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.

Limitations of Use:
- Not recommended for the treatment of diabetic ketoacidosis.
- The proportions of rapid-acting and long-acting insulins are fixed and do not allow for basal versus prandial dose adjustments (1).

--- DOSAGE AND ADMINISTRATION ---
- Inject NOVOLOG® MIX 70/30 subcutaneously in the abdominal region, buttocks, thigh, or upper arm (2.1).
- Administer the dose within 15 minutes before meal initiation. For patients with type 2 diabetes, the dose may also be given after meal initiation (2.1).
- Rotate injection sites within the same region from one injection to the next to reduce risk of lipodystrophy and localized cutaneous amyloidosis (2.1).
- Inspect visually before use. Appearance should be uniformly white and cloudy. Do not use if it looks clear or if it contains solid particles (2.1).
- NOVOLOG® MIX 70/30 must be resuspended immediately before use. Resuspension is easier when the insulin has reached room temperature (2.1).
- Do not administer intravenously or use in insulin infusion pumps (2.1).

--- DRUG INTERACTIONS ---
- Drugs that may increase the risk of hypoglycemia: antibiotic agents, ACE inhibitors, angiotensin II receptor blockers, blocking agents, disopyramide, fribates, flavetine, monoalkylamine, sodium, isoniazid, niacin, oral contraceptives, nefazodone, propranolol, 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, insulin, niacin, oral contraceptives, orlistat, 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: 11/2019
MIX 70/30 and other

2.1 Important Administration Information

Always check insulin labels before administration [see Warnings and Precautions (5.4)].

Inject NOVOLOG® MIX 70/30 subcutaneously in the abdominal region, buttocks, thigh, or upper arm.

Administer the dose within 15 minutes before meal initiation. For patients with type 2 diabetes, the dose may also be given after meal initiation.

- Rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis. Do not inject into areas of lipodystrophy or localized cutaneous amyloidosis [see Warnings and Precautions (5.2) and Adverse Reactions (6.1, 6.3)].
- During changes to a patient’s insulin regimen, increase the frequency of blood glucose monitoring [see Warnings and Precautions (5.2)].
- Inspect NOVOLOG® MIX 70/30 visually before use. It should appear uniformly white and cloudy. Do not use if it looks clear or if it contains solid particles.
- NOVOLOG® MIX 70/30 must be resuspended immediately before use. Resuspension is easier when the insulin has reached room temperature.
- When using the vial, roll the vial gently in hands in a horizontal position 10 times. Then, turn NOVOLOG® MIX 70/30 FlexPen® upside down so that the glass ball moves from one end of the reservoir to the other 10 times until the suspension appears uniformly white and cloudy. Inject immediately.
- When using NOVOLOG® MIX 70/30 FlexPen®, roll NOVOLOG® MIX 70/30 FlexPen® gently between hands in a horizontal position 10 times. Then, turn NOVOLOG® MIX 70/30 FlexPen® upside down so that the glass ball moves from one end of the reservoir to the other 10 times until the suspension appears uniformly white and cloudy. Inject immediately.
- The NOVOLOG® MIX 70/30 FlexPen® dials in 1-unit increments.
- Use NOVOLOG® MIX 70/30 FlexPen® with caution in patients with visual impairment who may rely on audible clicks to dial their dose.
- Do not administer NOVOLOG® MIX 70/30 intravenously or use in insulin infusion pumps.
- Do not mix NOVOLOG® MIX 70/30 with any other insulins.

2.2 Dosage Information

- NovoLog® MIX 70/30 is typically dosed twice-daily (with each dose intended to cover 2 meals or a meal and a snack).
- Individualize and adjust the dosage of NOVOLOG® MIX 70/30 based on the individual’s metabolic needs, blood glucose monitoring results and glycemic control goal.
- Dosage adjustments may be needed with changes in physical activity, changes in body mass index (e.g., medication cost or timing of food intake), changes in renal or hepatic function or during acute illness [see Warnings and Precautions (5.3) and Use in Specific Populations (8.6, 8.7)].
- Dosage adjustment may be needed when switching from another insulin to NOVOLOG® MIX 70/30 [see Warnings and Precautions (5.2)].

2.3 Dosage Adjustment Due to Drug Interactions

- Dosage adjustment may be needed when NOVOLOG® MIX 70/30 is co-administered with certain drugs [see Drug Interactions (7)].

3 DOSAGE FORMS AND STRENGTHS

- NOVOLOG® MIX 70/30 is 100 units per mL (U-100), 70% insulin aspart protamine and 30% insulin aspart, is available as a white and slightly translucent suspension:
  - 10 mL multiple-dose vial
  - 3 mL single-patient-use NOVOLOG® MIX 70/30 FlexPen®

4 CONTRAINDICATIONS

- NOVOLOG® MIX 70/30 is contraindicated during episodes of hypoglycemia [see Warnings and Precautions (5.3)].

5 WARNINGS AND PRECAUTIONS

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 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 result in insulin-related hypoglycemia or hyperglycemia [see Warnings and Precautions (5.3)] or hyperglycemia. Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis have been reported to result in hypoglycemia; and a sudden change in the injection site (in an unaffected area) has been reported to result in hyperglycemia [see Adverse Reactions (6.1, 6.3)]. Make any changes to a patient’s insulin regimen under close medical supervision with increased frequency of blood glucose monitoring. Advise patients who have repeatedly injected into areas of lipodystrophy or localized cutaneous amyloidosis to change the injection site to unaffected areas and closely monitor for hypoglycemia. 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 be accompanied by unconsciousness, may lead to uncontrolled insulin dosing, 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 symptoms 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 autonomic 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 time to peak effect of the insulin is maximal. As with all insulin preparations, the glucose lowering effect time course of NOVOLOG® MIX 70/30 may vary in different individuals or at different times in the same individual and depends on many conditions including an area of injection as well as the injection site blood supply and temperature [see Clinical Pharmacology (12.2)]. Other factors which may increase the risk of hypoglycemia include changes in meal pattern (e.g., macronutrient content or timing of meals), changes in level of physical activity, or changes in concomitant medication [see Drug Interactions (7)]. Patients with renal or hepatic impairment 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 insulins, instruct patients to always check the insulin label before each injection.

5.5 Hypersensitivity and Allergic Reactions

Severe, life-threatening, generalized allergy, including 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 (6.2)]. 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 leading to hyperkalemia. 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 in 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 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 (5.5)]
- 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 rates 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 15.0 years. 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® MIX 70/30-treated subjects than on 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. The table includes 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 a 5% of

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycemia</td>
<td>38</td>
<td>69</td>
<td>37</td>
<td>76</td>
</tr>
<tr>
<td>Headache</td>
<td>19</td>
<td>35</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Influenza-like symptoms</td>
<td>7</td>
<td>13</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Back pain</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Skeletal pain</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</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 represent 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 cases, have required discontinuation of NOVOLOG® MIX 70/30.

Severe cases of generalized allergy (anaphylaxis) have been reported [see Warnings and Precautions (5.3)].

Insulin initiation and glucose control intensification

Intensification or rapid improvement in glucose control has been associated with an increased risk of severe hypoglycemia, particularly during the early phase of therapy. Glucose monitoring may be required when these drugs.

Effect of NOVOLOG

Intervention:

Drugs:

MIX 70/30 and at the same rate or greater

MIX 70/30 are positive for anti-drug antibodies (ADA) 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 type 2 diabetes 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 NovoLog® MIX 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)]. Localized cutaneous amyloidosis at the injection site has occurred with insulin aspart. Hyperglycemia has been reported with repeated insulin injections into areas of localized cutaneous amyloidosis; hyperglycemia has been reported with a sudden change to an unaffected injection site.

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>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs:</td>
</tr>
<tr>
<td>Antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, diisopyramide, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics</td>
</tr>
<tr>
<td>Intervention:</td>
</tr>
<tr>
<td>Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drugs that May Decrease the Blood Glucose Lowering Effect of NOVOLOG® MIX 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs:</td>
</tr>
<tr>
<td>Atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., mestranol, norethisterone), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones</td>
</tr>
<tr>
<td>Intervention:</td>
</tr>
<tr>
<td>Dose adjustment and increased frequency of glucose monitoring may be required when NOVOLOG® MIX 70/30 is co-administered with these drugs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drugs that May Increase or Decrease the Blood Glucose Lowering Effect of NOVOLOG® MIX 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs:</td>
</tr>
<tr>
<td>Alcohol, beta-blockers, clonidine, and lithium salts. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.</td>
</tr>
<tr>
<td>Intervention:</td>
</tr>
<tr>
<td>Dose adjustment and 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 pregnant women to inform a drug-associated risk for major birth defects and miscarriage. Available information from published randomized controlled trials with insulin aspart use during the second trimester of pregnancy have not reported an association with insulin aspart and major birth defects or adverse maternal or fetal outcomes [see Data]. There are risks to the mother and fetus associated with the use of insulin in women who are pregnant [see Clinical Considerations]. In animal reproduction studies, administration of subcutaneous insulin aspart to pregnant rats and rabbits during the period of organogenesis did not cause adverse developmental effects in NOVOLOG® MIX 70/30 and NovoLog® MIX 70/30 treatment groups with similar incidences. The estimated background risk of major birth defects is 6-10% in women with pre-gestational diabetes with a HbA1c >7% and has been reported to be as high as 20-25% in women with a HbA1c >10%. The estimated background risk of miscarriage for the general population is unknown. In the long-term animal reproduction studies, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Clinical Considerations

Disease-Associated Maternal and/or Embryo-Fetal Risk

Poorly controlled diabetes in pregnancy increases the maternal risk for metabolic acidosis, ketoadiposis, preeclampsia, spontaneous abortions, preterm delivery, and delivery complications. Poorly controlled diabetes increases the fetal risk for major birth defects, still birth, and macrosomia related morbidly.

Data

Human Data

Published data from 5 randomized controlled trials of 441 pregnant women and infants, insulin aspart was administered before mating, during mating, and throughout pregnancy. Further, in a pre- and postnatal development study insulin aspart in rats, insulin aspart was administered before mating, during mating, and throughout pregnancy. In an embryo-fetal development study in rats, insulin aspart was administered before mating, during mating, and throughout pregnancy. There are no available data with NOVOLOG® MIX 70/30 in pregnant women to inform a drug-associated risk for major birth defects and/or adverse maternal or fetal outcomes. However, 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 losses and visceral/skeletal abnormalities 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 equivalents) and in rabbits at a dose of 10 units/kg/day (approximately 3 times the human subcutaneous dose of 1 unit/kg/day, based on human exposure equivalents). No significant number of pregnant rats and rabbits at a dose of 10 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 rats and equal to the human 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 milk, the effects on the breastfed infant, or the effect on milk production. One small published study reported that exogenous insulin in human milk, human 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® MIX 70/30, and any potential adverse effects of insulin aspart from the mother to the infant from NOVOLOG® MIX 70/30, or from the underlying maternal condition.

8.4 Pediatric Use

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

8.5 Geriatric Use

Clinical studies of NOVOLOG® MIX 70/30 did not include an adequate number of patients 65 years of age or older to determine whether they respond differently than younger patients. In elderly patients with diabetes, the initial dose, dose increments should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.
8.6 Renal Impairment
The effect of renal impairment on the pharmacokinetics of NOVOLOG® MIX 70/30 has not been studied. Some studies with human insulin have shown increased circulating levels 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)]. Mix episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise, may be needed. More severe episodes with coma, seizure, or neurologic impairement 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
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 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_{26}H_{33}N_{6}O_{14}S_{3} and a molecular weight of 5825.8 Da.

Figure 1. Structural formula of insulin aspart

NOVOLOG® MIX 70/30 is a uniform, white, sterile suspension that contains insulin aspart 100 units/mL. Inactive ingredients are glycerol 16.0 mg/mL, phenol 1.50 mg/mL, metacresol 1.72 mg/mL, zine 19.6 μg/mL, disodium hydrogen phosphate ditydrate 1.25 mg/mL, sodium chloride 0.877 mg/mL, and protamine sulfate 0.32 mg/mL. NOVOLOG® MIX 70/30 has a pH of 7.20 - 7.44. Hydrochloric acid or sodium hydroxide may be added to adjust pH.

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 ± 0.9 hours compared to 4.3 ± 0.9 hours for Novolin® 70/30. The duration of action may be as long as 24 hours (see Figure 2).

8.15 ± 6.9 (93)
During an 8-week (baker’s MIX 70/30 24 171 ± 66 (41)
MIX 70/30 compared to MIX 70/30 (see Fig. 3 for pharmacokinetic 200 ± 80 (92)
8.1 ± 1.0 (102)
Some studies with human insulin have shown increased circulating levels 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)].

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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)].

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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 Novolin® 70/30 and Novolin® 70/30 indicates that the insulin is 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).

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. Specific anti-insulin antibodies as well as cross-reacting anti-insulin antibodies were monitored in the 3-month, open-label comparator trial as well as in a long-term extension trial.

14.2 Clinical Studies in Adult Patients with Type 2 Diabetes Mellitus
Treatment 1:
In a 34-week, open-label trial, insulin-naïve patients with type 2 diabetes currently treated with 2 oral antidiabetic agents were switched to treatment with metformin and pioglitazone. The mean age of the trial population was 53.4 years and mean duration of diabetes was 9.2 years. Forty-six percent were male. Eighty-five percent were White, 12% were Black and 3% were Asian. The mean BMI was approximately 32.4 kg/m². During an 8-week optimization period metformin and pioglitazone were increased to 2500 mg per day and 30 or 45 mg per day, respectively. After the optimization period, subjects were randomized to receive either NOVOLOG® MIX 70/30 twice daily added on to the metformin and pioglitazone regimen or continue the current optimized metformin and pioglitazone therapy. NOVOLOG® MIX 70/30 was started at a dose of 6 IU twice daily (before breakfast and before supper). Insulin doses were titrated to a pre-meal glucose goal of 80-110 mg/dL. The total daily insulin dose at the end of the study was 59 - 205 IU.

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

<table>
<thead>
<tr>
<th>NOVOLOG® MIX 70/30</th>
<th>Metformin + Pioglitazone</th>
<th>Metformin + Pioglitazone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline mean ± SD (n)</td>
<td>8.1 ± 1.0 (102)</td>
<td>8.1 ± 1.0 (98)</td>
</tr>
<tr>
<td>Adjusted Mean change from baseline ± SE (n)</td>
<td>-1.6 ± 0.1 (93)</td>
<td>-3.0 ± 0.1 (87)</td>
</tr>
<tr>
<td>Treatment difference mean ± SE*</td>
<td>-1.3 ± 0.1</td>
<td>-1.6 ± 0.1</td>
</tr>
</tbody>
</table>
**NovoLog® Mix 70/30 (insulin aspart protamine and insulin aspart injectable suspension)**

17 **PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Patient Information and Instructions for Use).

**Never Share a NOVOLOG® MIX 70/30 FlexPen® between Patients**

Advise patients that they must never share NOVOLOG® MIX 70/30 FlexPen® device with another person even if the needle is changed. Advise patients using NOVOLOG® MIX 70/30 vials not to share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens [see Warnings and Precautions (5.5)].

**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® MIX 70/30 therapy. Instruct patients on handling of special situations such as intercurrent 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 hypoglycemia [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 can 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 (5.5)].

**Hypersensitivity Reactions**

Advise patients that hypersensitivity reactions have occurred with NOVOLOG® MIX 70/30. Inform patients of the symptoms of hypersensitivity reactions [see Warnings and Precautions (5.3)].

**Administration**

- Advise patients to inspect NOVOLOG® MIX 70/30 visually before use. It should appear uniformly white and cloudy. Instruct them not to use it if it looks clear or contains solid particles.
- NOVOLOG® MIX 70/30 must be resuspended immediately before use. Resuspension is easier when the insulin has reached room temperature.
- Instruct patients when using the vial, to roll the vial gently in their hands in a horizontal position 10 times until the suspension appears uniformly white and cloudy. The patient should use immediately after resuspension.
- Instruct patients when using NOVOLOG® MIX 70/30 FlexPen®, to roll NOVOLOG® MIX 70/30 FlexPen® gently between their hands in a horizontal position 10 times. Then, to turn NOVOLOG® MIX 70/30 FlexPen® upside down so that the glass ball moves from one end of the reservoir to the other 10 times until the suspension appears uniformly white and cloudy. The patient should use immediately after resuspension.
- Instruct patients to administer NOVOLOG® MIX 70/30 by subcutaneous injection in the abdominal region, buttocks, thigh, or upper arm and to rotate injection sites within the same region to reduce the risk of lipodystrophy.
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?
Do not take NovoLog® Mix 70/30 if you:
• are having an episode of low blood sugar (hypoglycemia).
• have an allergy to NovoLog® Mix 70/30 or any of the ingredients in NovoLog® Mix 70/30.

Before taking NovoLog® Mix 70/30, 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® Mix 70/30, talk to your healthcare provider about low blood sugar and how to manage it.

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.
• Change (rotate) your injections sites within the same area you choose with each dose

What should I avoid while taking NovoLog® Mix 70/30?
While taking NovoLog® Mix 70/30 do not:
• 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?
NovoLog® Mix 70/30 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® Mix 70/30 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® 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 Ingredient: 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.
Instructions for Use
NovoLog® Mix 70/30 (Nō-vō-Log-MIX-SEV-en-lee-THIR-lee) (insulin aspart protamine and insulin aspart injectable suspension)

10 mL multiple-dose 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 1 type of insulin.
- NovoLog® Mix 70/30 should look white and cloudy after mixing. 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 pull 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).

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 36°F to 46°F (2°C to 8°C) or at room temperature below 80°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.

Giving your injection:

- Inject your NovoLog® Mix 70/30 exactly as your healthcare provider has shown you. Your healthcare provider should tell you if you need to pinch the skin before injecting.
- NovoLog® Mix 70/30 is injected under the skin (subcutaneously) of your stomach area, buttocks, upper legs, or upper arms.
- Change (rotate) your injection sites within the area you choose for each injection. Do not inject where the skin has pits, thickened, or has lumps. Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.

After vials have been opened:

- Opened NovoLog® Mix 70/30 vials can be stored in the refrigerator 36°F to 46°F (2°C to 8°C) or at room temperature below 80°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® (N=2-Log-MIX SEV en-the-Thir-tee-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, single-patient-use 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

Preparations to make:

- Wash your hands with soap and water.
- Be careful not to bend or damage the needle before use.

Preparing your NovoLog® Mix 70/30 FlexPen®

- Make sure that you are taking the right type of insulin. This is especially important if you take more than 1 type of insulin.

- Make sure you take the right dose of insulin:
  - Make sure that the dose selector is set at 0.
  - Use a new NovoLog® Mix 70/30 FlexPen® to make sure that the full dose has been given.

- Do not rub the injection site for each injection. Do not inject where the skin has pits, is thickened, or has humps. Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.

- 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.

Selecting your dose

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

- 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 higher than you need.

- Do not rub the injection site for each injection. Do not inject where the skin has pits, is thickened, or has humps. Do not inject where the skin is tender, bruised, scaly or hard, or into scars or damaged skin.

Attaching the needle

- Remove the protective tab from a disposable needle.
- Screw the needle tightly onto your NovoLog® Mix 70/30 FlexPen®. It is important that the needle is put on straight (see diagram B).
- Never place a disposable needle on your NovoLog® Mix 70/30 FlexPen® before you are ready to inject your insulin.

- Pull off the big outer needle cap (see diagram E). If you do not see a drop of insulin at the needle tip, repeat the procedure no more than 6 times. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times.

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

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.

- Hold your NovoLog® Mix 70/30 FlexPen® with the needle pointing up. Take the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge (see diagram H).

- 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.

- 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.

- 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.

- 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. It blood appears after you take the needle out of your skin, press the injection site lightly 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 away 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:
  - 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](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® 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.