health and sensitive information required for participation in CoSTARS® Plus on the sponsor's behalf Sanofi. Your Personal Information may be shared with third parties for the fulfilment of services to you as part of CoSTARS® Plus. In case of an adverse event being reported whilst enrolled in CoSTARS® Plus, Sanofi, Atlantis or an authorised third party may contact you for the purpose of follow-up. Atlantis is legally obliged to pass on to Sanofi, the manufacturer of Apidra®, details of any adverse events related to their own products that it becomes aware of during the course of the program. Only de-identified data, meaning data not disclosing your identity, will be used for this purpose. Your Personal Information will be held on a database within Australia, however, may be disclosed or transferred to a country outside Australia if compliance with the Australian Privacy Principles can be guaranteed.

Contact Us: Should you wish to access or correct your Personal Information, request its deletion, stop its processing or opt out of the program, kindly contact the Privacy Officer by email: privacyAU@atlantishealthcare.com or write to: Privacy Officer, Atlantis Healthcare Australia, Unit 7, 112 Talavera Road, Macquarie Park, NSW 2113. Prepared September 2014. SAANZ.GLA.14.06.0044f SAU5046