

# One Brand. **More Innovative Choices.**

## **ACCU-CHEK® Aviva**

Test right the first time.<sup>1</sup> Make every strip count.

## **ACCU-CHEK® Compact Plus**

All-in-one convenience. Least pain.<sup>2</sup>



**FREE** ACCU-CHEK®  
CARE KIT

Choice of ACCU-CHEK Aviva or ACCU-CHEK Compact Plus care kit with purchase of  
(1) 50-count ACCU-CHEK Aviva test strips or  
(1) 51-count ACCU-CHEK Compact test drums



Limit one coupon per purchase.  
Void where prohibited.

Retail value \$80.00

Fill in Price

**Walgreens**  
The Pharmacy America Trusts®

Visit our Web site at [www.accu-chek.com](http://www.accu-chek.com).

**CONSUMER/RETAILER:** Present this coupon to retailer at time of purchase. One coupon per customer. Offer not good with other offers. It is a violation of law to seek payment from Medicare, Medicaid, other public programs or private payers for free products. Coupon is void where prohibited, regulated, or taxed. Coupon is void if presented by those who are not retail distributors of our merchandise. Your customer must pay any sales taxes involved. Maximum coupon value not to exceed \$80.00. Coupon questions? Call the retailer hotline: 800-833-7096. Send valid coupons to: **Roche Diagnostics, P.O. Box 880311, El Paso, TX 88588-0311**

ACCU-CHEK, ACCU-CHEK AVIVA, ACCU-CHEK COMPACT and SOFTCLIX are trademarks of Roche. All other names and trademarks are the property of their respective owners. © 2006 Roche Diagnostics. All rights reserved. 304-32721-0606 04913175001



<sup>1</sup> Data on file.

<sup>2</sup> When lancet device technology was compared to other leading lancet device. Data on file.

ACCU-CHEK, ACCU-CHEK AVIVA, ACCU-CHEK COMPACT, ACCU-CHEK MULTICLIX, SOFTCLIX, THE ONE WITH THE DRUM and TEST RIGHT THE FIRST TIME are trademarks of Roche. All other product names and trademarks are the property of their respective owners.  
© 2007 Roche Diagnostics. All rights reserved. 304-36579-0507



**ACCU-CHEK®**

# time for a change?

## QUESTIONS TO ASK BEFORE YOU GET A NEW

## BLOOD GLUCOSE METER

By Virginia Peragallo-Dittko, APRN, BC-ADM, MA, CDE



**Q** If you forget to change the code on your meter when you get a new batch of strips, look at meters that don't need to be coded.

**Q** If speed is important to you, results are yours in five seconds or fewer with several new meters. Speed is especially helpful when your blood glucose level is low.

**Q** All new meters have strips that pull your blood into the strip. You don't have to twist and turn to put the blood on top of the strip.

**Q** Sore fingers? Look into meters that allow you to check your blood glucose using your forearm, the palm of your hand, your upper arm or thigh.

**“If it's not broken, don't fix it.”** With so many competing demands for our time and money, that's generally good advice. Sometimes the tasks involved in managing a chronic illness like diabetes become routine and ordinary. You may skip checking your blood glucose or get annoyed by the meter itself. Sometimes all you need is a tool that makes it a little bit easier to manage. Take a look at the new meters on the market. It may be time to shake things up and unleash the power of change.

Here's what you'll need to know about insurance and the features of the products before making a change.

### FIND OUT ABOUT INSURANCE

Medicare Part B helps pay for a new blood glucose meter every five years. You pay 20% of the Medicare-approved amount after you have met your deductible and you will need a prescription from your provider.

Often health plans limit your choice of meter and strips and how frequently you can get a new meter. Most health plans choose one or two product lines that will be covered for the lowest

co-pay. You may have to pay a higher co-pay for any other meter or supplies. Call the member services number on your health plan card and ask which meters are on the preferred list. Remember blood glucose checking supplies are part of the durable medical benefit of your health plan—not the pharmacy benefit. Do not let anyone switch you to a different meter, unless you agree.

*There is no best meter. There are pros and cons for each one.*

### ASK ABOUT NEW PRODUCTS

There is no best meter. There are pros and cons for each one. You can find out about new products by asking your diabetes educator, going to product fairs offered at your local hospital or diabetes club or asking your Walgreens pharmacist to show you a series of meters.

### UNLEASH THE POWER OF CHANGE

Blood glucose monitoring is a tool that puts you in the driver's seat. The results give you feedback about your food choices, feelings and medicines. If you are in a rut and need a change, a new, easier-to-use meter may be just what you need.

**Q** Look for a meter whose strips require only a tiny drop of blood. Less blood means less pain when you stick yourself.

**Q** Check out the size of the display window. Are the numbers large enough for you to see? Even small meters can have large display windows so you can easily see the results.

**Q** Handling test strips can be a problem for some who have arthritis or have had a stroke. There are meters available that work with “strip containers,” such as drums or disks, that are easy to insert — and you do not have to touch the strip.

## keeping records

**Q** Keeping a log of your readings helps you to see patterns and make decisions. Most meters store the date, time and result in the meter's memory. If you struggle to keep records, you might

want to look into computer software that allows you to upload the meter's memory, view the results and print. You can buy special software and cable to link your meter to your computer.

**Q** Some new meters combine blood glucose checking with a hand-held diary. This could be a good option for those who don't want to keep written records.

# Managing your diabetes requires a daily dose of balance.

For diabetics and pre-diabetics, nutritional balance starts with good glucose metabolism. alpha betic® Nutritional Supplements aid in the process by providing nutrients to help restore deficiencies often experienced by diabetics. Research shows that exercise and diet alone may not be enough to counteract the effects of diabetes. With supplements formulated for the specific needs of diabetics, nutritional balance can be achieved easily and effectively. One caplet, once a day from the number #1 recommended brand.



alpha betic. The leader in diabetic nutrition.™

MANUFACTURER'S COUPON EXPIRES 3/31/08

## SAVE \$2.00

On alpha betic® Multi-Vitamin Supplement

CONSUMER: Coupon good only in U.S.A. Not valid on trial sizes. Void if copied, transferred, prohibited or regulated. RETAILER: Abkit, Inc. will reimburse you for the face value of this coupon plus 8¢ handling if redeemed in compliance with our redemption policy. Copy sent upon request. Cash value 1/100¢. Mail coupon to Abkit, Inc., CMS Dept. #20065, 1 Fawcett Drive, Del Rio, TX 78840. Offer Code 99667



For more information please visit [www.alphabetic.com](http://www.alphabetic.com)

## LIVING WITH DIABETES a holiday survival guide

By **Connie Frazier, RD, LDN, CDE,**  
Joslin Diabetes Center,  
Western Pennsylvania Hospital



**Do you want to enjoy the holidays and still keep your diabetes (and your weight) under control? Managing diabetes during the holidays can be a challenge. These survival strategies can help you accomplish your wellness goals.**

### WINNING HOLIDAY STRATEGIES

- Eat regular meals instead of skipping meals. Space meals 4-5 hours apart to help control your blood glucose levels and to prevent overeating.
- Space carbohydrates throughout the day. Rather than having a large portion of mashed potatoes, stuffing, roll and pie, skip the roll, control portions and save a small piece of pie for a snack.
- Eat slowly. It generally takes 20 minutes for the brain to receive the signal that the stomach is satisfied. Put your fork down between bites and enjoy the mealtime conversation.
- Look for healthful holiday recipes in diabetes cookbooks, magazines and Web sites such as [www.joslin.org](http://www.joslin.org) (Joslin Diabetes Center) and [www.diabetes.org](http://www.diabetes.org) (American Diabetes Association).

### PARTY SURVIVAL TIPS

- Plan for the party ahead of time. To prevent overeating, eat a small snack before you go, such as a small piece of fruit and low-fat cottage cheese, a few crackers with peanut butter or a handful of raw vegetables with salsa.
- Bring a healthy dish to the event such as a low-fat casserole or fresh veggies with a low-calorie dip.
- Survey the buffet table and choose smaller servings of "special holiday treats."
- Instead of "grazing" over time at the party, put the food you plan to eat on a small plate. As a result, you'll be more aware of choices and portions.
- Enlist the support of a buddy. Support systems can help you stay on track with healthy eating and regular physical activity.
- Socialize with friends away from the buffet table.
- If you're hosting the party, send your guests home with a "doggy bag" of holiday leftovers and goodies.
- Monitor your blood glucose regularly to make sure your blood glucose is within your target range.

## WAYS TO CHANGE INGREDIENTS IN RECIPES TO LOWER FAT AND SUGAR

It is possible to enjoy your favorite holiday fare without all of the calories, fat and sugar.

- Decrease the fat and sugar in recipes by 1/3 to 1/2 of the specified amount.
- Use sugar substitutes in place of sugar in recipes. To enhance the sweet flavor, use cinnamon, vanilla or nutmeg.
- Substitute two egg whites or an egg substitute for each egg in recipes.
- Use evaporated skim milk for cream.
- Try reduced-fat margarine instead of butter when cooking.
- Use unsweetened apple-sauce in place of some of the oil in baked goods.
- Chill gravy or sauce, then skim off the fat as it rises to the surface.
- Season steamed veggies with herbs or lemon juice in place of rich sauces. Use fat-free or reduced-fat cream cheese, sour cream or mayonnaise. If you make foods high in fat and sugar, make smaller batches and share them with friends.

## MAINTAIN PHYSICAL ACTIVITY

- Plan activities like walks, hikes, skating, sledding or dances with family and friends.
- Have active parties such as caroling, house decorating or walks to see neighborhood decorations.
- Set aside time each day for physical activity. A brisk walk around the neighborhood or around the mall can burn off about 100 calories per mile.
- Try to be active most days of the week for at least 30 minutes. Aim for three 10-minute segments if you don't have time to be active for a full 30 minutes.
- Regular physical activity, in addition to its other health benefits, is a positive tool for managing the stress of the holiday season.

## CREATE REALISTIC GOALS

- Set yourself up for success with your diabetes care during the holidays by choosing realistic goals. "A small serving of dessert 2-3 times a week" during the holiday season may be more achievable and realistic than "no desserts."
- Maintaining weight, rather than losing weight, is also a more attainable goal during the holiday season.
- Keep in mind that learning to eat healthfully is all about progress, not perfection.

Here's to the Holidays...Enjoy! 🍷

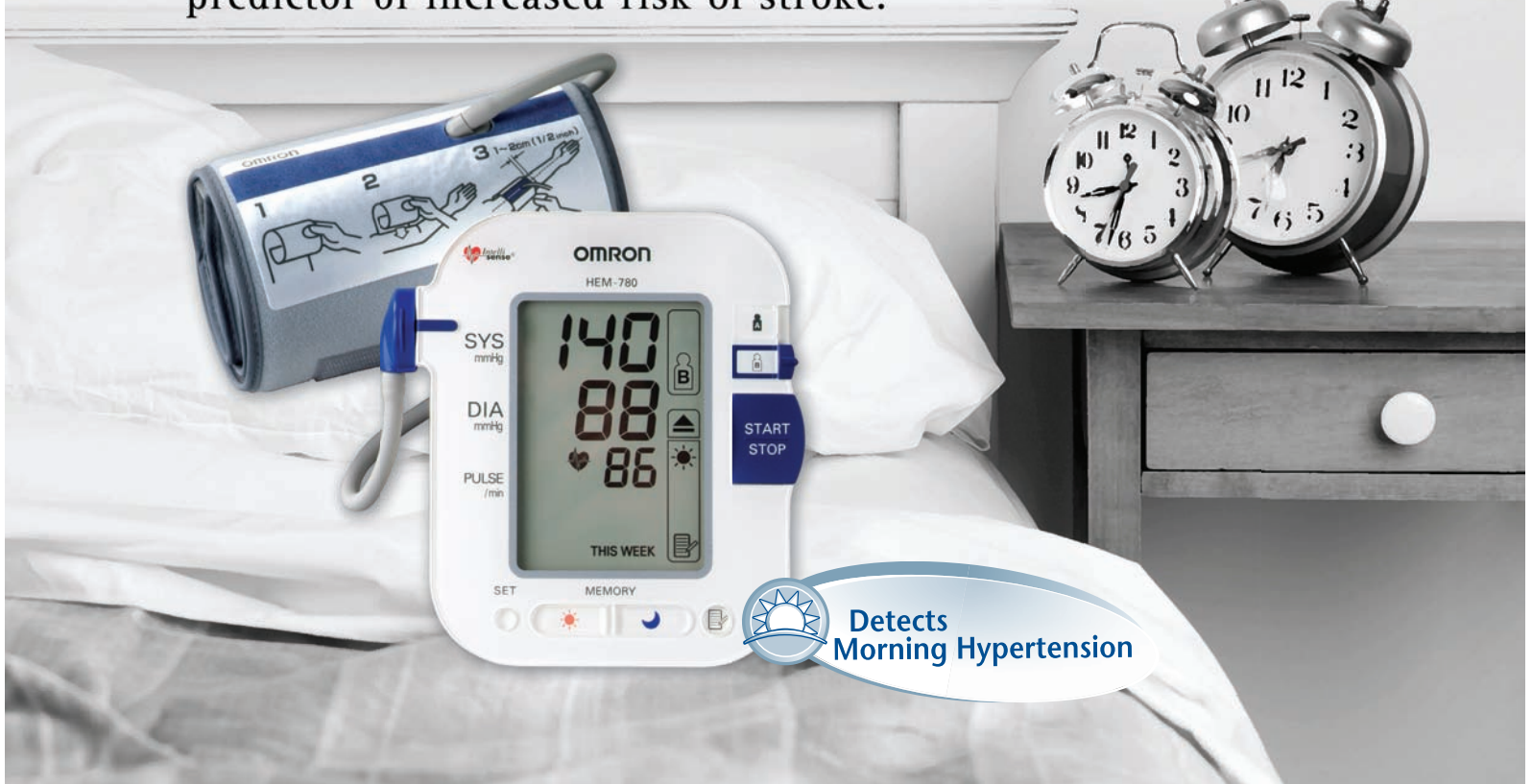
### BE SMART ABOUT ALCOHOL USE

- Check with your health care provider about how to drink alcohol safely.
- If you choose to drink, limit alcohol to one or two drinks per occasion.
- Drink alcohol with food to prevent the risk of low blood glucose.
- Alternate alcoholic beverages with low-calorie beverages such as seltzer water or diet soda.



# Are Your Numbers Up In The Morning?

Morning Hypertension is an important predictor of increased risk of stroke.



**\$10<sup>.00</sup>**

## Mail-In Rebate on any OMRON® IntelliSense® Blood Pressure Monitors

1. Cash register receipts must be dated between 11/15/07 - 3/15/08. Submission must be postmarked by 3/31/08.
2. Only one submission is accepted per family, household or address.
3. Include one (1) original REBATE FORM, one (1) original CASH REGISTER RECEIPT and one (1) original package UPC BAR CODE in each mailing. Copies not accepted.
4. Your original cash register receipt must have the purchase price circled.
5. No photocopied, altered, substitute or counterfeit rebate forms, receipts or UPC bar codes will be accepted or returned.
6. Offers are open to United States addresses only. All submissions become the property of OMRON Healthcare, Inc. and will not be returned. Allow 8 to 10 weeks for delivery of \$10.00 rebate check. OMRON Healthcare, Inc., its affiliates or agents are not responsible for mail not received as a result of loss, damage, or delays by the U.S. Post Office. All disputes and claims of non-payment will require you to provide a photocopy for substantiation of your entire submission.

**Write your Name, Address, City, State and Zip Code on a 3x5 card. Place this 3x5 card along with the original REBATE FORM, original CASH REGISTER RECEIPT with purchase price circled and original UPC BAR CODE in one envelope.**

**Mail your submission to: IntelliSense Blood Pressure Monitor \$10.00 MIR, Department 88443, P.O. Box 134,**

**Niagara Falls, NY 14302-0134**

Redeemable only at Walgreens

[www.omronhealthcare.com](http://www.omronhealthcare.com)



# should I volunteer?

By Martha Funnell, MS, RN, CDE

“Wanted: People with diabetes to take part in a research study.”

Have you ever noticed an ad in a newspaper or diabetes magazine or heard one on the radio that begins this way? Have you ever thought about calling the number in this type of an ad but were not sure if it was a good idea to be part of a research study? Did it sound interesting or scary?

Here are some pros and cons of taking part in a research study and tips to help you decide if being in one is something you would like to do.

## WHAT KIND OF STUDY IS IT?

There are different types of studies. Some test new medicines or a new use for a drug that already has Food and Drug Administration approval. Pharmaceutical companies often pay for these trials. Other studies look at the way people learn or make lifestyle changes. Some try to find out if one type of meal plan or exercise program works better than another. There also are studies for people with pre-diabetes and for family members of people with diabetes.

## \* different types of studies

*Some studies test new medicines, while others test a new use for a medicine already approved by the Food and Drug Administration. Pharmaceutical companies often sponsor these studies. Other studies look at the way people learn or make lifestyle changes.*

## What are the pros?

People who have been in studies can list several reasons for doing them:

- \* You get a lot of personal attention for your diabetes from the nurses and other health care professionals doing the study.
  - \* The staff in the project usually has time to spend with you, answer your questions and work with you on any problems you may have.
  - \* You also may get to try something before it comes on the market. If a therapy works well for someone in the trial, he or she often is able to get it before the general public. You also might learn more about your diabetes and how to care for it.
  - \* By participating in a study, you might help people with diabetes for years to come. That might include your children or grandchildren.
- In short, many people find that research is a way to help others, as well as themselves.

**LANTUS**  
insulin glargine [rDNA origin] injection

1-866-4LANTUS  
LANTUS.COM

INTRODUCING THE NEW  
WAY TO TAKE LANTUS®  
24-HOUR INSULIN



## THE LANTUS® SOLOSTAR® INSULIN PEN.

- PREFILLED WITH LANTUS®, THE #1 PRESCRIBED INSULIN
- ONE DOSE WORKS 24 HOURS
- EASY PUSH-BUTTON INJECTION
- USES ULTRA-FINE™\* NEEDLE†
- EASY TO USE

Please see important safety information for Lantus® on the next page.

\*Ultra-Fine is a trademark of Becton, Dickinson and Company.

†Needles not included with pen.

©2007 sanofi-aventis U.S. LLC US.GLA.06.11.129

diabetes care

**Walgreens**  
The Pharmacy America Trusts®

### SHOULD I BE IN A STUDY?


That is a question only you can answer. If you do a study, you give your time and energy. It also can be a positive learning experience.

Before you agree to take part in a study, you should be asked to sign a consent form. Read it closely, and ask any questions about things or words that you do not understand.

### HOW CAN I GET INVOLVED?

The first step is to ask your diabetes care provider if he or she is aware of studies in the area. There often are many studies being conducted at universities and medical schools, if you

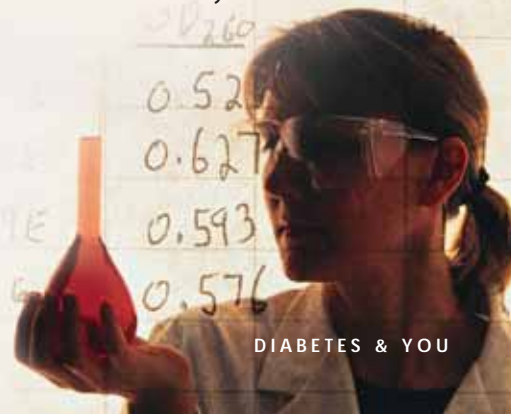
happen to live near one of these. These offer a chance to be involved in research. You also can check online. The National Institutes of Health sponsors many studies and has a Web site listing these studies by topic and location. The address is [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

Whenever you read about research projects, you may wonder about how they are done and whether the people who run them are real. The answer is they are. Without their help, the state of diabetes research would not be where it is today. So think about signing up. The next time you read about a study, one of the participants could be you. 

# 10

questions you can ask  
to help you decide if a  
study is right for you

- 1 Has this study been approved by a respected medical center or group called an Institutional Review Board so that my rights are protected?
- 2 What are the possible risks and benefits of this therapy?
- 3 Will I be assigned to one group or another? If I am not in the group that receives the medication or treatment, will I receive it at a future date?
- 4 How much time do I need to spend per visit? How many visits are there? How flexible are these visits? Are evenings and weekends an option?
- 5 Will any of my expenses be covered, such as transportation, parking or child care?
- 6 Will my insurance company have to pay for any of the study tests or medications?
- 7 Will the results of these tests be sent to me and to my health care provider?
- 8 How does the study make sure that my information stays private?
- 9 If I develop problems because I am in the study, who pays for my medical or other costs?
- 10 What happens if I drop out of the study?



ANGELA YOUNGER,  
TYPE 2 DIABETES,  
LANTUS® PATIENT SINCE 2003.

INDIVIDUAL RESULTS MAY VARY.

# HER PASSION: CHASING THE WIND HER POWER: LANTUS® 24-HOUR INSULIN



**Angela was born to be wild; she also has type 2 diabetes.**

And pills alone weren't giving her the control she needed.

So she asked her doctor about Lantus®, the only 24-hour insulin approved exclusively for use once a day. As part of an overall diabetes treatment plan, including regular blood sugar testing, taking Lantus® just once at the same time each day helps control blood sugar all day long. It works for Angela.

**Ask your doctor about the new, easy-to-use Lantus® SoloSTAR® pen.**



## Important Safety Information for Lantus®

Prescription Lantus® is for adults with type 2 diabetes or adults and children (6 years and older) with type 1 diabetes who require long-acting insulin for the control of high blood sugar.

Lantus® SoloStar® is a disposable insulin delivery device (insulin pen). **Needles and the SoloStar® pen must not be shared.**

**DO NOT DILUTE OR MIX LANTUS® WITH ANY OTHER INSULIN OR SOLUTION. It will not work as intended, and you may lose blood sugar control, which could be serious. Do not change your insulin without talking with your doctor.** The syringe must not contain any other medication or residue. You should not use Lantus® if you are allergic to insulin. Lantus® is a long-acting insulin you inject just once a day, at the same time each day. **You must test your blood sugar levels while using an insulin such as Lantus®.**

**The most common side effect of insulin, including Lantus®, is hypoglycemia, which may be serious.** Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions including itching and rash. In rare cases, some allergic reactions may be life threatening. Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works.

\*Ultra-Fine is a trademark of Becton, Dickinson and Company.

†Needles not included with pen.



**Please see additional important information on the next page.**

**LANTUS® SoloSTAR®**  
insulin glargine [rDNA origin] injection

Ask your doctor if Lantus® fits into your overall diabetes treatment plan, which includes diet, exercise, oral medications and/or mealtime insulin.

**LANTUS®****(insulin glargine [rDNA origin] injection)**

**LANTUS® must NOT be diluted or mixed with any other insulin or solution.**

**INDICATIONS AND USAGE**

LANTUS is indicated for once-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

**CONTRAINDICATIONS**

LANTUS is contraindicated in patients hypersensitive to insulin glargine or the excipients.

**WARNINGS**

**Hypoglycemia is the most common adverse effect of insulin, including LANTUS. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes.**

**Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetes treatment may need to be adjusted.**

**PRECAUTIONS****General:**

LANTUS is not intended for intravenous administration. The prolonged duration of activity of insulin glargine is dependent on injection into subcutaneous tissue. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia.

**LANTUS must NOT be diluted or mixed with any other insulin or solution.** If LANTUS is diluted or mixed, the solution may become cloudy, and the pharmacokinetic/pharmacodynamic profile (e.g., onset of action, time to peak effect) of LANTUS and/or the mixed insulin may be altered in an unpredictable manner. When LANTUS and regular human insulin were mixed immediately before injection in dogs, a delayed onset of action and time to maximum effect for regular human insulin was observed. The total bioavailability of the mixture was also slightly decreased compared to separate injections of LANTUS and regular human insulin. The relevance of these observations in dogs to humans is not known.

As with all insulin preparations, the time course of LANTUS action may vary in different individuals or at different times in the same individual and the rate of absorption is dependent on blood supply, temperature, and physical activity. Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

**Hypoglycemia:**

As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LANTUS. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetes nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia.

The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. Patients being switched from twice daily NPH insulin to once-daily LANTUS should have their initial LANTUS dose reduced by 20% from the previous total daily NPH dose to reduce the risk of hypoglycemia (see DOSAGE AND ADMINISTRATION, Changeover to LANTUS).

The prolonged effect of subcutaneous LANTUS may delay recovery from hypoglycemia.

In a clinical study, symptoms of hypoglycemia or counterregulatory hormone responses were similar after intravenous insulin glargine and regular human insulin both in healthy subjects and patients with type 1 diabetes.

**Renal Impairment:**

Although studies have not been performed in patients with diabetes and renal impairment, LANTUS requirements may be diminished because of reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

**Hepatic Impairment:**

Although studies have not been performed in patients with diabetes and hepatic impairment, LANTUS requirements may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

**Injection Site and Allergic Reactions:**

As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Most minor reactions to insulins usually resolve in a few days to a few weeks.

Reports of injection site pain were more frequent with LANTUS than NPH human insulin (2.7% insulin glargine versus 0.7% NPH). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy. Immediate-type allergic reactions are rare. Such reactions to insulin (including insulin glargine) or the excipients may, for example, be associated with generalized skin reactions, angioedema, bronchospasm, hypotension, or shock and may be life threatening.

**Intercurrent Conditions:**

Insulin requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or stress.

**Information for Patients:**

LANTUS must only be used if the solution is clear and colorless with no particles visible (see DOSAGE AND ADMINISTRATION, Preparation and Handling).

**Patients must be advised that LANTUS must NOT be diluted or mixed with any other insulin or solution (see PRECAUTIONS, General).**

Patients should be instructed on self-management procedures including glucose monitoring, proper injection technique, and hypoglycemia and hyperglycemia management. Patients must be instructed 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, or skipped meals. Refer patients to the LANTUS "Patient Information" circular for additional information.

As with all patients who have diabetes, the ability to concentrate and/or react may be impaired as a result of hypoglycemia or hyperglycemia.

Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy.

**Drug Interactions:**

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

The following are examples of substances that may increase the blood-glucose-lowering effect and susceptibility to hypoglycemia: oral antidiabetes products, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAO inhibitors, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics.

The following are examples of substances that may reduce the blood-glucose-lowering effect of insulin: corticosteroids, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives), protease inhibitors and atypical antipsychotic medications (e.g. olanzapine and clozapine).

Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.

In addition, under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:**

In mice and rats, standard two-year carcinogenicity studies with insulin glargine were performed at doses up to 0.455 mg/kg, which is for the rat approximately 10 times and for the mouse approximately 5 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m<sup>2</sup>. The findings in female mice were not conclusive due to excessive mortality in all dose groups during the study. Histiocytomas were found at injection sites in male rats (statistically significant) and male mice (not statistically significant) in acid vehicle containing groups. These tumors were not found in female animals, in saline control, or insulin comparator groups using a different vehicle. The relevance of these findings to humans is unknown.

Insulin glargine was not mutagenic in tests for detection of gene mutations in bacteria and mammalian cells (Ames- and HPRT-test) and in tests for detection of chromosomal aberrations (cytogenetics in vitro in V79 cells and in vivo in Chinese hamsters).

In a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m<sup>2</sup>, maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH human insulin.

**Pregnancy:**

**Teratogenic Effects:** Pregnancy Category C. Subcutaneous reproduction and teratology studies have been performed with insulin glargine and regular human insulin in rats and Himalayan rabbits. The drug was given to female rats before mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m<sup>2</sup>. In rabbits, doses of 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m<sup>2</sup>, were administered during organogenesis. The effects of insulin glargine did not generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses from two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic development appeared normal.

There are no well-controlled clinical studies of the use of insulin glargine in pregnant women. It is essential for patients with diabetes or a 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. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers:**

It is unknown whether insulin glargine is excreted in significant amounts in human milk. Many drugs, including human insulin, are excreted in human milk. For this reason, caution should be exercised when LANTUS is administered to a nursing woman. Lactating women may require adjustments in insulin dose and diet.

**Pediatric Use:**

Safety and effectiveness of LANTUS have been established in the age group 6 to 15 years with type 1 diabetes.

**Geriatric Use:**

In controlled clinical studies comparing insulin glargine to NPH human insulin, 593 of 3890 patients with type 1 and type 2 diabetes were 65 years and older. The only difference in safety or effectiveness in this subpopulation compared to the entire study population was an expected higher incidence of cardiovascular events in both insulin glargine and NPH human insulin-treated patients.

In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly (see PRECAUTIONS, Hypoglycemia).

**ADVERSE REACTIONS**

The adverse events commonly associated with LANTUS include the following:

**Body as a whole:** allergic reactions (see PRECAUTIONS).

**Skin and appendages:** injection site reaction, lipodystrophy, pruritus, rash (see PRECAUTIONS).

**Other:** hypoglycemia (see WARNINGS and PRECAUTIONS).

In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS-treated patients (2.7%) compared to NPH insulin-treated patients (0.7%). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy. Other treatment-emergent injection site reactions occurred at similar incidences with both insulin glargine and NPH human insulin.

Retinopathy was evaluated in the clinical studies by means of retinal adverse events reported and fundus photography. The numbers of retinal adverse events reported for LANTUS and NPH treatment groups were similar for patients with type 1 and type 2 diabetes. Progression of retinopathy was investigated by fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Study (ETDRS). In one clinical study involving patients with type 2 diabetes, a difference in the number of subjects with ≥3-step progression in ETDRS scale over a 6-month period was noted by fundus photography (7.5% in LANTUS group versus 2.7% in NPH treated group). The overall relevance of this isolated finding cannot be determined due to the small number of patients involved, the short follow-up period, and the fact that this finding was not observed in other clinical studies.

**OVERDOSAGE**

An excess of insulin relative to food intake, energy expenditure, or both may lead to severe and sometimes long-term and life-threatening hypoglycemia. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. 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. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid recurrence of hypoglycemia.

**DOSAGE AND ADMINISTRATION**

LANTUS is a recombinant human insulin analog. Its potency is approximately the same as human insulin. It exhibits a relatively constant glucose-lowering profile over 24 hours that permits once-daily dosing.

LANTUS may be administered at any time during the day. LANTUS should be administered subcutaneously once a day at the same time every day. For patients adjusting timing of dosing with LANTUS, see **WARNINGS** and **PRECAUTIONS, Hypoglycemia**. LANTUS is not intended for intravenous administration (see PRECAUTIONS). Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Blood glucose monitoring is recommended for all patients with diabetes. The prolonged duration of activity of LANTUS is dependent on injection into subcutaneous space. As with all insulins, injection sites within an injection area (abdomen, thigh, or deltoid) must be rotated from one injection to the next.

In clinical studies, there was no relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration. As for all insulins, the rate of absorption, and consequently the onset and duration of action, may be affected by exercise and other variables.

LANTUS is not the insulin of choice for the treatment of diabetes ketoacidosis. Intravenous short-acting insulin is the preferred treatment.

**Pediatric Use:**

LANTUS can be safely administered to pediatric patients ≥6 years of age. Administration to pediatric patients <6 years has not been studied. Based on the results of a study in pediatric patients, the dose recommendation for changeover to LANTUS is the same as described for adults in DOSAGE AND ADMINISTRATION, Changeover to LANTUS.

**Initiation of LANTUS Therapy:**

In a clinical study with insulin naïve patients with type 2 diabetes already treated with oral antidiabetes drugs, LANTUS was started at an average dose of 10 IU once daily, and subsequently adjusted according to the patient's need to a total daily dose ranging from 2 to 100 IU.

**Changeover to LANTUS:**

If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of short-acting insulin or fast-acting insulin analog or the dose of any oral antidiabetes drug may need to be adjusted. In clinical studies, when patients were transferred from once-daily NPH human insulin or ultraleute human insulin to once-daily LANTUS, the initial dose was usually not changed. However, when patients were transferred from twice-daily NPH human insulin to LANTUS once daily, to reduce the risk of hypoglycemia, the initial dose (IU) was usually reduced by approximately 20% (compared to total daily IU of NPH human insulin) and then adjusted based on patient response (see PRECAUTIONS, Hypoglycemia).

A program of close metabolic monitoring under medical supervision is recommended during transfer and in the initial weeks thereafter. The amount and timing of short-acting insulin or fast-acting insulin analog may need to be adjusted. This is particularly true for patients with acquired antibodies to human insulin needing high-insulin doses and occurs with all insulin analogs. Dose adjustment of LANTUS and other insulins or oral antidiabetes drugs may be required; for example, if the patient's timing of dosing, weight or lifestyle changes, or other circumstances arise that increase susceptibility to hypoglycemia or hyperglycemia (see PRECAUTIONS, Hypoglycemia).

The dose may also have to be adjusted during intercurrent illness (see PRECAUTIONS, Intercurrent Conditions).

Brief Summary of Prescribing Information April 2006

sanofi-aventis U.S. LLC  
Bridgewater, NJ 08807

Country of Origin Germany  
www.lantus.com

© 2006 sanofi-aventis U.S. LLC

OptiCik® is a registered trademark of sanofi-aventis U.S. LLC

LAN-APR06-B-Aa



LIVING WITH TYPE 2 DIABETES JUST GOT EASIER.



**Introducing... Diabetes Essentials™**, a new product line specially formulated to promote blood sugar and heart health and support energy levels\* **ON THE GO!** Available in both pill form and dissolvable drink packets, **Diabetes Essentials™** offers a perfect nutritional balance. Discover **Diabetes Essentials™** and live healthy...live life.

Available at select Walgreens stores and online at [www.walgreens.com](http://www.walgreens.com). Visit [www.diabetesessentials.com](http://www.diabetesessentials.com) for additional information and coupons.

\*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.



DE0803



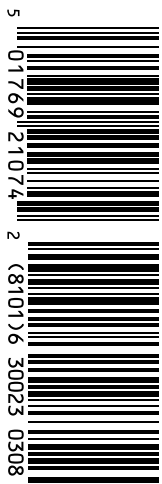
MFG COUPON      EXPIRES 03/31/08



**SAVE \$5.00**  
ON DIACHROME®  
BLOOD SUGAR  
HEALTH in pill form

(Located in the Diabetes Care products section – not the vitamin aisle)

RETAILER: We will reimburse you the face value of this coupon plus handling provided it is redeemed by a consumer at the time of purchase on the brand specified. Coupons not properly redeemed will be void and held. Reproduction of this coupon is expressly prohibited (ANY OTHER USE CONSTITUTES FRAUD). Mail to Nutrition 21, CMS Dept. 01769, 1 Fawcett Dr., Del Rio, TX 78840. Cash Value \$0.001. Void where taxed or restricted. LIMIT ONE COUPON PER ITEM PURCHASED.



30023

MFG COUPON      EXPIRES 03/31/08



**SAVE \$1.50**  
DIABETES ESSENTIALS™  
NUTRITION TO GO™  
10-PACKET DRINK PACKAGE

(Located in the Diabetes Care products section – not the vitamin aisle)

RETAILER: We will reimburse you the face value of this coupon plus handling provided it is redeemed by a consumer at the time of purchase on the brand specified. Coupons not properly redeemed will be void and held. Reproduction of this coupon is expressly prohibited (ANY OTHER USE CONSTITUTES FRAUD). Mail to Nutrition 21, CMS Dept. 01769, 1 Fawcett Dr., Del Rio, TX 78840. Cash Value \$0.001. Void where taxed or restricted. LIMIT ONE COUPON PER ITEM PURCHASED.



30024

# think about what you drink

By Amy Campbell, MS, RD, CDE



As you probably know, some foods are better for you than others. Well, the same can be said for drinks: Some are better for you than others. Regular soda and fruit punch are full of sugar.

Too much sugar, which is a type of carbohydrate, can cause your blood glucose level to go up.

Sugar can cause cavities in your teeth, too.

Sugary drinks also contain a lot of calories. You need calories to grow and stay active, but too many calories can cause you to gain too much weight. Being at a healthy weight is important.

Other drinks may contain a lot of fat, such as whole or 2% milk. These drinks are high in calories and high in a type of fat that can harm your heart and blood vessels.

So how do you choose what to drink? To help you decide, think about which drinks might be high in carbs and how many carbs you can have at your meals and snacks. Look at the chart below for some examples.

## High Carb

- Fruit smoothies
- Chocolate milk
- Lemonade
- More than 1 cup of juice, fruit punch, sports drinks

## Some Carb

- Light juice
- Diet fruit juice drinks
- Vegetable juice
- Skim/low fat milk
- Nonfat/low fat soy milk
- Sugar-free hot cocoa

## No Carb

- Water
- Seltzer
- Flavored water
- Diet iced tea
- Diet soda
- Other diet soft drinks

# 5

## Ways to Jazz Up Water

### 1

Try flavored seltzer water. Lemon, raspberry, mint and vanilla are just a few of the flavors you can buy.

### 2

Add lemon or lime juice to your water—no calories or carbs, but a lot of taste. Fruit flavored packets without calories or carbs are also available.

### 3

Try individual serving-size packets of sugar-free flavored powder. There are a lot of flavors to choose from, and they can be poured easily right into your water bottle.

### 4

Add slices of fresh lemon, lime, orange, cucumber or watermelon to a glass of water.

### 5

Pour just a splash of fruit juice into seltzer water for a fruit juice spritzer.



## Your Turn

- 1 You can drink as much fruit juice as you want because it's all natural. **True False**
- 2 Milk is a good source of calcium and vitamin D, which can help build strong bones. **True False**
- 3 Write down one low-carb drink you will try over the next week:

---



---

Learn more about diabetes at [www.walgreens.com/diabetes](http://www.walgreens.com/diabetes)

Answers: 1. False. 2. True. 3. Read the article to help you make your decision.

## Water and Seltzer

Water and seltzer water are your best choices because they contain nothing: no calories, no carbs and no fat. And your body needs water to stay healthy. Water is best when you're thirsty and the great thing about water is you can drink it anytime without it affecting your blood glucose levels. If there is a label on the bottle, check it out. There are a lot of new flavored water drinks that have sugar added, so you may be getting extra carbs that weren't part of your plan.

## Vegetable Juice

Not crazy about vegetables? You might like vegetable or tomato juice. Think of it as liquid nutrition, chock full of vitamins and minerals that can help your body grow and stay strong. Vegetable and tomato juices are very low in calories and don't have many carbs, either.

## Milk

Milk contains calcium, Vitamin D and protein, nutrients that your bones need to stay strong. Buy non-fat (skim) or low-fat (1%) milk instead of reduced fat or whole milk. If you can't drink milk, try soy milk or rice milk. If you don't like milk, try low-fat chocolate milk. Chocolate milk has more carbs than regular milk, so you'll need to be careful about how much you drink. Look at the label for the serving size and the amount of carbohydrate.

## Fruit Juice

Did you know that drinking an eight-ounce glass of orange juice has as many carbs as two small oranges? Fruit juice can raise your blood glucose level if you aren't careful to count it into your meal plan. (That's why fruit juice is a good choice to help treat low blood glucose). You also can buy light juice, which has fewer carbs and calories than the regular kind.

## Soda and Other Soft Drinks

Regular soda, fruit punch, fruit juice blends and other fruit drinks contain a type of sugar called high fructose corn syrup. This is a sweetener that is linked to causing people to become overweight. Also, these drinks contain empty calories, which means a lot of calories but not much nutrition. Even sports drinks contain high fructose corn syrup. So if you drink them, be sure to count the carbs.

## Diet Soft Drinks

What about diet soda, iced tea and other diet soft drinks? These drinks usually have no calories or very few calories, so they can be a good choice once in a while. Most diet drinks are sweetened with either aspartame (NutraSweet) or sucralose (Splenda), two sweeteners that have no calories or carbs. However, don't drink too much of these drinks, especially if they contain caffeine, like tea and cola.

In a recent survey, 56% of diet cola drinkers said Diet Pepsi has more cola taste than Diet Coke. PEPSI, PEPSI-COLA, DIET PEPSI and the Pepsi Globe design are trademarks of PepsiCo, Inc.

# Great taste always wins.

Living with diabetes means that I'm conscious of what I eat and drink. But that doesn't mean that I have to settle for less. That's why I choose the taste of Diet Pepsi.

But I'm not the only one. America voted and said Diet Pepsi has more cola taste than Diet Coke.

See for yourself — try the taste that always wins.

—Elliott Yamin



# Walgreens® Makes Accurate Blood Glucose Testing Easy ... at HOME OR on the GO



## Walgreens® TrueTrack® Smart System®

A high performance system for everyday testing at home!

- 1 microliter blood sample
- 2 simple steps
- Fast, accurate results in 10 seconds
- Fingertip or forearm testing

**Plus, Walgreens® TrueTrack® Test Strips are now covered by most insurance plans.**

## Walgreens® Sidekick® Convenient, All-in-One Blood Glucose Testing System

The world's smallest meter for take-it-anywhere, on-the-go testing.

- No coding
- 50 test strips with a built-in meter
- 1 microliter blood sample
- Accurate results in less than 10 seconds
- Fingertip or forearm testing
- Disposable – discard entire unit after final test



Flip.



Test.



Go!

Ask your doctor...  
**"Am I testing enough?"**

Frequent testing helps keep your diabetes in check ✓

## Quality and savings from a full line of Walgreens® diabetes products:



TrueTrack Smart System®



Sidekick® Testing System



Prestige Smart System®



Comfort Assured™ Lancing Device



Comfort Assured™ Syringes  
29, 30 and 31 gauge  
available in .3, .5, 1 cc sizes



Alcohol Swabs



Comfort Assured™ Lancets  
21, 26 and 30 gauge.  
Did you know Walgreens lancets are compatible with most lancing devices?



Glucose Tablets



Blood Pressure Monitors  
Manual Inflate, Automatic Wrist, Automatic, Deluxe Automatic and Ultra-Deluxe Automatic – all clinically proven accurate!



Ketone Test Strips



Gloves  
Latex, Powder-free  
Latex and Vinyl

**Walgreens**  
The Pharmacy America Trusts®

Walgreens Diabetes & You WIC#  
English: 962592 Spanish: 962543

Home Diagnostics, Inc.  
Dedicated To Diabetes Management