

Guide to

Health**monitor**®

Diabetes

51 ways to be a diabetes ace!

- ✓ Outsmart blood sugar highs and lows
- ✓ Eat right, move more
- ✓ Follow your care plan
- ✓ Feel your absolute best!

**"Thank you, insulin,
for my happy family!"**

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

No fear. No excuses.
No hesitation. Leanne
stops at nothing to
control her type 2.
After all, she has two
sons to raise!

TODAY

More people with type 2 diabetes are learning about blood sugar control that lasts for up to 24 hours.

If your blood sugar numbers aren't where you want them to be, ask your health care provider about **Levemir®** (insulin detemir [rDNA origin] injection).

- Levemir® can give you blood sugar control for up to 24 hours, and helps lower your A1C
- In medical studies, people who took Levemir® gained less weight than those taking Lantus®
- Pay no more than \$25 per prescription for Levemir® for up to 2 years^a
- Levemir® comes in FlexTouch®—the only prefilled insulin pen with no push-button extension



Lasts up to 42 days without refrigeration once in use,^b 50% longer than Lantus®, which lasts 28 days.^c

Levemir® can be taken once or twice daily.



Today's the day to ask your health care provider about **Levemir® FlexTouch®**.

^aIf you are eligible, restrictions may apply. See levemir.com for complete details.

^bOnce in use, Levemir® FlexTouch® must be kept at room temperature, below 86°F, and not refrigerated for up to 42 days.

^cThe opened (in-use) Lantus® SoloSTAR® device must be discarded 28 days after being opened.

The weight benefits of Levemir® when used alone or with other medicines have not been established. The actual weight effects of Levemir® and these other medicines are not known.

What is Levemir® (insulin detemir [rDNA origin] injection)?

- Levemir® is a man-made insulin used to control high blood sugar in adults and children with diabetes mellitus.
- Levemir® is not meant for use to treat diabetic ketoacidosis.

Important Safety Information

Who should not take Levemir®?

Do not take Levemir® if:

- you have an allergy to Levemir® or any of the ingredients in Levemir®.

Before taking Levemir®, tell your health care provider about all your medical conditions including, if you are:

- pregnant, plan to become pregnant, or are breastfeeding.
- taking new prescription or over-the-counter medicines, including supplements.

Talk to your health care provider about how to manage low blood sugar.

How should I take Levemir®?

- **Read the Instructions for Use** and take exactly as directed.
- Know the type and strength of your insulin. **Do not** change your insulin type unless your health care provider tells you to.

Available by prescription only. Call 866-407-9572 or visit levemir.com for more information.

- **Check your blood sugar levels.** Ask your health care provider what your blood sugar levels should be and when you should check them.
- **Do not share your Levemir® FlexTouch® with another person, even if the needle is changed. Do not reuse or share needles with another person.** You may give another person an infection or get an infection from them.
- **Never** inject Levemir® into a vein or muscle.

What should I avoid while taking Levemir®?

- **Do not** drive or operate heavy machinery, until you know how it affects you.
- **Do not** drink alcohol or use medicines that contain alcohol.

What are the possible side effects of Levemir®? Serious side effects can lead to death, including:

- Low blood sugar.** Some signs and symptoms include:
- anxiety, irritability, mood changes, dizziness, sweating, confusion, and headache.

Your insulin dose may need to change because of:

- change in level of physical activity, weight gain or loss, increased stress, illness, or change in diet.

Other common side effects may include:

- reactions at the injection site, itching, rash, serious allergic reactions (whole body reactions), skin thickening or pits at the injection site (lipodystrophy), weight gain, swelling of your hands and feet and if taken with thiazolidinediones (TZDs) possible heart failure.

Get emergency medical help if you have:

- trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, or confusion.

Please see Brief Summary of Prescribing Information on next page.

Needles are sold separately and may require a prescription in some states. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



If you need assistance with prescription drug costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.



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Levemir® FlexTouch®
insulin detemir (rDNA origin) injection

<div><div></div><div><div>Patient Information</div><div>LEVEMIR® (LEV-uh-mere)</div><div>(insulin detemir [rDNA origin] injection)</div></div></div>	
<div><div><div>Levemir®</div><div>insulin detemir (rDNA origin) injection</div></div></div>	<div><div><div>This is a BRIEF SUMMARY of important information about Levemir®.</div><div>This information does not take the place of talking to your healthcare provider about your diabetes or your treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have any questions about managing your diabetes.</div></div></div>
<div><div><div>What is Levemir®?</div><div><div>• Levemir® is a man-made insulin that is used to control high blood sugar in adults and children with diabetes mellitus.</div><div>• Levemir® is not meant for use to treat diabetic ketoacidosis.</div></div></div></div>	
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<div><div><div>What should I avoid while taking Levemir®?</div><div><div>While taking Levemir® do not:</div><div><div>• Drive or operate heavy machinery, until you know how Levemir® affects you.</div><div>• Drink alcohol or use prescription or over-the-counter medicines that contain alcohol.</div></div></div></div></div>	
<div><div><div>What are the possible side effects of Levemir®?</div><div><div>Levemir® may cause serious side effects that can lead to death, including:</div><div><div>Low blood sugar (hypoglycemia). Signs and symptoms that may indicate low blood sugar include:</div><div><div><div><div><div>• dizziness or light-headedness</div><div>• sweating</div><div>• confusion</div><div>• headache</div></div><div><div>• blurred vision</div><div>• slurred speech</div><div>• shakiness</div><div>• fast heart beat</div></div><div><div>• anxiety, irritability, or mood changes</div><div>• hunger</div></div></div></div><div><div>Your insulin dose may need to change because of:</div><div><div><div><div>• change in level of physical activity or exercise</div><div>• weight gain or loss</div></div><div><div>• increased stress</div><div>• illness</div></div><div>• change in diet</div></div></div><div><div>Other common side effects of Levemir® may include:</div><div><div>• Reactions at the injection site, itching, rash, serious allergic reactions (whole body reactions), skin thickening or pits at the injection site (lipodystrophy), weight gain, and swelling of your hands and feet.</div></div></div><div><div>Get emergency medical help if you have:</div><div><div>• trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, confusion.</div></div></div><div>These are not all the possible side effects of Levemir®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</div></div></div></div></div></div></div>	
<div><div><div>General information about the safe and effective use of Levemir®.</div><div>Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about Levemir® that is written for health professionals. Do not use Levemir® for a condition for which it was not prescribed. Do not give Levemir® to other people, even if they have the same symptoms that you have. It may harm them.</div></div></div>	
<div><div><div>What are the ingredients in Levemir®?</div><div><div>Active Ingredient:</div><div>insulin detemir (rDNA origin)</div><div>Inactive Ingredients:</div><div>zinc, m-cresol, glycerol, phenol, disodium phosphate dihydrate, sodium chloride and water for injection. Hydrochloric acid or sodium hydroxide may be added.</div></div></div></div>	

More detailed information is available upon request.

Available by prescription only.
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 LEVEMIR® is covered by US Patent Nos. 5,750,497, 5,866,538, 6,011,007, 6,869,930 and other patents pending.
 FlexPen® is covered by US Patent Nos. RE 41,956, 6,004,297, RE 43,834 and other patents pending.

FlexTouch® is covered by US patent Nos. 7,686,786, 6,899,699, and other patents pending.
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“How I took charge of diabetes”

“I finally took it seriously!”

“I never paid any attention to the disease, and if I kept on taking it for granted, I could have ended up with very serious kidney or vision problems. It took getting pregnant to whip me into shape; it’s amazing what you’ll do for a baby that you won’t do for yourself. I stopped smoking, I started eating right, and I haven’t been this healthy since I was in high school.”

—Designing Women star **Jean Smart**
 on coming to terms with her diabetes

“I lost the weight!”



“Once I started dropping a couple pant sizes, then it was easy. ‘Cause once you see the results, then you don’t wanna stop!”

—Comedian **Drew Carey**
 on dropping 80 lbs.
 to help rein in his type 2 diabetes

“I found the silver lining”

“I’m trying to make people aware of the good aspects of how [diabetes] becomes a blessing if they



do the right things...how it’s not a death sentence, but a call to action. People who are living with diabetes, they can look [at me] and say, ‘If he can do it, I can do it.’ I’m not gonna let my diabetes slow me down.”

—Actor **Ben Vereen** on being an inspiration to others with diabetes



Guide to Diabetes

VISIT US ONLINE!

More recipes, tips and tools for living a healthy life with diabetes:
Guide2Diabetes.com



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Handy
tools and
worksheets!
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STAR
SPEAK!

“Don’t be afraid to tell your friends if you are diabetic. Use it as an opportunity to get closer to them.”
—singer Nick Jonas

Special thanks to:
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This publication is not intended to provide advice on personal medical matters or to substitute for consultation with a physician.

Live the life you want!

For some people, diabetes is a blessing in disguise—the perfect motivation to revamp their health habits, get back their energy and rediscover the joy in every day. Ready to follow their lead? We have all the tools you'll need!

A fitter, stronger body. A renewed zest for life. More energy and a clear head. It may be hard to imagine—especially if you've recently been diagnosed—but diabetes can be just the motivation you need to achieve the health goals that had previously seemed out of reach. Just take a look at Leanne Steele (see p. 10 for her story). When type 2 diabetes caught up with her, she took it as inspiration to get into the best shape of her life. Today, she's lost weight, is filling her plate with wholesome foods, is devoted to fitness and, best of all, can now be there for her young family.

It's never too late to take charge

The good news? Whether you just learned you have diabetes or have been living with it for a while, you're only one choice away from following Leanne's lead. And inside this guide you'll find the tools and tips that can help you do just that. But first, it's a good idea to...

Take a closer look at diabetes and how it affects your body

Diabetes is a metabolic disorder. That means the way your body uses digested food for growth and energy is disrupted. Just why that happens

depends on several factors, such as glitches in the immune system and genetic defects. The result is that...

Your beta cells backfire Normally, beta cells, which are found in the pancreas, produce and secrete insulin, the hormone that helps blood sugar enter the body's cells, where it is used for energy. But when you have type 1 diabetes, beta cells are destroyed by the immune system, so your body doesn't produce insulin. If you have type 2 diabetes, your beta cells either don't produce enough insulin or your body's cells don't respond to it.

Blood sugar builds up When your body either doesn't make or doesn't respond to insulin properly, blood sugar accumulates in your bloodstream. And if it's not controlled, the consequences can be serious: Heart and kidney disease, nerve damage and vision loss are just some of the potential complications.

Medication can help... People with type 1 diabetes *must* take insulin. Oral medication is an option for people with type 2; however, many also benefit from insulin treatment. (See page 18 to learn more.)

...And so can you! Whether or not you need medication and/or insulin, making smart choices each day—apple vs. apple pie, stairs vs. elevator—can help keep your blood sugar at goal (see box). It's not always easy, but you don't have to go it alone. Turn to this guide, your doctor and diabetes educator, and your loved ones for the support that can help keep *you* healthy and happy! 🍏

BLOOD SUGAR GOALS

for people with diabetes (mg/dL)

	Goal	Action needed
Before-meal blood sugar	70-130 mg/dl	<70 or >200
1-2 hours after meal start	<180 mg/dl	<100 or >180
Hemoglobin A1C	<7%	8%+

Source: American Diabetes Association

“Thank you, insulin, for my happy family!”

No fear. No excuses. No hesitation. When it comes to controlling her type 2 diabetes, Leanne will stop at nothing. After all, she's got two sons to raise!

BY KATHLEEN ENGEL



To control her type 2 diabetes, “I do whatever it takes,” says Alabama mom Leanne Steele. “I work out five to six days a week. Focus on healthy foods. Test my blood sugar up to six times a day.” And she depends on insulin—“with insulin, you know right away your body's getting what it needs. There's that gratification!”

“I didn't see it coming!”

Leanne's journey began with a diagnosis of gestational diabetes seven years ago—which stunned her. Sure, her father and aunt have type 2 diabetes. So did her grandmother. But Leanne had been pretty careful about her diet. And she exercised, too. But when urine samples at her ob-gyn exam

indicated high blood sugar, she had no choice but to take action.

“Within two days, I was on insulin,” says Leanne. “I knew how important it was for my baby to get my blood sugar under control. My feeling was, if that requires insulin, so be it!”

“My diabetes educator was a godsend!”

With the management of a diabetes educator, Leanne also began keeping a food diary. “Controlling my blood sugar was tricky. I tried to stick to the same meals, but the same lunch I had on Tuesday affected me differently on Thursday,” she says. “I was on the phone with my diabetes educator every day!”

After giving birth to a healthy baby boy—Tyler, now 6—her blood sugar returned to normal and she was able to stop the insulin. But the reprieve didn't last...

“It was official: I had type 2”

Two years later, Leanne went to see her doctor for a checkup, she recalls. “Then I got the phone call: My A1C was 6.9! I was officially diagnosed with type 2 diabetes.” Although she was “floored,” Leanne went right

into action mode: She went back to keeping a food diary and testing her blood sugar religiously. And—oh, yeah—she told her endocrinologist that she and her husband wanted to have another child. Together, she and her doctor came up with a plan: Once she got pregnant, Leanne would go back to using insulin if her blood sugar climbed. Sure enough, as soon as she conceived, “[her] blood sugar went up right away!”

This pregnancy, Leanne says, “it felt easier to manage my diabetes. I was more educated about how to control my blood sugar.” And she'd delivered a healthy baby before; she could do it again!

“My family is my main motivation!”

Leanne's diabetes didn't “go away” after she gave birth to MJ (Michael Joseph). So now it's her young family that motivates her to stay healthy. She exercises six days a week: Bikram yoga [done at high temperatures]; weekend runs with her husband, Randy; and CrossFit,

My loved ones want to see me succeed at being healthy and happy. They motivate me through those rough days”

a popular strength and conditioning class where movements are done in rapid succession. Unfortunately, the intense exercise she enjoys causes blood sugar fluctuations. “I keep a separate glucometer in my gym bag. I always check before and after a class—and sometimes during a workout if I’m not feeling ‘right.’” Insulin helps with the highs. If she’s low (which happens much less frequently), she grabs some Skittles and waits 15 minutes to retest before she gets moving again. “I might have a slower time, but finishing a workout is my way of being the boss of my diabetes!”

Here, Leanne shares her strategies for staying healthy. Maybe they can help you, too:

• **Lean on your care team.**

“Endocrinologists are some of the most empathetic people around,” says Leanne, who tells her doctor everything. A diabetes educator also helps her keep her blood sugar in check. “I was on the phone with her every day of my pregnancy!”

• **Get your family on board.**

“My loved ones want to see me succeed at being healthy and happy. They motivate me through those rough days. And without my husband’s support, I couldn’t do half the things I

do,” says Leanne. “Randy knows that a healthy diet and regular exercise is important. In fact, *he* will suggest I take the time to get to the gym!”

• **Rally support wherever you can!**

“It takes a village to help you manage your diabetes. It takes people helping you.” And she’s found support in unexpected places. “I do CrossFit and there are many people in class—nutritionists and nurses—who look out for me.”

• **Forge ahead!** “With diabetes, there are days you feel a step ahead of the game—and days you struggle or you just don’t care. It can be discouraging, but you’ve just got to keep moving on the right path. You have to take control of your health and do the best you can.” 🏃



EXERCISE SAFELY—with diabetes



No doubt, Leanne’s dedication to fitness is helping the wife and mother keep her blood sugar in check and reduce her risk of diabetes-related complications. And she’s learned that a few simple steps can help her stay safe whether running, doing yoga or taking a CrossFit class. Whatever your chosen activity, filling out this worksheet with your diabetes care team can help you exercise without worry!

• **The activities I plan to do:**

- ☐ walking
- ☐ cycling
- ☐ swimming
- ☐ yoga
- ☐ organized sport
- ☐ other _____

• **I plan to exercise _____ minutes, _____ days a week.**

• **My target blood sugar levels before exercise _____**

What I can do if my blood sugar is too high: _____

What I can do if my blood sugar is too low: _____

• **My target blood sugar levels during exercise _____**

What I can do if my blood sugar is too high: _____

What I can do if my blood sugar is too low: _____

• **My target blood sugar levels after exercise _____**

What I can do if my blood sugar is too high: _____

What I can do if my blood sugar is too low: _____

• **I will eat _____ at least _____ minutes before I exercise.**

• **I will take these with me while exercising (e.g., glucometer, glucose tablets, snacks, insulin): _____**

• **I should stop my activity if I notice these symptoms: _____**

Did you know?

Exercise helps lower blood sugar by making your body’s cells more responsive to insulin and activating a mechanism that helps your cells use blood sugar for energy.

Dominique Wilkins

Basketball Hall of Famer, managing type 2 diabetes with Victoza®



Individual results may vary.

“When my diabetes pill didn’t get me to goal, I asked my doctor about non-insulin Victoza®.”

Here’s what I learned:

- ✓ **Victoza® starts to lower blood sugar in as soon as two weeks, lowers A1C,^b and keeps it down^c**
- ✓ Victoza® comes in a prefilled Pen I use just once a day, any time, so it fits into my busy life
- ✓ While not a weight-loss product, Victoza® may help me lose some weight

Victoza® is different than pills because it works like a hormone—GLP-1—to help control blood sugar.

If your pill isn’t giving you the control you need, ask your doctor about Victoza®.
Visit victoza.com or call 1-866-821-7406 to learn more.



Non-insulin • Once-daily

^bVictoza® 1.8 mg, taken alone or in combination with diabetes pills, lowered A1C by 1.0 to 1.5 points, on average, as shown in medical studies.

^cVictoza® has been shown to keep A1C down in a 2-year medical study.

Pay no more than \$25 on your Victoza® prescriptions.^a

Find out more at victoza.com

Indications and Usage

Victoza® (liraglutide [rDNA origin] injection) is an injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes when used along with diet and exercise.

Victoza® is not recommended as the first medication to treat diabetes. Victoza® has not been studied in patients with history of inflammation of the pancreas (pancreatitis). Victoza® is not a substitute for insulin and has not been studied in combination with prandial (mealtime) insulin. Victoza® is not for people with type 1 diabetes or people with diabetic ketoacidosis. It is not known if Victoza® is safe and effective in children. Victoza® is not recommended for use in children.

Important Safety Information

In animal studies, Victoza® caused thyroid tumors—including thyroid cancer—in some rats and mice. It is not known whether Victoza® causes thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people, which may be fatal if not detected and treated early. Do not use Victoza® if you or any of your family members have a history of MTC or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). While taking Victoza®, tell your doctor if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

Do not use Victoza® if you are allergic to liraglutide or any of the ingredients in Victoza®. Serious allergic reactions can happen with Victoza®. If symptoms of serious allergic reactions occur, stop taking Victoza® and seek medical attention. Pancreatitis may be severe and lead to death. Before taking Victoza®, tell your doctor if you have had pancreatitis, gallstones, a history of alcoholism, or high blood triglyceride levels, since these medical conditions can make you more likely to get pancreatitis.

Stop taking Victoza® and call your doctor right away if you have pain in your stomach area that is severe and will not go away, occurs with or without vomiting, or is felt going from your stomach area through to your back. These may be symptoms of pancreatitis.

^aMaximum savings of \$100 per prescription up to 24 months. Additional restrictions may apply. Novo Nordisk reserves the right to modify or cancel these offerings at any time.



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Before using Victoza®, tell your doctor about all the medicines you take, especially sulfonylurea medicines or insulin, as taking them with Victoza® may affect how each medicine works. If you use Victoza® with insulin, you may give both injections in the same body area (for example, your stomach area), but not right next to each other.

Also tell your doctor if you have severe stomach problems such as slowed emptying of your stomach (gastroparesis) or problems with digesting food; have or have had kidney or liver problems; have any other medical conditions; or are pregnant or plan to become pregnant. Tell your doctor if you are breastfeeding or plan to breastfeed. It is unknown if Victoza® will harm your unborn baby or if Victoza® passes into your breast milk.

Do not share your Victoza® pen with another person even if the needle is changed. You may give another person an infection or get an infection from them.

Your risk for getting hypoglycemia, or low blood sugar, is higher if you take Victoza® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. The dose of your sulfonylurea medicine or insulin may need to be lowered while taking Victoza®.

Victoza® may cause nausea, vomiting, or diarrhea leading to dehydration, which may cause kidney failure. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

The most common side effects with Victoza® include headache, nausea, and diarrhea. Nausea is most common when first starting Victoza®, but decreases over time in most people. Immune system-related reactions, including hives, were more common in people treated with Victoza® compared to people treated with other diabetes drugs in medical studies.

Please see Brief Summary of Important Patient Information on next page.

Victoza® is a prescription medication. If you need assistance with prescription drug costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

VICTOZA®
liraglutide (rDNA origin) injection

VICTOZA®

liraglutide (rDNA origin) injection

Important Patient Information

This is a BRIEF SUMMARY of important information about Victoza®. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about Victoza®, ask your doctor. Only your doctor can determine if Victoza® is right for you.

WARNING

During the drug testing process, the medicine in Victoza® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Victoza® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people. If MTC occurs, it may lead to death if not detected and treated early. Do not take Victoza® if you or any of your family members have MTC, or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in the body.

What is Victoza® used for?

- Victoza® is a glucagon-like-peptide-1 (GLP-1) receptor agonist used to improve blood sugar (glucose) control in adults with type 2 diabetes mellitus, when used with a diet and exercise program.
- Victoza® should not be used as the first choice of medicine for treating diabetes.
- Victoza® has not been studied in people with a history of pancreatitis (inflammation of the pancreas). Other antidiabetic therapies should be considered in people with a history of pancreatitis.
- Victoza® is not for use in people with type 1 diabetes mellitus or people with diabetic ketoacidosis.
- It is not known if Victoza® is safe and effective when used with mealtime insulin.

Who should not use Victoza®?

- Victoza® should not be used in people with a personal or family history of MTC or in people with MEN 2.
- Victoza® should not be used in people with a severe allergy to Victoza® or any of its ingredients.

What is the most important information I should know about Victoza®?

- In animal studies, Victoza® caused thyroid tumors. People who use Victoza® should be counseled on the risk of MTC and symptoms of thyroid cancer.
- In people treated with Victoza®, there have been cases of pancreatitis, which may be severe and lead to death. If pancreatitis is suspected, Victoza® should

be discontinued. Victoza® should not be restarted if pancreatitis is confirmed.

- Serious low blood sugar (hypoglycemia) may occur when Victoza® is used with other diabetes medications such as sulfonylureas and insulin. This risk can be reduced by lowering the dose of the sulfonylurea or insulin.
- If serious allergic reactions (e.g., anaphylactic reactions and swelling) occur, discontinue Victoza® and other suspect medications and promptly seek medical advice.
- Victoza® may cause nausea, vomiting, or diarrhea leading to the loss of fluids (dehydration). Dehydration may cause kidney failure. This can happen in people who may have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.
- Like all other diabetes medications, Victoza® has not been shown to decrease the risk of large blood vessel disease (i.e., heart attacks and strokes).

What are the side effects of Victoza®?

- Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath while taking Victoza®. These may be symptoms of thyroid cancer.
- The most common side effects, reported in at least 5% of people treated with Victoza® and occurring more commonly than people treated with a placebo (a non-active injection used to study drugs in clinical trials) are headache, nausea, and diarrhea.
- Immune system related reactions, including hives, were more common in people treated with Victoza® (0.8%) compared to people treated with other diabetes drugs (0.4%) in clinical trials.
- This listing of side effects is not complete. Your health care professional can discuss with you a more complete list of side effects that may occur when using Victoza®.

What should I know about taking Victoza® with other medications?

- Victoza® slows emptying of your stomach. This may impact how your body absorbs other drugs that are taken by mouth at the same time.

Can Victoza® be used in people with kidney or liver problems?

- Victoza® studies contain limited data in people with kidney or liver problems.

Still have questions?

This is only a summary of important information. Ask your health care professional for more complete product information, or

- Call 1-877-4VICTOZA (1-877-484-2869)
- Visit victoza.com

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you & your *healthcare team*



TIP!

Take a notebook or tablet to exams to jot answers to questions.

Your diabetes CARE TEAM

• Primary care physician (PCP):

Your family doctor or internist may be the physician who diagnosed your diabetes. Your PCP can coordinate your healthcare team and recommend diabetes specialists.

• **Endocrinologist:** This doctor specializes in treating diseases of the endocrine system, such as diabetes and thyroid problems.

• **Certified diabetes educator (CDE):** A specially trained healthcare professional such as a nurse, dietitian or pharmacist who can counsel and educate people

with diabetes. A diabetes educator helps you set achievable behavioral goals and provides support by encouraging you to talk about your concerns and challenges.

• **Ophthalmologist:** An MD who monitors your eye health to look for any damage uncontrolled blood sugar may have done to your vision.

• **Nurse/nurse practitioner (NP)/physician assistant (PA):** A nurse, NP or PA administers routine care and may serve as your advocate and educator.

• **Podiatrist:** This doctor can check your feet for nerve damage or wounds.

Diabetes MEDICATIONS

Eating carefully and adding activity to your routine are two important ways to gain control of your blood sugar. But sometimes even the strictest diet and exercise plan doesn't do the trick. In that case, diabetes medicines can lend a helping hand.

Ask your doctor or diabetes educator if any of these options are right for you.



INSULIN BONUS: *Starting sooner boosts beta cells!*

Numerous studies say starting insulin early in the progression of type 2 diabetes can preserve the health and function of beta cells, which produce and release insulin.

Medications	Why you may need them	What they do
Diabetes pills	After diet and exercise, oral medications are often the first type of treatment a doctor prescribes.	<ul style="list-style-type: none"> • Stimulate insulin production • Sensitize your body to insulin • Help insulin work efficiently • Slow the digestion of carbs in the small intestine • Promote the release of excess blood sugar through urination
Non-insulin injectable medications	If pills and diet changes don't work, adding other medications may help.	<ul style="list-style-type: none"> • GLP-1 medication helps your pancreas release the right amount of insulin. • Synthetic hormones such as DPP-4 and pramlintide can help your body maintain normal blood sugar levels.
Insulin injections	Your doctor may prescribe insulin to help your body better use carbohydrates for energy.	<ul style="list-style-type: none"> • Basal, or long-acting, insulin is taken once or twice a day and acts slowly over 24 hours. • Bolus, or rapid-acting, insulin is taken around mealtimes and works right away.

QUESTIONS to ask your healthcare provider

TIP!
Don't
understand
something?
Ask again!



Review this list during your exam.

The answers will help you and your healthcare team discover if your treatment plan is on track or if you need some adjustments.

1. What are the results of my blood tests (especially my A1C)?

2. What is my blood sugar target? Do I need to test before and after meals?

3. What diet and exercise changes can I make to be healthier?

4. Are oral medications an option for me?

5. Could non-insulin injections help me manage my diabetes?

6. Why are there two types of insulin (basal, or long-acting, and bolus, or rapid-acting)? Is either or both right for me?

7. What can I do to avoid low blood sugar?

8. Can you recommend a diabetes-education program or a diabetes educator?

CHART your day

Knowing how your body reacts to daily activities can help you and your healthcare team develop the best diabetes plan for you. **Make copies of this chart, fill out daily and review with your diabetes care team.**



MORNING	
Time/test results	
Medication (dosage)	
What did you eat? Did you exercise? How do you feel?	
AFTERNOON	
Time/test results	
Medication (dosage)	
What did you eat? Did you exercise? How do you feel?	
EVENING	
Time/test results	
Medication (dosage)	
What did you eat? Did you exercise? How do you feel?	

WEB EXTRA! Caring for a loved one with diabetes? Learn how to spot the signs of low blood sugar at [Guide2Diabetes.com/CaregivingBloodSugar](https://www.guide2diabetes.com/CaregivingBloodSugar)

► Words of wisdom from my diabetes educator:

“You don’t have to be perfect, Mom!”

Certified diabetes educator (and daughter!):

Beverly Thomassian, RN, MPH, CDE, BC-ADM, president of Diabetes Education Services, Chico, CA



Patient (and mom!):

Becky Dyck, 73

Resident:

Chico, CA

HOW IT HELPS ME

“I’ve had diabetes for two years now, and I used to get very panicky whenever my blood sugars were out of range—especially when they were low. Then Beverly, who happens to be my daughter, explained to me that it’s common for blood sugar to fluctuate, and rather than panic, it’s a good idea to try to understand why. She pointed out that doing extra housework or exercise can lower blood sugar for 24 hours. So now, when I get a low reading, I ask myself questions like, *What did I eat or not eat? Did I exercise more than usual?* Pausing like that instead of panicking helps me figure out what happened and what I can do about it next time. The strategy has helped me cope with my diabetes and realize that some days may just be different, and it’s okay.”

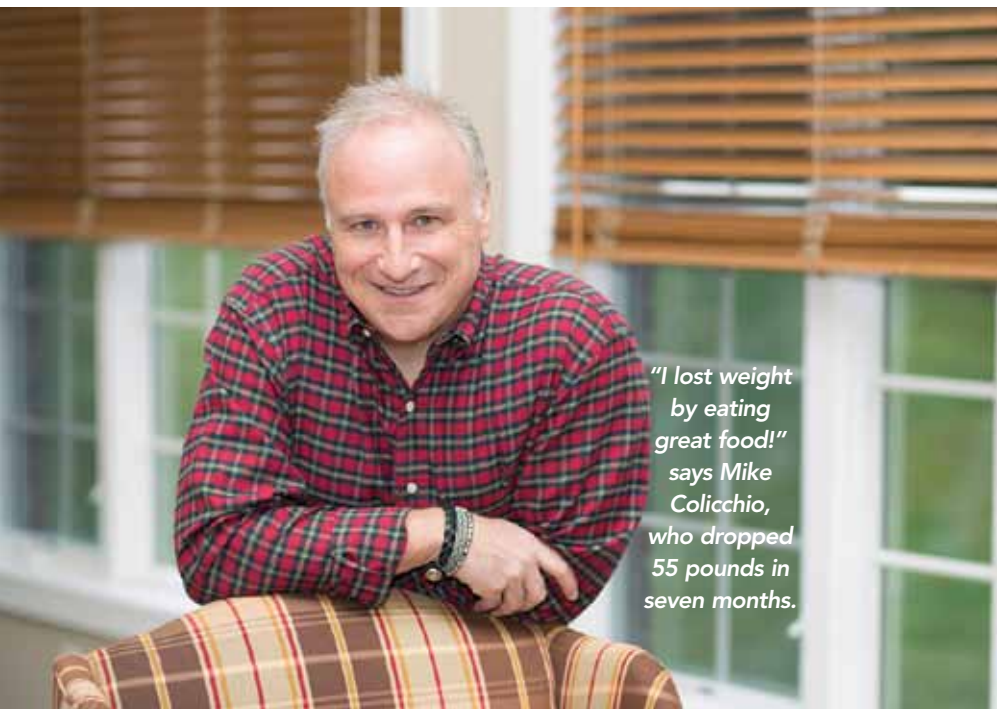
WHY IT WORKS

“Diabetes requires a lot of work. We ask people to eat healthfully, take medications, keep active and try to keep their A1C and blood sugars within specific targets. But sometimes, in spite of the person’s best efforts, their blood sugars spike or go too low and patients feel like they have failed. I remind them, ‘It is not you that is failing; it is your pancreas.’ And, I suggest the 80/20 rule. Let’s just work toward getting to target 80% of the time. The other 20% is the ‘wobble room’ that allows for blood sugar fluctuations, a treat or an exercise vacation day. It’s impossible to do it right all the time, and diabetes lasts a lifetime. So we have to focus on keeping it real and celebrating daily successes, no matter how small.”

“Our best blood sugar tips!”

A few smart strategies have given Mike, Carol, Adam and Denise a handle on their type 2 diabetes. Ask your care team if any of their bright ideas can help you take control.

BY AMY CAPETTA



“I lost weight by eating great food!” says Mike Colicchio, who dropped 55 pounds in seven months.

Lose weight—the right way! Like many with type 2 diabetes, Mike Colicchio, 53, of Far Hills, NJ, needed to drop excess body fat. “But you have to eat to lose weight,” he

says. “It’s a fallacy that people have—‘Oh, I can’t eat because I need to lose weight.’ I eat great!” The bowls of white pasta have been substituted with whole wheat pasta, stir-fried

meals are made with coconut oil and vending machine snacks have been replaced with Kind bars. Mike hit his weight-loss goal—55 pounds—in seven months.

Eat your oats.

“Every day—every single day—I eat oats, in some way, shape or form,” says Mike. Oats are slow to digest, which helps keep blood sugar stable. And since they’re rich in soluble fiber, they keep you full longer. One of his favorite breakfasts is a bowl of oatmeal, with fresh raspberries and blueberries, topped with roasted walnuts. **Tip:** Buy unsweetened oatmeal for the best health benefit!

Head off nighttime lows. “When I was first diagnosed with diabetes, I had an incident one night where my blood sugar dropped too low,” says Carol Gee, 64, of Stone Mountain, GA. “I remember being in my family room—then

the next thing I knew, I ‘came to’ and found myself in my foyer with the paramedics giving me a shot!” Since that frightening experience, Carol makes sure to eat either a small piece of fruit or a couple of small graham crackers before going to bed to maintain normal blood sugar levels.

Give stress the slip.

Since stress management is also crucial for keeping blood sugar levels in check, Carol unwinds at the end of the day by curling up with a good book. “Each night, I’ll



read something, like a Harlequin Romance, that does not require me to ‘think,’ but to simply relax and enjoy.” She’s also found that cutting off all electronics, like the TV and cellphone, one hour before bedtime further helps her to decompress.

Try a high-protein breakfast. “Like many people with type 2, I struggle with high blood sugar levels early in the morning,” says Adam Palombo, 30, a chiropractor in Newburyport, MA. Adam counters the high levels by eating a protein-heavy breakfast. One of his favorites? Hard-boiled eggs with salsa and avocado. “This meal keeps me full and avoids the mid-morning crash,” he says. ▶



Dodge spikes with a sprinkle of fiber.

When Adam is in the mood for cereal, he'll measure out a serving and then add a couple tablespoons of ground flaxseeds into the mix (which has been shown to reduce the risk of diabetes, as well as heart disease and stroke). "These seeds add around 4 grams of fiber to the meal, which helps me avoid the sugar spike."

Test blood sugars before working out.

"If my pre-exercise blood glucose reading is less than 100 mg/dL, I eat a small snack with balanced carbohydrates and protein, like apple slices with some peanut butter, to avoid going too low during my

workout," says Denise Elliott, 47, of San Diego, who has gone from fasting blood sugar levels of over 200 mg/dL to between 80 and 90 mg/dL before breakfast.

Sweeten—naturally.

"As we know, sugar is a poor option, and I'd rather not use an artificial sweetener," Adam says. So he uses stevia in his coffee and tea. "Stevia's an herb—I grow it in my backyard." He'll also add stevia in other beverages, like unsweetened almond

milk. "It keeps me from drinking sugary drinks."

Move down blood sugar highs.

"It sounds simplistic, but taking a 20-minute, moderate-intensity walk is the best way I've found to drop my blood sugar," says Denise. So how do you know if you've reached the moderate-intensity level? "You should be able to talk, but not able to sing a song!" In fact, Denise credits walking as the biggest factor in controlling her diabetes. "Daily exercise makes it easier for my body to metabolize food without boosting my blood glucose levels." 🐾



"Taking a walk helps bring down my blood sugar!" says Denise Elliott.

TEST your blood sugar smarts

Take this quiz to see how much you *really* know about blood sugar and keeping it stable.



- 1. Healthy foods don't raise blood sugar.**
☐ True ☐ False
- 2. Even if I follow my treatment plan perfectly, I may have high readings.**
☐ True ☐ False
- 3. Once you start insulin for type 2 diabetes, you're on it for life.**
☐ True ☐ False
- 4. People can always tell when their blood sugar is high or low.**
☐ True ☐ False
- 5. Even someone who's very obese can improve their diabetes by losing a little weight.**
☐ True ☐ False

► Answers:

- 1. False.** Eating more than 45-60 grams of carbs per meal, no matter the source, can raise blood sugar. So count carbs, even when you're eating whole-some fruits, whole grains and starchy veggies like peas.
- 2. True.** Many factors, such as stress, dehydration, certain medications and lack of sleep, can drive up blood sugar. Your best bet? Monitor your blood sugar often to catch and adjust spikes quickly.
- 3. False.** Insulin can help people with type 2 diabetes gain rapid control of their blood sugar. If they are able to achieve and maintain a healthy weight and incorporate physical activity into their everyday routine, they may be able to keep it controlled without insulin.
- 4. False.** Sure, you may know that feeling lightheaded often signals a drop in your blood sugar or that frequent urination may mean your sugar is high. But the fact is, you can't always rely on bodily signals to tell where your blood sugar is. The only way to know for sure? Check it!
- 5. True.** Losing just 7% of your body weight—that's about 15 pounds if you weigh 200—can improve your blood sugar and head off complications of diabetes, such as blindness, kidney damage and amputation. If you have to lose weight, ask your diabetes educator for help.

Q+A

Answers to your common questions about insulin



DOES INSULIN = FAILURE?

Q I'm counting carbs, walking and taking oral meds for type 2 diabetes like I'm supposed to. I'm not perfect (I can't say no to pasta!), and I'm about 15 pounds overweight. But now that my doctor is putting me on insulin, I feel guilty. Did I mess up?

A Absolutely not! In fact, your scenario is pretty typical. The main reason? Type 2 is progressive. What happens is that over time, your body produces less insulin, so it becomes harder and harder to manage your blood sugar. Even if you're doing everything right (and no one does!), you may still need insulin at some point—many people with type 2 do!

Insulin for type 2?

Q I have type 2 diabetes, and after being on two oral medications for a year, my doctor suggested I start insulin. True, my A1C was 9%, but I was shocked nonetheless. Isn't insulin only for people with type 1?

A The fact is, insulin is used to treat both type 1 and type 2 diabetes. But you're not the only one who's confused by this. So let's look at the facts: In type 1, the body makes little to no insulin; that means people with type 1 have no choice but to take insulin. In type 2, the body does make

insulin—just not enough to keep blood sugar in the normal range. That's why oral medications are an option for people with type 2. That said, insulin can be a better choice for people with type 2, even at the outset—especially when several oral meds may be indicated. Rest assured that insulin is safe, and, because it always works, it may be just the thing you need to control your blood sugar.

Why is bolus needed?

Q I was taking basal insulin, and soon I'll be adding bolus doses. What's the difference between them, and why do I need to take both?

A Basal (long-acting) insulin is often prescribed first. It's taken either once or twice a day at the same time and lasts either 24 hours (if you take it once) or 12 hours (if you take it twice). Basal insulin helps to keep blood sugar in a normal range between meals and while you sleep. Bolus (rapid-acting) insulin is taken right before you eat to help your body process the blood sugar from your meal. Adding bolus doses helps your body more closely mimic the way insulin is normally released throughout the day. Your doctor likely suggested you add bolus doses because basal insulin alone wasn't controlling your


Basal-bolus therapy is one of the best ways to control blood sugar.

Help!

"I'm afraid of needles!"

New delivery system makes it easier than ever!

Not only do prefilled insulin pens feature needles that are shorter, thinner and finer than ever, but the latest models also have easy-to-reach push buttons, making it a breeze to inject yourself no matter what dose you need. To further minimize pain, make sure the insulin is not too cold and numb the injection site with an ice cube. Remember, insulin is injected in fatty areas of the body where there are fewer nerve endings. If fear of needles is an issue for you, ask your diabetes educator for help.

blood sugar. Basal-bolus therapy is one of the most effective strategies, so there's no cause for concern. Work with your healthcare team to find the timing and dosages that work for you. Once you get the hang of it, you'll enjoy the freedom and feel more confident that your diabetes management is on track. 



OUR EXPERT
Rachel Pessah-Pollack, MD, clinical instructor in the Department of Endocrine, Diabetes, and Bone Disease

at New York's Icahn School of Medicine at Mount Sinai

Keep your diabetes in check for

Controlling your blood sugar isn't just a diabetes-management tool. It also fends off diabetes-related complications, helping you stay totally healthy!

head-to-toe health!



	BRAIN	EYES	HEART	KIDNEYS	NERVES
How untreated high blood sugar can hurt	It damages blood vessels leading to the brain, making you vulnerable to blockages that can cause strokes.	It causes blood vessels in the eyes to swell and leak. Over time, this can lead to diabetic retinopathy, which puts your sight at risk.	It causes blood vessels to become stiff, making them susceptible to blockages that can cause heart attacks.	It makes it harder for kidneys to filter waste and fluids from your blood. In time, the kidneys can fail, requiring either hemodialysis or a kidney transplant.	It can impair the nerves throughout your body, but most commonly affects those in your feet, leading to numbness, ulcers and infection.
What you can do	Ask your doctor to assess your blood pressure and order a cholesterol profile. If you smoke, quit.	Ask your ophthalmologist for an annual retinal exam with pupil dilation.	Ask your doctor to assess your blood pressure and order a cholesterol profile. And if you smoke, quit.	Ask your doctor for a yearly urine test to check for protein.	Have your doctor examine your feet, and report any unusual findings.
Symptoms to watch for and report	Call 911 if you have an unexplained headache, numbness or weakness on one side of the body, confusion, difficulty speaking or vision problems.	Any change in your sight, such as specks or blurred vision.	Call 911 if you feel chest pain; shortness of breath; pain, numbness, weakness or coldness in the arms or legs; extreme fatigue; fast heart rate.	Swelling. More advanced symptoms include poor appetite, upset stomach, weakness and difficulty concentrating.	Slow-healing foot sores, leg pain. Also, nausea, vomiting, dizziness, feeling faint or weak, trouble urinating, pain and/or numbness.

SOS for snack attacks!

Craving something sweet, salty, creamy or crunchy? Whip together these treats to satisfy your yen without sending your blood sugar soaring!

Feel like something SWEET? Try...

Graham bites.

Spread a light coating of reduced-fat cream cheese on 2 graham cracker squares. Top with banana slices and cinnamon.



In the mood for SALTY? Try...

Pretzels and mustard.

Slather some grainy mustard on whole wheat pretzel sticks. Enjoy with a cube or two of low-fat cheddar.



Have a yen for CREAMY? Try...

Mediterranean delight.

Fill a whole-wheat pita or top a whole-wheat English muffin half with hummus or baba ghanoush.



Gotta have CRUNCHY? Try...

Roasted chickpeas.

Drain, rinse and dry a can of chickpeas. Spritz with olive oil spray and roast in 400°F oven until crisp.



Tropical bliss.

Top canned pineapple (no sugar added) with unsweetened shredded coconut and cocoa nibs.



Baked onion rings.

Dip ¼ inch-thick onion slices in a batter of eggs and buttermilk. Coat with panko bread-crumbs. Bake 10-15 minutes at 375°F.



White bean dip.

Blend cannellini beans, rosemary and olive oil until smooth; eat with endive or romaine lettuce.



Italian popcorn.

Toss air-popped popcorn with parmesan, oregano and garlic powder.



Yogurt swirls.

Sweeten fat-free Greek yogurt with sugar-free syrup (coffee, caramel, raspberry, you name it!), and scoop up with pear and apple slices.



Smoked salmon canapes.

Top rice crackers with a dab of wasabi mayonnaise and a piece of smoked salmon.



Mashed bliss.

Microwave baby red bliss potatoes until soft, about 4 minutes. Mash with a fork and eat with fat-free Greek yogurt.



Cheesy kale chips.

Spread washed, dried kale on a baking sheet. Spritz with olive oil spray. Bake at 350°F until crisp. Sprinkle with grated parmesan cheese while still warm.



“I turned the tables *on diabetes!*”

BY MARIA LISSANDRELLO

Today, Chef Craig Thiebaud boasts an A1C between 5.5 and 5.7. He racks up anywhere from 10,000 to 20,000+ steps a day. And he's fit and trim, juggling his private chef business, his blog (*culinaryflight-soffancy.com*) and life in Berkley Heights, NJ, with wife Tara with ease.

Yet a year and half ago, Craig was carrying an extra 55 pounds on his frame. A typical grocery run yielded a mother lode of processed foods—“anything from ice cream to potato chips to crackers.” And the meals he cooked? Heavily influenced by his training at NYC's French Culinary Institute (now the International Culinary Center)—i.e., “French sauces with quite a bit of butter and cream. And

desserts like French tarts and pies were definitely in my wheelhouse of sweets that I like.

“I was overeating, not worrying about calories or sugar or anything like that. I ate what I wanted!” admits Craig.

So what happened? Diabetes, that's what! “I broke my foot and needed to have an operation,” says Craig. “But the surgery had to be delayed because my pre-op tests showed my A1C was 8.3! I was shocked!”

Totally blindsided by his type 2 diabetes, he sought the help of an endocrinologist and diabetes educator. “Once I met with them, I understood more fully what I was facing. I knew I needed to watch my weight and

Blindsided by a diagnosis of type 2 diabetes, Chef Craig Thiebaud dropped 55 lbs and developed a passion for whole foods and clean eating.

Chef's secret:

When pan-searing, heat your pan for 3 to 5 minutes, says Craig. And make sure to dry off the meat, otherwise it will come out steamed!

what I was eating,” says Craig. He began taking medication right away and tackled the necessary lifestyle changes step by step. Here, some of his top tips for turning the tables on diabetes.

Make small changes. “At first, I didn't change the amount I was eating. I changed *what* I was eating. To this day, I will eat a big salad first so I don't eat as much as I would have ordinarily.”

Dig into this super food. Legumes! “I make a lot of beans and lentils,” says Craig. “They're high in fiber, they fill you up and they're a great source of protein. And a pot can last several days!”

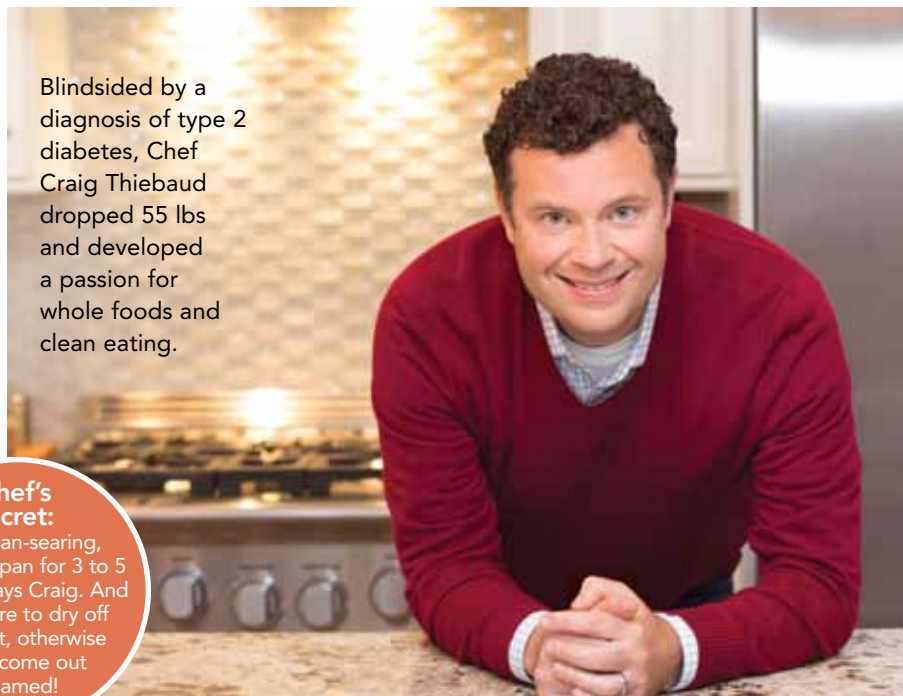
Walk, don't drive.

“Anywhere that I can walk, I walk,” says Craig. “I live close to the grocery store so I walk, and I move around in the kitchen.”

Go whole. “I don't diet,” says Craig. “I basically eat what I want to eat as long as it fits within the criteria of eating whole foods, starting with ingredients that come from nature. It's more sustainable than restricting yourself all the time.”

Keep it simple.

“I celebrate a few ingredients rather than make recipes that are complex,” says Craig. “It's not uncommon for me to pan-sear a chicken breast using kosher salt and freshly ground pepper, then finishing with some herbs, like parsley, chives and thyme.”





**CHEF
CRAIG SAYS:**
"This has become
one of my favorite
salads. I eat it at the
beginning of a meal,
which curbs my
appetite for heavier
fare."

Winter Salad with Roasted Apples, Wilted Kale and Shaved Fennel

MAKES 4 SERVINGS

- 1 lemon
- 4 apples, halved and cored
- Cooking spray
- 1 tsp plus 1 Tbsp olive oil
- Kosher salt and freshly ground black pepper
- 1 bunch kale, de-ribbed
- 1 bulb fennel, cored and thinly sliced, fronds chopped
- ½ Tbsp apple cider vinegar
- Preheat oven to 325° F. Halve the lemon and rub over the insides of the apple halves.
- Place parchment paper on a baking

sheet and spray with cooking spray. Place apples on top and lightly brush with 1 tsp oil. Sprinkle with salt and pepper, then bake for 10 minutes. Remove from oven; let cool on sheet.

- Spray large skillet with cooking spray; set over medium-high heat. Add kale and cook until wilted, about 3 minutes.
- Combine apples, kale and fennel in large salad bowl. Toss with 1 Tbsp olive oil and apple cider vinegar.
- Serve warm. 🍴

NUTRITION FACTS (per serving)
Calories 165, fat 6 g, protein 3 g, carbohydrates 31 g, sodium 201 mg

Patient Information NovoLog® (N0-v6-log) (insulin aspart [rDNA origin] injection)	
NovoLog® insulin aspart (rDNA origin) injection	
This is a BRIEF SUMMARY of important information about NovoLog®. This information does not take the place of talking to your healthcare provider about your diabetes or your treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have any questions about managing your diabetes.	
What is NovoLog®? <ul style="list-style-type: none">• NovoLog® is a man-made insulin that is used to control high blood sugar in adults and children with diabetes mellitus.	
Who should not take NovoLog®? Do not take NovoLog® if you: <ul style="list-style-type: none">• are having an episode of low blood sugar (hypoglycemia).• have an allergy to NovoLog® or any of the ingredients in NovoLog®.	
Before taking NovoLog®, tell your healthcare provider about all your medical conditions including, if you are: <ul style="list-style-type: none">• pregnant, planning to become pregnant, or are breastfeeding.• taking new prescription or over-the-counter medicines, vitamins, or herbal supplements. Before you start taking NovoLog®, talk to your healthcare provider about low blood sugar and how to manage it.	
How should I take NovoLog®? <ul style="list-style-type: none">• Read the Instructions for Use that come with your NovoLog®.• Take NovoLog® exactly as your healthcare provider tells you to.• NovoLog® starts acting fast. You should eat a meal within 5 to 10 minutes after you take your dose of NovoLog®.• Know the type and strength of insulin you take. Do not change the type of insulin you take unless your healthcare provider tells you to. The amount of insulin and the best time for you to take your insulin may need to change if you take different types of insulin.• Check your blood sugar levels. Ask your healthcare provider what your blood sugars should be and when you should check your blood sugar levels.• Do not share your NovoLog® FlexPen®, FlexTouch® or needles with another person. You may give another person an infection or get an infection from them.	
What should I avoid while taking NovoLog®? While taking NovoLog® do not: <ul style="list-style-type: none">• Drive or operate heavy machinery, until you know how NovoLog® affects you.• Drink alcohol or use prescription or over-the-counter medicines that contain alcohol.	
What are the possible side effects of NovoLog®? NovoLog® may cause serious side effects that can lead to death, including: Low blood sugar (hypoglycemia). Signs and symptoms that may indicate low blood sugar include: <ul style="list-style-type: none">• dizziness or light-headedness• blurred vision• sweating• slurred speech• confusion• shakiness• headache• fast heart beat Your insulin dose may need to change because of: <ul style="list-style-type: none">• change in level of physical activity or exercise• increased stress• weight gain or loss• illness Other common side effects of NovoLog® may include: <ul style="list-style-type: none">• low potassium in your blood (hypokalemia), reactions at the injection site, itching, rash, serious allergic reactions (whole body reactions), skin thickening or pits at the injection site (lipodystrophy), weight gain, and swelling of your hands and feet. Get emergency medical help if you have: <ul style="list-style-type: none">• trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, confusion. These are not all the possible side effects of NovoLog®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.	
General information about the safe and effective use of NovoLog®. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about NovoLog® that is written for health professionals. Do not use NovoLog® for a condition for which it was not prescribed. Do not give NovoLog® to other people, even if they have the same symptoms that you have. It may harm them.	
What are the ingredients in NovoLog®? Active Ingredient: insulin aspart (rDNA origin) Inactive Ingredients: glycerin, phenol, metacresol, zinc, disodium hydrogen phosphate dihydrate, sodium chloride and water for injection	

More detailed information is available upon request.

Available by prescription only.
For information about NovoLog® contact:
Novo Nordisk Inc.
800 Scudders Mill Road
Plainsboro, New Jersey 08536
www.novonordisk-us.com
1-800-727-6500
Revised: October 2013

Novo Nordisk®, NovoLog®, FlexPen®, and FlexTouch® are registered trademarks of Novo Nordisk A/S.
NovoLog® is covered by US Patent Nos. 5,618,913, 5,866,538, and other patents pending.
FlexPen® is covered by US Patent Nos. RE 41,956, 6,004,297, RE 43,834, and other patents pending.
FlexTouch® pen is covered by US Patent Nos. 7,686,786, 6,899,699, and other patents pending.

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DK-2880 Bagsvaerd, Denmark

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Be in the **KNOW**



About the **millions** with **type 2 diabetes** who've taken **NovoLog®** to help them reach their **A1C goals** since 2001.

Because diabetes changes over time, your medicine may also need to change to help control blood sugar spikes when you eat. You may have started your diabetes management with pills. Now you're taking long-acting insulin at night or in the morning. If you're still not at your A1C goal, consider adding NovoLog® for the additional control you need **at mealtime**. Become one of the millions who've taken NovoLog® to help them reach their A1C goals.

- A safe and effective mealtime insulin option proven to help control blood sugar when taken with long-acting insulin
- Fast-acting with a low rate of low blood sugar
- It's the mealtime insulin doctors prescribe most, available in **FlexPen®**—a discreet, prefilled, dial-a-dose insulin pen (No refrigeration once in use.)*
- Covered by most health insurance and Medicare plans

Individual results may vary.

Indications and Usage

What is NovoLog® (insulin aspart [rDNA origin] injection)?

- NovoLog® is a man-made insulin used to control high blood sugar in adults and children with diabetes mellitus.

Important Safety Information

Who should not take NovoLog®?

Do not take NovoLog® if:

- your blood sugar is too low (hypoglycemia) or you are allergic to any of its ingredients.

Before taking NovoLog®, tell your health care provider about all your medical conditions including, if you are:

- pregnant, plan to become pregnant, or are breastfeeding.
- taking new prescription or over-the-counter medicines, including supplements.

Talk to your health care provider about how to manage low blood sugar.

How should I take NovoLog®?

- **Read the Instructions for Use** and take exactly as directed.
- **NovoLog® is fast-acting.** Eat a meal within 5 to 10 minutes after taking it.
- Know the type and strength of your insulin. **Do not** change your insulin type unless your health care provider tells you to.
- **Check your blood sugar levels.** Ask your health care provider what your blood sugar levels should be and when you should check them.
- **Do not share needles, insulin pens, or syringes.** You may give or get an infection from another person.

What should I avoid while taking NovoLog®?

- **Do not** drive or operate heavy machinery, until you know how NovoLog® affects you.
- **Do not** drink alcohol or use medicines that contain alcohol.

What are the possible side effects of NovoLog®?

Serious side effects can lead to death, including:

Low blood sugar.

- anxiety, irritability, mood changes, dizziness, sweating, confusion, and headache.

Your insulin dose may need to change because of:

- weight gain or loss, increased stress, illness, or change in diet or level of physical activity.

Other common side effects may include:

- low potassium in your blood, injection site reactions, itching, rash, serious whole body allergic reactions, skin thickening or pits at the injection site, weight gain, and swelling of your hands and feet and if taken with thiazolidinediones (TZDs) possible heart failure.

Get emergency medical help if you have:

- trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, or confusion.

Please see Important Safety Information. Please see Brief Summary of Prescribing Information on adjacent page.

Ask your health care provider about adding **NovoLog®** for the additional control you need. Learn more at novolog.com and sign up for support from **Cornerstones4Care®**.

*Once in use, NovoLog® FlexPen® must be kept at room temperature, below 86°F, for up to 28 days.

Needles are sold separately and may require a prescription in some states. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. Talk to your doctor about the importance of diet and exercise in your treatment plan.

If you need assistance with prescription costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.



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Partnership for
Prescription Assistance



NovoLog® FlexPen®
insulin aspart (rDNA origin) injection