

NovoLog[®] Insulin aspart (rDNA origin) Injection

DESCRIPTION

NovoLog[®] (insulin aspart [rDNA origin] injection) is a human insulin analog that is a rapid-acting, parenteral blood glucose-lowering agent. NovoLog 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) as the production organism. Insulin aspart has the empirical formula $C_{256}H_{381}N_{65}O_{79}S_6$ and a molecular weight of 5825.8.

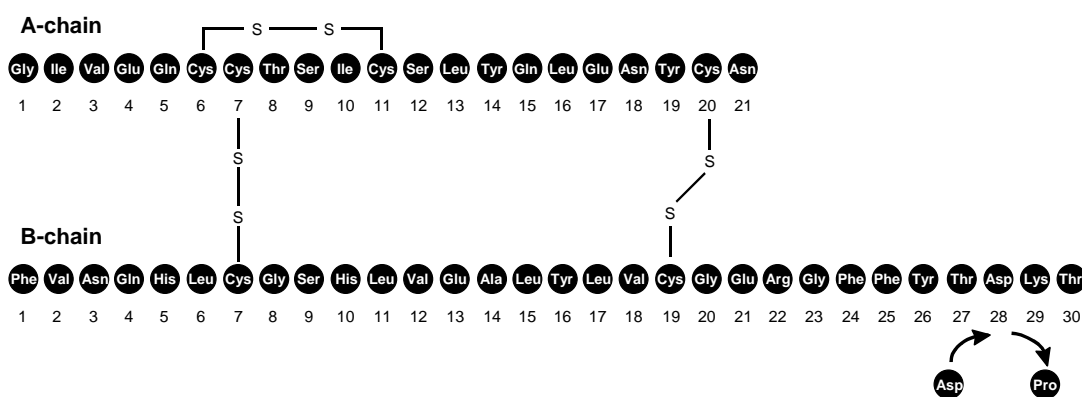


Figure 1. Structural formula of insulin aspart.

NovoLog is a sterile, aqueous, clear, and colorless solution, that contains insulin aspart (B28 asp regular human insulin analog) 100 Units/mL, glycerin 16 mg/mL, phenol 1.50 mg/mL, metacresol 1.72 mg/mL, zinc 19.6 μ g/mL, disodium hydrogen phosphate dihydrate 1.25 mg/mL, and sodium chloride 0.58 mg/mL. NovoLog has a pH of 7.2-7.6. Hydrochloric acid 10% and/or sodium hydroxide 10% may be added to adjust pH.

CLINICAL PHARMACOLOGY

Mechanism of Action

The primary activity of NovoLog is the regulation of glucose metabolism. Insulins, including NovoLog, bind to the insulin receptors on muscle and fat cells and lower blood glucose by facilitating the cellular uptake of glucose and simultaneously inhibiting the output of glucose from the liver.

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. In humans, the effect of NovoLog is more rapid in onset and of shorter duration, compared to regular human insulin, due to its faster absorption after subcutaneous injection (see Figure 2 and Figure 3).

Pharmacokinetics

The single substitution of the amino acid proline with aspartic acid at position B28 in NovoLog reduces the molecule's tendency to form hexamers as observed with regular human insulin. NovoLog is, therefore, more rapidly absorbed after subcutaneous injection compared to regular human insulin.

In a randomized, double-blind, crossover study 17 healthy Caucasian male subjects between 18 and 40 years of age received an intravenous infusion of either NovoLog or regular human insulin at 1.5 mU/kg/min for 120 minutes. The mean insulin clearance was similar for the two groups with mean values of 1.22 l/h/kg for the NovoLog group and 1.24 l/h/kg for the regular human insulin group.

Bioavailability and Absorption - NovoLog has a faster absorption, a faster onset of action, and a shorter duration of action than regular human insulin after subcutaneous injection (see Figure 2 and Figure 3). The relative bioavailability of NovoLog compared to regular human insulin indicates that the two insulins are absorbed to a similar extent.

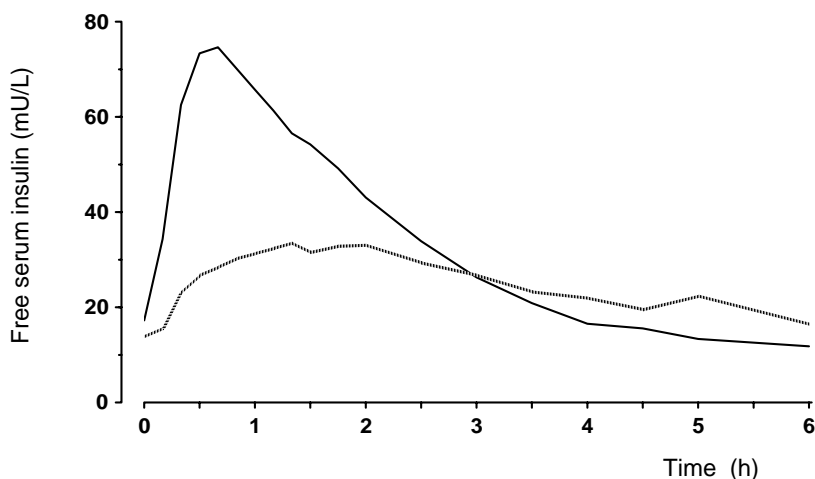


Figure 2. Serial mean serum free insulin concentration collected up to 6 hours following a single pre-meal dose of NovoLog (solid curve) or regular human insulin (hatched curve) injected immediately before a meal in 22 patients with Type 1 diabetes.

In studies in healthy volunteers (total n=107) and patients with Type 1 diabetes (total n=40), NovoLog consistently reached peak serum concentrations approximately twice as fast as regular human insulin. The median time to maximum concentration in these trials was 40 to 50 minutes for NovoLog versus 80 to 120 minutes for regular human insulin. In a clinical trial in patients with Type 1 diabetes, NovoLog and regular human insulin, both administered subcutaneously at a dose of 0.15 U/kg body weight, reached mean maximum concentrations of 82.1 and 35.9 mU/L, respectively. Pharmacokinetic/pharmacodynamic characteristics of insulin aspart have not been established in patients with Type 2 diabetes. The intra-individual variability in time to maximum serum insulin concentration for healthy male volunteers was significantly less for NovoLog than for regular human insulin. The clinical significance of this observation has not been established.

In a clinical study in healthy non-obese subjects, the pharmacokinetic differences between NovoLog and regular human insulin described above, were observed independent of the injection site (abdomen, thigh, or upper arm). Differences in pharmacokinetics between NovoLog and regular human insulin are not associated with differences in overall glycemic control.

Distribution and Elimination - NovoLog has a low binding to plasma proteins, 0-9%, similar to regular human insulin. After subcutaneous administration in normal male volunteers (n=24), NovoLog was more rapidly eliminated than regular human insulin with an average apparent half-life of 81 minutes compared to 141 minutes for regular human insulin.

Pharmacodynamics

Studies in normal volunteers and patients with diabetes demonstrated that subcutaneous administration of NovoLog has a more rapid onset of action than regular human insulin. In a 6-hour study in patients with Type 1 diabetes (n=22), the maximum glucose-lowering effect of NovoLog occurred between 1 and 3 hours after subcutaneous injection (see Figure 3). The duration of action for NovoLog is 3 to 5 hours compared to 5 to 8 hours for regular human insulin. The time course of action of insulin and insulin analogs such as NovoLog may vary considerably in different individuals or within the same individual. The parameters of NovoLog activity (time of onset, peak time and duration) as designated in Figure 3 should be considered only as general guidelines. The rate of insulin absorption and consequently the onset of activity is known to be affected by the site of injection, exercise, and other variables (see PRECAUTIONS, General). Differences in pharmacodynamics between NovoLog and regular human insulin are not associated with differences in overall glycemic control.

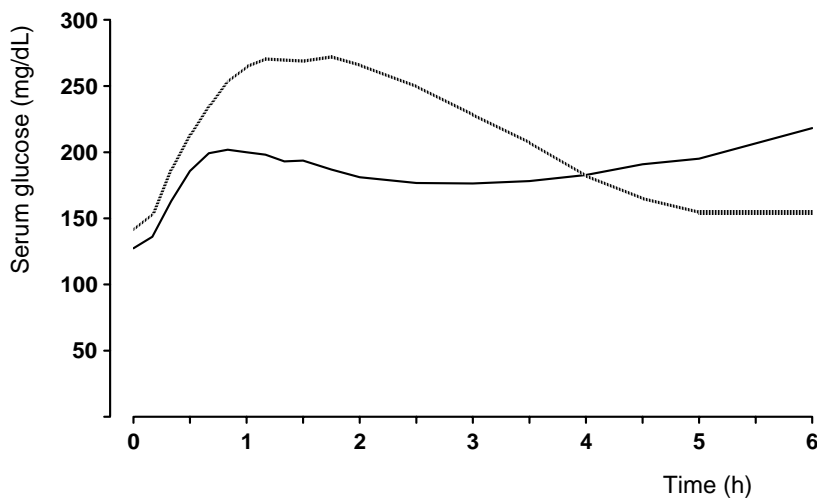
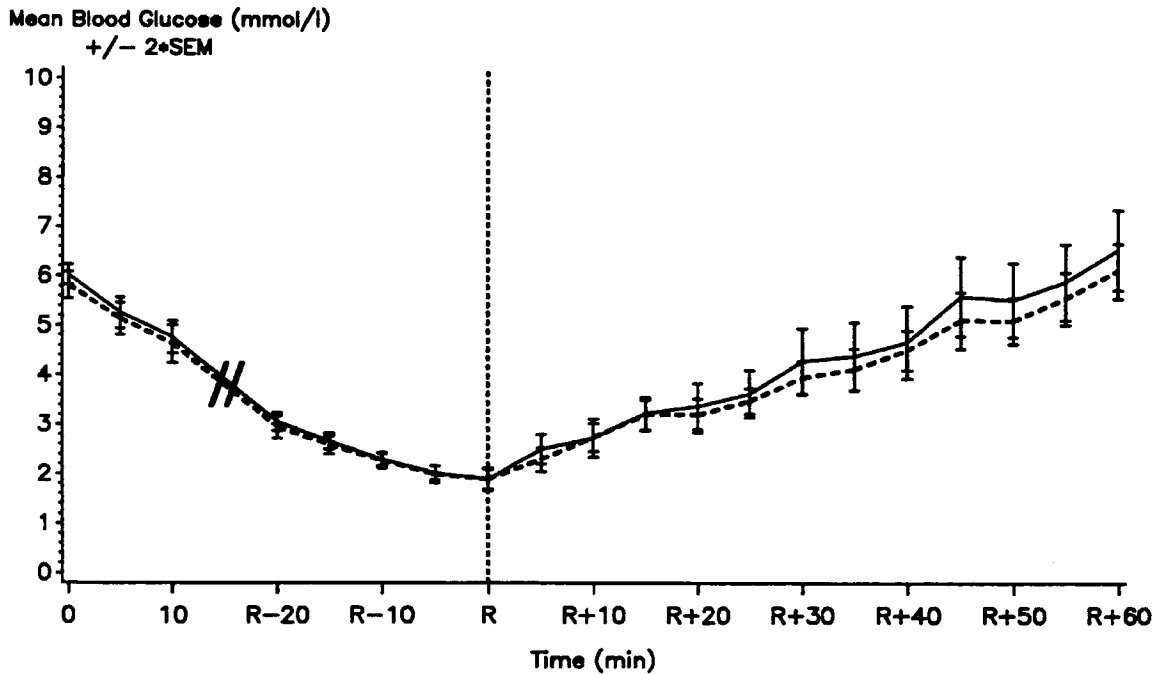


Figure 3. Serial mean serum glucose collected up to 6 hours following a single pre-meal dose of NovoLog (solid curve) or regular human insulin (hatched curve) injected immediately before a meal in 22 patients with Type 1 diabetes.

A double-blind, randomized, two-way cross-over study with 16 patients with Type 1 diabetes demonstrated that intravenous infusion of NovoLog resulted in a blood glucose profile that was similar to that after intravenous infusion with regular human insulin (see Figure 4).



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

Figure 4. Mean blood glucose profiles following intravenous infusion of NovoLog (hatched curve) and regular human insulin (solid curve) in 16 patients with Type 1 diabetes. R represents the time of autonomic reaction.

Special Populations

Children and Adolescents - The pharmacokinetic and pharmacodynamic properties of NovoLog and regular human insulin were evaluated in a single dose study in 18 children (6-12 years, n=9) and adolescents (13-17 years [Tanner grade ≥ 2], n=9) with Type 1 diabetes. The relative differences in pharmacokinetics and pharmacodynamics in children and adolescents with Type 1 diabetes between NovoLog and regular human insulin were similar to those in healthy adult subjects and adults with Type 1 diabetes.

Geriatrics - The effect of age on the pharmacokinetics and pharmacodynamics of NovoLog has not been studied.

Gender - In healthy volunteers, no difference in insulin aspart levels was seen between men and women when body weight differences were taken into account. There was no significant difference in efficacy noted (as assessed by HbA1c) between genders in a trial in patients with Type 1 diabetes.

Obesity - In a study of 23 patients with type 1 diabetes and a wide range of body mass index (BMI, 22-39 kg/m²), the pharmacokinetic parameters, AUC and C_{max}, of NovoLog were generally unaffected by BMI. Clearance of NovoLog was reduced by 28% in patients with BMI >32 compared to patients with BMI <23 when a single dose of 0.1 U/kg NovoLog was administered. However, only 3 patients with BMI <23 were studied.

Ethnic Origin - The effect of ethnic origin on the pharmacokinetics of NovoLog has not been studied.

Renal Impairment - Some studies with human insulin have shown increased circulating levels of insulin in patients with renal failure. A single subcutaneous dose of NovoLog was administered in a study of 18 patients with creatinine clearance values ranging from normal to <30 mL/min and not requiring hemodialysis. No apparent effect of creatinine clearance values on AUC and C_{max} of NovoLog was found. However, only 2 patients with severe renal impairment were studied (<30 mL/min). Careful glucose monitoring and dose adjustments of insulin, including NovoLog, may be necessary in patients with renal dysfunction (see PRECAUTIONS, Renal Impairment).

Hepatic Impairment - Some studies with human insulin have shown increased circulating levels of insulin in patients with liver failure. In an open-label, single-dose study of 24 patients with Child-Pugh Scores ranging from 0 (healthy volunteers) to 12 (severe hepatic impairment), no correlation was found between the degree of hepatic failure and any NovoLog pharmacokinetic parameter. Careful glucose monitoring and dose adjustments of insulin, including NovoLog, may be necessary in patients with hepatic dysfunction (see PRECAUTIONS, Hepatic Impairment).

Pregnancy - The effect of pregnancy on the pharmacokinetics and pharmacodynamics of NovoLog has not been studied (see PRECAUTIONS, Pregnancy).

Smoking - The effect of smoking on the pharmacokinetics/pharmacodynamics of NovoLog has not been studied.

CLINICAL STUDIES

To evaluate the safety and efficacy of NovoLog in patients with Type 1 diabetes, two six-month, open-label, active-control (NovoLog vs. Novolin[®] R) studies were conducted (see Table 1). NovoLog was administered by subcutaneous injection immediately prior to meals and regular human insulin was administered by subcutaneous injection 30 minutes before meals. NPH insulin was administered as the basal insulin in either single or divided daily doses. Changes in HbA_{1c}, the rates of hypoglycemia (as determined from the number of events requiring intervention from a third party), and the incidence of ketosis were clinically comparable for the two treatment regimens. The mean total daily doses of insulin were greater (1-3 U/day) in the NovoLog-treated patients compared to patients who received regular human insulin. This difference was primarily due to basal insulin requirements. No serum glucose measurements were obtained in these studies.

To evaluate the safety and efficacy of NovoLog in patients with Type 2 diabetes, one six-month, open-label, active-control (NovoLog vs. Novolin R) study was conducted (see Table 1). NovoLog was administered by subcutaneous injection immediately prior to meals and regular human insulin was administered by subcutaneous injection 30 minutes before meals. NPH insulin was administered as the basal insulin in either single or divided daily doses. Changes in HbA1c and the rates of hypoglycemia (as determined from the number of events requiring intervention from a third party) were clinically comparable for the two treatment regimens.

Table 1. Results of two six-month, active-control, open-label trials in patients with Type 1 diabetes (Studies A and B) and one six-month, active-control, open-label trial in patients with Type 2 diabetes (Study C).

Study	Treatment (n)	Mean HbA1c (%)		Hypoglycemia ¹ (events / month / patient)	% of Patients Using Various Numbers of Insulin Injections / Day ²				
		Baseline	Month 6		Rapid-acting			Basal	
					1 - 2	3	4 - 5	1	2
A	NovoLog (n=694)	8.0	7.9	0.06	3	75	22	54	46
	Novolin R (n=346)	8.0	8.0	0.06	6	75	19	63	37
B	NovoLog (n=573)	7.9	7.8	0.08	4	90	6	94	6
	Novolin R (n=272)	8.0	7.9	0.06	4	91	4	93	7
C	NovoLog (n=90)	8.1	7.7	0.02	4	93	4	97	4
	Novolin R (n=86)	7.8	7.8	0.01	2	93	5	93	7

¹ Events requiring intervention from a third party during the last three months of treatment

² Percentages are rounded to the nearest whole number

To evaluate the use of NovoLog by subcutaneous infusion with an external pump, two open-label, parallel design studies (6 weeks [n=29] and 16 weeks [n=118]) compared NovoLog versus Velosulin (buffered regular human insulin) in patients with Type 1 diabetes. Changes in HbA1c and rates of hypoglycemia were comparable. Patients with Type 2 diabetes were also studied in an open-label, parallel design trial (16 weeks [n=127]) using NovoLog by subcutaneous infusion compared to pre-prandial injection (in conjunction with basal NPH injections). Reductions in HbA1c and rates of hypoglycemia were comparable. (See INDICATIONS AND USAGE, WARNINGS, PRECAUTIONS, Mixing of Insulins, Information for Patients, DOSAGE AND ADMINISTRATION, and RECOMMENDED STORAGE.)

INDICATIONS AND USAGE

NovoLog is indicated for the treatment of patients with diabetes mellitus, for the control of hyperglycemia. Because NovoLog has a more rapid onset and a shorter duration of activity than human regular insulin, NovoLog given by injection should normally be used in regimens with an intermediate or long-acting insulin. NovoLog may also be infused subcutaneously by external insulin pumps. NovoLog may be administered intravenously under proper medical supervision in a clinical setting for glycemetic control. (See WARNINGS, PRECAUTIONS

[especially Usage in Pumps], Information for Patients [especially For Patients Using Pumps], Mixing of Insulins, DOSAGE AND ADMINISTRATION, RECOMMENDED STORAGE.)

CONTRAINDICATIONS

NovoLog is contraindicated during episodes of hypoglycemia and in patients hypersensitive to NovoLog or one of its excipients.

WARNINGS

NovoLog differs from regular human insulin by a more rapid onset and a shorter duration of activity. Because of the fast onset of action, the injection of NovoLog should immediately be followed by a meal. Because of the short duration of action of NovoLog, patients with diabetes also require a longer-acting insulin to maintain adequate glucose control. Glucose monitoring is recommended for all patients with diabetes and is particularly important for patients using external pump infusion therapy.

Hypoglycemia is the most common adverse effect of insulin therapy, including NovoLog. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations.

Any change of insulin dose should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type (e.g., regular, NPH, analog), species (animal, human), or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage.

Insulin Pumps: When used in an external insulin pump for subcutaneous infusion, NovoLog should not be diluted or mixed with any other insulin. Physicians and patients should carefully evaluate information on pump use in the NovoLog physician and patient package inserts and in the pump manufacturer's manual (e.g. NovoLog-specific information should be followed for in-use time, frequency of changing infusion sets, or other details specific to NovoLog usage, because NovoLog-specific information may differ from general pump manual instructions).

Pump or infusion set malfunctions or insulin degradation can lead to hyperglycemia and ketosis in a short time because of the small subcutaneous depot of insulin. This is especially pertinent for rapid-acting insulin analogs that are more rapidly absorbed through skin and have shorter duration of action. These differences may be particularly relevant when patients are switched from multiple injection therapy or infusion with buffered regular insulin. Prompt identification and correction of the cause of hyperglycemia or ketosis is necessary. Interim therapy with subcutaneous injection may be required. (See PRECAUTIONS, Mixing of Insulins, Information for Patients, DOSAGE AND ADMINISTRATION, and RECOMMENDED STORAGE.)

PRECAUTIONS

General

Hypoglycemia and hypokalemia are among the potential clinical adverse effects associated with the use of all insulins. Because of differences in the action of NovoLog and other insulins, care should be taken in patients in whom such potential side effects might be clinically relevant (e.g., patients who are fasting, have autonomic neuropathy, or are using potassium-lowering drugs or patients taking drugs sensitive to serum potassium level). Insulin stimulates potassium movement into the cells, possibly leading to hypokalemia that left untreated may cause respiratory paralysis, ventricular arrhythmia, and death. Since intravenously administered insulin has a rapid onset of action, increased attention to hypoglycemia and hypokalemia is necessary. Therefore, glucose and potassium levels must be monitored closely when NovoLog or any other insulin is administered intravenously. Lipodystrophy and hypersensitivity are among other potential clinical adverse effects associated with the use of all insulins.

As with all insulin preparations, the time course of NovoLog action may vary in different individuals or at different times in the same individual and is dependent on site of injection, blood supply, temperature, and physical activity.

Adjustment of dosage of any insulin may be necessary if patients change their physical activity or their usual meal plan. Insulin requirements may be altered during illness, emotional disturbances, or other stresses.

Hypoglycemia - As with all insulin preparations, hypoglycemic reactions may be associated with the administration of NovoLog. Rapid changes in serum glucose levels may induce symptoms of hypoglycemia in persons with diabetes, regardless of the glucose value. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetic nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia.

Renal Impairment - As with other insulins, the dose requirements for NovoLog may be reduced in patients with renal impairment (see CLINICAL PHARMACOLOGY, Pharmacokinetics).

Hepatic Impairment - As with other insulins, the dose requirements for NovoLog may be reduced in patients with hepatic impairment (see CLINICAL PHARMACOLOGY, Pharmacokinetics).

Allergy - Local Allergy - As with other insulin therapy, patients may experience redness, swelling, or itching at the site of injection. These minor reactions usually resolve in a few days to a few weeks, but in some occasions, may require discontinuation of NovoLog. In some instances, these reactions may be related to factors other than insulin, such as irritants in a skin cleansing agent or poor injection technique.

Systemic Allergy - Less common, but potentially more serious, is generalized allergy to insulin, which may cause rash (including pruritus) over the whole body, shortness of breath, wheezing, reduction in blood pressure, rapid pulse, or sweating. Severe cases of generalized allergy, including anaphylactic reaction, may be life threatening.

Localized reactions and generalized myalgias have been reported with the use of cresol as an injectable excipient.

In controlled clinical trials using injection therapy, allergic reactions were reported in 3 of 735 patients (0.4%) who received regular human insulin and 10 of 1394 patients (0.7%) who received NovoLog. During these and other trials, 3 of 2341 patients treated with NovoLog were discontinued due to allergic reactions.

Antibody Production - Increases in levels of anti-insulin antibodies that react with both human insulin and insulin aspart have been observed in patients treated with NovoLog. The number of patients treated with insulin aspart experiencing these increases is greater than the number among those treated with human regular insulin. Data from a 12-month controlled trial in patients with Type 1 diabetes suggest that the increase in these antibodies is transient. The differences in antibody levels between the human regular insulin and insulin aspart treatment groups observed at 3 and 6 months were no longer evident at 12 months. The clinical significance of these antibodies is not known. They do not appear to cause deterioration in HbA1c or to necessitate increases in insulin dose.

Pregnancy and Lactation

Female patients should be advised to tell their physician if they intend to become, or if they become pregnant. Information is not available on the use of NovoLog during pregnancy or lactation.

Usage in Pumps

NovoLog is recommended for use in pump systems suitable for insulin infusion as listed below.

Pumps:

Disetronic H-TRON series, MiniMed 500 series and other equivalent pumps.

Reservoirs and infusion sets:

NovoLog is recommended for use in any reservoir and infusion sets that are compatible with insulin and the specific pump. In-vitro studies have shown that pump malfunction, loss of cresol, and insulin degradation, may occur when NovoLog is maintained in a pump system for more than 48 hours. Reservoirs and infusion sets should be changed at least every 48 hours.

NovoLog in clinical use should not be exposed to temperatures greater than 37°C (98.6°F). **NovoLog should not be mixed with other insulins or with a diluent when it is used in the pump.** (See WARNINGS, PRECAUTIONS, Mixing of Insulins, Information for Patients, DOSAGE AND ADMINISTRATION, and RECOMMENDED STORAGE.)

Information for Patients

For all patients:

Patients should be informed about potential risks and advantages of NovoLog therapy including the possible side effects. Patients should also be offered continued education and advice on insulin therapies, injection technique, life-style management, regular glucose monitoring, periodic glycosylated hemoglobin testing, recognition and management of hypo- and hyperglycemia, adherence to meal planning, complications of insulin therapy, timing of dose, instruction in the use of injection or subcutaneous infusion devices, and proper storage of insulin. Patients should be informed that frequent, patient-performed blood glucose measurements are needed to achieve optimal glycemic control and avoid both hyper- and hypoglycemia.

Female patients should be advised to tell their physician if they intend to become, or if they become pregnant. Information is not available on the use of NovoLog during pregnancy or lactation (see PRECAUTIONS, Pregnancy).

For patients using pumps:

Patients using external pump infusion therapy should be trained in intensive insulin therapy with multiple injections and in the function of their pump and pump accessories.

Pumps:

NovoLog is recommended for use in Disetronic H-TRON series, MiniMed 500 series and other equivalent pumps

Reservoirs and infusion sets:

NovoLog is recommended for use in any reservoir and infusion sets that are compatible with insulin and the specific pump. Please see recommended reservoir and infusion sets in the pump manual.

To avoid insulin degradation, infusion set occlusion, and loss of the preservative (metacresol), reservoirs, infusion sets, and injection site should be changed at least every 48 hours.

Insulin exposed to temperatures higher than 37°C (98.6°F) should be discarded. The temperature of the insulin may exceed ambient temperature when the pump housing, cover, tubing, or sport case is exposed to sunlight or radiant heat. Infusion sites that are erythematous, pruritic, or thickened should be reported to medical personnel, and a new site selected because continued infusion may increase the skin reaction and/or alter the absorption of NovoLog. Pump or infusion set malfunctions or insulin degradation can lead to hyperglycemia and ketosis in a short time because of the small subcutaneous depot of insulin. This is especially pertinent for rapid-acting insulin analogs that are more rapidly absorbed through skin and have shorter duration of action. These differences are particularly relevant when patients are switched from infused buffered regular insulin or multiple injection therapy. Prompt identification and correction of the cause of hyperglycemia or ketosis is necessary. Problems include pump malfunction, infusion set occlusion, leakage, disconnection or kinking, and degraded insulin. Less commonly, hypoglycemia from pump malfunction may occur. If these problems cannot be promptly corrected, patients should resume therapy with subcutaneous insulin injection and contact their physician. (See WARNINGS, PRECAUTIONS, Mixing of Insulins, DOSAGE AND ADMINISTRATION, and RECOMMENDED STORAGE.)

Laboratory Tests

As with all insulin therapy, the therapeutic response to NovoLog should be monitored by periodic blood glucose tests. Periodic measurement of glycosylated hemoglobin is recommended for the monitoring of long-term glycemic control. When NovoLog is administered intravenously, glucose and potassium levels must be closely monitored to avoid potentially fatal hypoglycemia and hypokalemia.

Drug Interactions

A number of substances affect glucose metabolism and may require insulin dose adjustment and particularly close monitoring.

- The following are examples of substances that may increase the blood-glucose-lowering effect and susceptibility to hypoglycemia: oral antidiabetic products, ACE inhibitors, disopyramide, fibrates, fluoxetine, monoamine oxidase (MAO) inhibitors, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics.
- The following are examples of substances that may reduce the blood-glucose-lowering effect: corticosteroids, niacin, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, salbutamol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives).
- Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.
- In addition, under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent (see CLINICAL PHARMACOLOGY).

Mixing of Insulins

- A clinical study in healthy male volunteers (n=24) demonstrated that mixing NovoLog with NPH human insulin immediately before injection produced some attenuation in the peak concentration of NovoLog, but that the time to peak and the total bioavailability of NovoLog were not significantly affected. If NovoLog is mixed with NPH human insulin, NovoLog should be drawn into the syringe first. The injection should be made immediately after mixing. Because there are no data on the compatibility of NovoLog and crystalline zinc insulin preparations, NovoLog should not be mixed with these preparations.
- The effects of mixing NovoLog with insulins of animal source or insulin preparations produced by other manufacturers have not been studied (see WARNINGS).
- Mixtures should not be administered intravenously.
- **When used in external subcutaneous infusion pumps for insulin, NovoLog should not be mixed with any other insulins or diluent.**

Carcinogenicity, Mutagenicity, Impairment of Fertility

Standard 2-year carcinogenicity studies in animals have not been performed to evaluate the carcinogenic potential of NovoLog. In 52-week studies, Sprague-Dawley rats were dosed subcutaneously with NovoLog at 10, 50, and 200 U/kg/day (approximately 2, 8, and 32 times the human subcutaneous dose of 1.0 U/kg/day, based on U/body surface area, respectively). At a dose of 200 U/kg/day, NovoLog increased the incidence of mammary gland tumors in females when compared to untreated controls. The incidence of mammary tumors for NovoLog was not significantly different than for regular human insulin. 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, at subcutaneous doses up to 200 U/kg/day (approximately 32 times the human subcutaneous dose, based on U/body surface area), no direct adverse effects on male and female fertility, or general reproductive performance of animals was observed.

Pregnancy - Teratogenic Effects - Pregnancy Category C

There are no adequate well-controlled clinical studies of the use of NovoLog in pregnant women. NovoLog should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

It is essential for patients with diabetes or history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. Insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in such patients.

Subcutaneous reproduction and teratology studies have been performed with NovoLog and regular human insulin in rats and rabbits. In these studies, NovoLog was given to female rats before mating, during mating, and throughout pregnancy, and to rabbits during organogenesis. The effects of NovoLog did not differ from those observed with subcutaneous regular human

insulin. NovoLog, like human insulin, caused pre- and post-implantation losses and visceral/skeletal abnormalities in rats at a dose of 200 U/kg/day (approximately 32 times the human subcutaneous dose of 1.0 U/kg/day, based on U/body surface area) and in rabbits at a dose of 10 U/kg/day (approximately three times the human subcutaneous dose of 1.0 U/kg/day, based on U/body surface area). The effects are probably secondary to maternal hypoglycemia at high doses. No significant effects were observed in rats at a dose of 50 U/kg/day and rabbits at a dose of 3 U/kg/day. These doses are approximately 8 times the human subcutaneous dose of 1.0 U/kg/day for rats and equal to the human subcutaneous dose of 1.0 U/kg/day for rabbits, based on U/body surface area.

Nursing Mothers

It is unknown whether insulin aspart is excreted in human milk. Many drugs, including human insulin, are excreted in human milk. For this reason, caution should be exercised when NovoLog is administered to a nursing mother.

Pediatric Use

A 24-week, parallel-group study of children and adolescents with type 1 diabetes (n = 283) age 6 to 18 years compared the following treatment regimens: NovoLog (n = 187) or Novolin R (n = 96). NPH insulin was administered as the basal insulin. NovoLog achieved glycemic control comparable to Novolin R, as measured by change in HbA_{1c}. The incidence of hypoglycemia was similar for both treatment groups. NovoLog and regular human insulin have also been compared in children with type 1 diabetes (n=26) age 2 to 6 years. As measured by end-of-treatment HbA_{1c} and fructosamine, glycemic control with NovoLog was comparable to that obtained with regular human insulin. As observed in the 6 to 18 year old pediatric population, the rates of hypoglycemia were similar in both treatment groups.

Geriatric Use

Of the total number of patients (n= 1,375) treated with NovoLog in 3 human insulin-controlled clinical studies, 2.6% (n=36) were 65 years of age or over. Half of these patients had Type 1 diabetes (18/1285) and half had Type 2 (18/90) diabetes. The HbA_{1c} response to NovoLog, as compared to human insulin, did not differ by age, particularly in patients with Type 2 diabetes. Additional studies in larger populations of patients 65 years of age or over are needed to permit conclusions regarding the safety of NovoLog in elderly compared to younger patients. Pharmacokinetic/pharmacodynamic studies to assess the effect of age on the onset of NovoLog action have not been performed.

ADVERSE REACTIONS

Clinical trials comparing NovoLog with regular human insulin did not demonstrate a difference in frequency of adverse events between the two treatments.

Adverse events commonly associated with human insulin therapy include the following:

Body as Whole - *Allergic reactions* (see PRECAUTIONS, Allergy).

Skin and Appendages - *Injection site reaction, lipodystrophy, pruritus, rash* (see PRECAUTIONS, Allergy; Information for Patients, Usage in Pumps).

Other – *Hypoglycemia, Hyperglycemia and ketosis* (see WARNINGS and PRECAUTIONS).

In controlled clinical trials, small, but persistent elevations in alkaline phosphatase result were observed in some patients treated with NovoLog. The clinical significance of this finding is unknown.

OVERDOSAGE

Excess insulin may cause hypoglycemia and hypokalemia, particularly during IV administration. Hypoglycemia may occur as a result of an excess of insulin relative to food intake, energy expenditure, or both. Mild 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 impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. Sustained carbohydrate intake and observation may be necessary because hypoglycemia may recur after apparent clinical recovery. Hypokalemia must be corrected appropriately.

DOSAGE AND ADMINISTRATION

NovoLog should generally be given immediately before a meal (start of meal within 5 to 10 minutes after injection) because of its fast onset of action. The dosage of NovoLog should be individualized and determined, based on the physician's advice, in accordance with the needs of the patient. The total daily insulin requirement may vary and is usually between 0.5 to 1.0 units/kg/day. When used in a meal-related subcutaneous injection treatment regimen, 50 to 70% of total insulin requirements may be provided by NovoLog and the remainder provided by an intermediate-acting or long-acting insulin. Because of NovoLog's comparatively rapid onset and short duration of glucose lowering activity, some patients may require more basal insulin and more total insulin to prevent pre-meal hyperglycemia when using NovoLog than when using human regular insulin.

When used in external insulin infusion pumps, the initial programming of the pump is based on the total daily insulin dose of the previous regimen. Although there is significant interpatient variability, approximately 50% of the total dose is given as meal-related boluses of NovoLog and the remainder as basal infusion. Additional basal insulin injections, or higher basal rates in external subcutaneous infusion pumps may be necessary. **NovoLog in the reservoir and infusion sets, and the injection site must be changed at least every 48 hours.**

NovoLog should be administered by subcutaneous injection in the abdominal wall, the thigh, or the upper arm, or by continuous subcutaneous infusion in the abdominal wall. Injection sites and infusion sites should be rotated within the same region. As with all insulins, the duration of action will vary according to the dose, injection site, blood flow, temperature, and level of physical activity.

Intravenous administration of NovoLog is possible under medical supervision with close monitoring of blood glucose and potassium levels to avoid hypoglycemia and hypokalemia. For intravenous use, NovoLog should be used at concentrations from 0.05 U/mL to 1.0 U/mL insulin aspart in infusion systems with the infusion fluids 0.9% sodium chloride, 5% dextrose, or 10% dextrose with 40 mmol/l potassium chloride using polypropylene infusion bags. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Never use any NovoLog if it

has become viscous (thickened) or cloudy; use it only if it is clear and colorless. NovoLog should not be used after the printed expiration date.

HOW SUPPLIED

NovoLog is available in the following package sizes: each presentation containing 100 Units of insulin aspart per mL (U-100).

10 mL vials	NDC 0169-7501-11
3 mL PenFill® cartridges*	NDC 0169-3303-12
3 mL NovoLog FlexPen® Prefilled syringe	NDC 0169-6339-10

* NovoLog PenFill cartridges are for use with NovoFine® disposable needles, Novo Nordisk 3 mL PenFill cartridge compatible insulin delivery devices and the NovoPen® 3 PenMate®. NovoLog FlexPen Prefilled syringes are for use with NovoFine disposable needles.

RECOMMENDED STORAGE

NovoLog in unopened vials, cartridges, and NovoLog FlexPen Prefilled syringes should be stored between 2° and 8°C (36° to 46°F). *Do not freeze. Do not use NovoLog if it has been frozen or exposed to temperatures that exceed 37°C (98.6°F).* After a vial, cartridge, or Prefilled syringe has been punctured, it may be kept at temperatures below 30°C (86°F) for up to 28 days, but should not be exposed to excessive heat or sunlight. Opened vials may be refrigerated. Cartridges should not be refrigerated after insertion into the Novo Nordisk 3 mL PenFill cartridge compatible insulin delivery devices. The infusion set (tubing and needle) should be changed at least every 48 hours.

NovoLog in the reservoir should be discarded after at least every 48 hours of use or after exposure to temperatures that exceed 37°C (98.6°F).

	Not in-use (unopened) Room Temperature (below 30°C)	Not in-use (unopened) Refrigerated	In-use (opened) Room Temperature (below 30°C)
10 mL vial	28 days	Until expiration date	28 days (refrigerated/room temperature)
3 mL PenFill cartridges	28 days	Until expiration date	28 days (Do not refrigerate)
3 mL NovoLog FlexPen	28 days	Until expiration date	28 days (Do not refrigerate)

Infusion bags prepared as indicated under DOSAGE AND ADMINISTRATION are stable at room temperature for 24 hours. A certain amount of insulin will be initially adsorbed to the material of the infusion bag.

Rx only

Date of Issue: XXXX
8-XXXX-XX-XXX-X

Manufactured For Novo Nordisk Inc., Princeton, New Jersey 08540
Manufactured By Novo Nordisk A/S, 2880 Bagsvaerd, Denmark

www.novonordisk-us.com

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H-TRON[®] is a trademark of Disetronic Medical Systems, Inc.

NovoLog[®] is covered by US Patent Nos 5,618,913, 5,866,538, and other patents pending