HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use NOVOLOG® safely and effectively. See full prescribing information for NOVOLOG®.

NOVOLOG® (insulin aspart) injection, for subcutaneous or intravenous use

——— RECENT MAJOR CHANGES ———

Indications and Usage (1) — 03/2021
Warnings and Precautions (3, 5, 4, 5.5, 5.6) — 03/2021

——— INDICATIONS AND USAGE ———

• NOVOLOG® is rapid acting human insulin analog indicated to improve glycemic control in adults and pediatric patients with diabetes mellitus (1).

——— DOSAGE AND ADMINISTRATION ———

• See Full Prescribing Information for important administration and dosage instructions (2.1, 2.2, 2.3, 2.4, 2.5).

• Subcutaneous injection (2.2):
  • Inject subcutaneously within 5-10 minutes before a meal into the abdominal area, thigh, buttocks or upper arm.
  • Rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.
  • Should generally be used in regimens with an intermediate- or long-acting insulin.

• Continuous Subcutaneous Infusion (Insulin Pump) (2.2):
  • Administer by continuous subcutaneous infusion using an insulin pump in a region recommended in the instructions from the pump manufacturer.
  • Rotate the injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.
  • Change the NOVOLOG® in the reservoir at least every 6 days.
  • Change the infusion set and the infusion set insertion site at least every 3 days.
  • Do not mix with other insulins or diluents in the pump.

• Intravenous Administration (2.2):
  • Dilute NOVOLOG® to concentrations from 0.05 unit/mL to 1 unit/mL insulin aspart in infusion systems using polypropylene infusion bags.
  • NOVOLOG® is stable in infusion fluids such as 0.9% Sodium Chloride Injection, USP.

• Individualize and adjust the dosage of NOVOLOG® based on route of administration, the individual’s metabolic needs, blood glucose monitoring results and glycemic control goal (2.4).

• Dosage adjustments may be needed with changes in physical activity, changes in meal patterns (i.e., macronutrient content or timing of food intake), changes in renal or hepatic function or during acute illness (2.4).

——— DOSAGE FORMS AND STRENGTHS ———

Injection: 100 units/mL (U-100) of insulin aspart available as:
• 10 mL multiple-dose vial (3)
• 3 mL single-patient-use PenFill® cartridges for the 3 mL PenFill® cartridge device (3)
• 3 mL single-patient-use NOVOLOG® FlexPen® (3)
• 3 mL single-patient-use NOVOLOG® FlexTouch® (3)

——— CONTRAINDICATIONS ———

• During episodes of hypoglycemia (4).
• Hypersensitivity to NOVOLOG® or one of its excipients.

——— WARNINGS AND PRECAUTIONS ———

• Never share a NOVOLOG® FlexPen®, or a NOVOLOG® FlexTouch®, PenFill® cartridge or PenFill® cartridge device between patients, even if the needle is changed (5.1).

• Hyperglycemia or hypoglycemia with changes in insulin regimen: Make changes to a patient’s insulin regimen (e.g., insulin strength, manufacturer, type, injection site or method of administration) under close medical supervision with increased frequency of blood glucose monitoring (5.2).

• Hypoglycemia: May be life-threatening. Increase frequency of glucose monitoring with changes to insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity, and in patients with renal or hepatic impairments and hypoglycemia unawareness (5.3).

• Medication Errors: Accidental mix-ups between insulin products can occur. Instruct patients to check insulin labels before injection (5.4).

• Hypersensitivity reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, may occur. Discontinue NOVOLOG®, treat, and monitor, if indicated (5.5).

• Hypokalemia: May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated (5.6).

• Fluid retention and heart failure with concomitant use of thiazolidinediones (TZDs): Observe for signs and symptoms of heart failure, consider dosage reduction or discontinuation if heart failure occurs (5.7).

• Hyperglycemia and Ketoacidosis Due to Insulin Pump Device Malfunction: Monitor glucose and administer NOVOLOG® by subcutaneous injection if pump malfunction occurs (5.8).

——— ADVERSE REACTIONS ———

Adverse reactions observed with NOVOLOG® include hypoglycemia, allergic reactions, local injection site reactions, lipodystrophy, rash, and pruritus (6).

To report SUSPECTED ADVERSE REACTIONS, contact Novo Nordisk Inc. at 1-800-727-6500 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

——— DRUG INTERACTIONS ———

• Drugs that may increase the risk of hypoglycemia: antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, diisopyramide, flurbiprofen, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics (7).

• Drugs that may decrease the blood glucose lowering effect: atypical antipsychotics, corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol), epinephrine, terbutaline, and thyroid hormones (7).

• Drugs that may increase or decrease the blood glucose lowering effect: alcohol, beta-blockers, clonidine, lithium salts, and pentamidine (7).

• Drugs that may blunt the signs and symptoms of hypoglycemia: beta-blockers, clonidine, guanethidine, and reserpine (7).

See 17 for PATIENT COUNSELING INFORMATION and FDA approved patient labeling.

Revised: 03/2021

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NovoLog® (insulin aspart) injection

2.5 Instructions for Mixing with Other Insulins

- NOVOLOG® may be mixed with NPH insulin (see Warnings and Precautions, 5.5).
  - If NOVOLOG® is mixed with NPH insulin, draw NOVOLOG® into the syringe first and immediately place in the refrigerator.

3 Doseage Forms and Strengths

Injection: 100 units/mL (U-100) is a clear and colorless solution available as:
- 10 mL multiple-dose vial
- 3 mL single-patient-use PenFill® cartridges for the 3 mL PenFill® cartridge delivery device with Novofine® disposable needles
- 3 mL single-patient-use FlexPen®, FlexTouch® 3 mL single-patient-use FlexPen®, FlexTouch®

4 Contraindications

- During episodes of hypoglycemia (see Warnings and Precautions, 5.3).
- In patients with hypersensitivity to NOVOLOG® or one of its excipients (see Warnings and Precautions, 5.5).

5 Warnings and Precautions

5.1 Never Share a NOVOLOG® FlexPen®, NOVOLOG® FlexTouch®, PenFill® Cartridge, or PenFill® Cartridge Device between Patients

5.2 Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen

Changes in an insulin regimen (e.g., insulin strength, manufacturer, type, injection site or method of administration) may affect glycemic control and prevent achievement of glycemic control goals.

5.3 Hypoglycemia

Hypoglycemia is the most common adverse effect of all insulins, including NOVOLOG®. Severe hypoglycemia can cause seizures, may lead to unconsciousness, may be life threatening or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g., driving or operating other machinery).

Hypoglycemia can happen suddenly and may differ in each individual and change over time in the same individual. Symptomatic awareness of hypoglycemia may be less pronounced in patients with longstanding diabetes in patients with diabetic nerve disease, in patients using medications that block the sympathetic nervous system (e.g., beta-blockers), or in patients who experience recurrent hypoglycemia.

Risk Factors for Hypoglycemia

- The risk of hypoglycemia after an injection is related to the duration of action of the insulin and, in general, is highest when the glucose lowering effect time course of NOVOLOG® may vary in different individuals or at different times in the same individual and depends on many factors, including the area of injection as well as the injection site blood supply and can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g., driving or operating other machinery).

5.5 Hypersensitivity Reactions

Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulins, including NOVOLOG®. If hypersensitivity reactions occur, discontinue NOVOLOG®, treat per standard of care and monitor until symptoms and signs resolve (see Adverse Reactions, 6.1). NOVOLOG® is contraindicated in patients who have had hypersensitivity reactions to insulin aspart or one of the excipients (see Contraindications, 5.4).

5.6 Hypokalemia

All insulins, including NOVOLOG®, can cause a shift in potassium from the extracellular to intracellular space, possibly leading to hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia if indicated (e.g., patients using potassium-lowering medications, patients taking medications sensitive to serum potassium concentration).

5.7 Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists

Thiazolidinediones (TZDs), which are peroxisome proliferator-activated receptor (PPAR)-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin, including NOVOLOG®, and a PPAR-gamma agonist should be observed for signs and symptoms of heart failure. If heart failure develops, it should be managed according to current standards of care, and discontinuation or dose reduction of the PPAR-gamma agonist must be considered.

6 Adverse Reactions

The following adverse reactions are also discussed elsewhere:

- Hypoglycemia (see Warnings and Precautions, 5.3).
- Hypoglycemia Due to Medication Errors (see Warnings and Precautions, 5.4).
- Hypersensitivity reactions (see Warnings and Precautions, 5.5).
- Hypokalemia (see Warnings and Precautions, 5.6).

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying designs, the adverse reaction rates reported in one clinical trial may not be easily compared to those rates reported in another clinical trial, and may not reflect the rates actually observed in clinical practice. The safety of NOVOLOG® was evaluated in two two-trial-to-target trials of 6 months duration, conducted in subjects with type 1 diabetes or type 2 diabetes (see Clinical Studies, 14). The data in Table 1 reflect the exposure of 596 patients with type 1 diabetes to NOVOLOG® in one clinical trial with a mean exposure duration to NOVOLOG® of 24 weeks. The mean age was 38.9 years. Fifty-one percent were male, 94% were Caucasian, 2% were Black and 4% were other races. The mean BMI was 25.6 kg/m². The mean duration of diabetes was 15.7 years and the mean HbA1c at baseline was 7.9%.

The data in Table 2 reflect the exposure of 91 patients with type 2 diabetes to NOVOLOG® in one clinical trial with a mean exposure duration to NOVOLOG® of 12 weeks. The mean age was 56.6 years. Sixty-three percent were female, 76% were Caucasian, 9% were White and 15% were of other races. The mean BMI was 29.7 kg/m². The mean duration of diabetes was 12.7 years and the mean HbA1c at baseline was 8.1.

Common adverse reactions were defined as events occurring in ≥5%, excluding hypoglycemia, of the population studied. Common adverse events occurring at the same rate or greater for NOVOLOG®-treated subjects than in comparator-treated subjects during clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus (other than hypoglycemia) are listed in Table 1 and Table 2, respectively.

Table 1: Adverse reactions occurring in ≥5% of Type 1 Diabetes Mellitus Adult Patients treated with NOVOLOG® and at the same rate or greater on NOVOLOG® than on comparator
NOVOLOG® (insulin aspart) injection is sterile, clear, and colorless solution for subcutaneous or intravenous use. Each mL contains 100

Table 2: Adverse reactions occurring in ≥ 5% of Type 2 Diabetes Mellitus Adult Patients treated with NOVOLOG® and at the same rate or greater on NOVOLOG® than on comparator

<table>
<thead>
<tr>
<th>Condition</th>
<th>NOVOLOG® + NPH (%)</th>
<th>Human Regular Insulin + NPH (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Nephritis</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Sensory disturbance</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Chest pain</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Headache</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Skin disorder</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Severe hypoglycemia

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including NOVOLOG®. The rates of reported hypoglycemia depend on the definition of hypoglycemia used, diabetes type, insulin dose, intensity of glucose control, background therapies, and other intrinsically and extrinsically patient factors. For these reasons, comparing rates of hypoglycemia in clinical trials for NOVOLOG® with the incidence of hypoglycemia for other products may be misleading and also may not be representative of hypoglycemia rates that will occur in clinical practice.

Severe hypoglycemia was defined as hypoglycemia associated with central nervous system symptoms and requiring the intervention of another person or hospitalization.

The incidence of severe hypoglycemia in adult and pediatric patients receiving subcutaneous NOVOLOG® with type 1 diabetes mellitus was 1% at 24 weeks and 6% at 24 weeks, respectively (see Clinical Studies (14)). The incidence of severe hypoglycemia in adult patients receiving subcutaneous NOVOLOG® with type 2 diabetes mellitus was 10% at 24 weeks.

The incidence of severe hypoglycemia in adult and pediatric patients with type 1 diabetes mellitus, receiving NOVOLOG® via continuous subcutaneous insulin infusion by external pump was 2% at 16 weeks and 10% at 16 weeks respectively. No severe hypoglycemic episodes were reported in adult patients with type 2 diabetes mellitus receiving NOVOLOG® via continuous subcutaneous insulin infusion by external pump at 16 weeks.

Allergic Reactions

Some patients taking insulin, including NOVOLOG® have experienced erythema, local edema, and pruritus at the site of injection. These conditions were usually self-limiting. Severe cases of generalized allergy (anaphylaxis) have been reported.

Insulin injection and glucose control intervention

Intensification or rapid improvement in glucose control has been associated with a transitory, reversible ophthalmologic refraction disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Lipodystrophy

Administration of insulin, including NOVOLOG®, subcutaneously and via continuous subcutaneous insulin infusion, has resulted in lipoatrophy (depression in the skin) or lipohypertrophy (enlargement or thickening of tissue) in some patients (see Dosage and Administration (2.23)).

Peripheral Edema

Insulins, including NOVOLOG®, may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Weight gain

Weight gain has occurred with insulins, including NOVOLOG®, and has been attributed to the anabolic effects of insulin and the decrease in glucose levels.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. These effects were evaluated in over 1,700 Type 1 diabetes patients who received NOVOLOG® during 18 months of exposure. The results indicated that NOVOLOG® did not appear to induce neutralizing antibodies. However, in 3 controlled clinical studies, 2.6% (n=36) were 65 years of age or over. NOVOLOG® is co-administered with human regular insulin. Use of NOVOLOG® in elderly patients has been performed with insulin aspart and regular human insulin in rats and rabbits. In a combined fertility and embryo-fetal development study in rats, insulin aspart was administered before mating, during matings and throughout pregnancy. Further, in a pre- and postnatal development study insulin aspart was given throughout pregnancy and during lactation to rats. In an embryo-fetal development study insulin aspart was given to female rats during the preimplantation period. The results of these studies demonstrated that insulin aspart did not alter the incidence of the above parameters and were consistent with control results. The effects of insulin aspart did not differ from those observed with subcutaneous regular human insulin.

In a phase 3 type 1 diabetes clinical trial of NOVOLOG® with type 1 diabetes, 99.8% of patients who received NOVOLOG® were positive for anti-insulin antibodies (ADA) at least once during the study, 97.2% of patients who received NOVOLOG® were positive for anti-drug antibodies (ADA) at least once during the study, including 64.6% that were positive at baseline. In a phase 3 type 1 diabetes clinical trial of NOVOLOG®, initial increase in titers of antibodies to insulin, followed by a decrease to baseline values, was observed in regular human insulin and insulin aspart treatment groups with similar incidences. These antibodies did not cause deterioration in glycemic control or necessitate increases in insulin dose.

6.3 Post Marketing Experience

The following adverse reactions have been identified during post-approval use of NOVOLOG®. Because these adverse reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Medication errors have been reported in which other insulins have been substituted for NOVOLOG®. These errors have been reported in studies where NOVOLOG® was the backup insulin, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® is co-administered with these drugs.

In a 6-month study with a 6-month extension in adult subjects with type 2 diabetes mellitus receiving NOVOLOG® 70 units/kg/day (approximately 32 times the human subcutaneous dose of 1 unit/kg/day, based on human exposure equivalents) and in rabbits at a dose of 10 units/kg/day (approximately three times the human subcutaneous dose of 1 unit/kg/day, based on human exposure equivalents), NOVOLOG® did not influence the incidence of antibody formation. These antibodies did not cause deterioration in glycemic control. In a study reported that exogenous insulin, including insulin aspart, was present in human milk. However, there is insufficient information to determine the effects of insulin aspart on the breastfed infant. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for NOVOLOG®, and any potential adverse effects on the breastfed infant from NOVOLOG®, or from the underlying maternal condition.

8.2 Lactation

There are no data on the presence of NOVOLOG® in human milk, the effects on the nursing infant, and the effect on milk production. One small published study reported that exogenous insulin, including insulin aspart, was present in human milk. However, there is insufficient information to determine the effects of insulin aspart on the breastfed infant. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for NOVOLOG®, and any potential adverse effects on the breastfed infant from NOVOLOG®, or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of NOVOLOG® to improve glycemic control have been established in pediatric patients. Use of NOVOLOG® for this indication is supported by evidence from an adequate and well-controlled study in 283 pediatric patients with type 1 diabetes mellitus aged 3 months to 18 years and from studies in adults with diabetes mellitus (see Adverse Reactions (6.1), Clinical Pharmacology (12.3), and Clinical Studies (14)).

8.5 Geriatric Use

Of the total number of patients (n=1,375) treated with NOVOLOG® in 3 controlled clinical studies, 2.6% (n=36) were 65 years of age or older. One-half of these patients had type 1 diabetes (18/265) and the other half had type 2 diabetes (18/90). The HbA1c response to NOVOLOG®, as compared to regular human insulin, did not differ by age.

8.6 Renal Impairment

Excess insulin administration may cause hypoglycemia and hypokalemia (see Warnings and Precautions (5.3) and Clinical Pharmacology (12.3)).

8.7 Hepatic Impairment

Excess insulin administration may be increased risk of hypoglycemia and may require more frequent NOVOLOG® dose adjustment and more frequent blood glucose monitoring (see Warnings and Precautions (5.3) and Clinical Pharmacology (12.3)).

10 OVERDOSAGE

Excess insulin administration may cause hypoglycemia and hypokalemia (see Warnings and Precautions (5.3)). Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dose, meal patterns, or exercise may be needed. More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. Sustained carbohydrate intake and observation may be necessary because hypoglycemia may recur after apparent clinical recovery. Hypokalemia must be corrected appropriately.

11 DESCRIPTION

Insulin aspart is a rapid-acting human insulin analog homologous with regular human insulin with the exception of a single substitution of the amino acid proline by aspartic acid in position B28, and is produced by recombinant DNA technology utilizing Saccharomyces cerevisiae (baker’s yeast). Insulin aspart has the empirical formula C22H22N2O7S and a molecular weight of 5825.6 Da. In vitro assay confirms the minimum potency of insulin aspart to be NLT 15 units/mg.

Figure 1. Structural formula of insulin aspart.

NOVOLOG® (insulin aspart) injection is sterile, clear, and colorless solution for subcutaneous or intravenous use. Each mL contains 100
units of insulin aspart and the inactive ingredients: disodium hydrogen phosphate dihydrate (1.25 mg), gluconate (16.0 mg), metacresol (1.72 mg), phenol (1.50 mg), sodium chloride (0.58 mg), zinc (19.6 mg), and Water for Injection, USP. NOVOLOG® has a pH of 7.2-7.6. Hydrochloric acid 10% and/or sodium hydroxide 10% may be added to adjust pH.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The primary activity of insulin, including NOVOLOG®, is the regulation of carbohydrate metabolism. Insulin and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin inhibits lipolysis and proteolysis, and enhances protein synthesis.

12.2 Pharmacodynamics

Subcutaneous administration

The pharmacodynamic profile of NOVOLOG® given subcutaneously in 22 patients with type 1 diabetes is shown in Figure 2. The maximum glucose-lowering effect of NOVOLOG® occurred between 1 and 3 hours after subcutaneous injection (0.15 units/kg). The duration of action for NOVOLOG® is 3 to 5 hours. The time course of action of insulin and insulin analogs such as NOVOLOG® may vary considerably in different individuals or within the same individual. The parameters of NOVOLOG®, activity (time of onset, peak time and duration) as designated in Figure 2 should be considered only as general guidelines. The rate of insulin absorption and onset of activity is affected by the site of injection, exercise, and other variables [see Warnings and Precautions (5.3)].

NOVOLOG® is administered once or twice daily, either before breakfast and dinner or before the first meal of the day and at bedtime. This regimen has been designed to cover the glucose-lowering needs during the day and to minimize the occurrence of hypoglycemia at night.

Figure 2. Serial mean serum glucose collected up to 6 hours following a single 0.15 units/kg pre-meal dose of NOVOLOG® (solid curve) or regular human insulin (hatched curve) injected immediately before a meal in 22 patients with type 1 diabetes.

Intravenous administration

A double-blind, randomized, two-way crossover study in 16 patients with type 1 diabetes demonstrated that intravenous infusion of NOVOLOG® resulted in a blood glucose profile that was similar to that after intravenous infusion with regular human insulin. NOVOLOG® or human insulin was infused until the patient’s blood glucose decreased to 36 mg/dL, or until infusion with regular human insulin. NOVOLOG® resulted in a blood glucose profile that was similar to that after intravenous infusion of regular human insulin at 1.5 mU/kg/min for 120 minutes. The mean insulin clearance was similar for the two groups with mean clearance of 1.2 L/h/kg for the NOVOLOG® group and 1.2 L/h/kg for the regular human insulin group.

After subcutaneous administration in normal male volunteers (n=24), NOVOLOG® was eliminated with an average apparent half-life of 81 minutes.

Specific Populations

Pediatrics: The pharmacokinetic and pharmacodynamic properties of NOVOLOG® and regular human insulin were evaluated in a single dose study in 18 pediatric patients with type 1 diabetes in 2 age groups: 6-12 years, n=9 and 13-17 years (Tanner grade ≥ 2), n=9. The relative differences in pharmacokinetics and pharmacodynamics in the pediatric patients with type 1 diabetes in both age groups between NOVOLOG® and regular human insulin were similar to those in healthy adult subjects and adults with type 1 diabetes.

Gender: The pharmacokinetic and pharmacodynamic properties of NOVOLOG® and regular human insulin were investigated in a single dose study in 18 subjects with type 2 diabetes who were ≥ 65 years of age. The relative differences in pharmacokinetics and pharmacodynamics in gender with type 2 diabetes between NOVOLOG® and regular human insulin were similar to those in younger adults.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Standard 2-year carcinogenicity studies in animals have not been performed to evaluate carcinogenic potential of NOVOLOG®. In 52-week studies, Sprague-Dawley rats were dosed subcutaneously with NOVOLOG® at 10, 50, and 200 units/kg/day (approximately 2, 8, and 32 times the human subcutaneous dose of 1.0 units/kg/day, based on units/body surface area, respectively). At a dose of 200 units/kg/day, NOVOLOG® increased the incidence of mammary gland tumors in females when compared to untreated controls. The relevance of these findings to humans is unknown. NOVOLOG® was not genotoxic in the following tests: Ames test, mouse lymphoma forward mutation test, human peripheral blood lymphocyte chromosome aberration test, in vivo micronucleus test in mice, and in vivo and in vitro tests in rat liver hepatocytes.

In fertility studies in male and female rats, at subcutaneous doses up to 200 units/kg/day (approximately 32 times the human subcutaneous dose, based on units/body surface area), no direct adverse effects on male and female fertility, or general reproductive performance of animals was observed.

13.2 Animal Toxicology and/or Pharmacology

In standard biological assays in mice and rabbits, one unit of NOVOLOG® has the same glucose-lowering effect as one unit of regular human insulin.

Figure 4. Serial mean serum glucose collected up to 6 hours following a single 0.15 units/kg pre-meal dose of NOVOLOG® (solid curve) or regular human insulin (hatched curve) injected immediately before a meal in 22 patients with type 1 diabetes.

Figure 3. Mean blood glucose profiles following intravenous infusion of NOVOLOG® (hatched curve) and regular human insulin (solid curve) in 16 patients with type 1 diabetes. R represents the time of autonomic reaction.

Note: The slashes on the mean profile indicate a jump on the time axis.

Figure 5. Mean blood glucose profiles following subcutaneous administration of NOVOLOG® (0.15 units/kg) in 22 patients with type 1 diabetes. Figure 6. Mean blood glucose profiles following subcutaneous administration of NPH insulin (0.7 units/kg) in 22 patients with type 1 diabetes.

Table 3. Type 1 Diabetes Mellitus – Adult (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

Table 4. Pediatric Subcutaneous Administration of NOVOLOG® in Type 1 Diabetes (24 weeks; n=283)

Table 5. Type 1 Diabetes Mellitus – Adult (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

Table 6. Type 1 Diabetes Mellitus – Pediatric (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

14 CLINICAL STUDIES

14.1 Overview of Clinical Studies

The safety and effectiveness of subcutaneous NOVOLOG® were compared to regular human insulin in 556 type 1 adult, 167 pediatric type 1 diabetes, and 91 adult type 2 diabetes patients treated with insulin as basal insulin (see Tables 3, 4, 5). The reduction in glycosylated hemoglobin (HbA1c) was similar to regular human insulin.

The safety and effectiveness of NOVOLOG® administered by continuous subcutaneous insulin infusion (CSI) by external pump were compared to regular human insulin (administered by CSI), to lispro (administered by CSI) and compared to NOVOLOG® injections and NPH injection. Overall, the reduction in HbA1c was similar to the comparator.

14.2 Clinical Studies in Adults and Pediatric Patients with Type 1 Diabetes and Subcutaneous Daily Injections

Type 1 Diabetes Adults (see Table 3)

Two 24-week, open-label, active-controlled studies were conducted to compare the safety and efficacy of NOVOLOG® to regular human insulin injection in adult patients with type 1 diabetes. Because the two study designs and results were similar, data are shown for only one study (see Table 3).

The mean age of the trial population was 38.9 years and mean duration of diabetes was 15.7 years. Fifty-one percent were male. Ninety-four percent were Caucasian; 2% were Black and 4% were Other. The mean BMI was approximately 25.6 kg/m².

NOVOLOG® was administered by subcutaneous injection immediately prior to meals and regular human insulin was administered by subcutaneous multiple-dose injection using an insulin pen as the basic insulin in either single or divided daily doses. Changes in HbA1c were comparable for the two treatment regimens in this study (Table 3).

Table 3. Type 1 Diabetes Mellitus – Adult (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

Table 4. Pediatric Subcutaneous Administration of NOVOLOG® in Type 1 Diabetes (24 weeks; n=283)

Table 5. Type 1 Diabetes Mellitus – Adult (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

Table 6. Type 1 Diabetes Mellitus – Pediatric (NOVOLOG® plus NPH insulin vs. regular human insulin plus NPH insulin)

14.3 Clinical Studies in Adults with Type 2 Diabetes and Subcutaneous Daily Injections

Type 2 Diabetes Adults (see Table 5)

One six-month, open-label, active-controlled study was conducted to compare the safety and efficacy of NOVOLOG® to regular human insulin in patients with type 2 diabetes (Table 5).

The mean age of the trial population was 56.6 years and mean duration of diabetes was 12.7 years. Sixty-three percent were male. Seventy-six percent were Caucasian; 9% were Black and 15% were Other. The mean BMI was approximately 29.7 kg/m².

NOVOLOG® was administered by subcutaneous injection immediately prior to meals and regular human insulin was administered by subcutaneous injection 30 minutes before meals. NPH insulin was administered as the basal insulin in either single or divided daily doses. Changes in HbA1c were comparable for the two treatment regimens.
Table 5. Subcutaneous NOVOLOG® Administration in Type 2 Diabetes (6 months; n=176)

<table>
<thead>
<tr>
<th>NOVOLOG® + NPH (n=96)</th>
<th>Regular Human Insulin + NPH (n=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline HbA1c (%)</td>
<td>8.1 ± 1.2</td>
</tr>
<tr>
<td>Change from Baseline HbA1c (%)</td>
<td>0.3 ± 1.0</td>
</tr>
<tr>
<td>Treatment Difference in HbA1c Mean (95% confidence interval)</td>
<td>-0.1 (-0.4, 0.1)</td>
</tr>
</tbody>
</table>

*Values are Mean ± SD

14.4 Clinical Studies in Adults and Pediatrics with Type 1 Diabetes Using Continuous Subcutaneous Insulin Infusion (CSI) or External Pumps

Type 1 Diabetes — Adults (see Table 6)

Two open-label, parallel design studies (6 weeks [n=29] and 16 weeks [n=118]) compared NOVOLOG® to regular human insulin (Véline) in adults with type 1 diabetes receiving a subcutaneous infusion with an external insulin pump.

The mean age of the trial population was 42.3 years. Thirty-nine percent were male. Ninety-eight percent were Caucasian and 2% were Black. The two treatment regimens had comparable changes in HbA1c.

Table 6. Adult Insulin Pump Study in Type 1 Diabetes (16 weeks; n=118)

<table>
<thead>
<tr>
<th>NOVOLOG® (n=60)</th>
<th>Buffer human insulin (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline HbA1c (%)</td>
<td>7.3 ± 0.6</td>
</tr>
<tr>
<td>Change from Baseline HbA1c (%)</td>
<td>0.0 ± 0.5</td>
</tr>
<tr>
<td>Treatment Difference in HbA1c Mean (95% confidence interval)</td>
<td>0.2 (-0.1, 0.4)</td>
</tr>
</tbody>
</table>

*Values are Mean ± SD

14.5 Clinical Studies in Adults with Type 2 Diabetes Using Continuous Subcutaneous Insulin Infusion (CSI) by External Pump

Type 2 Diabetes — Adults (see Table 8)

An open-label, 16-week parallel design study of pediatric patients with type 2 diabetes (n=288) aged 4-16 years compared two subcutaneous infusion regimens administered via an external insulin pump: NOVOLOG® or insulin lispro (n=100). These two treatments resulted in comparable changes from baseline in HbA1c (see Table 7).

Table 7. Pediatric Insulin Pump Study in Type 1 Diabetes (16 weeks; n=288)

<table>
<thead>
<tr>
<th>NOVOLOG® (n=198)</th>
<th>Lispro (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline HbA1c (%)</td>
<td>8.0 ± 0.9</td>
</tr>
<tr>
<td>Change from Baseline HbA1c (%)</td>
<td>-0.1 ± 0.8</td>
</tr>
<tr>
<td>Treatment Difference in HbA1c Mean (95% confidence interval)</td>
<td>-0.1 (-0.3, 0.0)</td>
</tr>
</tbody>
</table>

*Values are Mean ± SD

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

NOVOLOG® injection 100 units/mL (U-100) is available in a clear and colorless solution in:

- 10 mL multiple-dose vial
- 3 mL single-patient-use NOVOLOG® FlexPen®
- 3 mL single-patient-use NOVOLOG® FlexTouch®

“NOVOLOG® FlexPen® cartridges are designed for use with Novo Nordisk insulin delivery devices with NovoFine® disposable needles. FlexPen® and FlexTouch® can be used with NovoFine® or NovoTwist® disposable needles. The NOVOLOG® FlexPen® and FlexTouch® dial in 1-unit increments.

16.2 Recommended Storage

Dispense in the original sealed carton with the enclosed instructions for Use.

Unused NOVOLOG® should be stored in a refrigerator between 2°C and 8°C (36°F to 46°F). Do not freeze NOVOLOG® and do not use NOVOLOG® if it has been frozen. Do not expose NOVOLOG® to excessive heat or light.

NOVOLOG® should not be drawn into a syringe and stored for later use. Always remove and discard the needle after each injection from the NOVOLOG® FlexPen® or NOVOLOG® FlexTouch® and store without a needle attached.

The storage conditions are summarized in the following table:

Table 9. Storage conditions for vial, PenFill® cartridges, NOVOLOG®, and NOVOLOG® FlexTouch®

<table>
<thead>
<tr>
<th>NOVOLOG® presentation</th>
<th>Not in-use (unopened)</th>
<th>Not-in-use (unopened)</th>
<th>Re-use-opened (room temperature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mL multiple-dose vial</td>
<td>28 days room temperature</td>
<td>28 days room temperature</td>
<td>28 days room temperature</td>
</tr>
<tr>
<td>3 mL single-patient-use PenFill® cartridges</td>
<td>until expiration date</td>
<td>until expiration date</td>
<td>28 days room temperature</td>
</tr>
<tr>
<td>3 mL single-patient-use NOVOLOG® FlexPen®</td>
<td>until expiration date</td>
<td>until expiration date</td>
<td>28 days room temperature</td>
</tr>
<tr>
<td>3 mL single-patient-use NOVOLOG® FlexTouch®</td>
<td>until expiration date</td>
<td>until expiration date</td>
<td>28 days room temperature</td>
</tr>
</tbody>
</table>

Storage in External Insulin Pump:

NOVOLOG® in the pump reservoir should be discarded after at least every 6 days of use or after exposure to temperatures that exceed 37°C (99.6°F).

The infusion set and the infusion set insertion site should be changed at least every 3 days.

Storage of Diluted NOVOLOG®

NOVOLOG® diluted with Insulin Diluting Medium for NOVOLOG® to a concentration equivalent to U-10 or equivalent to U-50 prepared as indicated under Dosage and Administration (2.2) may remain in patient use at temperatures up to 30°C (86°F) for 28 days.

Storage of NOVOLOG® in Intravenous Infusion Fluids

Infusion bags prepared as indicated under Dosage and Administration (2.2) are stable at room temperature for 24 hours. Some insulin will be initially adsorbed to the material of the infusion.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information and Instructions for Use). Never Share a NOVOLOG® FlexPen® or a NOVOLOG® FlexTouch®, PenFill® Cartridge or PenFill® Cartridge Device between Patients

Advise patients that they must never share NOVOLOG® FlexPen®, NOVOLOG® FlexTouch®, PenFill® cartridge or PenFill® cartridge devices with another person even if the needle is changed, because doing so carries a risk for transmission of blood-borne pathogens. Advise patients using NOVOLOG® vials not to share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens (see Warnings and Precautions (5.1)).

Hyperglycemia or Hypoglycemia

Inform patients that hyperglycemia is the most common adverse reaction with insulin. Instruct patients on self-management procedures including glucose monitoring, proper injection technique, and management of hyperglycemia and hypoglycemia, especially at initiation of NOVOLOG® therapy. Instruct patients on handling of special situations such as intermittent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, and skipped meals. Instruct patients on the management of hyperglycemia (see Warnings and Precautions (5.3)).

Inform patients that their ability to concentrate and react may be impaired as a result of hypoglycemia. Advise patients who have frequent hypoglycemia or reduced or absent warning signs of hypoglycemia to use caution when driving or operating machinery.

Advise patients that changes in insulin regimen may predispose to hyperglycemia or hypoglycemia and that changes in insulin regimen should be made under close medical supervision (see Warnings and Precautions (5.2)).

Hypoglycemia with Medication Errors

Instruct patients to always check the insulin label before each injection to avoid mix-ups between insulin products (see Warnings and Precautions (5.3)).

Hypersensitivity Reactions

Advise patients that hypersensitivity reactions have occurred with NOVOLOG®. Inform patients of the symptoms of hypersensitivity reactions (see Warnings and Precautions (5.4)).

Patients Using Continuous Subcutaneous Insulin Pumps

• Train patients in both intensive insulin therapy with multiple injections and in the function of their pump and pump accessories.

• Instruct patients to replace insulin in the reservoir at least every 6 days; infusion sets and infusion set insertion sites should be changed at least every 3 days. NOVOLOG® is recommended for use in any reservoir and infusion sets that are compatible with insulin and the specific pump. Please see recommended reservoir and infusion set in the pump manual.

• Instruct patients to discard insulin exposed to temperatures higher than 37°C (99.6°F).

• Instruct patients to inform physician and select a new site for infusion if infusion site becomes erythematous, pruritic, or thickened.

• Instruct patients of the risk of rapid hyperglycemia and ketosis due to pump malfunction, infusion set occlusion, leakage, disconnection or kinking, and degraded insulin. If these problems cannot be promptly corrected, instruct patients to resume therapy with subcutaneous insulin injection and contact their physician (see Warnings and Precautions (5) and How Supplied/Storage and Handling (16.2)).

• Instruct patients of the risk of hypoglycemia from pump malfunction. If these problems cannot be promptly corrected, instruct patients to resume therapy with subcutaneous insulin injection and contact their physician (see Warnings and Precautions (5) and How Supplied/Storage and Handling (16.2)).

Before using an insulin pump with NOVOLOG®, read the pump label to make sure the pump has been evaluated with NOVOLOG®.
NovoLog® (insulin aspart) injection

Do not share your NovoLog® FlexPen®, NovoLog® FlexTouch®, PenFill® cartridge or PenFill® cartridge compatible insulin delivery device with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is NovoLog®?
• 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:
• 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:
• 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®?
• 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 re-use or share your needles with other people. You may give other people a serious infection or get a serious infection from them.
• NovoLog® can be injected under the skin (subcutaneously) of your stomach area (abdomen), buttocks, upper legs (thighs) or upper arms, or by continuous infusion under the skin (subcutaneously) through an insulin pump into an area of your body recommended in the instructions that come with your insulin pump.
• Change (rotate) your injection sites within the area you choose with each dose to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites.
• Do not use the exact same spot for each injection.
• Do not inject where the skin has pits, is thickened, or has lumps.
• Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.

What should I avoid while taking NovoLog®?
While taking NovoLog® do not:
• 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:
• dizziness or light-headedness
• sweating
• confusion
• headache

Your insulin dose may need to change because of:
• change in level of physical activity or exercise
• weight gain or loss

Other common side effects of NovoLog® may include:
• 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:
• 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
Inactive Ingredients: disodium hydrogen phosphate dihydrate, glycerin, metacresol, phenol, sodium chloride, zinc, and Water for Injection, USP. Hydrochloric acid 10% and/or sodium hydroxide 10% may be added to adjust pH.
Manufactured by: Novo Nordisk Inc., Plainsboro, NJ 08536 U.S. License Number 1261
For more information, go to www.novonordisk-us.com or call 1-800-727-6500.

This Patient Information has been approved by the U.S. Food and Drug Administration.
Revised: 03/2021
Instructions for Use

NovoLog® (N-o-vo-log) (insulin aspart) injection
10 mL multiple-dose vial (100 Units/mL, U-100)

Read this Instructions for Use before you start taking NovoLog® and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

Supplies you will need to give your NovoLog® injection:
• 10 mL NovoLog® vial
• Insulin syringe and needle
• Alcohol swabs

Preparing your NovoLog® dose:
• Wash your hands with soap and water.
• Before you start to prepare your injection, check the NovoLog® label to make sure that you are taking the right type of insulin. This is especially important if you use more than 1 type of insulin.
• NovoLog® should look clear and colorless. Do not use NovoLog® if it is thick, cloudy, or is colored.
• Do not use NovoLog® past the expiration date printed on the label.

Step 1: Pull off the tamper resistant cap (See Figure A).

Step 2: Wipe the rubber stopper with an alcohol swab (See Figure B).

Step 3: Hold the syringe with the needle pointing up. Pull down on the plunger until the black tip reaches the line for the number of units for your prescribed dose (See Figure C).

Step 4: Push the needle through the rubber stopper of the NovoLog® vial (See Figure D).

Step 5: Push the plunger all the way in. This puts air into the NovoLog® vial (See Figure E).

Step 6: Turn the NovoLog® vial and syringe upside down and slowly pull the plunger down until the black tip is a few units past the line for your dose (See Figure F).

Step 7: Slowly push the plunger up until the black tip reaches the line for your NovoLog® dose (See Figure G).

Step 8: Check the syringe to make sure you have the right dose of NovoLog®.

Step 9: Pull the syringe out of the vial’s rubber stopper (See Figure I).

Step 10: Choose your injection site and wipe the skin with an alcohol swab. Let the injection site dry before you inject your dose (See Figure J).

Step 11: Insert the needle into your skin. Push down on the plunger to inject your dose (See Figure K). The needle should remain in the skin for at least 6 seconds to make sure you have injected all the insulin.

Step 12: Pull the needle out of your skin. After that, you may see a drop of NovoLog® at the needle tip. This is normal and does not affect the dose you just received (See Figure L).

If you see blood after you take the needle out of your skin, press the injection site lightly with a piece of gauze or an alcohol swab. Do not rub the area.

Giving your Injection:
• Inject your NovoLog® exactly as your healthcare provider has shown you. Your healthcare provider should tell you if you need to pinch the skin before injecting.
• NovoLog® can be injected under the skin (subcutaneously) of your stomach area, buttocks, upper legs or upper arms, infused in an insulin pump (continuous subcutaneous infusion into an area of your body recommended in the instructions that come with your insulin pump), or given through a needle in your arm (intravenously) by your healthcare provider.
• If you inject NovoLog®, change (rotate) your injection sites within the area you choose for each dose to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites. Do not use the same injection site for each injection. Do not inject where the skin has pits, is thickened, or has lumps. Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.
• If you use NovoLog® in an insulin pump, you should change your insertion site every 3 days. NovoLog® should be given into an area of your body recommended in the instructions that come with your insulin pump. Change (rotate) your insertion sites within the area you choose for each insertion to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the insertion sites. Do not inject into the exact same spot for each insertion. Do not insert where the skin has pits, is thickened, or has lumps. Do not insert where the skin is tender, bruised, scaly or hard, or into scars or damaged skin. The insulin in the reservoir should be changed at least every 6 days even if you have not used all of the insulin.
• If you use NovoLog® in an insulin pump, see your insulin pump manual for instructions or talk to your healthcare provider.

NPH insulin is the only type of insulin that can be mixed with NovoLog®. Do not mix NovoLog® with any other type of insulin.
NovoLog® should only be mixed with NPH insulin if it is going to be injected right away under your skin (subcutaneously).
NovoLog® should be drawn up into the syringe before you draw up your NPH insulin.
Talk to your healthcare provider if you are not sure about the right way to mix NovoLog® and NPH insulin.

After your injection:
• Do not recap the needle. Recapping the needle can lead to a needle stick injury.
• Put the empty insulin vials, used needles and syringes in a FDA-cleared sharps disposal container right away after use. Do not throw away (dispose of) loose needles and syringes and needles in your household trash.
• If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  • made of a heavy-duty plastic,
  • can be closed with a tight-fitting, puncture-resistant lid,
  • without sharps being able to come out,
  • upright and stable during use,
  • leak-resistant, and properly labeled to warn of hazardous waste inside the container.
• When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about the safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA’s website at: http://www.fda.gov/safesharpsdisposal.
Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

How should I store NovoLog®?
• Do not freeze NovoLog®. Do not use NovoLog® if it has been frozen.
• Keep NovoLog® away from heat or light.
• All unopened vials:
  • Store unopened NovoLog® vials in the refrigerator at 36°F to 46°F (2°C to 8°C).
  • Unopened vials may be used until the expiration date printed on the label, if they have been stored in the refrigerator.
  • Unopened vials should be thrown away after 28 days, if they are stored at room temperature.
• After vials have been opened:
  - Opened NovoLog® vials can be stored in the refrigerator at 36°F to 46°F (2°C to 8°C) or at room temperature below 86°F (30°C).
  - Throw away all opened NovoLog® vials after 28 days, even if they still have insulin left in them.

General information about the safe and effective use of NovoLog®
• Always use a new syringe and needle for each injection.
• Do not share syringes or needles.
• Keep NovoLog® vials, syringes, and needles out of the reach of children.
Instructions For Use
NovoLog® (N0-v0-log) FlexPen® (insulin aspart) injection

Introduction
Please read the following instructions carefully before using your NovoLog® FlexPen®.

Do not share your NovoLog® FlexPen® with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

NovoLog® FlexPen® is a disposable, single-patient-use, dial-a-dose insulin pen. You can select doses from 1 to 60 units in increments of 1 unit. NovoLog® FlexPen® is designed to be used with NovoFine®, NovoFine® Plus or NovoTwist® needles.

People who are blind or have vision problems should not use this Pen without help from a person trained to use the Pen.

Getting ready
Make sure you have the following items:
• NovoLog® FlexPen®
• New NovoFine®, NovoFine® Plus or NovoTwist® needle
• Alcohol swabs

NovoLog® FlexPen®

Preparing your NovoLog® FlexPen®
Wash your hands with soap and water. Before you start to prepare your injection, check the label to make sure that you are taking the right type of insulin. This is especially important if you take more than 1 type of insulin. NovoLog® should look clear and colorless. Do not use your NovoLog® FlexPen® if the liquid contains particles or is colored.

A. Pull off the pen cap (see diagram A).

Wipe the rubber stopper with an alcohol swab.

B. Attaching the needle
Remove the protective tab from a disposable needle. Screw the needle tightly onto your FlexPen®. It is important that the needle is put on straight (see diagram B).

Never place a disposable needle on your NovoLog® FlexPen® until you are ready to take your injection.

C. Pull off the big outer needle cap (see diagram C).

D. Pull off the inner needle cap and throw it away (dispose of it) (see diagram D).

Always use a new needle for each injection to make sure the needle is free of germs (sterile) and to prevent blocked needles. Do not reuse or share your needles with other people. You may give other people a serious infection, or get a serious infection from them.

E. Turn the dose selector to select 2 units (see diagram E).

F. Hold your NovoLog® FlexPen® with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge (see diagram F).

G. Keep the needle pointing upwards, press the push-button all the way in (see diagram G). The dose selector returns to 0.

A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times.

If you do not see a drop of insulin after 6 times, do not use the NovoLog® FlexPen® and contact Novo Nordisk at 1-800-727-6500.

A small air bubble may remain at the needle tip, but it will not be injected.

Selecting your dose
Check and make sure that the dose selector is set at 0.

H. Turn the dose selector to the number of units you need to inject. The pointer should line up with your dose.

The dose can be corrected either up or down by turning the dose selector in either direction until the correct dose lines up with the pointer (see diagram H). When turning the dose selector, be careful not to press the push-button as insulin will come out.

You cannot select a dose larger than the number of units left in the cartridge.

You will hear a click for every single unit dialed. Do not set the dose by counting the number of clicks you hear because you may get an incorrect dose.

I. Insert the needle into your skin.

Inject the dose by pressing the push-button all the way in until the 0 lines up with the pointer (see diagram I). Be careful only to push the button when injecting.

Turning the dose selector will not inject insulin.

J. Keep the needle in the skin for at least 6 seconds, and keep the push-button pressed all the way in until the needle has been pulled out from the skin (see diagram J). This will make sure that the full dose has been given.

You may see a drop of insulin at the needle tip. This is normal and has no effect on the dose you just received. If blood appears after you take the needle out of your skin, press the injection site tightly with an alcohol swab. Do not rub the area.

After the injection
Do not recap the needle. Recapping can lead to a needle stick injury. Remove the needle from the NovoLog® FlexPen® after each injection and dispose of it. This helps to prevent infection, leakage of insulin, and will help to make sure you inject the right dose of insulin.

If you do not have a sharps container, carefully slip the needle into the outer needle cap. Safely remove the needle and throw it away as soon as you can.

• Put your used needles in a FDA-approved sharps disposal container right away after use. Do not throw away (dispose of) loose needles in your household trash.

• If you do not have a FDA-approved sharps disposal container, you may use a household container that is:
  • made of a heavy-duty plastic,
  • can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
  • upright and stable during use,
  • leak-resistant, and
  • properly labeled to warn of hazardous waste inside the container.

• When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about the safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA’s website at: http://www.fda.gov/safesharpsdisposal.

Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

• When there is not enough medicine left in your NovoLog® FlexPen® (see diagram K), you may use a household container that is:
  • designed to deliver 300 units.
  • properly labeled to warn of hazardous waste inside the container.

K. Put the pen cap on the NovoLog® FlexPen® and store the NovoLog® FlexPen® without the needle attached (see diagram K). Storing without the needle attached helps prevent leaking, blocking of the needle, and air from entering the Pen.
How should I store NovoLog® FlexPen®?

- Do not freeze NovoLog®. Do not use NovoLog® if it has been frozen.
- Keep NovoLog® away from heat or light.
- Store the NovoLog® FlexPen® without the needle attached.

Until first use:
- Store unused NovoLog® FlexPen® in the refrigerator at 36°F to 46°F (2°C to 8°C).
- Unused FlexPen® may be used until the expiration date printed on the label, if kept in the refrigerator.
- Unused NovoLog® FlexPen® stored at room temperature should be thrown away after 28 days.

In-use:
- Store the FlexPen® you are currently using out of the refrigerator at room temperature below 86°F (30°C) for up to 28 days.
- The NovoLog® FlexPen® you are using should be thrown away after 28 days, even if it still has insulin left in it.

Maintenance

For the safe and proper use of your FlexPen®, be sure to handle it with care. Avoid dropping your FlexPen® as it may damage it. If you are concerned that your FlexPen® is damaged, use a new one. You can clean the outside of your FlexPen® by wiping it with a damp cloth. Do not soak or wash your FlexPen® as it may damage it. Do not refill your FlexPen®.

- Remove the needle from the NovoLog® FlexPen® after each injection. This helps to ensure sterility, prevent leakage of insulin, and will help to make sure you inject the right dose of insulin for future injections.
- Be careful when handling used needles to avoid needle sticks and transfer of infectious diseases.
- Keep your NovoLog® FlexPen® and needles out of the reach of children.
- Use NovoLog® FlexPen® as directed to treat your diabetes.
- Do not share your NovoLog® FlexPen® or needles with other people. You may give other people a serious infection, or get a serious infection from them.
- Always use a new needle for each injection.
- Novo Nordisk is not responsible for harm due to using this insulin pen with products not recommended by Novo Nordisk.
- As a precautionary measure, always carry a spare insulin delivery device in case your NovoLog® FlexPen® is lost or damaged.
- Remember to keep the disposable NovoLog® FlexPen® with you. Do not leave it in a car or other location where it can get too hot or too cold.
Instructions for Use

NovoLog® (Nö-vo-log) FlexTouch® Pen (insulin aspart) injection

• Do not share your NovoLog® FlexTouch® Pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

• NovoLog® FlexTouch® Pen (“Pen”) is a prefilled, single-patient-use disposable pen containing 300 units of U-100 NovoLog® (insulin aspart) injection insulin. You can inject from 1 to 80 units in a single injection. The units can be increased by 1 unit at a time.

• People who are blind or have vision problems should not use this Pen without help from a person trained to use the Pen.

Supplies you will need to give your NovoLog® injection:

• NovoLog® FlexTouch® Pen

• a new NovoFine®, NovoFine® Plus or NovoTwist® needle

• alcohol swabs

• 1 sharps container for throwing away used Pens and needles. See “Disposing of used NovoLog® Pens and needles” at the end of these instructions.

Preparing your NovoLog® FlexTouch® Pen:

• Wash your hands with soap and water.

• Before you start to prepare your injection, check the NovoLog® FlexTouch® Pen label to make sure you are taking the right type of insulin. This is especially important if you take more than 1 type of insulin.

• NovoLog® should look clear and colorless. Do not use NovoLog® if it is thick, cloudy, or is colored.

• Do not use NovoLog® past the expiration date printed on the label or 28 days after you start using the Pen.

Always use a new needle for each injection to make sure the needle is free of germs (sterile) and to prevent blocked needles. Do not reuse or share your needles with other people. You may give other people a serious infection, or get a serious infection from them.

NovoFine®

Outer needle cap

Inner needle cap

Needle

Paper tab

NovoFine® Plus

Outer needle cap

Inner needle cap

Needle

Paper tab

NovoTwist®

Outer needle cap

Inner needle cap

Needle

Paper tab

Pen cap

Step 1:

• Pull Pen cap straight off (See Figure B).

Step 2:

• Check the liquid in the Pen (See Figure C). NovoLog® should look clear and colorless. Do not use it if it looks cloudy or colored.

Step 3:

• Select a new needle.

• Pull off the paper tab from the outer needle cap (See Figure D).

Step 4:

• Push the capped needle straight onto the Pen and twist the needle on until it is tight (See Figure E).

Step 5:

• Pull off the outer needle cap. Do not throw it away (See Figure F).

Step 6:

• Pull off the inner needle cap and throw it away (See Figure G).

Step 7:

• Turn the dose selector to select 2 units (See Figure H).

Step 8:

• Hold the Pen with the needle pointing up. Tap the top of the Pen gently a few times to let any air bubbles rise to the top (See Figure I).

Step 9:

• Hold the Pen with the needle pointing up. Press and hold in the dose button until the dose counter shows “0”. The “0” must line up with the dose pointer.

• A drop of insulin should be seen at the needle tip (See Figure J).

• If you do not see a drop of insulin, repeat steps 7 to 9, no more than 6 times.

• If you still do not see a drop of insulin, change the needle and repeat steps 7 to 9.

Step 10:

• Turn the dose selector to select the number of units you need to inject. The dose pointer should line up with your dose (See Figure K).

• If you select the wrong dose, you can turn the dose selector forwards or backwards to the correct dose.

• The even numbers are printed on the dial.

• The odd numbers are shown as lines.

• The NovoLog® FlexTouch® Pen insulin scale will show you how much insulin is left in your Pen (See Figure L).

To see how much insulin is left in your NovoLog® FlexTouch® Pen:

• Turn the dose selector until it stops. The dose counter will line up with the number of units of insulin that is left in your Pen. If the dose counter shows 80, there are at least 80 units left in your Pen.

• If the dose counter shows less than 80, the number shown in the dose counter is the number of units left in your Pen.
Giving your injection:

- Inject your NovoLog\textsuperscript{®} exactly as your healthcare provider has shown you. Your healthcare provider should tell you if you need to pinch the skin before injecting.
- NovoLog\textsuperscript{®} can be injected under the skin (subcutaneously) of your stomach area (abdomen), buttocks, upper legs (thighs) or upper arms.
- Change (rotate) your injection sites within the area you choose for each dose to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites. For each injection, change (rotate) your injection site within the area of skin that you use. Do not use the same injection site for each injection. Do not inject where the skin has pits, is thickened, or has lumps. Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.

Step 11:
- Choose your injection site and wipe the skin with an alcohol swab. Let the injection site dry before you inject your dose (See Figure M).

Step 12:
- Insert the needle into your skin (See Figure N).
  - Make sure you can see the dose counter. Do not cover it with your fingers, this can stop your injection.
  - Press and hold down the dose button until the dose counter shows “0” (See Figure O).
  - The “0” must line up with the dose pointer. You may then hear or feel a click.
  - Keep the needle in your skin after the dose counter has returned to “0” and slowly count to 6 (See Figure P).
  - When the dose counter returns to “0”, you will not get your full dose until 6 seconds later.
  - If the needle is removed before you count to 6, you may see a stream of insulin coming from the needle tip.
  - If you see a stream of insulin coming from the needle tip you will not get your full dose. If this happens you should check your blood sugar levels more often because you may need more insulin.

Step 13:
- Pull the needle out of your skin (See Figure Q).
  - If you see blood after you take the needle out of your skin, press the injection site lightly with a piece of gauze or an alcohol swab. Do not rub the area.

Step 14:
- Carefully remove the needle from the Pen and throw it away (See Figure R).
  - Do not recap the needle. Recapping the needle can lead to needle stick injury.
  - If you do not have a sharps container, carefully slip the needle into the outer needle cap (See Figure S). Safely remove the needle and throw it away as soon as you can.
  - Do not store the Pen with the needle attached. Storing without the needle attached helps prevent leaking, blocking of the needle, and air from entering the Pen.

Step 15:
- Replace the Pen cap by pushing it straight on (See Figure T).

Step 16:
- Count slowly:
  - 1-2-3-4-5-6

After your injection:

- You can put your used NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pen and needles in a FDA-cleared sharps disposal container right away after use. Do not throw away (dispose of) loose needles and Pens in your household trash.
- If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  - made of a heavy-duty plastic,
  - can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
  - upright and stable during use, and
  - leak-resistant and properly labeled to warn of hazardous waste inside the container.
- When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. Do not reuse or share your needles or syringes with other people. For more information about safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA’s website at: http://www.fda.gov/safesharpsdisposal
- Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

How should I store my NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pen?

- Do not freeze NovoLog\textsuperscript{®}. Do not use NovoLog\textsuperscript{®} if it has been frozen.
- Keep NovoLog\textsuperscript{®} away from heat or light.
- Store the NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pen without the needle attached.

Until first use:

- Store unused NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pens in the refrigerator at 36°F to 46°F (2°C to 8°C).
- Unused Pens may be used until the expiration date printed on the label, if kept in the refrigerator at 36°F to 46°F (2°C to 8°C).
- Unused NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pen stored at room temperature should be thrown away after 28 days.

In-use:

- Store the Pen you are currently using out of the refrigerator at room temperature below 86°F.
- The NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pen you are using should be thrown away after 28 days, even if it still has insulin left in it.

General Information about the safe and effective use of NovoLog\textsuperscript{®}:

- Keep NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pens and needles out of the reach of children.
- Always use a new needle for each injection.
- Do not share your NovoLog\textsuperscript{®} FlexTouch\textsuperscript{®} Pens or needles with other people. You may give other people a serious infection, or get a serious infection from them.
Instructions for Use
NovoLog® (Nö-vo-log) PenFill® 3 mL cartridge
100 Units/mL (U-100) (insulin aspart) injection

- Do not share your PenFill® cartridge or PenFill® cartridge compatible insulin delivery device with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.
- Your healthcare provider should show you or your caregiver how to inject NovoLog® the right way before you inject it for the first time.
- NovoLog® PenFill® cartridge 100 Units/mL is a prefilled, single-patient-use cartridge containing 300 units of NovoLog® (insulin aspart) injection 100 Units/mL insulin.
- After you insert the PenFill® cartridge in your device, you can use it for multiple injections. Read the instruction manual that comes with your insulin delivery device for complete instructions on how to use the PenFill® cartridge with the device.
- People who are blind or have vision problems should not use these instructions. See “After your injection” at the end of the instruction manual if necessary.

Supplies you will need to give your NovoLog® injection:
- NovoLog® PenFill® cartridge
- Novo Nordisk 3 mL PenFill® cartridge compatible insulin delivery device
- 1 new NovoFine®, NovoFine® Plus, or NovoTwist® needle
- Alcohol swabs
- Adhesive bandage
- Cotton gauze
- A sharps container for throwing away used PenFill® cartridges and needles. See “After your injection” at the end of these instructions.

NovoFine®
- Outer needle cap
- Inner needle cap
- Needle
- Paper tab

NovoFine® Plus
- Outer needle cap
- Inner needle cap
- Needle
- Paper tab

NovoTwist®
- Inner needle cap
- Needle
- Paper tab

PenFill® cartridge compatible insulin delivery device
- Pen cap
- Dose pointer
- Cartridge holder
- Dose counter
- Dose selector/dose button

PenFill® cartridge 3 mL (example)
- Threaded end (for needle attachment)
- Colored band
- Rubber plunger

How to use the NovoLog® PenFill® cartridge

1. Insert a 3 mL cartridge with the threaded end first into your Novo Nordisk 3 mL PenFill® cartridge compatible insulin delivery device (See Figure C).
2. Pull off the inner needle cap and throw it away. Do not try to put the inner needle cap back on the needle. (See Figure F).
3. Pull off the outer needle cap (See Figure E). Do not throw it away. You will need it after the injection to safely remove the needle.
4. Check to make sure that the dose counter is set to 0.
5. Do the airshot as described in the instruction manual that comes with your device.
6. Keep testing your Novo Nordisk 3 mL PenFill® cartridge compatible insulin delivery device until you see insulin at the needle tip. If you still do not see a drop of insulin after 6 times, change the needle and repeat this step. This makes sure that any air bubbles are removed and that insulin is getting through the needle (See Figure G).

Select your dose
Step 1: Insert a 3 mL cartridge with the threaded end first into your Novo Nordisk 3 mL PenFill® cartridge compatible insulin delivery device (See Figure C).
Step 2: Take a new needle, and tear off the paper tab. Always use a new needle for each injection to make sure the needle is free of germs (sterile) and to prevent blocked needles. Do not attach a new needle to your device until you are ready to give your injection. Do not reuse or share your needles with other people. You may give others a serious infection, or get a serious infection from them.
Step 3: Be careful not to bend or damage the needle before you use it.
Step 4: Push the needle straight onto the device. Turn the needle clockwise until it is on tight (See Figure B).
Step 5: Carefully look at the cartridge and the insulin inside it. Check that the NovoLog® cartridge:
- Is not damaged, for example cracked or leaking
- Is not loose on the threaded end
- NovoLog® should look clear and colorless.
Do not use NovoLog® if it is cloudy or colored or if the threaded end is loose (See Figure B).

Check the insulin flow
Step 1: Small amounts of air may collect in the cartridge during normal use. You must do an airshot before each injection to avoid injecting air and to make sure you receive the prescribed dose of your medicine.
Step 2: Do the airshot as described in the instruction manual that comes with your device.

Places to inject
- Upper arms
- Abdomen
- Upper thighs
- Buttocks

Count slowly:
- 1-2-3-4-5-6

Step 1: Do the injection exactly as shown to you by your healthcare provider. Your healthcare provider should tell you if you need to pinch the skin before injecting.
Step 2: NovoLog® can be injected under the skin (subcutaneously) of your stomach area (abdomen), buttocks, upper leg (thighs), or upper arms (See Figure I).
Step 3: Change (rotate) your injection sites within the area you choose for each dose to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites. Do not use the same injection site for each injection. Do not inject where the skin has pits, is thickened, or has lumps. Do not inject where the skin is tender, bruised, scaly hard, or into scars or damaged skin.
Step 4: Clean your injection site with an alcohol swab. Let your skin dry. Do not touch this area again before injecting.
Step 5: Insert the needle into your skin. Press and hold down the dose button until the dose counter shows “0”. Continue to keep the dose button pressed and keep the needle in your skin and slowly count to 6 (see Figure J).
• Remove the needle from your skin. You may see a drop of NovoLog® at the needle tip after injecting. This is normal and has no effect on the dose you just received. If blood appears after you take the needle out of your skin, press the injection site lightly with a cotton gauze and cover with an adhesive bandage, if necessary. Do not rub the area.

After your injection

Step 8:
• Lay your outer needle cap on a flat surface. Carefully, lead the needle tip into the outer needle cap without touching the needle (See Figure K) and push the outer needle cap completely on.

• Hold the black cartridge holder on the insulin delivery device and unscrew the needle counterclockwise (See Figure L).

• Throw away (dispose of) the needle in an FDA-cleared sharps container as your healthcare professional has instructed you.

• Put your empty NovoLog® PenFill® cartridge and used needles in a FDA-cleared sharps disposal container right away after use. Do not throw away (dispose of) loose needles and PenFill® cartridges in your household trash.

• If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  • made of a heavy-duty plastic,
  • can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
  • upright and stable during use, and
  • leak-resistant and properly labeled to warn of hazardous waste inside the container.

• When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. Do not reuse or share your needles or syringes with other people. For more information about the safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDAs website at: http://www.fda.gov/safesharpsdisposal.

• Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

Step 9:
• Keep the 3 mL PenFill® cartridge in the device. Do not store your device with a needle attached. This will prevent infection or leakage of insulin and will make sure that you receive the right dose of NovoLog®.

• Put the pen cap on your device after each use to protect the insulin from light (See Figure M).

PenFill® cartridges in use:
• Store the PenFill® cartridge you are currently using in the insulin delivery device at room temperature below 86°F (30°C) for up to 28 days. Do not refrigerate.

• The NovoLog® PenFill® cartridge you are using should be thrown away after 28 days, even if it still has insulin left in it.

General Information about the safe and effective use of NovoLog®.
• Keep NovoLog® PenFill® cartridges and needles out of the reach of children.

• Do not share NovoLog® PenFill® cartridges or needles with other people. You may give other people a serious infection, or get a serious infection from them.

• Always carry extra insulin of the same type(s) you use in case of loss or damage.