

# ORDER FOR SELF-TITRATION OF BASAL INSULIN

## 1 PATIENT INFORMATION *(attach patient face sheet if preferred)*

FIRST NAME*	MI	LAST NAME*	PATIENT PHONE NUMBER* 1-	PREFERRED LANGUAGE* <input type="radio"/> English <input type="radio"/> Spanish
PATIENT EMAIL*			DATE OF BIRTH (mm-dd-yyyy)*	GENDER* <input type="radio"/> M <input type="radio"/> F <input type="radio"/> UNK
WEIGHT* _____ lbs	HEIGHT* _____ ft _____ in	MOST RECENT A1C* _____ %	DATE OF A1C* (mm-dd-yyyy)	MEDICAL RECORD NUMBER
<input type="radio"/> New prescription and patient meets entry criteria <i>See list of entry criteria on reverse side</i>		<input type="radio"/> Change an existing prescription <i>All sections required</i>		<input type="radio"/> Discontinue an existing prescription <i>Requires section 5 only</i>

## 2 GOALS *(select default goals or define custom goals)*

<input type="radio"/> DEFAULT GOALS: A1C: < 7 % 2 hr. after meal: [100 – 180] mg/dL Before meal: [80 – 130] mg/dL Before bedtime: [100 – 180] mg/dL	<input type="radio"/> CUSTOM: A1C GOAL _____ % 2 HR. AFTER MEAL BG GOAL [ _____ - _____ ] mg/dL BEFORE MEAL BG GOAL [ _____ - _____ ] mg/dL BEFORE BEDTIME BG GOAL [ _____ - _____ ] mg/dL
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## 3 TITRATION

BASAL INSULIN* <input type="radio"/> Basaglar® <input type="radio"/> Lantus® <input type="radio"/> Levemir® <input type="radio"/> Toujeo® <input type="radio"/> Tresiba® U-100	STARTING DOSE* _____ Units	INJECTION PERIOD* <i>(select one only)</i> <input type="radio"/> Morning <input type="radio"/> Noon <input type="radio"/> Evening <input type="radio"/> Bedtime
<i>If you selected Levemir® and want to prescribe two injections per day, please define the starting dose and period for 2nd injection here:</i>	2 <sup>nd</sup> STARTING DOSE _____ Units	2 <sup>nd</sup> INJECTION PERIOD <input type="radio"/> Evening <input type="radio"/> Bedtime

Select one of the default titration plans or define a custom titration plan

<input type="radio"/> TITRATION PLAN #1: Adjust dose every: 3 days Max dose increase: +2 Units	<input type="radio"/> TITRATION PLAN #2: Adjust dose every: 7 days Max dose increase: +6 Units	<input type="radio"/> CUSTOM: <i>See options on reverse side</i>	ADJUST DOSE EVERY _____ days MAX DOSE INCREASE _____ Units
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MAX TOTAL DAILY DOSE* <input type="radio"/> 0.5 <input type="radio"/> 0.75 <input type="radio"/> 1.0 Units/Kg	LOW BG THRESHOLD* <input type="radio"/> 60 <input type="radio"/> 70 mg/dL
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*Low BG threshold is the BG at which the insulin dose will be decreased by 20% or at least 4 Units. If unchecked, 70 mg/dL is the default.*

## 4 PATIENT TRAINING

By Insulia Patient Services

## 5 PROVIDER AUTHORIZATION

This form is a provider's order for self-titration of basal insulin using the Insulia Diabetes Management application. I hereby certify that this patient meets the Insulia entry criteria described on the back of this form. I agree to inform Insulia Patient Services if self-titration is no longer appropriate for the patient.

<b>PRESCRIBING PROVIDER SIGNATURE*</b> 	DATE* (mm-dd-yyyy)	NPI*
PRESCRIBING PROVIDER PRINTED NAME*	CLINIC NAME	
CLINIC STREET ADDRESS*	SUITE #	CITY* STATE* ZIP*
PROVIDER PHONE NUMBER* 1-	PROVIDER EMAIL	PROVIDER FAX NUMBER* 1-

## 6 INSURANCE INFORMATION *(if patient face sheet not provided)*

PRIMARY INSURANCE COMPANY	POLICY NUMBER	PHONE NUMBER 1-
SECONDARY INSURANCE COMPANY	POLICY NUMBER	PHONE NUMBER 1-

Check here if the patient has no insurance coverage.

Once completed, please fax form to  
**1-617-890-6585**

## How to Enroll a Patient for Self-Titration

### STEP 1: The healthcare professional provides patient information

The healthcare professional submits the Order Form and Patient Insurance Data online by fax or by logging into my.insulia.com.

### STEP 2: Insulia Patient Services confirms coverage with patient

We contact the patient with an estimated out-of-pocket cost and let the healthcare professional know if the patient decides not to pursue self-titration.

### STEP 3: Insulia Patient Services trains patient remotely

During training, we help patients log in to their Insulia account for the first time and train them on how to use Insulia for titration.

*Patient enrollment status can be viewed online at my.insulia.com. Contact Insulia Patient Services at 1-617-229-6601 for access.*

Insulia is only indicated for use with adults with type 2 diabetes taking Basaglar<sup>®</sup>, Lantus<sup>®</sup>, Levemir<sup>®</sup>, Toujeo<sup>®</sup> or Tresiba<sup>®</sup> U-100 alone or in combination with other non-insulin diabetes medications.

Insulia should not be used for basal dose recommendations for intermediate-acting insulin (NPH – Neutral Protamine Hagedorn) and premixed insulin. Insulia should not be used in the following populations: pregnant women; non-adult patients; patients that are treated with a basal-plus or a basal-bolus regimen (i.e. multiple mealtime insulin injections per day or insulin pump therapy).

Patients should be able to regularly connect to the internet. Patients should not share their Insulia access code. Patient should use a compatible (not jailbroken) mobile device, compatible web browser running on a compatible OS. Patient should be able to read a supported language.

Healthcare professional must deem patient able to understand, see, hear and touch the application.

### Choosing a custom titration plan

*If you choose a custom titration plan, choose a plan from the options below. First, choose the frequency of the adjustment. Then, in that same row, choose the maximum allowable dose increase.*

*In the event of renal insufficiency, liver disease, or proliferative retinopathy, it is recommended to adjust every 7 days and limit the dose increase to 2 units at a time.*

Frequency of Adjustment	Maximum Amount for Dose Increase (per injection)		
	Lantus <sup>®</sup> , Basaglar <sup>®</sup> , or Levemir <sup>®</sup>	Toujeo <sup>®</sup>	Tresiba <sup>®</sup> U-100
Every day	1 unit	Not Permitted	Not Permitted
Every 2 days	1 unit	Not Permitted	Not Permitted
Every 3 days	2 units	2 units	2 units
	4 units		4 units
Every 4 days	2 units	2 units	2 units
	4 units		4 units
Every 5 days	2 units	2 units	2 units
	4 units		4 units
Every 6 days	2 units	2 units	2 units
	4 units		4 units
Every 7 days	2 units	2 units	2 units
	4 units	4 units	4 units
	6 units	6 units	6 units
	8 units		8 units