



insulin lispro (rDNA origin) injection



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A GUIDE TO STARTING **HUMALOG[®] 100 units/mL**

If you experience side effects talk to your doctor or other healthcare professional. This includes any possible side effects not listed in the package leaflet.

To report a side effect or product complaint with a Lilly product please call Lilly on **+44 (0) 1256 315000** (UK) or **+353 (0)1 664 0446** (ROI).

Additionally reporting forms and further information can be found at **www.mhra.gov.uk/yellowcard** or search for MHRA Yellow Card in the Google Play or Apple App Store (UK) or **www.hpra.ie** (ROI).

By reporting side effects you can help provide more information on the safety of medicines.

**This booklet has been developed and printed
by Lilly as a service to patients.**

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Humalog[®] 100 units/ml KwikPen[®] is registered trademark of Eli Lilly and Company.

PP-HI-GB-0094 May 2019

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This booklet is intended only for those who have been prescribed Humalog[®]. It is intended to be used in addition to the Patient Information Leaflet (PIL) which is included in your medicine and should also be read.



Why have I been given this booklet?

You have been prescribed Humalog® by your Healthcare Professional to help manage your diabetes. This booklet summarises useful points about taking Humalog® and will help answer any questions you may have about your new insulin.

This booklet is not intended to replace the Patient Information Leaflet found in your medicine pack, which should also be read thoroughly and understood before you start taking this insulin.

Your Healthcare Professional will provide you with your Humalog® insulin ID card. This card will help you identify what the insulin should look like.

Keep this card with you at all times as a reminder of what type of insulin you have been prescribed and show this to the pharmacist to ensure you receive the correct insulin when you collect your prescription.

Your details

Name

Diabetes Nurse Specialist

Hospital Doctor

GP

Who to call in an emergency

Telephone number of contact

Current basal insulin

Starting dose of Humalog®

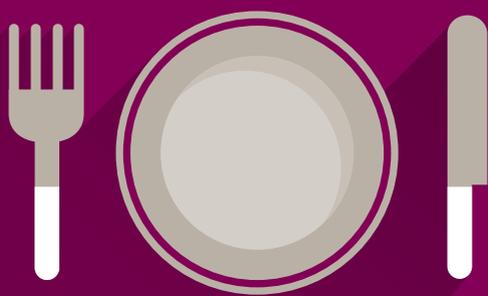
Breakfast

Lunch

Dinner

Why have I been prescribed Humalog®?

You have been prescribed Humalog®, a rapid-acting insulin to help provide your mealtime insulin requirements.



This booklet will allow you to learn more about your insulin and help you make the right decisions about adjusting your insulin and taking control of your diabetes.

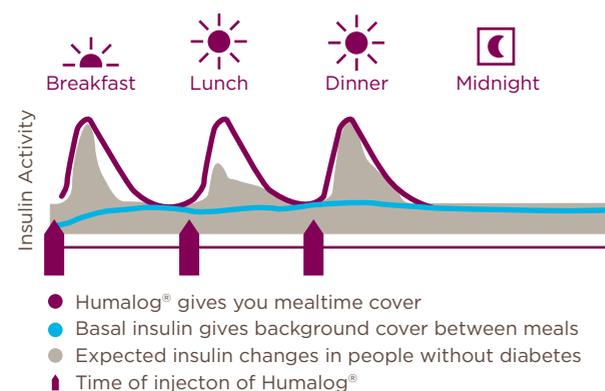
In most cases, you will have been prescribed Humalog® to take alongside a basal insulin. You should continue to take your basal insulin as prescribed by your Healthcare Professional.

How does Humalog® work?

Humalog® is a substitute for your own insulin and is used to control glucose after meals.

Like all rapid-acting insulin, Humalog® acts quickly. Normally you would inject within 15 minutes before a meal. However, if you need to, you can inject soon after a meal.

How Humalog® works



This diagram shows theoretical representations of insulin activity in people without diabetes and in people with diabetes in whom Humalog® has been added to a basal insulin. It is based on information from different clinical studies and is not intended to show direct comparisons.

What does Humalog® look like?

Your Humalog® will come in a 3ml cartridge and a pre-filled device, the Humalog® KwikPen®

Your insulin should be (please tick)

- 3ml Humalog® cartridge for use in the durable pen device, the HumaPen® Savvio™
- 3ml Humalog® KwikPen®

Please review this in detail, alongside the Patient Information Leaflet found within the medicine pack, before using this insulin.

Humalog® KwikPen®

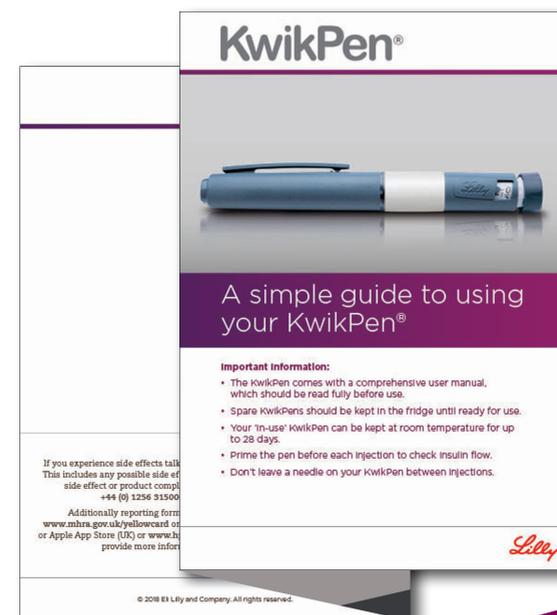


Cartridge



How do I take my Humalog® dose?

A step-by-step guide to delivering Humalog® 100 units/ml KwikPen® can be found inside the patient information leaflet placed inside your Box. You can also request a separate guide from your healthcare professional (as shown on below). Please review this in detail, alongside the Patient Information Leaflet found within the medicine pack, before using this insulin.



When do I take my Humalog® dose?

When starting Humalog® you should take the number of injections your Healthcare Professional has advised you to, as your insulin regimen has been tailored for your needs.

You may have been told to take up to three injections per day, with your main meals. Make sure you write down when you have been advised to take your injection in your insulin diary and at the front of this booklet.

If I miss my meal, should I still take my Humalog®?

No. Humalog® is meant to be taken before eating. If you miss a meal, taking it may put you at risk of hypoglycaemia.

I forgot to take my Humalog®, what should I do?

Don't panic, forgetting your Humalog® is rarely an emergency situation. However, you may notice that your blood glucose levels are higher and you may feel tired, thirsty or pass more urine than usual. You should seek advice from your Healthcare Professional. The advice will vary depending on when you realised you have forgotten to take your Humalog®.

Where do I inject my Humalog® dose?

Your Healthcare Professional will explain how to inject your insulin.

We recommend that you also fully review the Patient Information Leaflet found within your medicine pack, for specific details on how to inject this insulin.

Where do I inject it?

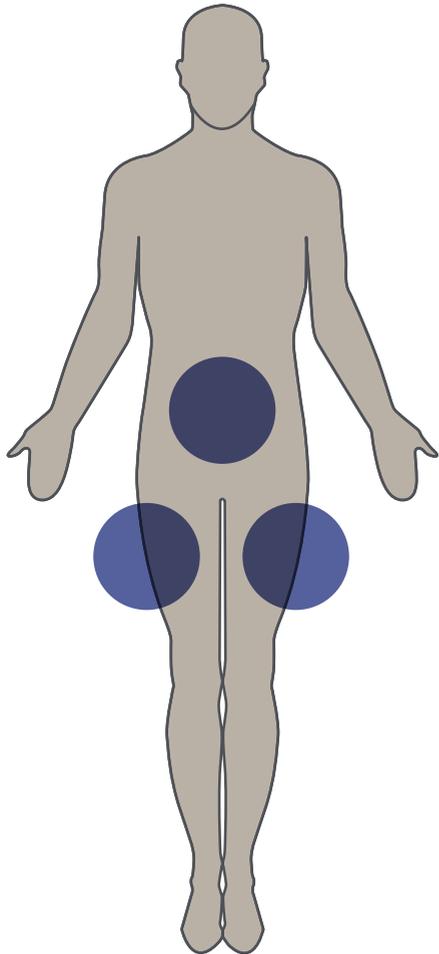
Humalog® can be injected under the skin into any of the places shown on the next page. The site of injection should be rotated within an area to avoid irritation and aid absorption.

Humalog 100 units/ml KwikPen, solution for injection in a pre-filled pen Available from: <https://www.medicines.org.uk/emc/product/8545/smpc> [Accessed May 2019]

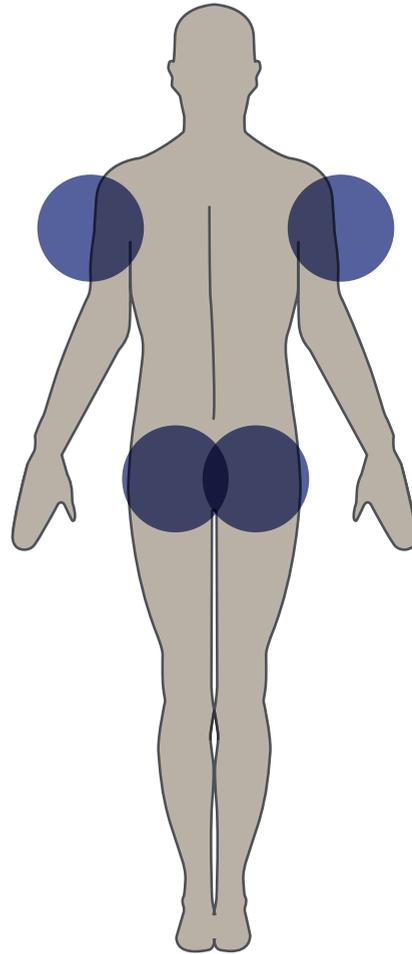
Humalog 100 units/ml Kwikpen soluton for injection Available from: https://backend-lb.medicines.ie/uploads/files/HUMALOG_100_vial_cart_KP_JR_SPC_MAY18_HLG69M.docx [Accessed May 2019]

What is hypoglycaemia?

Front of body



Back of body



Humalog® may cause hypoglycaemia (low blood sugar) if you take too much. It is very important that you understand what hypoglycaemia is, what the symptoms are, and how to manage it if it occurs. If untreated, hypoglycaemia can be life-threatening.

What is a 'hypo'?

Hypoglycaemia (or 'hypos') occurs when your blood glucose levels drop below what the body needs to function normally (below 4mmol/l). 'Hypos' begin quickly, but there are usually warning signs. Symptoms can vary from person to person, but may include the following:

- **Trembling and feeling shaky**
- **Sweating**
- **Being anxious or irritable**
- **Going pale**
- **Palpitations (fast heart beat) and a fast pulse**
- **Lips feeling tingly**
- **Blurred sight**
- **Being hungry**
- **Feeling tearful**
- **Tiredness**
- **Having a headache**
- **Lack of concentration**

Diabetes UK. What is a hypo? Available from: <https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos>. [Accessed May 2019].

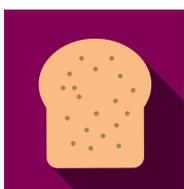
What do I do if I have a 'hypo'?



Stop: it is important that you stop what you are doing and immediately deal with the 'hypo'. If hypoglycaemia isn't corrected it can lead to more serious conditions such as unconsciousness and convulsions.



Treat: if you experience a 'hypo', you should eat or drink approximately 15-20g of sugary quick-acting carbohydrate, such as: A small carton (200 ml) of pure fruit juice, 3-5 glucose or dextrose tablets or 1-2 tubes of glucose gel (Speak to your HCP as specific quantities may vary.).



Recover: if you start to feel better after 10-15 minutes, have some longer-acting carbohydrates, such as a sandwich or a bowl of cereal. This will help prevent your blood glucose from going down again.

If you feel you aren't getting better, contact your Healthcare Professional.

Diabetes UK. Having a Hypo. Available from: <https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos/Having-a-hypo> [Accessed May 2019].

What should I do if I fall ill?

A number of common illnesses can cause your blood glucose to rise. When you are unwell you may not want to eat or take your insulin treatment as normal, but it is important to follow these basic rules in case of sickness:

Keep on taking your insulin

During illness your insulin requirements may go up. Ask your Healthcare Professional for specific advice on what action to take when you are ill.



Humalog®

insulin lispro (rDNA origin) injection

What considerations should I take when exercising?

Monitor your blood glucose and check for ketones

Monitor your blood glucose. Test 2–4 hourly as your blood sugar will indicate whether you require extra insulin doses. Always check your urine or blood for ketones. If you have moderate or high ketones and high blood glucose levels, this is a good indication that you may need more insulin and should consult your Healthcare Professional.

If high blood glucose and ketones lead to vomiting and dehydration, you may require hospital admission. **You must contact your Healthcare Professional.**

Take carbohydrates in liquid form

Take unsweetened fluids if your blood glucose is high. If you still do not feel like eating as your blood glucose returns to normal then substitute food with sweetened fruit juices or drinks that contain glucose.

Physical exercise is beneficial for people with diabetes. That's because exercise lowers your blood glucose levels. However, it is important to understand how exercise may affect the amount of insulin that you need to take.

When is it best to exercise?

If you do exercise within 1–2 hours after injecting Humalog®, the fall in blood glucose will be greater than if you did not exercise. This is because exercising uses energy and therefore helps to reduce your blood glucose levels.

Due to this, you may need to reduce your pre-meal dose of Humalog®. Check with your Healthcare Professional for advice if you are unsure.



What considerations are there for driving?

By monitoring your blood glucose (together with advice from Healthcare Professionals) you will learn the best way to combine exercise and Humalog®.

How much and what sort of exercise should I be doing?

It is currently recommended that you aim to do 150 minutes of moderate-to-vigorous exercise a week (i.e. 30 minutes on five days a week).

However, it's OK to start slow and build up to this target. Aiming to do a small amount of light exercise a day (e.g. a short walk) would be a great start!

All physical activity counts, so try to be more active during your day-to-day life. For example, take the stairs instead of the lift.

If you are taking insulin, in most cases this should not affect your ability to drive. However, there are extra rules and considerations.

What are the risks?

The major risk of driving whilst taking insulin is the possibility of having a 'hypo' whilst driving. To understand more about 'hypos' please turn to page 11.

If you are experiencing frequent 'hypos', or you find it difficult to spot when you are going into a 'hypo', you will have to stop driving until you and your Healthcare Professional get your blood glucose levels under control.

What do I do if I have a 'hypo' whilst driving?

You should pull over, park safely and follow the normal procedure for dealing with 'hypos' (see page 12). You should then wait at least 45 minutes after you feel better before driving.

If you are currently living in the United Kingdom

You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

Check with your nurse or doctor if you don't know what type of medication you're on.

Read leaflet **INF294** for more information about driving a car or motorbike with diabetes that's treated with insulin.

Insulin treated diabetes:

You need to tell DVLA if:

- your insulin treatment lasts (or will last) over 3 months
- you had gestational diabetes (diabetes associated with pregnancy) and your insulin treatment lasts over 3 months after the birth
- you get disabling hypoglycaemia (low blood sugar) - or a medical professional has told you that you're at risk of developing it

You can report your condition online, or fill in form **DIAB1** and send it to DVLA.

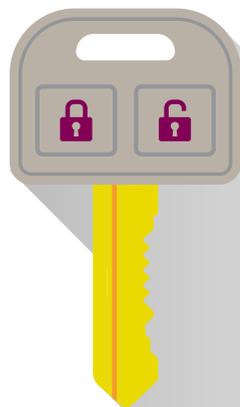
Bus, coach or lorry licence.

You must tell DVLA if your diabetes is treated with insulin.

Fill in form **VDIAB11** and send it to DVLA.

Read leaflet **INS186** if you want to apply for vocational entitlement to drive larger vehicles (C1, C1E, D1, DIE, C, CE, D or DE).

The DVLA leaflets and forms listed above can be found at: GOV.UK. Diabetes and driving. Available from: <https://www.gov.uk/diabetes-driving> [Accessed May 2019].



If you are currently living in the Republic of Ireland

Informing the NDLS (National Driving Licence Service)

Group 1 - Driving a car, motor cycle or Tractor

You must inform NDLS if:

- you suffer more than one episode of severe hypoglycaemia within the last 12 months.

Group 2 - Driving a bus or truck

You must inform NDLS if:

- you suffer one episode of severe hypoglycaemia
- you are at high risk of developing hypoglycaemia;
- you begin to have difficulty in recognising warning symptoms of low blood sugar
- you suffer severe hypoglycaemia while driving; an existing medical condition gets worse, or you develop any other condition that may affect safe driving.

If you are a Group 1 or Group 2 driver

you must inform NDLS if:

- you are treated by insulin, or if your diabetes is additionally managed by tablets which carry a risk of inducing hypoglycaemia
- you develop any problems with your circulation or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only.

If, following consultation with your GP, your medical condition is one that needs to be notified to the NDLS, you need to complete a Driver Licence Application Form and a Medical Report Form (D501) completed by your Doctor and return in person to any NDLS centre. The NDLS forms listed above can be found at: NDLS. Form & Reports. Available from: <https://www.ndls.ie/forms-reports.html> [Accessed May 2019].

NDLS. Diabetes and Driving. Available from: <https://www.ndls.ie/images/Documents/Forms/Diabetes-and-Driving.pdf> [Accessed May 2019]

Humalog

insulin lispro (rDNA origin) injection

What considerations are there when travelling?

Taking insulin should not affect your ability to travel abroad but you need to plan ahead to ensure you:

Take enough Humalog® for the duration of your trip

You should carry spare Humalog® and other equipment (needles, insulin etc.) in the event of unforeseen circumstances.

Carry your diabetes equipment in your hand luggage, not your main luggage

Your diabetes equipment should always be accessible. 'In use' pens may be kept at room temperature (up to 30°C) for up to 28 days. In very hot climates, or for long hot journeys, it is advisable to keep your Humalog® in a cool bag. Do not allow your insulin to freeze.

If you are carrying insulin, it is also advisable to carry your diabetes ID and a letter from your GP stating you have diabetes and the medication you need to treat it.

Plan ahead for changing time zones

You may need to speak to your diabetes Healthcare Professional about this.

Carry your diabetes information and identity card

It is important you carry this at all times.

Have travel insurance

Make sure you are covered for existing medical conditions and any diabetes-related emergency which might occur.

Carry extra food for snacks

Sometimes travel can be unpredictable and you should be prepared in case of delays or for when food is not readily accessible or even if you don't like the food on the plane! Don't forget your usual glucose for 'hypos'.



