

**Humalog<sup>mix</sup> 75/25<sup>™</sup>**

75% insulin lispro protamine suspension  
25% insulin lispro injection (rDNA origin)



## A simple start to insulin

See inside for complete product information

*Lilly*

# When it comes to managing diabetes, knowledge is power

This brochure is designed to give you some basic information about diabetes, plus ways you can achieve better blood sugar control and reduce the risk of developing future health problems.

For more information on diabetes and insulin, visit:

[www.lillydiabetes.com](http://www.lillydiabetes.com) or  
[www.diabetesenespanol.com](http://www.diabetesenespanol.com)

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# Why do I need to take insulin?

Learning that you need to take insulin can be unsettling. One of the first questions patients ask is “Why?”

**The short answer is:** If you have diabetes, your body does not make enough insulin to keep you healthy. Everyone needs insulin to control blood sugar.



## deciding to

- If you have type 1 diabetes, your body makes little or no insulin. You need to take it right from the start.
- If you have type 2 diabetes, you make some insulin now, but will produce less and less insulin as time goes on. Your doctor may have prescribed diabetes pills. All diabetes pills must work WITH the body's insulin to be effective. Eventually, if you make too little insulin for the pills to control your diabetes, you'll need to start taking insulin to control blood sugar.
- If you make too little insulin, your blood sugar will be high until you begin to take it. You will not be able to control your diabetes, even when using your other treatment tools.

Controlling your blood sugar makes it possible to:

- Feel your best
- Do your best – Most people can't think as clearly when their blood sugar is high and may have blurry vision as well. If this happens to you, you may have a hard time doing your best at work or school.
- Protect your health

## Making the decision to start insulin?

Important decisions are seldom easy. Your doctor or healthcare team can help you with this. Knowing the facts can help. Here are some facts about taking insulin:

- Many people with type 2 diabetes need to take insulin at some point
- Taking insulin isn't a sign of failure; it's a smart response to your body's changing needs
- You need to take insulin if you can't control your blood sugar without it

Of course, decisions involve more than just facts, especially decisions that are as personal as starting insulin. You need to determine how the facts apply to you. Here are some questions that can help:

Do you try to manage your diabetes but still have poor control?

Is controlling your blood sugar important to you?

Have you had type 2 diabetes for a few years?

Do you often feel tired or sleepy, especially after eating?

Has your doctor or diabetes educator suggested that you take insulin?

The more “yes” answers you gave, the more likely it is that insulin will help you.

How do you know if you’re ready to take the next step? Choose the statement below that best describes how you feel about starting insulin:

- My doctor or diabetes educator tells me I need insulin and I’m ready to start.
- I think I need insulin, but I have more questions. (Please make an appointment with your diabetes educator or doctor. Have your questions ready.)
- I’m not at all ready. I still have fears or don’t see the need. (We hope you’ll keep thinking about this. When you’re ready to talk about it again, see your diabetes educator or doctor.)

# What if I have concerns about taking insulin?

Starting insulin is a big decision for someone with type 2 diabetes. It is both normal and smart to give it some thought before you begin. But if you have serious worries, it's important to get them answered right away. They may be keeping you away from the only treatment that will control your diabetes.

Here are some of the most common questions people who have type 1 or type 2 diabetes have about starting insulin:

- Will it hurt?
- Does taking insulin mean I've failed?
- Does taking insulin mean I'm sicker?
- Will I gain weight?
- How will I learn to give myself a shot?
- Will I have low blood sugars?
- Will I have to change jobs or give up my hobbies?
- Will it be complicated?



questions?

Do you have questions like these on your mind? If you do, talk to someone who knows what taking insulin is like. Your doctor or diabetes educator could be the best person to answer your questions. You may also want to talk with someone you know who is already taking insulin. When you know the facts, the decision will be much easier for you to make.

Today's insulin therapies can offer:

- Better control
- Better assurance against future health problems with little or no discomfort, and without giving up a happy life

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# How does insulin work?

Here are the basics about starting insulin. It's not the whole story, but it's a good place to start.

- The only way to take insulin is by injection. In type 2, insulin injections add to what your body already makes.
- Most people with type 2 start insulin treatment with one or two injections a day. They inject only PART of the insulin they need; their bodies supply the rest.
- There is more than one kind of insulin for injection. Your doctor will choose one or more to fit your needs.
- Some insulins treat blood sugars that are high in the morning before you eat. Others treat blood sugars that remain high after you eat. Some insulins treat both.
- You may need more than one kind of insulin.
- Your doctor will decide how much you need to take.

- In type 2, pills and insulin work together. In most cases, you will continue to take diabetes pills even after you start insulin. If you're not sure, ask your doctor.
- If the thought of using a syringe worries you, there are other options, such as prefilled pens.



The logo for Humalog mix 75/25 features the word "Humalog" in a dark blue, cursive script font. To its right, the word "mix" is written in a smaller, dark blue, sans-serif font, followed by "75/25" in a large, bold, orange, sans-serif font. A small trademark symbol (TM) is located below the "g" in "Humalog".

75% insulin lispro protamine suspension  
25% insulin lispro injection (rDNA origin)

## A simple start to insulin

Humalog Mix75/25 acts like the body's own insulin at mealtime and throughout the day

Humalog Mix75/25 can provide blood sugar control throughout the day. At meals. Between meals. Even at night, depending on your treatment plan. Gaining and maintaining good blood sugar control may help avoid long-term complications of diabetes. When your blood sugar is in control, you will feel better.

Humalog Mix75/25 is convenient. It is taken within 15 minutes before eating a meal or immediately after so you can dose and eat.

With Humalog Mix75/25, you can manage your diabetes even with an unpredictable schedule.

Please see Important Safety Information on page 27.



# Humalog Mix75/25 is available in an easy-to-use Pen

The Pen is convenient...

Use the lightweight, pocket-sized Lilly Pen just about anywhere—no refrigeration needed after first use (discard after 28 days.) Each pack of five Pens contains the same amount of insulin as is in 1-<sup>1</sup>/<sub>2</sub> vials (15 mL or 1500 units). Use one Pen at a time while the rest stay in the refrigerator; when the Pen is empty, just throw the entire Pen away, as directed by your healthcare professional.

Accurate and simple...

Set the Pen to deliver the dose that's right for you. Dial your dose in one-unit increments, up to 60 units, by turning the dose knob. If you dial too much, simply turn the knob back to your correct dose.

Using the Pen...

Before you use your Lilly Pen, please review the “Lilly Disposable Insulin Delivery Device User Manual” and/or the Patient Product Information (Note: copies of these manuals are supplied with each box of Pens.)



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## Remember the following important steps every time you use your Pen:

- Use a new needle for each injection
- Storing the Pen with the needle attached may allow insulin to leak from the Pen and air bubbles to form in the cartridge
- Prime every time
- Be sure that insulin is flowing out of your Pen needle before injecting. This ensures that no air bubbles remain in your Pen. Replace your needle if no flow is observed.
- Make sure you receive a full dose
- After inserting the Pen needle into your skin and pressing the injection button, you should keep pressing and holding the button firmly while counting slowly to five. Then, make sure the arrow or diamond is centered in the window upon dose completion.

For more information, please see the Lilly Diabetes Disposable Insulin Pen Device Manual.



**1** Get prepared



**2** Prime the Pen



**3** Dial the dose



**4** Deliver the dose



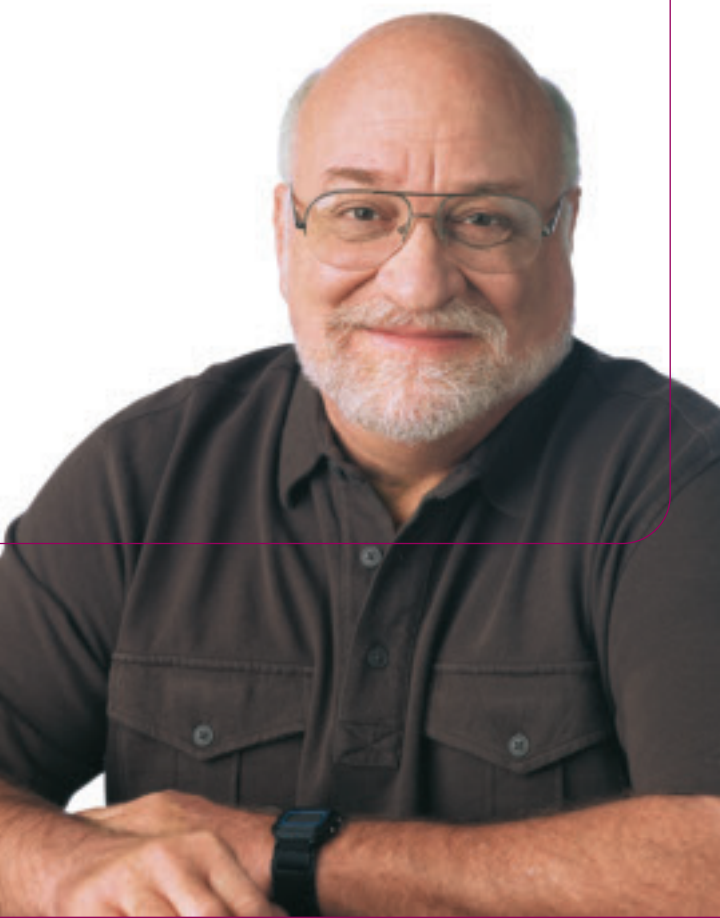
**5** Store the Pen

## How much insulin do I need to take?

You need as much insulin as it takes to control your blood sugar. No one can tell you exactly how much that is, but your healthcare team will decide where to start. It sometimes takes many adjustments to figure it out and it depends on how sensitive your body is to insulin. Some individuals' body cells respond better to insulin than others'.

Here is why there is no simple answer to that question: People with diabetes are a fairly diverse group. Some are big while others are small. Some are young but most are older. A few are marathon runners and a few more are couch potatoes. Among people with diabetes, you'll find the same differences you would find in any large group of people.

Because of these and other differences, the amount of insulin people need varies a great deal. A small woman with type 1 diabetes might need only 20 units a day. A large man with type 2 could take 150 units or more.



Here are some of the things that affect your need for insulin:

- How much you weigh
- How fit you are (how much fat and muscle you have)
- How sensitive your body cells are to insulin
- How much you exercise
- How much you eat and the foods you choose
- What other medicines you take
- Your emotions (such as your amount of stress)

Getting the right insulin dose is a lot like tailoring a suit. You might start with a suit right off the rack. Then, the tailor nips and tucks until it's just right. It doesn't matter how large or small the suit is. What matters is that it fits *you*.

The insulin equivalent of this is setting a starting dose. Then, you and your healthcare team adjust the dose over time. Your blood sugars tell you when you've got the fit right.

Work with your healthcare team when starting or changing your insulin dose.

# control

## Will insulin alone control my diabetes?

Insulin makes it possible to control your diabetes, but it doesn't make it a certainty. That's because insulin works only when it is balanced with all the other things that affect your blood sugar.

Consider this: If ALL you did about diabetes was to take insulin, you'd almost surely have poor control. You may be no better off than before you started taking insulin.

Here are some of the other tools you'll need to get the most out of your insulin:

- Food
- Exercise
- Blood testing

Here's the most important key of all: *you*. As with all tools, insulin works just about as well as the people who use it.



## Controlling Your Blood Sugar

Your goals

Goals are statements of what you want to do or to be in the future. The possibilities are limitless.

At least one goal is universal: “I want to be well.”

It’s a common goal because it makes all other goals possible. That is where taking care of your diabetes comes in. You may not think of taking care of diabetes as a major goal in its own right. You can take care of diabetes by aiming for your targets.

# targets

## Your targets

Research has shown what is needed to keep people with diabetes healthy.

Below are the targets for blood sugar control. How are you doing?

### American College of Endocrinology Guidelines<sup>1</sup>

	Target Goal
A1C	≤ 6.5%
2-Hour Postprandial Glucose	<140 mg/dL
Fasting Glucose	<110 mg/dL

<sup>1</sup>ACE Consensus Statement on Guidelines of Glycemic Control. *Endocrine Practice*. 2002;8(Suppl.1):5-11.

These are called “targets” because they are values to aim for. No one hits them all the time. The good news is that you get points for coming close! They apply to many people, but not to everyone. The best number for you may be higher or lower. Ask your healthcare team if these targets are right for you.

# A1C

## What is an A1C?

An A1C is a blood test that measures average blood sugar. It is also called “hemoglobin A1C,” or “glycosylated hemoglobin.” This test is done in the doctor’s office about every 3 months. Your doctor may wait a little longer if your blood sugars are in good control.

You do not need to fast for this test.

The target for this test is a result of 6.5% or less.<sup>1</sup>

The A1C gives a true average. It shows your average blood sugar over a 2-3 month period. This is great because it will “check” your blood sugar at times when you don’t. It can also fool you. If you are having a lot of lows, the A1C value will be lower. It will drop even if you are having highs at other times. If your A1C is lower than you thought it would be, check for low blood sugars at times you do not usually test.

<sup>1</sup>ACE Consensus Statement on Guidelines of Glycemic Control. *Endocrine Practice*. 2002;8(Suppl.1):5-11.

# blood sugar

## Daily blood sugar testing

Here's the bottom line: If you want to control diabetes, you need to test your blood sugar. Otherwise, you're flying blind. You can't know if what you're doing is working. You can't make good decisions about what to do next. Blood sugar testing can help you:

- Understand your diabetes
- Improve control
- Increase your choices
- Stay safe

Here's what it takes to get those results:

- **Test enough to really see what's happening.** You won't do all these tests every day. You need to test at different times to get a complete picture.
- **First thing in the morning and before meals.** The target for these times is less than 110 mg/dL. Are you coming close?
- **Two hours after eating.** These tests tell you if you have enough insulin for the food you ate. The target for these times is less than 140 mg/dL. How often do you hit that one?

- **In the middle of the night.** People who take an insulin that lasts through the night need to do this test once in a while. Lows can happen in the middle of the night if your dose is too high.
- **Use the numbers when you get them.** The numbers can tell you a lot when you get them. They won't mean as much 3 months later in the doctor's office. They are your feedback on what you just did. They can also help you decide what to do next.
- **Think about the numbers in context.** Blood sugar numbers by themselves don't tell you much; when you pair them with information about what you eat and how much you exercise, they speak volumes.
- **Get good equipment.** Testing is getting easier, quicker, and more comfortable with every day that passes. See what's new. It may help you test more often.
- You can go to [www.lillydiabetes.com](http://www.lillydiabetes.com) to print out a form that will help you keep track of your blood sugar testing.

- You should test at least before breakfast and dinner, if on Humalog® Mix75/25™ (75% insulin lispro protamine suspension 25% insulin lispro injection [rDNA origin]). Discuss with your healthcare team how often you should test.

If your doctor hasn't talked to you about testing, ask him or her about it. Think about this:

- Testing shows you the effect of what you did. It helps you decide what to do next.
- Control can change through no fault of yours — and you may not feel it.
- Testing keeps you in the know and in charge.





## Staying healthy

It would be hard to find someone with diabetes who hasn't heard the facts. Diabetes can cause health problems. They often are called complications. All complications are serious; here are some of them:

- Heart attacks and strokes
- Nerve damage
- Circulation problems
- Eye problems that can lead to vision loss
- Kidney disease
- Sexual problems
- Loss of a limb (amputation)

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Problems like these are hard to think about. In fact, thinking about them can be one of the hardest things about having diabetes. The worry would be unbearable if losing your health to diabetes were a sure thing.

***It's not!***

You can cut your risk for complications dramatically. Here's how:

- Aim for your blood sugar and blood pressure targets. The closer you get, the lower your risk for all the complications. Hitting the targets is much easier when you work with your healthcare team.
- Have the recommended screening tests done every year. If problems start, yearly screening will help detect them early. Most problems are treatable when found early.
- There aren't any guarantees, of course, but you *can* do a lot to protect yourself with daily self-care routines. There are actions you can take every day to help ensure a healthy future.

# safety information

Humalog Mix75/25 is for use in patients with diabetes to control high blood sugar.

## **Important Safety Information**

Humalog Mix75/25 can help many individuals control their diabetes, but there are some instances where it is not recommended. For example, Humalog or Humalog Mix75/25 should not be used during low blood sugar episodes or if there is a sensitivity to Humalog or one of its components. The safety and effectiveness of Humalog Mix75/25 have not been studied in persons less than 18 years of age. The safety and effectiveness of Humalog or Humalog Mix75/25 have not been studied in women who are pregnant or nursing. Check with your doctor to see if Humalog Mix75/25 is right for you.

Potential side effects associated with the use of all insulins include low blood sugar, weight gain, low blood potassium, changes in fat tissue at the site of injection, and allergic reactions, both general and local. Humalog Mix75/25 should not be mixed with another insulin. Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Humalog Mix75/25 starts lowering blood sugar more quickly than regular human insulin, allowing for convenient dosing immediately before a meal (within 15 minutes).

If you are changing from another insulin to Humalog Mix75/25, your dose or dosage schedule may need to be changed. Humalog Mix75/25 should not be mixed with another insulin. Check your blood sugar levels and talk to your health care team about how you are feeling and to receive more information about dosing. Starting or changing insulin therapy should be done cautiously and only under medical supervision.

The overall rate of low blood sugar reactions did not differ between patients treated with Humalog Mix75/25 or human insulin mixtures (such as 70/30).

**For important safety information, talk to your doctor about this medicine and see the accompanying full Product Information.**

Humalog® Mix75/25™ is a trademark of Eli Lilly and Company.

Humalog Mix75/25 is available by prescription only.

# INFORMATION FOR THE PATIENT

## 3 ML DISPOSABLE INSULIN DELIVERY DEVICE

### HUMALOG® Mix75/25™ Pen

#### 75% INSULIN LISPRO PROTAMINE SUSPENSION AND 25% INSULIN LISPRO INJECTION (rDNA ORIGIN)

**WARNINGS:** THIS LILLY HUMAN INSULIN ANALOG MIXTURE IS DIFFERENT FROM OTHER INSULIN MIXTURES IN THAT ITS ONSET OF ACTION IS VERY QUICK. THE QUICK ONSET OF ACTION MEANS THAT YOU SHOULD TAKE YOUR DOSE OF HUMALOG® Mix75/25™ (75% INSULIN LISPRO PROTAMINE SUSPENSION AND 25% INSULIN LISPRO INJECTION, [rDNA ORIGIN]) WITHIN 15 MINUTES BEFORE YOU EAT.

ANY CHANGE OF INSULIN SHOULD BE MADE CAUTIOUSLY AND ONLY UNDER MEDICAL SUPERVISION. CHANGES IN STRENGTH, MANUFACTURER, TYPE (E.G., REGULAR, NPH, ANALOG), SPECIES (BEEF, PORK, BEEF-PORK, HUMAN), OR METHOD OF MANUFACTURE (rDNA VERSUS ANIMAL-SOURCE INSULIN) MAY RESULT IN THE NEED FOR A CHANGE IN THE TIMING OR DOSAGE OF HUMALOG Mix75/25.

PATIENTS TAKING HUMALOG Mix75/25 MAY REQUIRE A CHANGE IN DOSAGE FROM THAT USED WITH OTHER INSULINS. IF AN ADJUSTMENT IS NEEDED, IT MAY OCCUR WITH THE FIRST DOSE OR DURING THE FIRST SEVERAL WEEKS OR MONTHS.

TO OBTAIN AN ACCURATE DOSE, CAREFULLY READ AND FOLLOW THE "DISPOSABLE INSULIN DELIVERY DEVICE USER MANUAL" AND THIS "INFORMATION FOR THE PATIENT" INSERT BEFORE USING THIS PRODUCT. BEFORE EACH INJECTION, YOU SHOULD PRIME THE PEN, A NECESSARY STEP TO MAKE SURE THE PEN IS READY TO DOSE. PRIMING THE PEN IS IMPORTANT TO CONFIRM THAT INSULIN COMES OUT WHEN YOU PUSH THE INJECTION BUTTON AND TO REMOVE AIR THAT MAY COLLECT IN THE INSULIN CARTRIDGE DURING NORMAL USE. IF YOU DO NOT PRIME, YOU MAY RECEIVE TOO MUCH OR TOO LITTLE INSULIN (*see also* INSTRUCTIONS FOR PEN USE section).

**DIABETES:** Insulin is a hormone produced by the pancreas, a large gland that lies near the stomach. This hormone is necessary for the body's correct use of food, especially sugar. Diabetes occurs when the pancreas does not make enough insulin to meet your body's needs.

To control your diabetes, your doctor has prescribed injections of insulin products to keep your blood glucose at a near-normal level. You have been instructed to test your blood and/or urine regularly for glucose. Studies have shown that some chronic complications of diabetes such as eye disease, kidney disease, and nerve disease can be significantly reduced if the blood sugar is maintained as close to normal as possible. The American Diabetes Association recommends that if your premeal glucose levels are consistently above 140 mg/dL, bedtime glucose levels are consistently above 160 mg/dL or your hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) is more than 8%, consult your doctor. A change in your diabetes therapy may be needed. If your blood tests consistently show below-targeted glucose levels, you should also let your doctor know. Proper control of your diabetes requires close and constant cooperation with your doctor. Despite diabetes, you can lead an active and healthy life if you eat a balanced diet, exercise regularly, and take your insulin injections as prescribed.

Always keep an extra Humalog Mix75/25 Pen as well as a spare needle on hand. Always wear diabetic identification so that appropriate treatment can be given if complications occur away from home.

**HUMALOG Mix75/25: Description**—Humalog (insulin lispro) is made by a special non-disease-producing laboratory strain of *Escherichia coli* bacteria that has been genetically altered by the addition of the gene for this human insulin analog. Humalog Mix75/25 is a mixture of 75% insulin lispro protamine suspension and 25% insulin lispro. It is a longer-acting insulin combined with the more rapid onset of action of Humalog. The duration of activity is similar to that of Humulin® 70/30 and may last up to 24 hours following injection. The time course of Humalog Mix75/25 action, like that of other insulins, may vary in different individuals or at different times in the same individual, based on dose, site of injection, blood supply, temperature, and physical activity. Humalog Mix75/25 is a sterile suspension and is for subcutaneous injection. It should not be used intravenously. The concentration of Humalog Mix75/25 is 100 units/mL (U-100).

Humalog Mix75/25 starts lowering blood glucose more quickly than regular human insulin, allowing for convenient dosing immediately before a meal (within 15 minutes). In contrast, mixtures containing regular human insulin should be given 30-60 minutes before a meal.

**Identification**—Insulin lispro injection (rDNA origin), manufactured by Eli Lilly and Company, has the trademark Humalog. **Humalog products are available in two formulations**—Humalog and Humalog Mix75/25. Your doctor has prescribed the type of insulin that he/she believes is best for you.

**DO NOT USE ANY OTHER INSULIN EXCEPT ON YOUR DOCTOR'S ADVICE AND DIRECTION. YOU SHOULD NOT MIX HUMALOG Mix75/25 WITH ANOTHER INSULIN.**

The Humalog Mix75/25 Pen is available in boxes of 5 disposable insulin delivery devices ("insulin pens"). The Humalog Mix75/25 Pen is not designed to allow any other insulin to be mixed in its cartridge of Humalog Mix75/25, or for the cartridge to be removed.

Always examine the appearance of Humalog Mix75/25 suspension in the insulin pen before administering a dose. Roll the Pen between the palms 10 times. Holding the Pen by one end, invert it 180° slowly 10 times to allow the glass bead to travel the full length of the cartridge with each inversion. Humalog Mix75/25 should look uniformly cloudy or milky after mixing. If not, repeat the above steps until the contents are mixed. Pens containing Humalog Mix75/25 suspension should be examined frequently. Do not use if the insulin substance (the white material) remains visibly separated from the liquid after mixing. Do not use a Humalog Mix75/25 Pen if there are clumps in the insulin after mixing. Do not use a Humalog Mix75/25 Pen if solid white particles stick to the bottom or wall of the cartridge, giving a frosted appearance. Always check the appearance of the Humalog Mix75/25 suspension before using. If you note anything unusual in its appearance or notice your insulin requirements changing markedly, consult your doctor.

**Storage**—Humalog Mix75/25 Pens should be stored in a refrigerator but not in the freezer. Do not use an insulin pen if it has been frozen. The Humalog Mix75/25 Pen that you are currently using should not be refrigerated but should be kept as cool as possible and away from direct heat and light. When in use, unrefrigerated Humalog Mix75/25 Pens must be discarded after 10 days, even if they still contain Humalog Mix75/25. Do not use Humalog Mix75/25 Pens after the expiration date stamped on the label.

**INSTRUCTIONS FOR PEN USE:** It is important to read, understand, and follow the instructions in the “Disposable Insulin Delivery Device User Manual” before using. Failure to follow instructions may result in getting too much or too little insulin. The needle must be changed and the pen must be primed before each injection to make sure the pen is ready to dose. These steps are important to confirm that insulin comes out when you push the injection button, and to remove air that may collect in the insulin cartridge during normal use.

**Every time you inject:**

- Use a new needle
- Prime to make sure the pen is ready to dose
- Make sure you got a full dose.

**NEVER SHARE INSULIN PENS OR NEEDLES.**

**PREPARING THE PEN FOR INJECTION:**

1. Inspect the appearance of Humalog Mix75/25 suspension in the Humalog Mix75/25 Pen. It should look uniformly cloudy or milky after mixing. Once the Humalog Mix75/25 Pen is in use, inspect the insulin in the Humalog Mix75/25 Pen before each injection.
2. Follow the instructions in the “Disposable Insulin Delivery Device User Manual” for these steps:
  - Preparing the Pen
  - Attaching the Needle. **Use a new needle for each injection.**
  - Priming the Pen. **The pen must be primed before each injection to make sure the pen is ready to dose.** Performing the priming step is important to confirm that insulin comes out when you push the injection button, and to remove air that may collect in the insulin cartridge during normal use.
  - Setting (Dialing) a Dose
  - Injecting the Dose. **To make sure you have received your dose, you must push the injection button all the way down until you see a diamond (♦) or an arrow (→) in the center of the dose window.**
  - Following an Injection

**PREPARING FOR INJECTION:**

1. Wash your hands.
2. To avoid tissue damage, choose a site for each injection that is at least 1/2 inch from the previous injection site. The usual sites of injection are abdomen, thighs, and arms.
3. Cleanse the skin with alcohol where the injection is to be made.
4. With one hand, stabilize the skin by spreading it or pinching up a large area.
5. Inject the dose as instructed by your doctor. Hold the needle under the skin for at least 5 seconds.
6. After dispensing a dose, pull the needle out and apply gentle pressure over the injection site for several seconds. **Do not rub the area.**
7. Immediately after an injection, remove the needle from the Humalog Mix75/25 Pen. Doing so will guard against contamination, and prevent leakage of Humalog Mix75/25, reentry of air, and needle clogs. **Do not reuse needles. Dispose of needles in a responsible manner.**

**DOSAGE:** Your doctor has told you which insulin to use, how much, and when and how often to inject it. Because each patient's case of diabetes is different, this schedule has been individualized for you. Your usual Humalog Mix75/25 dose may be affected by changes in your food, activity, or work schedule. Carefully follow your doctor's instructions to allow for these changes. Other things that may affect your Humalog Mix75/25 dose are:

**Illness**—Illness, especially with nausea and vomiting, may cause your insulin requirements to change. Even if you are not eating, you will still require insulin. You and your doctor should establish a sick day plan for you to use in case of illness. When you are sick, test your blood glucose/urine ketones frequently and call your doctor as instructed.

**Pregnancy**—Good control of diabetes is especially important for you and your unborn baby. Pregnancy may make managing your diabetes more difficult. If you are planning to have a baby, are pregnant, or are nursing a baby, consult your doctor. Humalog Mix75/25 has not been tested in pregnant or nursing women.

**Medication**—Insulin requirements may be increased if you are taking other drugs with hyperglycemic activity, such as oral contraceptives, corticosteroids, or thyroid replacement therapy. Insulin requirements may be reduced in the presence of drugs with blood-glucose-lowering activity, such as oral antidiabetic agents, salicylates (for example, aspirin), sulfa antibiotics, alcohol, and certain antidepressants. Your health care professional is aware of these and other medications that may affect your diabetes control. Therefore, always discuss any medications you are taking with your doctor.

**Exercise**—Exercise may lower your body's need for insulin products during and for some time after the physical activity. Exercise may also speed up the effect of a Humalog Mix75/25 dose, especially if the exercise involves the area of your injection site. Discuss with your doctor how you should adjust your regimen to accommodate exercise.

**Travel**—Persons traveling across more than 2 time zones should consult their doctor concerning adjustments in their insulin schedule.

**COMMON PROBLEMS OF DIABETES: Hypoglycemia (Insulin Reaction)**—Hypoglycemia (too little glucose in the blood) is one of the most frequent adverse events experienced by insulin users. It can be brought about by:

1. Missing or delaying meals
2. Taking too much insulin
3. Exercising or working more than usual
4. An infection or illness (especially with diarrhea or vomiting)
5. A change in the body's need for insulin
6. Diseases of the adrenal, pituitary or thyroid gland, or progression of kidney or liver disease
7. Interactions with other drugs that lower blood glucose, such as oral antidiabetic agents, salicylates (for example, aspirin), sulfa antibiotics, and certain antidepressants
8. Consumption of alcoholic beverages

Symptoms of mild to moderate hypoglycemia may occur suddenly and can include:

- sweating
- dizziness
- drowsiness
- sleep disturbances

- palpitation
- tremor
- hunger
- restlessness
- tingling in the hands, feet, lips, or tongue
- lightheadedness
- inability to concentrate
- headache
- anxiety
- blurred vision
- slurred speech
- depressed mood
- irritability
- abnormal behavior
- unsteady movement
- personality changes

Signs of severe hypoglycemia can include:

- disorientation
- unconsciousness
- seizures
- death

Therefore, it is important that assistance be obtained immediately.

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, changing insulin preparations, or intensified control (3 or more injections per day) of diabetes. A few patients who have experienced hypoglycemic reactions after transfer from animal-source insulin to human insulin have reported that the early warning symptoms of hypoglycemia were less pronounced or different from those experienced with their previous insulin.

Without recognition of early warning symptoms, you may not be able to take steps to avoid more serious hypoglycemia. Be alert for all of the various types of symptoms that may indicate hypoglycemia. Patients who experience hypoglycemia without early warning symptoms should monitor their blood glucose frequently, especially prior to activities such as driving. If the blood glucose is below your normal fasting glucose, you should consider eating or drinking sugar-containing foods to treat your hypoglycemia.

Mild to moderate hypoglycemia may be treated by eating foods or drinks that contain sugar. Patients should always carry a quick source of sugar, such as candy mints or glucose tablets. More severe hypoglycemia may require the assistance of another person. Patients who are unable to take sugar orally or who are unconscious require an injection of glucagon or should be treated with intravenous administration of glucose at a medical facility.

You should learn to recognize your own symptoms of hypoglycemia. If you are uncertain about these symptoms, you should monitor your blood glucose frequently to help you learn to recognize the symptoms that you experience with hypoglycemia.

If you have frequent episodes of hypoglycemia or experience difficulty in recognizing the symptoms, you should consult your doctor to discuss possible changes in therapy, meal plans, and/or exercise programs to help you avoid hypoglycemia.

**Hyperglycemia and Diabetic Ketoacidosis:** Hyperglycemia (too much glucose in the blood) may develop if your body has too little insulin. Hyperglycemia can be brought about by any of the following:

1. Omitting your insulin or taking less than the doctor has prescribed
2. Eating significantly more than your meal plan suggests
3. Developing a fever, infection, or other significant stressful situation.

In patients with type 1 or insulin-dependent diabetes, prolonged hyperglycemia can result in diabetic ketoacidosis (DKA). The first symptoms of DKA usually come on gradually, over a period of hours or days, and include a drowsy feeling, flushed face, thirst, loss of appetite, and fruity odor on the breath. With DKA, urine tests show large amounts of glucose and ketones. Heavy breathing and a rapid pulse are more severe symptoms. If uncorrected, prolonged hyperglycemia or DKA can lead to nausea, vomiting, stomach pains, dehydration, loss of consciousness, or death. Therefore, it is important that you obtain medical assistance immediately.

**Lipodystrophy**—Rarely, administration of insulin subcutaneously can result in lipodystrophy (depression in the skin) or lipohypertrophy (enlargement or thickening of tissue). If you notice either of these conditions, consult your doctor. A change in your injection technique may help alleviate the problem.

**Allergy—Local Allergy**—Patients occasionally experience redness, swelling, and itching at the site of injection. This condition, called local allergy, usually clears up in a few days to a few weeks. In some instances, this condition may be related to factors other than insulin, such as irritants in the skin cleansing agent or poor injection technique. If you have local reactions, contact your doctor.

**Systemic Allergy**—Less common, but potentially more serious, is generalized allergy to insulin, which may cause rash over the whole body, shortness of breath, wheezing, reduction in blood pressure, fast pulse, or sweating. Severe cases of generalized allergy may be life threatening. If you think you are having a generalized allergic reaction, notify a doctor immediately.

**ADDITIONAL INFORMATION:** Additional information about diabetes may be obtained from your diabetes educator.

**DIABETES FORECAST** is a national magazine designed especially for patients with diabetes and their families and is available by subscription from the American Diabetes Association, National Service Center, 1660 Duke Street, Alexandria, Virginia 22314, 1-800-DIABETES (1-800-342-2383). Another publication, **DIABETES COUNTDOWN**, is available from the Juvenile Diabetes Foundation International (JDF), 120 Wall Street, 19th Floor, New York, New York 10005-4001, 1-800-JDF-CURE (1-800-533-2873).

Additional information about Humalog Mix75/25 and Humalog Mix75/25 Pen can be obtained by calling 1-888-88-LILLY (1-888-885-4559) or consult the Eli Lilly and Company Internet Web Site at <http://www.lilly.com/diabetes>.

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Name \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( \_\_\_\_\_ )

Phone \_\_\_\_\_

Si, estoy interesado en recibir informacion en español cuando haya deponibilidad.

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1) Select one of the following:

- I have diabetes
- A friend/family member has diabetes
- I am a healthcare professional
- Other (please specify) \_\_\_\_\_

2) At what age were you diagnosed with diabetes?

\_\_\_\_\_ years old

3) How many years have you had diabetes?

\_\_\_\_\_ years

4) What type of therapy are you currently using to control your diabetes? (check one)

- Diabetes pills
- Diabetes pills & insulin together
- Insulin alone
- Diet and exercise only

5) If you use insulin, which type(s) do you use?

- Humulin®  
(human insulin [rDNA origin])
- Humalog®  
(insulin lispro injection [rDNA])
- Humalog® Mix75/25™  
(75% insulin lispro injection protamine suspension  
25% insulin lispro injection [rDNA origin])
- Novolin®
- Novolog®
- Novolog® Mix 70/30
- Lantus®
- ReliOn®
- Other \_\_\_\_\_
- I use insulin, but don't know which type
- I do not use insulin

6) How do you take your insulin?

- Vial and Syringe
- Pen
- Insulin Pump
- I do not use insulin

7) How many times in a day do you test your blood sugar?

- 1 to 2 times per day
- 3 or more times per day
- I do not test every day

8) Which of the following best describes the doctor you see most frequently?

- Endocrinologist
- Internal Medicine Doctor
- Family Doctor
- Other \_\_\_\_\_

9) Does your doctor regularly examine your feet?

- Yes
- No

10) Which physician conducted your last foot exam?

- Endocrinologist
- Internal Medicine doctor
- Family doctor
- Neurologist
- Other \_\_\_\_\_
- I have never had a foot exam

11) As part of your last foot exam, were you checked for sensation in your feet using any device or tool such as a tuning fork, needle/pin, cotton swab, or plastic filament?

- Yes
- No
- I have never had a foot exam

12) Has your doctor ever told you that you have complications of diabetes, such as retinopathy, neuropathy or nephropathy?

- Yes
- No

I understand that the information I am providing may be used for marketing purposes by Eli Lilly and Company and its business partners to provide me with information about diabetes and other health conditions and products, and to contact me to see if I'd like to participate in product research activities, and to learn about and develop products and services concerning diabetes and other health conditions. **By submitting this form, I indicated my consent to these uses.** I understand that I may request to be removed from your contact list by writing to Lilly at the following address:

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# Lilly DIABETES TODAY

Working together for better diabetes care

**Obesity. The bad news. And the good news.**

Most people in western countries are overweight or obese. In fact, more than 60% of Americans are overweight or obese. This is a major public health problem because obesity is a leading cause of heart disease, high blood pressure, type 2 diabetes, and other chronic diseases. It also increases the risk of complications from surgery and anesthesia. So, it's important to understand the causes of obesity and how to prevent or manage it.

There are many reasons why people become overweight or obese. Some are genetic, some are hormonal, and some are due to lifestyle factors like diet and physical activity. Understanding these causes can help you make better choices for your health.

While you can't change your genes, you can control your diet and physical activity. The good news is that losing weight can significantly reduce the risk of complications from obesity. So, if you're overweight or obese, it's worth the effort to lose weight.

There are many ways to lose weight, but the most effective ones are those that focus on healthy eating and regular physical activity. This includes eating a diet rich in fruits, vegetables, and whole grains, and getting at least 150 minutes of moderate-intensity exercise each week.

It's also important to get enough sleep and manage stress, as these factors can contribute to weight gain. So, make sure you're getting enough sleep and finding ways to manage stress.

Finally, it's important to work with your healthcare provider to develop a weight loss plan that's safe and effective for you. They can help you understand the causes of your obesity and provide support and resources to help you succeed.

Remember, obesity is a complex condition, but it's not hopeless. With the right approach, you can lose weight and improve your health. So, take the first step today and start working towards a healthier you.

For more information on obesity and diabetes, visit [www.lilly.com/diabetes](http://www.lilly.com/diabetes).



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