

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use NOVOLOG MIX 70/30 safely and effectively. See full prescribing information for NOVOLOG MIX 70/30.

**NOVOLOG® MIX 70/30 (insulin aspart protamine and insulin aspart injectable suspension), for subcutaneous use**  
**Initial U.S. Approval: 2001**

### -----INDICATIONS AND USAGE-----

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

#### 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 (2.1).
- Inspect visually before use. Appearance should be uniformly white and cloudy. Do not use it 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).
- NOVOLOG MIX 70/30 is typically dosed twice-daily (with each dose intended to cover 2 meals or a meal and a snack) (2.2).
- Individualize dosage based on metabolic needs, blood glucose monitoring results, glycemic control goal (2.2).
- Dosage adjustments may be needed with changes in physical activity, changes in meal patterns (i.e., macronutrient content or timing of food intake), changes in renal or hepatic function or during acute illness (2.2).
- Dosage adjustment may be needed when switching from another insulin to NOVOLOG MIX 70/30 (2.2).

### -----DOSAGE FORMS AND STRENGTHS-----

Injectable suspension: NOVOLOG MIX 70/30 is 100 units per mL (U-100), 70% insulin aspart protamine and 30% insulin aspart, is available as: (3)

- 10 mL vials
- 3 mL NOVOLOG MIX 70/30 FlexPen

### -----CONTRAINDICATIONS-----

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

### -----WARNINGS AND PRECAUTIONS-----

- Never share a NOVOLOG MIX 70/30 FlexPen between patients, even if the needle is changed (5.1).
- *Hyper- or hypoglycemia with changes in insulin regimen:* Carry out under close medical supervision and increase frequency of blood glucose monitoring (5.2).
- *Hypoglycemia:* May be life-threatening. Increase frequency of glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal or hepatic impairments and hypoglycemia unawareness (5.3).

- *Medication Errors:* Accidental mix-ups between insulin products can occur. Instruct patients to check insulin labels before injection (5.4).
- *Hypersensitivity reactions:* Severe, life-threatening, generalized allergy, including anaphylaxis, may occur. Discontinue NOVOLOG MIX 70/30, treat, and monitor, if indicated (5.5).
- *Hypokalemia:* May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated (5.6).
- *Fluid retention and heart failure with concomitant use of thiazolidinediones (TZDs):* Observe for signs and symptoms of heart failure; consider dosage reduction or discontinuation if heart failure occurs (5.7).

### -----ADVERSE REACTIONS-----

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

**To report SUSPECTED ADVERSE REACTIONS, contact Novo Nordisk Inc. at 1-800-727-6500 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

### -----DRUG INTERACTIONS-----

- *Drugs that may increase the risk of hypoglycemia:* antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, disopyramide, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics (7).
- *Drugs that may decrease the blood glucose lowering effect:* atypical antipsychotics, corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., in 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: 05/2017**

---

**FULL PRESCRIBING INFORMATION: CONTENTS\*****1 INDICATIONS AND USAGE****2 DOSAGE AND ADMINISTRATION**

- 2.1 Important Administration Information
- 2.2 Dosage Information
- 2.3 Dosage Adjustment Due to Drug Interactions

**3 DOSAGE FORMS AND STRENGTHS****4 CONTRAINDICATIONS****5 WARNINGS AND PRECAUTIONS**

- 5.1 Never Share NOVLOG MIX 70/30 FlexPen Between Patients
- 5.2 Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen
- 5.3 Hypoglycemia
- 5.4 Hypoglycemia Due to Medication Errors
- 5.5 Hypersensitivity and Allergic Reactions
- 5.6 Hypokalemia
- 5.7 Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists

**6 ADVERSE REACTIONS**

- 6.1 Clinical Trial Experience
- 6.2 Immunogenicity
- 6.3 Postmarketing Experience

**7 DRUG INTERACTIONS****8 USE IN SPECIFIC POPULATIONS**

- 8.1 Pregnancy

- 8.3 Nursing Mothers
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Renal Impairment
- 8.7 Hepatic Impairment

**10 OVERDOSAGE****11 DESCRIPTION****12 CLINICAL PHARMACOLOGY**

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

**13 NONCLINICAL TOXICOLOGY**

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
- 13.2 Animal Toxicology and/or Pharmacology

**14 CLINICAL STUDIES**

- 14.1 Clinical Studies in Adult Patients with Type 1 and Type 2 Diabetes
- 14.2 Clinical Studies in Adult Patients with Type 2 Diabetes with Insulin and Oral Antidiabetic Agents

**16 HOW SUPPLIED/STORAGE AND HANDLING**

- 16.1 How Supplied
- 16.2 Recommended Storage

**17 PATIENT COUNSELING INFORMATION**

\*Sections or subsections omitted from the full prescribing information are not listed.

---

## FULL PRESCRIBING INFORMATION

### 1 INDICATIONS AND USAGE

NOVOLOG MIX 70/30 is a mixture of insulin aspart protamine and insulin aspart indicated to improve glycemic control in patients with diabetes mellitus.

#### **Limitations of Use:**

- NOVOLOG MIX 70/30 is not recommended for the treatment of diabetic ketoacidosis.
- The proportions of rapid-acting and long-acting insulins in NOVOLOG MIX 70/30 are fixed and do not allow for basal versus prandial dose adjustments.

### 2 DOSAGE AND ADMINISTRATION

#### 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 [*see Adverse Reactions (6.1)*].
- Inspect NOVOLOG MIX 70/30 visually before use. It should appear uniformly white and cloudy. Do not use it 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 until the suspension appears uniformly white and cloudy. Inject immediately.
- When using the FlexPen, roll the FlexPen gently between hands in a horizontal position 10 times. Then, turn the 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.
- 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 meal patterns (i.e., macronutrient content 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 NOVLOG MIX 70/30 [see *Warnings and Precautions (5.2)*].

### **2.3 Dosage Adjustment Due to Drug Interactions**

- Dosage adjustment may be needed when NOVLOG MIX 70/30 is coadministered with certain drugs [see *Drug Interactions (7)*].

## **3 DOSAGE FORMS AND STRENGTHS**

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

- 10 mL vials
- 3 mL NOVLOG MIX 70/30 FlexPen

## **4 CONTRAINDICATIONS**

NOVLOG MIX 70/30 is contraindicated

- During episodes of hypoglycemia [see *Warnings and Precautions (5.3)*]
- In patients with hypersensitivity to NOVLOG MIX 70/30 or one of its excipients [see *Warnings and Precautions (5.5)*]

## **5 WARNINGS AND PRECAUTIONS**

### **5.1 Never Share NOVLOG MIX 70/30 FlexPen Between Patients**

NOVLOG MIX 70/30 FlexPen should never be shared between patients, even if the needle is changed. Patients using NOVLOG 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 insulin strength, manufacturer, type, or method of administration may affect glycemic control and predispose to hypoglycemia [see *Warnings and Precautions (5.3)*] or hyperglycemia. These changes should be made cautiously and only under close medical supervision, and the frequency of blood glucose monitoring should be increased. For patients with type 2 diabetes, dosage adjustments of concomitant anti-diabetic products may be needed.

### **5.3 Hypoglycemia**

Hypoglycemia is the most common adverse effect of all insulin therapies, including NOVLOG MIX 70/30. Severe hypoglycemia can cause seizures, may lead to unconsciousness, may be life threatening or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g. driving or operating other machinery).

Hypoglycemia can happen suddenly and 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 the sympathetic nervous system (e.g., beta-blockers) [*see Drug Interactions (7)*], or in patients who experience recurrent hypoglycemia.

### Risk Factors for Hypoglycemia

The risk of hypoglycemia after an injection is related to the duration of action of the insulin and, in general, is highest when the glucose lowering effect of the insulin is maximal. As with all insulin preparations, the glucose lowering effect 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 the 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 to co-administered 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)*]. NOVOLOG MIX 70/30 is contraindicated in patients who have had hypersensitivity reactions to insulin aspart or one of the 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 hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia if indicated (e.g., patients using potassium-lowering medications, patients taking medications sensitive to serum potassium concentration).

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

Thiazolidinediones (TZDs), which are peroxisome proliferator-activated receptor (PPAR)-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin, including NOVLOG 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 NOVLOG 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/m<sup>2</sup>. The mean duration of diabetes was 14.9 years.

The data in Table 2 reflect the exposure of 85 patients with type 2 diabetes to NOVLOG MIX 70/30 with a mean exposure duration of three months. The mean age was 62.7 years. Fifty-four percent were male and 100% were Caucasian. The mean body mass index (BMI) was 28.1 kg/m<sup>2</sup>. The mean duration of diabetes was 15.0 years.

Common adverse reactions were defined as events occurring in  $\geq 5\%$ , excluding hypoglycemia, of the population studied. Common adverse events occurring at the same rate or greater for NOVLOG 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 trial was a three-month, open-label trial in patients with type 1 or type 2 diabetes who were treated twice daily (before breakfast and before supper) with NOVLOG MIX 70/30.

**Table 1: Adverse Reactions Occurring in  $\geq 5\%$  of Type 1 Diabetes Mellitus Adult Patients treated with NOVLOG MIX 70/30 and at the same rate or greater on NOVLOG MIX 70/30 than on comparator**

	NOVLOG MIX 70/30 (N=55)		Novolin 70/30 (N=49)	
Preferred Term	N	%	N	%

Hypoglycemia	38	69	37	76
Headache	19	35	6	12
Influenza-like symptoms	7	13	1	2
Dyspepsia	5	9	3	6
Back pain	4	7	2	4
Diarrhea	4	7	3	6
Pharyngitis	4	7	1	2
Rhinitis	3	5	6	12
Skeletal pain	3	5	2	4
Upper respiratory tract infection	3	5	1	2

**Table 2: Adverse reactions Occurring in  $\geq 5\%$  of Type 2 Diabetes Mellitus Adult Patients treated with NOVOLOG MIX 70/30 and at the same rate or greater on NOVOLOG MIX 70/30 than on comparator**

Preferred Term	NOVOLOG MIX 70/30 (N=85)		Novolin 70/30 (N=102)	
	N	%	N	%
Hypoglycemia	40	47	51	50
Upper respiratory tract infection	10	12	6	6
Headache	8	9	8	8
Diarrhea	7	8	2	2
Neuropathy	7	8	2	2
Pharyngitis	5	6	4	4
Abdominal pain	4	5	0	0
Rhinitis	4	5	2	2

### Severe Hypoglycemia

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including NOVOLOG MIX 70/30 [see *Warnings and Precautions (5.3)*]. The rates of reported hypoglycemia depend on the definition of hypoglycemia used, diabetes type, insulin dose, intensity of glucose control, background therapies, and other intrinsic and extrinsic patient factors. For these reasons, comparing rates of hypoglycemia in clinical trials for NOVOLOG MIX 70/30 with the incidence of hypoglycemia for other products may be misleading and also, may not be representative of hypoglycemia rates that will occur in clinical practice.

Severe hypoglycemia requiring the assistance of another person and/or parenteral glucose infusion or glucagon administration has been observed in clinical trials with insulin, including trials with NOVOLOG MIX 70/30.

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

### Allergic Reactions

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

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

#### Insulin initiation and glucose control intensification

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

#### Lipodystrophy

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

#### Weight gain

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

#### Peripheral Edema

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

## **6.2 Immunogenicity**

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

In a 3-month study with an extension in adult subjects with type 2 diabetes, 100% of patients who received NOVLOG MIX 70/30 were positive for anti-insulin antibodies (AIA) at least once during the first 12 months of the study including 91.4% that were positive at baseline. A total of 91.4% of patients who received NOVLOG 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 NOVLOG MIX 70/30, initial increase in titers of antibodies to insulin followed by a decrease approaching to baseline values was observed in NOVLOG MIX 70/30 and Novolin 70/30 treatment groups with similar incidences. These antibodies did not cause deterioration in glycemic control or necessitate increases in insulin dose.

## **6.3 Postmarketing Experience**



The following adverse reactions have been identified during post-approval use of NOVOLOG MIX 70/30. Because these adverse reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Medication errors in which other insulins have been accidentally substituted for NOVOLOG MIX 70/30 have been reported [*see Warnings and Precautions (5.4)*].

## 7 DRUG INTERACTIONS

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

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

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

Pregnancy Category B.

All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. This background risk is increased in pregnancies complicated by hyperglycemia and may be decreased with good metabolic control. 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.

An open-label, randomized study compared the safety and efficacy of NOVOLOG (the rapid-acting component of NOVOLOG MIX 70/30) versus human insulin in the treatment of pregnant women with type 1 diabetes (322 exposed pregnancies (NOVOLOG: 157, human insulin: 165)). Two-thirds of the enrolled patients were already pregnant when they entered the study. Since only one-third of the patients enrolled before conception, the study was not large enough to evaluate the risk of congenital malformations. Mean HbA<sub>1c</sub> of ~ 6% was observed in both groups during pregnancy, and there was no significant difference in the incidence of maternal hypoglycemia.

Animal reproduction studies have not been conducted with NOVOLOG MIX 70/30. However, subcutaneous reproduction and teratology studies have been performed with NOVOLOG (the rapid-acting component of NOVOLOG MIX 70/30) 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 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 1.0 units/kg/day, based on units/body surface area), and in rabbits at a dose of 10 units/kg/day (approximately three times the human subcutaneous dose of 1.0 units/kg/day, based on units/body surface area). No significant effects were observed in rats at a dose of 50 units/kg/day and rabbits at a dose of 3 units/kg/day. These doses are approximately 8 times the human subcutaneous dose of 1.0 units/kg/day for rats and equal to the human subcutaneous dose of 1.0 units/kg/day for rabbits based on units/body surface area.

Female patients should be advised to discuss with their physician if they intend to, or if they become pregnant. There are no adequate and well-controlled studies of the use of NOVOLOG MIX 70/30 in pregnant women.

### **8.3 Nursing Mothers**

It is unknown whether insulin aspart is excreted in human milk as occurs with human insulin. There are no adequate and well-controlled studies of the use of NOVOLOG MIX 70/30 in lactating women. Women with diabetes who are lactating may require adjustments of their insulin doses.

### **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 sufficient numbers of patients aged 65 and over to determine whether they respond differently than younger patients. In elderly patients with diabetes, the initial dosing, dose increments should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.

## 8.6 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

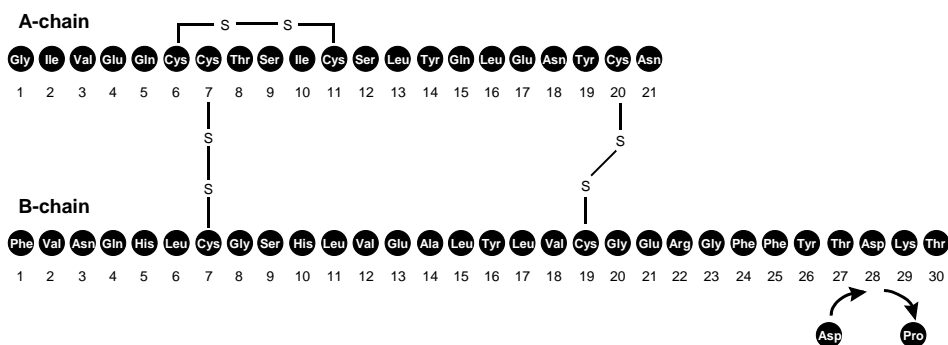
The effect of hepatic impairment on the pharmacokinetics of NOVOLOG MIX 70/30 has not been studied. Patients with hepatic impairment may be at increased risk of hypoglycemia and may require more frequent NOVOLOG MIX 70/30 dose adjustment and more frequent blood glucose monitoring [see *Warnings and Precautions*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

## 10 OVERDOSAGE

Excess insulin administration may cause hypoglycemia and hypokalemia [see *Warnings and Precautions* (5.3, 5.6)]. 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.

## 11 DESCRIPTION

NOVOLOG MIX 70/30 (insulin aspart protamine and insulin aspart injection) is a human insulin analog suspension containing 70% insulin aspart protamine crystals and 30% soluble insulin aspart. NOVOLOG MIX 70/30 is a blood-glucose-lowering agent with an earlier onset and an intermediate duration of action. Insulin aspart is homologous with regular human insulin with the exception of a single substitution of the amino acid proline by aspartic acid in position B28, and is produced by recombinant DNA technology utilizing *Saccharomyces cerevisiae* (baker's yeast). Insulin aspart (NOVOLOG) has the empirical formula  $C_{256}H_{381}N_{65}O_{79}S_6$  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, zinc 19.6 µg/mL, disodium hydrogen phosphate dihydrate 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.

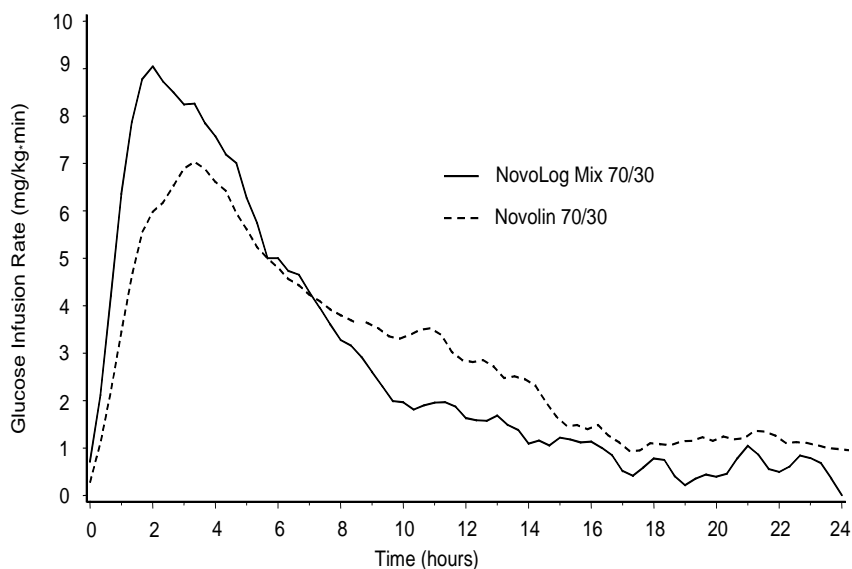
## 12 CLINICAL PHARMACOLOGY

### 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  $\pm$  SD time to peak activity for NOVOLOG MIX 70/30 is 2.7 hr  $\pm$  0.9 hr compared to 4.3 hr  $\pm$  3.9 hr for Novolin 70/30. The duration of action may be as long as 24 hours (see Figure 2).



**Figure 2. Pharmacodynamic Activity Profile of NOVOLOG MIX 70/30 and Novolin 70/30 in healthy subjects after single 0.3 units/kg subcutaneous dose**

### 12.3 Pharmacokinetics

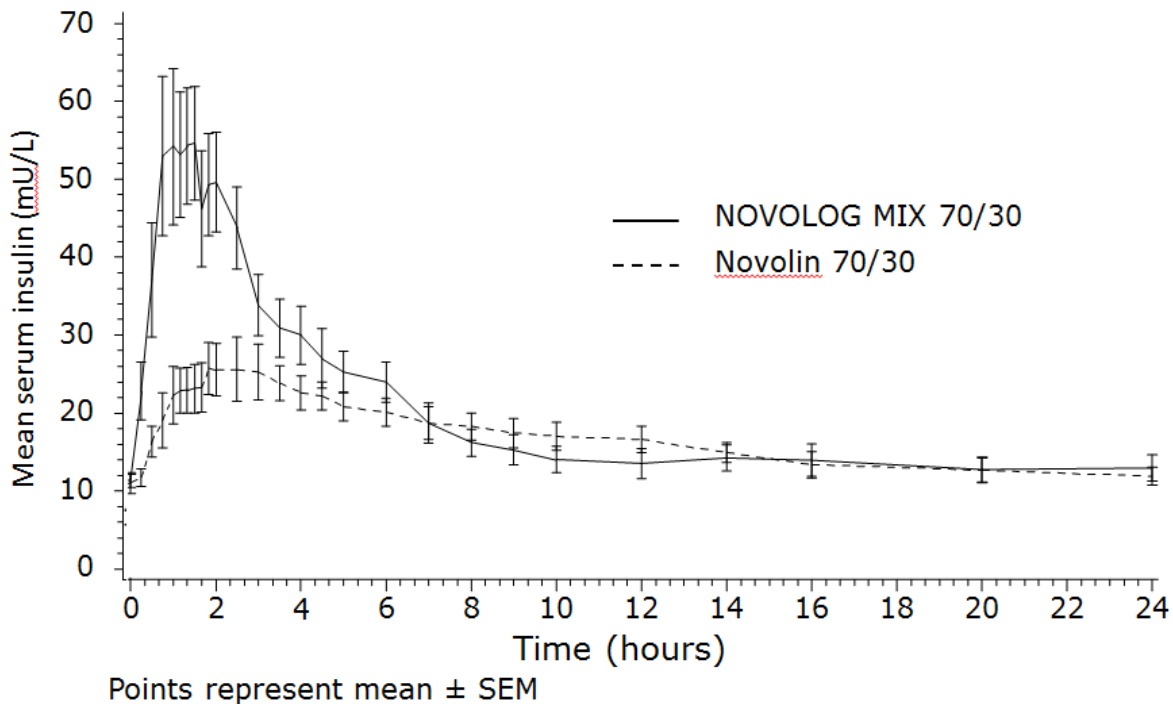
The single substitution of the amino acid proline with aspartic acid at position B28 in insulin aspart (NOVOLOG) reduces the molecule's tendency to form hexamers as observed

with regular human insulin. The rapid absorption characteristics of NOVOLOG are maintained by NOVOLOG MIX 70/30.

#### *Absorption and Bioavailability*

The 30% insulin aspart in the soluble component of NOVOLOG MIX 70/30 is absorbed more rapidly from the subcutaneous layer than regular human insulin. The remaining 70% is in crystalline form as insulin aspart protamine which has a prolonged absorption profile after subcutaneous injection.

The relative bioavailability of NOVOLOG MIX 70/30 compared to NOVOLOG and Novolin 70/30 indicates that the insulins are absorbed to similar extent. In a euglycemic clamp study in healthy subjects (n=24) after dosing with NOVOLOG MIX 70/30 (0.3 units/kg), a mean maximum serum concentration ( $C_{max}$ ) of  $61.3 \pm 20.1$  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).



**Figure 3. Pharmacokinetic Profiles of NOVOLOG MIX 70/30 and Novolin 70/30 after single 0.3 units/kg subcutaneous dose**

#### *Distribution and Elimination*

Insulin aspart has a low binding affinity to plasma proteins (<10%), similar to that seen with regular human insulin.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Standard 2-year carcinogenicity studies in animals have not been performed to evaluate the carcinogenic potential of NOVOLOG MIX 70/30. In 52-week studies, Sprague-Dawley rats were dosed subcutaneously with NOVOLOG, the rapid-acting component of NOVOLOG MIX 70/30, at 10, 50, and 200 units/kg/day (approximately 2, 8, and 32 times the human subcutaneous dose of 1.0 unit/kg/day, based on units/body surface area, respectively). At a dose of 200 units/kg/day, NOVOLOG increased the incidence of mammary gland tumors in females when compared to untreated controls. The relevance of these findings to humans is not known.

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

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

### 13.2 Animal Toxicology and/or Pharmacology

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

## 14 CLINICAL STUDIES

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

In a three-month, open-label trial, patients with type 1 (n=104) or type 2 (n=187) diabetes were treated twice daily (before breakfast and before supper) with NOVOLOG MIX 70/30 or Novolin 70/30. Patients had received insulin for at least 24 months before the study. Oral hypoglycemic agents were not allowed within 1 month prior to the study or during the study. The small changes in HbA<sub>1c</sub> were comparable across the treatment groups (see Table 4).

The mean age of the trial population for type 1 was 43.2 years and 62.7 for type 2. For type 1, 64% were male and for type 2, 54% were male and 100% were Caucasian for type 1 and type 2. The mean body mass index (BMI) was 26.1 kg/m<sup>2</sup> for type 1 and 28.1 kg/m<sup>2</sup> for type 2. The mean duration of diabetes was 14.9 years for type 1 and 15.0 years for type 2.

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

	NOVOLOG MIX 70/30	Novolin 70/30
<b>Type 1, N=104</b>		
Fasting Blood Glucose (mg/dL)	174 ± 64 (48)	142 ± 59 (44)
1.5 Hour Post Breakfast (mg/dL)	187 ± 82 (48)	200 ± 82 (42)
1.5 Hour Post Dinner (mg/dL)	162 ± 77 (47)	171 ± 66 (41)
HbA <sub>1c</sub> (%) Baseline	8.4 ± 1.2 (51)	8.5 ± 1.1 (46)
HbA <sub>1c</sub> (%) Week 12	8.4 ± 1.1 (51)	8.3 ± 1.0 (47)

<b>Type 2, N=187</b>		
Fasting Blood Glucose (mg/dL)	153 ± 40 (76)	152 ± 69 (93)
1.5 Hour Post Breakfast (mg/dL)	182 ± 65 (75)	200 ± 80 (92)
1.5 Hour Post Dinner (mg/dL)	168 ± 51 (75)	191 ± 65 (93)
HbA <sub>1c</sub> (%) Baseline	8.1 ± 1.2 (82)	8.2 ± 1.3 (98)
HbA <sub>1c</sub> (%) Week 12	7.9 ± 1.0 (81)	8.1 ± 1.1 (96)

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 with Insulin and Oral Antidiabetic Agents

### Trial 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/m<sup>2</sup>. 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 56.9 ± 30.5 IU.

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

<b>Treatment duration 24-weeks</b>	<b>NOVOLOG MIX 70/30 + Metformin + Pioglitazone</b>	<b>Metformin + Pioglitazone</b>
HbA <sub>1c</sub>		
Baseline mean ± SD (n)	8.1 ± 1.0 (102)	8.1 ± 1.0 (98)
End-of-study mean ± SD (n) - LOCF	6.6 ± 1.0 (93)	7.8 ± 1.2 (87)
Adjusted Mean change from baseline ± SE (n)*	-1.6 ± 0.1 (93)	-0.3 ± 0.1 (87)
Treatment difference mean ± SE* 95% CI*	-1.3 ± 0.1 (-1.6, -1.0)	
Percentage of subjects reaching HbA <sub>1c</sub> <7.0%	76%	24%
Percentage of subjects reaching HbA <sub>1c</sub> ≤6.5%	59%	12%
Fasting Blood Glucose (mg/dL)		
Baseline Mean ± SD (n)	173 ± 39.8 (93)	163 ± 35.4 (88)
End of Study Mean ± SD (n) – LOCF	130 ± 50.0 (90)	162 ± 40.8 (84)
Adjusted Mean change from baseline ± SE (n)*	-43.0 ± 5.3 (90)	-3.9 ± 5.3 (84)
End-of-Study Blood Glucose (Plasma) (mg/dL)		

2 Hour Post Breakfast	138 ± 42.8 (86)	188 ± 57.7 (74)
2 Hour Post Lunch	150 ± 41.5 (86)	176 ± 56.5 (74)
2 Hour Post Dinner	141 ± 57.8 (86)	195 ± 60.1 (74)

\*Adjusted mean per group, treatment difference, and 95% CI were obtained based on an ANCOVA model with treatment, FPG stratum, and secretagogue stratum as fixed factors and baseline HbA<sub>1c</sub> as the covariate.

### Trial 2:

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

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

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

Treatment duration 28-weeks	NOVOLOG MIX 70/30 + Metformin ± Pioglitazone	Insulin Glargine + Metformin ± Pioglitazone
Number of patients	117	116
HbA <sub>1c</sub>		
Baseline mean (%)	9.7 ± 1.5 (117)	9.8 ± 1.4 (114)
End-of-study mean (± SD)	6.9 ± 1.2 (108)	7.4 ± 1.2 (114)
Mean change from baseline	-2.7 ± 1.6 (108)	-2.4 ± 1.5 (114)
Percentage of subjects reaching HbA <sub>1c</sub> <7.0%	66%	40%

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### 16.1 How Supplied

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

10 mL vials	NDC 0169-3685-12
3 mL NOVOLOG MIX 70/30 FlexPen	NDC 0169-3696-19

NOVOLOG MIX 70/30 vials and NOVOLOG MIX 70/30 FlexPen are latex free. NOVOLOG MIX 70/30 FlexPens must never be shared between patients, even if the needle is changed.



## 16.2 Recommended Storage

Unused NOVOLOG MIX 70/30 should be stored in a refrigerator between 2°C and 8°C (36°F to 46°F). **Do not freeze NOVOLOG MIX 70/30 or use NOVOLOG MIX 70/30 if it has been frozen.** Do not expose NOVOLOG to excessive heat or light.

**Always remove the needle after each injection and store NOVOLOG MIX 70/30 FlexPen without a needle attached. This prevents contamination and/or infection, or leakage of insulin, and will ensure accurate dosing. Always use a new needle for each injection to prevent contamination.**

The storage conditions are summarized in the following table:

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

	Not in-use (unopened) Room Temperature (below 30° C [86° F])	Not in-use (unopened) Refrigerated (2° C - 8° C [36° F - 46° F])	In-use (opened) Room Temperature (below 30° C [86° F])
10 mL vial	28 days	Until expiration date	28 days (refrigerated/room temperature)
3 mL NOVOLOG MIX 70/30 FlexPen	14 days	Until expiration date	14 days (Do not refrigerate)

## 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* (5.1)].

### Hypoglycemia

Inform patients that hypoglycemia is the most common adverse reaction with insulin. Instruct patients on self-management procedures including glucose monitoring, proper injection technique, and management of hypoglycemia and hyperglycemia, 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.

### Hypoglycemia with Medication Errors













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

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

If you do not see a drop of insulin after 6 times, do not use the NovoLog Mix 70/30 FlexPen and contact Novo Nordisk at 1-800-727-6500.

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



### Selecting your dose

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

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

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

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

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

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



### Giving the injection

- Do the injection exactly as shown to you by your healthcare provider. Your healthcare provider should tell you if you need to pinch the skin before injecting. Wipe the skin with an alcohol swab and let the area dry.
- Novolog Mix 70/30 can be injected under the skin (subcutaneously) or your stomach area, buttocks, upper legs (thighs), or upper arms.
- For each injection, change (rotate) your injection site within the area of skin that you use. **Do not** use the same injection site for each injection.

- K. Insert the needle into your skin.

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

Turning the dose selector will not inject insulin.



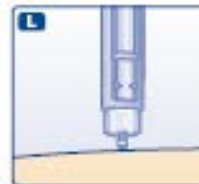
- L. Keep the needle in the skin for at least 6 seconds, and keep the push-button pressed all the way in until the needle has been pulled out from the skin (see diagram L). This will make sure that the full dose has been



given.

You may see a drop of insulin at the needle tip. This is normal and has no effect on the dose you just received. If blood appears after you take the needle out of your skin, press the injection site 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. If you do not have a sharps container, carefully slip the needle into the outer needle cap. Safely remove the needle and throw it away as soon as you can.

- Put your used NovoLog Mix 70/30 FlexPen and needles in a FDA-cleared sharps disposal container right away after use. Do not throw away (dispose of) loose needles and Pens in your household trash.
- If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:
  - made of a heavy-duty plastic
  - can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out
  - upright and stable during use
  - leak-resistant
  - 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.

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?

- Store unused NovoLog Mix 70/30 FlexPen in the refrigerator at 36°F to 46°F (2°C to 8°C).
- Store the FlexPen you are currently using out of the refrigerator below 86°F (30°C) for up to 14 days.
- **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.
- Unused NovoLog Mix 70/30 FlexPen may be used until the expiration date printed on the label, if kept in the refrigerator.

- 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.
- Store the NovoLog Mix 70/30 FlexPen without the needle attached.

### **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.

This Instructions for Use has been approved by the U.S. Food and Drug Administration

**Revised: 04/2015**

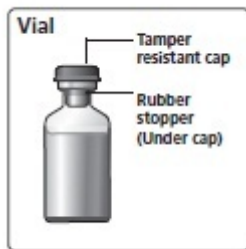
## Instructions for Use

### **NovoLog<sup>®</sup> Mix 70/30 (NŌ-vō-Log-MIX-SEV-en-tee-THIR-tee)** **(insulin aspart protamine and insulin aspart injectable suspension)** **10 mL vial (100 Units/mL, U-100)**

Read this Instructions for Use before you start taking NovoLog<sup>®</sup> 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<sup>®</sup> Mix 70/30 injection:**

- 10 mL NovoLog<sup>®</sup> Mix 70/30 vial
- insulin syringe and needle
- alcohol swab



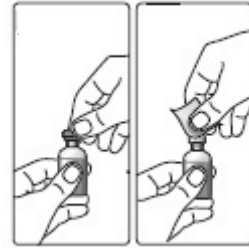
#### **Preparing your NovoLog<sup>®</sup> Mix 70/30 dose:**

- Wash your hands with soap and water.
- Before you start to prepare your injection, check the NovoLog<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> Mix 70/30 is easier to mix when it is at room temperature.
- After mixing NovoLog<sup>®</sup> 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<sup>®</sup> Mix 70/30 past the expiration date printed on the label.



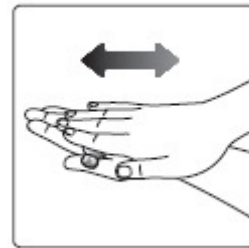
**Step 1:** If you are using a new vial, pull off the tamper-resistant cap (See Figure A).

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



(Figure A 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<sup>®</sup> Mix 70/30 looks white and cloudy. Do not shake the vial.



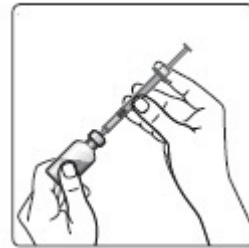
(Figure C)

**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).



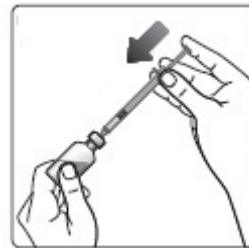
(Figure D)

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



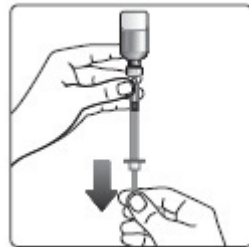
(Figure E)

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



(Figure F)

**Step 7:** Turn the NovoLog<sup>®</sup> 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).



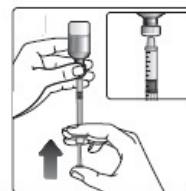
(Figure G)

- If there are air bubbles, tap the syringe gently a few times to let any air bubbles rise to the top (See Figure H).

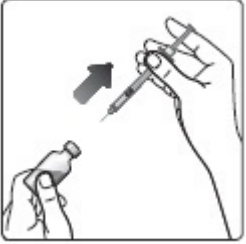


(Figure H)

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

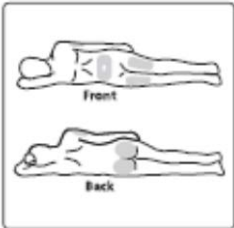



(Figure I)

<p><b>Step 9:</b> Check the syringe to make sure you have the right dose of NovoLog® Mix 70/30.</p>	
<p><b>Step 10:</b> Pull the syringe out of the vial's rubber stopper (See Figure J).</p>	 <p>(Figure J)</p>

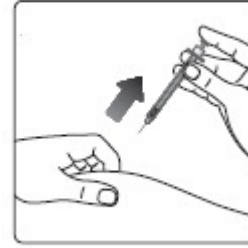
**Giving your injection:**

- 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 dose. **Do not** use the same injection site for each injection.

<p><b>Step 11:</b> 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).</p>	 <p>(Figure K)</p>
<p><b>Step 12:</b> Insert the needle into your skin. Push down on the plunger to inject your dose (See Figure L). Needle should remain in the skin for at least 6 seconds to make sure you have injected all the insulin.</p>	 <p>(Figure L)</p>

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

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



(Figure M)

### After your injection:

- **Do not** recap the needle. Recapping the needle can lead to a needle stick injury.
- Throw away empty insulin vials, used syringes and needles in a sharps container or some type of hard plastic or metal container with a screw on cap such as a detergent bottle or coffee can. Check with your healthcare provider about the right way to throw away the container. There may be local or state laws about how to throw away used syringes and needles. **Do not** throw away used syringes and needles in household trash or recycling bins.

### How should I store NovoLog<sup>®</sup> Mix 70/30?

- **Do not** freeze NovoLog<sup>®</sup> Mix 70/30. **Do not** use NovoLog<sup>®</sup> Mix 70/30 if it has been frozen.
- Keep NovoLog<sup>®</sup> Mix 70/30 away from heat or light.
- Store opened and unopened NovoLog<sup>®</sup> Mix 70/30 vials in the refrigerator at 36°F to 46°F (2°C to 8°C). Opened NovoLog<sup>®</sup> Mix 70/30 vials can also be stored out of the refrigerator below 86°F (30°C).
- Unopened vials may be used until the expiration date printed on the label, if they are kept in the refrigerator.
- Opened NovoLog<sup>®</sup> Mix 70/30 vials should be thrown away after 28 days, even if they still have insulin left in them.

### General information about the safe and effective use of NovoLog<sup>®</sup> Mix 70/30

- Always use a new syringe and needle for each injection.
- Do not share syringes or needles.
- Keep NovoLog<sup>®</sup> Mix 70/30 vials, syringes, and needles out of the reach of children.

This Instructions for Use has been approved by the U.S. Food and Drug Administration.

Manufactured by:  
Novo Nordisk A/S  
DK-2880 Bagsvaerd, Denmark

Revised: May 2017

*NovoLog<sup>®</sup> is a registered trademark of Novo Nordisk A/S.*

PATENT Information: <http://novonordisk-us.com/patients/products/product-patents.html>

© 2002-2016 Novo Nordisk

For information about NovoLog<sup>®</sup> Mix 70/30 contact:  
Novo Nordisk Inc.  
800 Scudders Mill Road  
Plainsboro, New Jersey 08536  
1-800-727-6500  
[www.novonordisk-us.com](http://www.novonordisk-us.com)