**INDICATIONS AND USAGE**

NOVOLOG® MIX 70/30 is a mixture of insulin aspart protamine, an intermediate-acting human insulin analog, and insulin aspart, a rapid-acting human insulin analog, indicated to improve glycemic control in patients with diabetes mellitus. 

**CONTRAINDICATIONS**

Do not use in patients with hypersensitivity to NOVOLOG® MIX 70/30 or one of its excipients (4).

**WARNINGS AND PRECAUTIONS**

Never share a NOVOLOG® MIX 70/30 FlexPen® between patients, even if the needle is changed (5.1).

**DRUG INTERACTIONS**

• Drugs that may increase the risk of hypoglycemia: antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, diisopropylamine, furosamide, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramipexole, propoxyphene, salicylates, and pentamidine (e.g., clonidine, and phenothiazines, progestogens (e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., 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: 12/2018

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5.1 Never Share NOVOLOG® MIX 70/30 FlexPen® Between Patients

NOVOLOG® MIX 70/30 FlexPen® should never be shared between patients, even if the needle is changed. Patients using NOVOLOG® MIX 70/30 vials must never share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens.

5.2 Hypoglycemia or Hypoglycemia with Changes in Insulin Regimen

Changes in insulin strength, manufacturer, type, or method of administration may affect glyemic control and predispose to hypoglycemia [see Warnings and Precautions (5.3) or hypoglycemia]. These changes should be made cautiously and only under close medical supervision, and the frequency of blood glucose monitoring should be increased. For patients with type 2 diabetes, dosage adjustments of concomitant anti-diabetic products may be needed.

5.3 Hypoglycemia

Hypoglycemia is the most common adverse effect of all insulin therapies, including NOVOLOG® MIX 70/30. Severe hypoglycemia can cause seizures, may lead to unconsciousness, may be life threatening or cause death. Hypoglycemia can impair concentration or 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 symptoms may differ in each individual and change over time in the same individual. It is possible that 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) [see Drug Interactions (7)], 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 of the insulin is maximal. As with all insulin preparations, the glucose lowering effect of NOVOLOG® MIX 70/30 may vary in different individuals or at different times in the same individual and depends on many conditions, including the area of injection as well as the injection site blood supply and temperature [see Clinical Pharmacology (12.2)]. Unlike the risk of hypoglycemia, hypoglycemia includes changes in meal pattern (e.g., macronutrient content or timing of meals), changes in level of physical activity, or changes to co-administered medication [see Drug Interactions (7)]. Papanteral or hypoinsulinemic episodes may be at higher risk of hypoglycemia [see Use in Specific Populations (8.6, 8.7)].

Risk Mitigation Strategies for Hypoglycemia

Patients and caregivers must be educated to recognize and manage hypoglycemia. Self-monitoring of blood glucose plays an essential role in the prevention and management of hypoglycemia. Increased frequency of blood glucose monitoring is recommended. In patients at higher risk for hypoglycemia and patients who have reduced symptomatic awareness of hypoglycemia, increased frequency of blood glucose monitoring is recommended.

5.4 Hypoglycemia Due to Medication Errors

Accidental mix-ups between NOVOLOG® MIX 70/30 and other insulin products have been reported. To avoid medication errors between NOVOLOG® MIX 70/30 and other insulin products, instruct patients to always check the insulin label before each injection. Hypoglycemia

5.5 Hypersensitivity and Allergic Reactions

Severe, life-threatening, generalized allergy, including angioedema and anaphylaxis, can occur with insulin products, including NOVOLOG® MIX 70/30. If hypersensitivity reactions occur, discontinue NOVOLOG® MIX 70/30; treat per standard of care and monitor until symptoms and signs resolve [see Adverse Reactions (6)]. NOVOLOG® MIX 70/30 is contraindicated in patients who have had hypersensitivity reactions to insulin aspart or one of its excipients [see Contraindications (4)].

5.6 Hypokalemia

All insulin products, including NOVOLOG® MIX 70/30, can cause a shift in potassium from the extracellular to intracellular space, possibly resulting in hypokalemia. 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® MIX 70/30, 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 of 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)]
- Hypersensitivity and allergic reactions [see Warnings and Precautions (5.3)]
- Hypokalemia [see Warnings and Precautions (5.6)]

6.1 Clinical Trial Experience

Clinical trials are conducted under widely varying designs, therefore, the adverse reaction rates reported in one clinical trial may not be easily compared to those reported in another clinical trial, and may not reflect the rates actually observed in clinical practice. The data in Table 1 reflect the exposure of 55 patients with type 1 diabetes to NOVOLOG® MIX 70/30 with a mean exposure duration of three months. The mean age was 43.2 years. Sixty-four percent were male and 100% were Caucasian.

The mean body mass index (BMI) was 26.1 kg/m². The mean duration of diabetes was 14.9 years. The data in Table 2 reflect the exposure of 85 patients with type 2 diabetes to NOVOLOG® MIX 70/30 with a mean exposure duration of three months. The mean age was 62.7 years. Fifty-five percent were male and 100% were Caucasian. The mean body mass index (BMI) was 28.1 kg/m². The mean duration of diabetes was 15.0 years.

Common adverse reactions were defined as events occurring in >3%, and excluding hypoglycemia, of the population studied. Common adverse events occurring at the same rate or greater for NOVOLOG® MIX 70/30-treated subjects than on comparator-treated subjects during clinical trials in patients with type 1 diabetes and type 2 diabetes mellitus (other than hypoglycemia) are listed in Table 1 and Table 2, respectively. The trial was a three-month, open-label trial in patients with type 1 or type 2 diabetes who were treated twice daily (before breakfast and before supper) with NOVOLOG® MIX 70/30.

Table 1: Adverse Reactions Occurring in ≥5% of Type 1 Diabetes Mellitus Adult Patients Treated with NOVOLOG® MIX 70/30 and at the same rate or greater on NOVOLOG® MIX 70/30 than on comparator

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>NOVOLOG® MIX 70/30 (N=55)</th>
<th>Novolin® 70/30 (N=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia</td>
<td>38</td>
<td>69</td>
</tr>
<tr>
<td>Headache</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Influenza-like symptoms</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Back pain</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Skeletal pain</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 2: Adverse Reactions Occurring in ≥5% of Type 2 Diabetes Mellitus Adult Patients Treated with NOVOLOG® MIX 70/30 and at the same rate or greater on NOVOLOG® MIX 70/30 than on comparator

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>NOVOLOG® MIX 70/30 (N=85)</th>
<th>Novolin® 70/30 (N=102)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia</td>
<td>40</td>
<td>47</td>
</tr>
<tr>
<td>Headache</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Neuropthy</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Severe Hypoglycemia

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including NOVOLOG® MIX 70/30 [see Warnings and Precautions (5.3)]. The rates of reported hypoglycemia depend on the definition of hypoglycemia used, diabetes type, insulin dose, intensity of glucose control, background therapies, and other intrinsic and extrinsic patient factors. For these reasons, comparing rates of hypoglycemia in clinical trials for NOVOLOG® MIX 70/30 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 requiring the assistance of another person and/or parenteral glucose infusion or glucagon administration has been observed in clinical trials with insulin, including trials with NOVOLOG® MIX 70/30.

The incidence of severe hypoglycemia in adult patients receiving subcutaneous NOVOLOG® MIX 70/30 was 16% and 4% for type 1 and type 2 diabetes patients respectively at 12 weeks [see Clinical Studies (14)].

Allergic Reactions

Patients have experienced reactions such as erythema, edema or pruritus at the site of NOVOLOG® MIX 70/30 injection. These reactions usually resolve in a few days to a few weeks, but in some occasions, have required discontinuation of NOVOLOG® MIX 70/30.

Severe cases of generalized anaphylaxis have been reported [see Warnings and Precautions (5.5)].

Insulin initiation and glucose control intensification

Intensification or rapid improvement in glucose control has been associated with an increased risk of hypoglycemia in some clinical studies. The risk may be mitigated by slow intensification, awareness of diabetic retinopathy, disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Lipodystrophy

Long-term use of insulin, including NOVOLOG® MIX 70/30, can cause lipodystrophy at the site of repeated insulin injections. Lipodystrophy includes lipo hypertrophy (thickening of adipose tissue) and lipatrophy (thinning of adipose tissue), and may affect insulin absorption [see Dosage and Administration (2.1)].

Weight gain

Weight gain can occur with some insulin therapies, including NOVOLOG® MIX 70/30, and has been attributed to the anabolic effects of insulin and the decrease in glycosuria.

Peripheral Edema

Insulin products, including NOVOLOG® MIX 70/30, may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to NOVOLOG® MIX 70/30 in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

In a 3-month study with an extension in adult subjects with type 2 diabetes, 100% of patients who received NOVOLOG® MIX 70/30 were positive for anti-insulin antibodies (AIA) at least once during the first 12 months of the study including 91.4% that were positive at baseline. A total of 91.4% of patients who received NOVOLOG® MIX 70/30 were positive for anti-drug antibodies (ADA) at least once during the first 12 months of the study, including 62.1% that were positive at baseline.

In a phase 3 clinical trial of NOVOLOG® MIX 70/30, initial increase in titers of antibodies to insulin followed by a decrease approaching to baseline values was observed in NOVOLOG® MIX 70/30 and Novolin® R 70/30 treatment groups with similar incidences. These antibodies did not cause deterioration in glycemic control or necessitate increases in insulin dose.

6.3 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of NOVOLOG® MIX 70/30. 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 in which other insulins have been accidentally substituted for NOVOLOG® MIX 70/30 have been reported [see Warnings and Precautions (5.4)].

7 DRUG INTERACTIONS

Table 3: Clinically Significant Drug Interactions with NOVOLOG® MIX 70/30

<table>
<thead>
<tr>
<th>Drugs that May Increase the Risk of Hypoglycemia</th>
<th>Drugs that May Decrease the Blood Glucose Lowering Effect of NOVOLOG® MIX 70/30</th>
<th>Drugs that May Increase or Decrease the Blood Glucose Lowering Effect of NOVOLOG® MIX 70/30</th>
<th>Drugs that May Blunt Signs and Symptoms of Hypoglycemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs: Antidiabetic agents, ACE inhibitors, angiotensin receptor blocker agents, diuretics, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics</td>
<td>Drugs: Atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, prostaglandins (e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones</td>
<td>Drugs: Alcohol, beta-blockers, clonidine, and lithium salts. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.</td>
<td>Drugs: Beta-blockers, clonidine, guanethidine, and reserpine</td>
</tr>
<tr>
<td>Intention: Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
<td>Intention: Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
<td>Intention: Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
<td>Intention: Increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
</tr>
</tbody>
</table>

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data with NOVOLOG® MIX 70/30 in humans exposed early in pregnancy. However, there is insufficient information to determine the effects of insulin aspart during the late 2nd trimester of pregnancy did not identify an association of insulin aspart with major birth defects or adverse maternal or fetal outcomes. These studies cannot definitely establish the absence of any risk because of methodological limitations, including a variable duration of treatment and small size of the majority of the trials.

Animal Data

Fertility, embryo-fetal and pre-and postnatal development studies have 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 mating, 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 rabbits during organogenesis. The effects of insulin aspart did not differ from those observed with subcutaneous regular human insulin. Insulin aspart, like human insulin, caused pre- and post-implantation fetal losses and subcutaneous (1 unit/kg/day) and intraperitoneal (1 unit/kg/day) in rats at a dose of 200 units/kg/day (approximately 32 times the human subcutaneous dose of 1 unit/kg/day, based on human exposure equivalent(s)) 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 equivalent). No significant effects were observed in rats at a dose of 50 units/kg/day and in rabbits at a dose of 3 units/kg/day. These doses are approximately 8 times the human subcutaneous dose of 1 unit/kg/day for insulin and equal to the subcutaneous dose of 1 unit/kg/day for rabbits, based on human exposure equivalents. The effects are considered secondary to maternal hypoglycemia.

8.2 Lactation

Risk Summary

There are no data on the presence of NOVOLOG® MIX 70/30 in human breast milk. When used, diabetes type, insulin dose, intensity of glucose control, and/or parenteral glucose infusion or glucagon administration has been observed in clinical trials with insulin, including trials with NOVOLOG® MIX 70/30. The need for insulin during breastfeeding and the effects of insulin on the breastfed infant are not known. Human data with NOVOLOG® MIX 70/30 are not available. Therefore, the effects on the breastfed infant or the effect on milk production are unknown. 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 breast feeding should be considered along with the mother’s clinical need for NOVOLOG® MIX 70/30, and any potential adverse effects on the breastfed infant from NOVOLOG® MIX 70/30, or from the underlying maternal condition.

8.3 Pediatric Use

Safety and effectiveness of NOVOLOG® MIX 70/30 have not been established in pediatric patients.

8.4 Geriatric Use

Clinical studies of NOVOLOG® MIX 70/30 did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently than younger patients. In elderly patients with diabetes, the initial dosing, dose increments should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.

8.5 Renal Impairment

The effect of renal impairment on the pharmacokinetics of NOVOLOG® MIX 70/30 has not been studied. Some studies suggest that patients with decreased renal function may have increased clearance of insulin in patients with renal failure. Patients with renal impairment may be at increased risk of hypoglycemia and may require more frequent NOVOLOG® MIX 70/30 dose adjustment and more frequent blood glucose monitoring [see Warnings and Precautions (5.3)].

8.7 Hepatic Impairment

The effect of hepatic impairment on the pharmacokinetics of NOVOLOG® MIX 70/30 has not been studied. Patients with hepatic impairment may be at increased risk of hypoglycemia and may require more frequent NOVOLOG® MIX 70/30 dose adjustment and more frequent blood glucose monitoring [see Warnings and Precautions (5.3)].

10 OVERDOSAGE

Excess insulin administration may cause hypoglycemia and hypokalemia [see Warnings and Precautions (5.3, 5.6)]. Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise,
NovoLog® Mix 70/30 (insulin aspart protamine and insulin aspart injectable suspension)

**11 DESCRIPTION**

NOVOLOG® MIX 70/30 (insulin aspart protamine and insulin aspart injection) is a human insulin analog suspension containing 70% insulin aspart protamine crystals and 30% soluble insulin aspart. NOVOLOG® MIX 70/30 is a blood-glucose-lowering agent with an earlier onset and an intermediate duration of action. Insulin aspart is 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 (NOVOLOG®) has the empirical formula C$_{22}$H$_{55}$N$_{5}$O$_{27}$ and a molecular weight of 5825.8 Da.

**12 CLINICAL PHARMACOLOGY**

**12.1 Mechanism of Action**

The primary activity of insulin, including NOVOLOG® MIX 70/30, is the regulation of glucose metabolism. Insulin and its analog 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**

A euglycemic clamp study described below assessed glucose utilization after subcutaneous dosing of NOVOLOG® MIX 70/30 in healthy subjects (n = 24). Following a 0.3 units/kg single subcutaneous dose, the onset of action is between 10-20 minutes for NOVOLOG® MIX 70/30 compared to 30 minutes for Novolin® 70/30. The mean ± SD time to peak activity for NOVOLOG® MIX 70/30 is 2.7 hr ± 0.9 hr compared to 4.3 hr ± 3.9 hr for Novolin® 70/30. The duration of action may be as long as 24 hours (see Figure 2).

**12.3 Pharmacokinetics**

The single substitution of the amino acid proline with aspartic acid at position B28 in insulin aspart (NOVOLOG) reduces the molecule’s tendency to form hexamers as observed with regular human insulin. The rapid absorption characteristics of NOVOLOG® are maintained by NOVOLOG® MIX 70/30.

**Absorption and Bioavailability**

The 30% insulin aspart in the soluble component of NOVOLOG® MIX 70/30 is absorbed more rapidly from the subcutaneous layer than regular human insulin. The remaining 70% is in crystalline form as insulin aspart protamine which has a prolonged absorption profile after subcutaneous injection. The relative bioavailability of NOVOLOG® MIX 70/30 compared to NOVOLOG® and Novolin® 70/30 indicates that the insulins are absorbed to similar extent. In a euglycemic clamp study in healthy subjects (n=24) after dosing with NOVOLOG® MIX 70/30 (0.3 units/kg), a mean maximum serum concentration (C$_{max}$) of 61.3 ± 20.1 milliunits/L was reached after 85 minutes. Serum insulin levels returned to baseline 16 to 20 hours after a subcutaneous dose of NOVOLOG® MIX 70/30 (see Fig. 3 for pharmacokinetic profiles).

**13 NONCLINICAL TOXICOLOGY**

**13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

Standard 2-year carcinogenicity studies in animals have not been performed to evaluate the carcinogenic potential of NOVOLOG® MIX 70/30. In 52-week studies, Sprague-Dawley rats were dosed subcutaneously with NOVOLOG®, the rapid-acting component of NOVOLOG® MIX 70/30, at 10, 50, and 200 units/kg/day (approximately 2, 8, and 32 times the human subcutaneous dose, 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 not known.

NOVOLOG® was not genotoxic in the following tests: Ames test, mouse lymphoma cell forward gene mutation test, human peripheral blood lymphocyte chromosome aberration test, in vivo micronucleus test in mice, and in ex vivo UDS test in rat liver hepatocytes.

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

**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.

**14 CLINICAL STUDIES**

**14.1 Clinical Studies in Adult Patients with Type 1 and Type 2 Diabetes**

In a three-month, open-label trial, patients with type 1 (n=104) or type 2 (n=187) diabetes were treated twice daily (before breakfast and before supper) with NOVOLOG® MIX 70/30 or Novolin® 70/30. For type 1, 64% were male and for type 2, 54% were male and 100% were Caucasian for type 1 and type 2. The mean body mass index (BMI) was 26.1 kg/m$^2$ for type 1 and 28.1 kg/m$^2$ for type 2. The mean duration of diabetes was 14.9 years for type 1 and 15.0 years for type 2.

**Table 4: Glycemic Parameters at the End of Treatment (Mean ± SD (N subjects))**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>NOVOLOG® MIX 70/30</th>
<th>Novolin® 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1, N=104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting Blood Glucose (mg/dL)</td>
<td>174 ± 64 (48)</td>
<td>142 ± 59 (44)</td>
</tr>
<tr>
<td>1.5 Hour Post Breakfast (mg/dL)</td>
<td>187 ± 82 (48)</td>
<td>200 ± 82 (42)</td>
</tr>
<tr>
<td>1.5 Hour Post Dinner (mg/dL)</td>
<td>162 ± 77 (47)</td>
<td>171 ± 66 (41)</td>
</tr>
<tr>
<td>HbA$_1c$ (%) Baseline</td>
<td>8.4 ± 1.2 (51)</td>
<td>8.5 ± 1.1 (46)</td>
</tr>
<tr>
<td>HbA$_1c$ (%) Week 12</td>
<td>8.4 ± 1.1 (51)</td>
<td>8.3 ± 1.0 (47)</td>
</tr>
<tr>
<td>Type 2, N=187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting Blood Glucose (mg/dL)</td>
<td>153 ± 40 (76)</td>
<td>152 ± 69 (93)</td>
</tr>
<tr>
<td>1.5 Hour Post Breakfast (mg/dL)</td>
<td>182 ± 65 (75)</td>
<td>200 ± 80 (92)</td>
</tr>
<tr>
<td>1.5 Hour Post Dinner (mg/dL)</td>
<td>156 ± 51 (75)</td>
<td>191 ± 65 (93)</td>
</tr>
<tr>
<td>HbA$_1c$ (%) Baseline</td>
<td>8.1 ± 1.2 (82)</td>
<td>8.2 ± 1.3 (98)</td>
</tr>
<tr>
<td>HbA$_1c$ (%) Week 12</td>
<td>7.9 ± 1.0 (81)</td>
<td>8.1 ± 1.9 (96)</td>
</tr>
</tbody>
</table>

The significance, with respect to the long-term clinical sequelae of diabetes, of the differences in postprandial hyperglycemia between treatment groups has not been established.

**Table 5: Combination Therapy with Oral Agents and Insulin in Patients with Type 2 Diabetes Mellitus (Mean (SD))**

<table>
<thead>
<tr>
<th>Treatment duration 24-weeks</th>
<th>NOVOLOG® MIX 70/30 + Metformin + Pioglitazone</th>
<th>Metformin + Pioglitazone</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBAC$_0$ Baseline ± SD (n)</td>
<td>8.1 ± 1.0 (102)</td>
<td>8.1 ± 1.0 (98)</td>
</tr>
<tr>
<td>End-of-study mean ± SD (n) - LOCF</td>
<td>7.6 ± 1.0 (93)</td>
<td>7.8 ± 1.2 (87)</td>
</tr>
<tr>
<td>Adjusted Mean change from baseline in SE (n)</td>
<td>-1.6 ± 0.1 (93)</td>
<td>-0.3 ± 0.1 (87)</td>
</tr>
<tr>
<td>Treatment difference mean ± SE*</td>
<td>-1.3 ± 0.1 (-1.6)</td>
<td></td>
</tr>
<tr>
<td>95% CI*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of subjects reaching HBAC$_0$&lt;7.0%</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Percentage of subjects reaching HBAC$_0$&lt;6.5%</td>
<td>59%</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>NOVOLOG® MIX 70/30 + Metformin + Pioglitazone</th>
<th>Metformin + Pioglitazone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting Blood Glucose (mg/dL)</td>
<td>173 ± 39.8 (93)</td>
<td>163 ± 35.4 (88)</td>
</tr>
<tr>
<td>End of Study Mean ± SD (n) - LOCF</td>
<td>130 ± 50.0 (90)</td>
<td>120 ± 48.0 (92)</td>
</tr>
<tr>
<td>Adjusted Mean change from baseline in SE (n)</td>
<td>-4.0 ± 3.3 (90)</td>
<td>-3.9 ± 3.3 (84)</td>
</tr>
</tbody>
</table>

*Adjusted mean per group, treatment difference, and 95% CI were obtained based on an ANCOVA model with treatment, FPG stratum, and secretagogue stratum as fixed factors and baseline HBAC$_0$ as the covariate.
Trial 2: In a 28-week, open-label trial, insulin-naïve patients with type 2 diabetes with fasting plasma glucose above 140 mg/dL currently treated with metformin + thiazolidinedione therapy were randomized to receive either NOVOLOG® MIX 70/30 twice daily [before breakfast and before supper] or insulin glargine once daily (see Table 6). NOVOLOG® MIX 70/30 was started at an average dose of 5-6 IU (0.07 ± 0.03 IU/kg) twice daily (before breakfast and before supper), and bedtime insulin glargine was started at 10-12 IU (0.13 ± 0.03 IU/kg). Insulin doses were titrated weekly by decrements or increments of -2 to +6 units per injection to a pre-meal glucose goal of 80–110 mg/dL. The metformin dose was adjusted to 2550 mg/day. Approximately one-third of the patients in each group were also treated with pioglitazone (30 mg/day). Insulin secretagogues were discontinued in order to reduce the risk of hypoglycemia. Most patients were Caucasian (53%), and the mean initial weight was 90 kg.

The mean age of the trial population was 52.6 years and mean duration of diabetes was 9.5 years. Fifty three percent were male. Fifty-five percent were Caucasian, 15% Black, 27% were Hispanic, 2% were Asian and 2% were Other. The mean BMI was approximately 31.5 kg/m².

Table 6: Combination Therapy with Oral Agents and Two Types of Insulin in Patients with Type 2 Diabetes Mellitus [Mean (SD)]

<table>
<thead>
<tr>
<th>Treatment duration 28-weeks</th>
<th>NOVOLOG® MIX 70/30 + Metformin + Pioglitazone</th>
<th>Insulin Glargine + Metformin + Pioglitazone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>117</td>
<td>116</td>
</tr>
<tr>
<td>HbA1c</td>
<td>9.7 ± 1.5 (117)</td>
<td>9.6 ± 1.4 (114)</td>
</tr>
<tr>
<td>Baseline (%)</td>
<td>9.7 ± 1.5 (117)</td>
<td>9.6 ± 1.4 (114)</td>
</tr>
<tr>
<td>End-of-study mean (± SD)</td>
<td>6.9 ± 1.2 (108)</td>
<td>7.4 ± 1.2 (114)</td>
</tr>
<tr>
<td>Mean change from baseline</td>
<td>-2.7 ± 1.6 (108)</td>
<td>-2.4 ± 1.5 (114)</td>
</tr>
<tr>
<td>Percentage of subjects</td>
<td>65%</td>
<td>40%</td>
</tr>
<tr>
<td>reaching HbA1c&lt;7.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied
NOVOLOG® MIX 70/30 100 units per mL (U-100), 70% insulin aspart protamine and 30% insulin aspart, is available as a white and cloudy injectable suspension:

- 10 mL multiple-dose vial NDC 0169-3685-12
- 3 mL single-patient-use NOVOLOG® MIX 70/30 FlexPen® NDC 0169-3696-19

The NOVOLOG® MIX 70/30 FlexPen® dials in 1-unit increments.

16.2 Recommended Storage
Unused NOVOLOG® MIX 70/30 should be stored in a refrigerator between 2°C and 8°C (36°F to 46°F). Do not freeze NOVOLOG® MIX 70/30 or use NOVOLOG® MIX 70/30 if it has been frozen. Do not expose NOVOLOG® MIX 70/30 to excessive heat or light. Always remove the needle after each injection and store NOVOLOG® MIX 70/30 FlexPen® without a needle attached. This prevents contamination and/or infection, or leakage of insulin, and will ensure accurate dosing. Always use a new needle for each injection to prevent contamination.

The storage conditions are summarized in the following table:

Table 7: Storage conditions for NOVOLOG® MIX 70/30 vial and FlexPen®

<table>
<thead>
<tr>
<th>Storage Conditions</th>
<th>Not in-use (unopened)</th>
<th>Not in-use (unopened)</th>
<th>In-use (opened)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Temperature</td>
<td>(below 30°C (86°F))</td>
<td>(2°C - 8°C (36°F - 46°F))</td>
<td>(below 30°C (86°F))</td>
</tr>
<tr>
<td>10 mL vial</td>
<td>20 days</td>
<td>28 days</td>
<td>28 days</td>
</tr>
<tr>
<td>3 mL NOVOLOG® MIX 70/30 FlexPen®</td>
<td>14 days</td>
<td>Until expiration date</td>
<td>14 days (Do not refrigerate)</td>
</tr>
</tbody>
</table>
**Patient Information**

**NovoLog® Mix 70/30 (NŌ-vō-log-MIX-SEV-en-tee-THIR-tee)**
(insulin aspart protamine and insulin aspart injectable suspension)

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**Do not share your NovoLog® Mix 70/30 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.**

**What is NovoLog® Mix 70/30?**
- NovoLog® Mix 70/30 is a man-made insulin that is used to control high blood sugar in people with diabetes mellitus.
- It is not known if NovoLog® Mix 70/30 is safe and effective in children.

**Who should not take NovoLog® Mix 70/30?**
- pregnant, planning to become pregnant, or are breastfeeding.
- taking new prescription or over-the-counter medicines, vitamins, or herbal supplements.

**Before taking NovoLog® Mix 70/30, tell your healthcare provider about all your medical conditions including, if you are:**

**How should I take NovoLog® Mix 70/30?**
- Read the Instructions for Use that come with your NovoLog® Mix 70/30.
- Take NovoLog® Mix 70/30 exactly as your healthcare provider tells you to.
- NovoLog® Mix 70/30 starts acting fast. If you have Type 1 diabetes, inject it up to 15 minutes before you eat a meal. Do not inject NovoLog® Mix 70/30 if you are not planning to eat within 15 minutes. If you have Type 2 diabetes, you may inject NovoLog® Mix 70/30 up to 15 minutes before or after starting your meal.
- Do not mix NovoLog® Mix 70/30 with other insulin products or use in an insulin pump.
- 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 reuse or share your needles or syringes with other people. You may give other people a serious infection or get a serious infection from them.

**What should I avoid while taking NovoLog® Mix 70/30?**
- Drive or operate heavy machinery, until you know how NovoLog® Mix 70/30 affects you.
- Drink alcohol or use prescription or over-the-counter medicines that contain alcohol.

**What are the possible side effects of NovoLog® Mix 70/30?**
- Low blood sugar (hypoglycemia). Signs and symptoms that may indicate low blood sugar include:
  - dizziness or light-headedness
  - sweating
  - confusion
  - headache
  - blurred vision
  - slurred speech
  - shakiness
  - fast heart beat

  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® Mix 70/30 may include:
  - mild potassium in your blood (hypokalemia), reactions at the injection site, itching, rash, reactions that affect your skin (such as bumps at the injection site), which is called 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® Mix 70/30. 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® Mix 70/30.**
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® Mix 70/30 that is written for health professionals. Do not use NovoLog® Mix 70/30 for a condition for which it was not prescribed. Do not give NovoLog® Mix 70/30 to other people, even if they have the same symptoms that you have. It may harm them.

**What are the ingredients in NovoLog® Mix 70/30?**
- Active Ingredients: 70% insulin aspart protamine and 30% insulin aspart.
- Inactive Ingredients: glycerol, phenol, metacresol, zinc, disodium hydrogen phosphate dihydrate, sodium chloride, protamine sulfate, water for injection, hydrochloric acid or sodium hydroxide.

**Manufactured by:** Novo Nordisk A/S; DK-2880 Bagsvaerd, Denmark
For more information, go to www.novonordisk-us.com or call 1-800-727-6500.

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This Patient Information has been approved by the U.S. Food and Drug Administration

**Revised:** 05/2017
Instructions for Use
NovoLog® Mix 70/30 (Novo-Log-MIX-SEV-en-tee-THIR-tee) (insulin aspart protamine and insulin aspart injectable suspension) 10 mL vial (100 Units/mL, U-100)

Read this Instructions for Use before you start taking NovoLog® Mix 70/30 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® MIX 70/30 injection:

• 10 mL NovoLog® Mix 70/30 vial
• insulin syringe and needle
• alcohol swabs

Preparing your NovoLog® Mix 70/30 dose:

• Wash your hands with soap and water.
• Before you start to prepare your injection, check the NovoLog® Mix 70/30 label to make sure that you are taking the right type of insulin. This is especially important if you use more than one type of insulin.
• NovoLog® Mix 70/30 should look white and cloudy after opening. Do not use NovoLog® Mix 70/30 if it looks clear or contains any lumps or particles.
• NovoLog® Mix 70/30 is easier to mix when it is at room temperature.
• After mixing NovoLog® Mix 70/30, inject your dose right away. If you wait to inject your dose, the insulin will need to be mixed again.
• Do not use NovoLog® Mix 70/30 past the expiration date printed on the label.

Step 1: If you are using a new vial, pull off the tamper-resistant cap (See Figure A).

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

Step 3: Roll the NovoLog® Mix 70/30 vial between your hands 10 times. Keep the vial in a horizontal (flat) position (See Figure C). Roll the vial between your hands until the NovoLog® Mix 70/30 looks white and cloudy. Do not shake the vial.

Step 4: 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 D).

Step 5: Push the needle through the rubber stopper of the NovoLog® Mix 70/30 vial (See Figure E).

Step 6: Push the plunger all the way in. This puts air into the NovoLog® Mix 70/30 vial (See Figure F).

Step 7: Turn the NovoLog® Mix 70/30 vial and syringe upside down and slowly push the plunger down until the black tip is a few units past the line for your dose (See Figure G).

Step 8: Slowly push the plunger up until the black tip reaches the line for your NovoLog® Mix 70/30 dose (See Figure I).

Step 9: Check the syringe to make sure you have the right dose of NovoLog® Mix 70/30.

Step 10: Pull the syringe out of the vial’s rubber stopper (See Figure J).

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 K).

Step 12: Insert the needle into your skin. Push down on the plunger to inject your dose (See Figure L). The needle should remain in the skin for at least 6 seconds to make sure you have injected all the insulin.

Step 13: Pull the needle out of your skin. After that, you may see a drop of NovoLog® Mix 70/30 at the needle tip. This is normal and does not affect the dose you just received (See Figure M).

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.

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 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® Mix 70/30?

• Do not freeze NovoLog® Mix 70/30. Do not use NovoLog® Mix 70/30 if it has been frozen.
• Keep NovoLog® Mix 70/30 away from heat or light.

All unopened vials:

• Store unopened NovoLog® Mix 70/30 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® Mix 70/30 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) for up to 28 days.
• Throw away all opened NovoLog® Mix 70/30 vials after 28 days, even if they still have insulin left in them.

General information about the safe and effective use of NovoLog® Mix 70/30

• Always use a new syringe and needle for each injection.
• Do not share syringes or needles.
• Keep NovoLog® Mix 70/30 vials, syringes, and needles out of the reach of children.
Instructions For Use
NovoLog® Mix 70/30 FlexPen®
(No-vo-log-MIX-SEV-en-dee-Thri-tee)
(insulin aspart protamine and insulin aspart injectable suspension)

Read the following instructions carefully before you start using your NovoLog® Mix 70/30 FlexPen® and each time you get a refill. There may be new information. You should read the instructions even if you have used NovoLog® Mix 70/30 FlexPen® before.

Do not share your NovoLog® Mix 70/30 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® Mix 70/30 FlexPen® is a disposable dial-a-dose insulin pen. You can select doses from 1 to 60 units in increments of 1 unit. NovoLog® Mix 70/30 FlexPen® is designed to be used with NovoFine®, NovoFine® Plus or NovoTwist® needles.

People who are blind or have vision problems should not use NovoLog® Mix 70/30 FlexPen® without help from a person trained to use NovoLog® Mix 70/30 FlexPen®.

Getting ready
Make sure you have the following items:
• NovoLog® Mix 70/30 FlexPen®
• New NovoFine®, NovoFine® Plus or NovoTwist® needle
• Alcohol swabs

NovoLog® Mix 70/30 FlexPen®

Preparing your NovoLog® Mix 70/30 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® Mix 70/30 should look cloudy after mixing.

Before your first injection with a new NovoLog® Mix 70/30 FlexPen® you must mix the insulin:
A. Let the insulin reach room temperature before you use it. This makes it easier to mix.
B. Roll the pen between your palms 10 times – it is important that the pen is kept horizontal (see diagram B).
C. Then gently move the pen up and down ten times between position 1 and 2 as shown, so the glass ball moves from one end of the cartridge to the other (see diagram C).
D. Repeat rolling and moving the pen until the liquid appears white and cloudy. Do not use the pen if the liquid appears discolored or contains particles.
E. After mixing, complete all the following steps of the injection right away. If there is a delay, the insulin will need to be mixed again. Wipe the rubber stopper with an alcohol swab.
F. Before you inject, there must be at least 12 units of insulin left in the cartridge to make sure the remaining insulin is evenly mixed. If there are less than 12 units left, use a new NovoLog® Mix 70/30 FlexPen®.

Attaching the needle
D. Remove the protective tab from a disposable needle.
E. Pull off the big outer needle cap (see diagram E).
F. Pull off the inner needle cap and throw it away (dispose of it) (see diagram F).
G. 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 or syringes with other people. You may give other people a serious infection, or get a serious infection from them.

Be careful not to bend or damage the needle before use.

To reduce the risk of a needle stick, never put the inner needle cap back on the needle.

Giving the airshot before each injection
Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to make sure you take the right dose of insulin:
G. Turn the dose selector to select 2 units (see diagram G).

H. Hold your NovoLog® Mix 70/30 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 H).
I. Keep the needle pointing upwards, press the push-button all the way in (see diagram I). 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® Mix 70/30 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.
J. 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 J). 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.

Do not use the cartridge scale printed on the cartridge to measure your dose of insulin.

Giving the injection
Check your healthcare provider. Your healthcare provider should tell you if you need to pinch the skin before injecting. Wipe the skin with an alcohol swab and let the area dry.

NovoLog® Mix 70/30 can be injected under the skin (subcutaneously) of your stomach area, buttocks, upper legs (thighs), or upper arms.

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.

K. 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 K). Be careful only to push the button when injecting. Turning the dose selector will not inject insulin.

L. 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 L). 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® Mix 70/30 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.
• Put your used needles in a FDA-cleared sharps disposal container right after use. Do not throw away (dispose of) loose needles in your household trash.
• If you do not have a FDA-cleared sharps disposal container, carefully slip the needle into the outer needle cap and throw it away in a household container that is:
  o made of a heavy-duty plastic,
  o can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
  o upright and stable during use,
  o leak-resistant, and
  o 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 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 sharp disposal container in your household trash unless your community guidelines permit this.
• Do not recycle your used sharp disposal container.
• When there is not enough medicine left in your NovoLog® Mix 70/30 FlexPen® for your prescribed dose, the NovoLog® Mix 70/30 FlexPen® may be thrown away in your household trash after you have removed the needle.

The NovoLog® Mix 70/30 FlexPen® prevents the cartridge from being completely emptied. It is designed to deliver 300 units.

M. Put the pen cap on the NovoLog® Mix 70/30 FlexPen® and store the NovoLog® Mix 70/30 FlexPen® without the needle attached (see diagram M). Storing without the needle attached helps prevent leaking, blocking of the needle, and air from entering the Pen.

How should I store NovoLog® Mix 70/30 FlexPen®?
• Do not freeze NovoLog® Mix 70/30. Do not use NovoLog® Mix 70/30 if it has been frozen.
• Keep NovoLog® Mix 70/30 away from heat or light.
• Store the NovoLog® Mix 70/30 FlexPen® without the needle attached.

Unused NovoLog® Mix 70/30 FlexPen®:
• Store unused NovoLog® Mix 70/30 FlexPen® in the refrigerator at 36°F to 46°F (2°C to 8°C).
• Unused NovoLog® Mix 70/30 FlexPen® may be used until the expiration date printed on the label, if kept in the refrigerator.
• Unused NovoLog® Mix 70/30 FlexPen® should be thrown away after 14 days, if it is stored at room temperature.

In-Use NovoLog® Mix 70/30 FlexPen®:
• Store the FlexPen® you are currently using at room temperature below 86°F (30°C) for up to 14 days.
• The NovoLog® Mix 70/30 FlexPen® you are using should be thrown away after 14 days, even if it still has insulin left in it.

Maintenance
For the safe and proper use of your NovoLog® Mix 70/30 FlexPen®, be sure to handle it with care. Avoid dropping your NovoLog® Mix 70/30 FlexPen® as it may damage it. If you are concerned that your NovoLog® Mix 70/30 FlexPen® is damaged, use a new one. You can clean the outside of your NovoLog® Mix 70/30 FlexPen® by wiping it with a damp cloth. Do not soak or wash your NovoLog® Mix 70/30 FlexPen® as it may damage it. Do not refill your NovoLog® Mix 70/30 FlexPen®.

• Remove the needle from the NovoLog® Mix 70/30 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® Mix 70/30 FlexPen® and needles out of the reach of children.
• Use NovoLog® Mix 70/30 FlexPen® as directed to treat your diabetes.
• Do not share your NovoLog® Mix 70/30 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® Mix 70/30 FlexPen® is lost or damaged.
Remember to keep the disposable NovoLog® Mix 70/30 FlexPen® with you. Do not leave it in a car or other location where it can get too hot or too cold.