LYUMJEV® (insulin lispro)

What is Lyumjev®?

Lyumjev is a mealtime insulin designed to be taken at the **start of a meal.**[1]

Lyumjev provides a glucose response closer to physiological insulin when compared to commonly prescribed rapid-acting insulins*[4]

Lyumjev is indicated for the treatment of diabetes mellitus in adults only. Lyumjev is not indicated for use in children[1].

Humalog® (insulin lispro) is a rapid-acting insulin analogue, indicated for the treatment of adults and children with diabetes mellitus who require insulin for the maintenance of normal glucose homeostasis. Humalog is also indicated for the initial stabilisation of diabetes mellitus.[3]

Prescribing information and adverse event reporting can be found on pages 7 and 8.

*Commonly used rapid-acting insulins are Humalog®, Fiasp®, and NovoRapid®.

Fiasp® and NovoRapid® are registered trademarks of Novo Nordisk.

PP-UR-GB-0158 May 2021

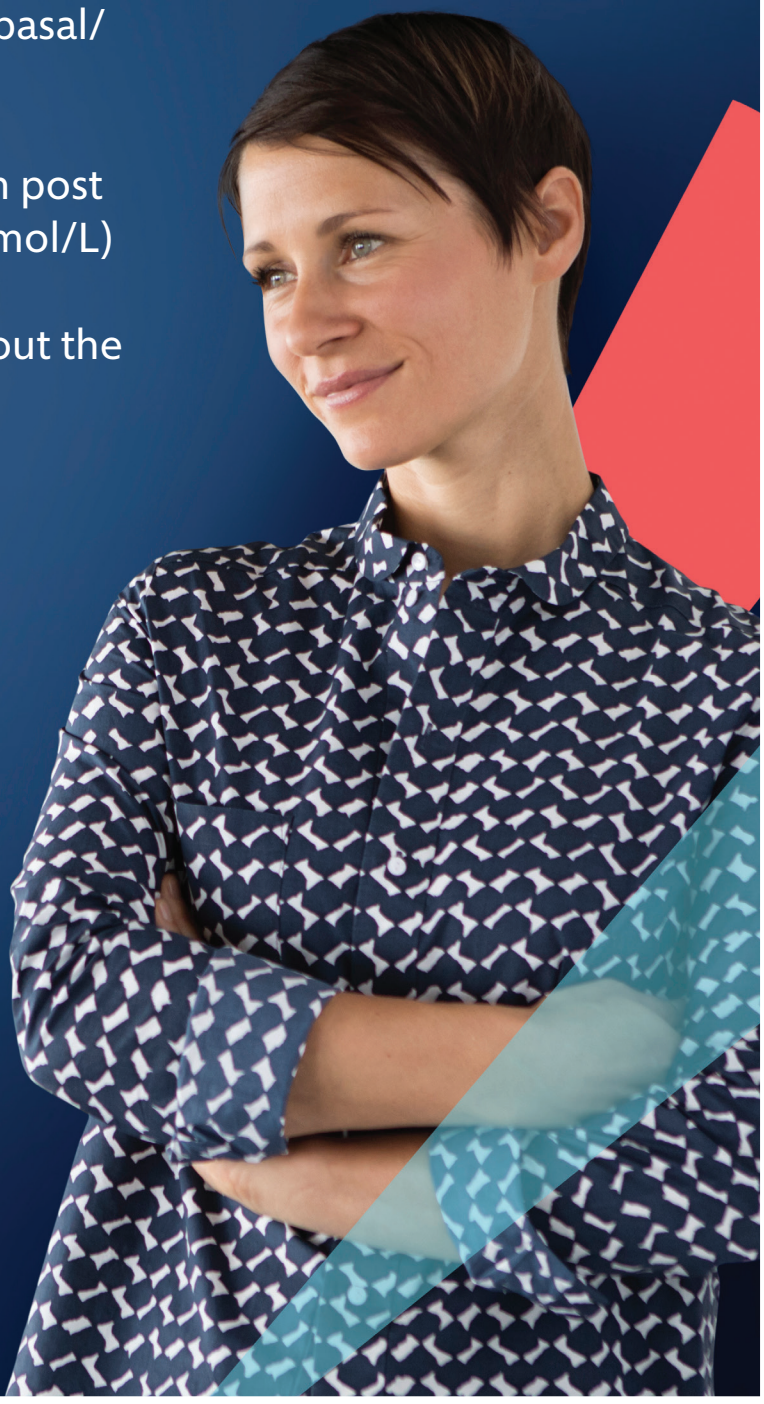
Lilly

LYUMJEV (insulin lispro)

Introducing Joanna

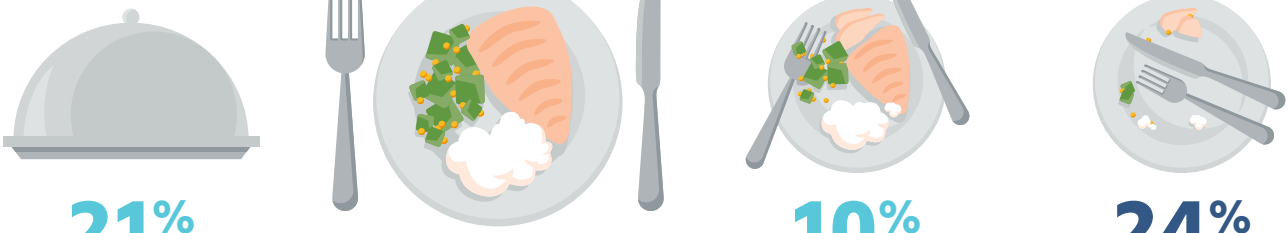
A Person with Diabetes on Multiple Daily Injections (MDI) of Insulin who could benefit from Lyumjev:

- Experienced at managing her basal/ bolus therapy
- Frustrated with frequently high post meal glucose readings (>10 mmol/L)
- Trying her best but worries about the impact of diabetes on her life



Inject and Eat with Lyumjev

People with diabetes currently administer mealtime insulin at different times before, during and after a meal.[2]



21%
several minutes before meal

44%
at start of meal

10%
during meal

24%
after meal

Could your patients have a simplified and improved inject and eat experience?

Lyumjev is the same price as Humalog in the equivalent formulation and is available in the same dose forms:

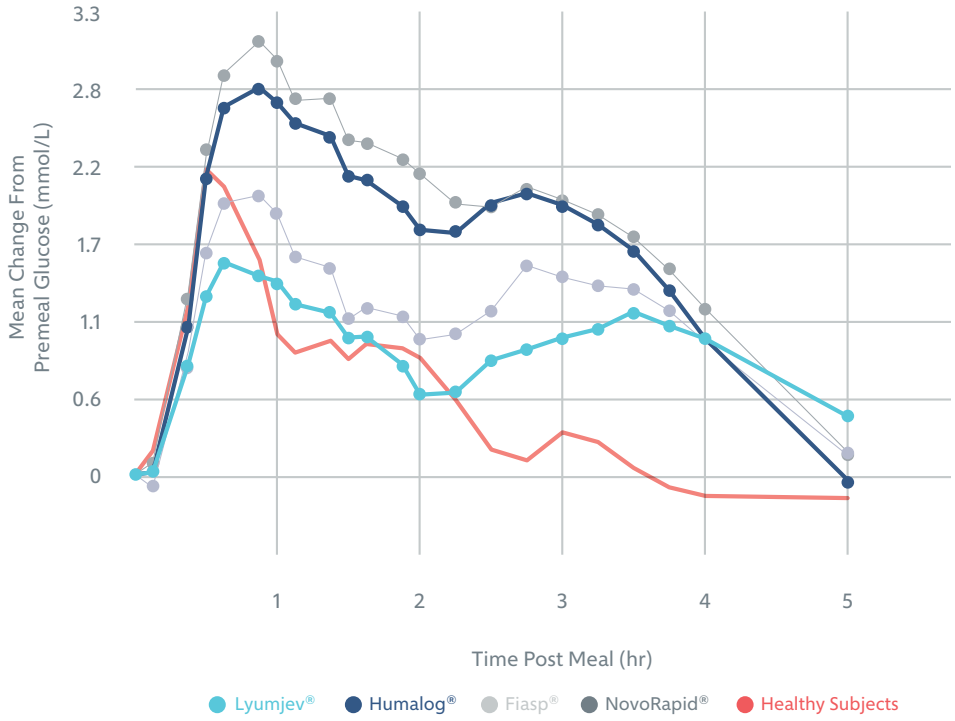
Familiar unit-for-unit dosing simplifies the transition from other mealtime insulins to Lyumjev.

Available for adults only in:[1]

- 100 units/mL KwikPen®
- Lower volume 200 units/mL KwikPen®
- Half-unit dosing 100 units/mL Junior KwikPen®
- 100 units/mL cartridge for use in reusable Lilly pens
- 100 units/mL vial

Lyumjev provides a post-meal glucose response closer to physiological insulin when compared to other commonly prescribed rapid-acting insulins.*

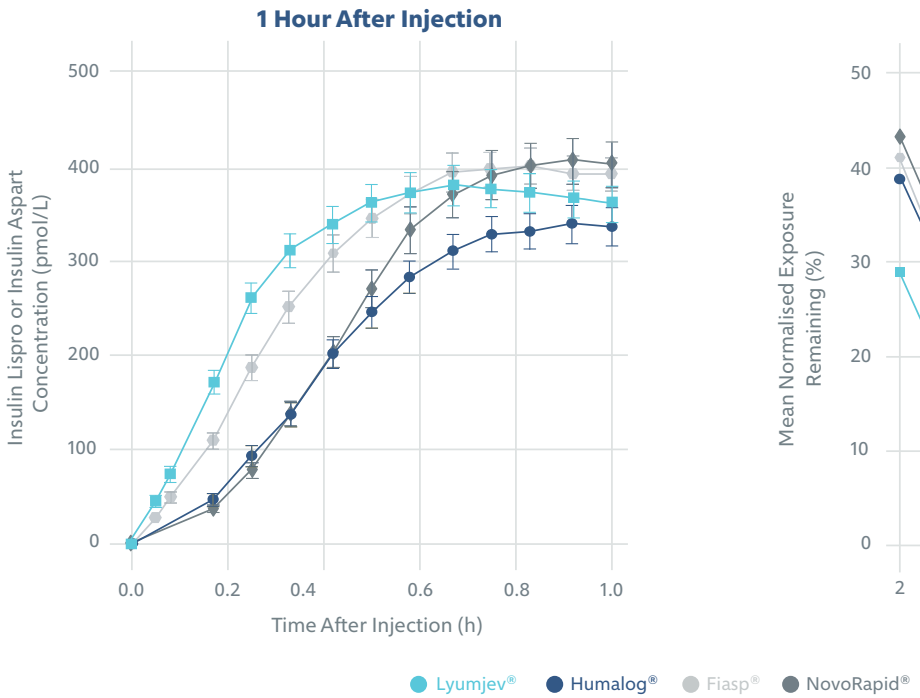
Postprandial Glucose (PPG) Excursions Following a Standardised Test Meal in Type 1 Diabetes[4]



Data are mean+SE.
Humalog, Fiasp and NovoRapid were considered commonly prescribed insulins.

Phase 1, randomised, double-blind, 4-treatment, 4-period, crossover study in adults with type 1 diabetes (n=68). Patients were randomised to 1 of 4 treatment sequences of a single subcutaneous dose of Lyumjev, Humalog®, NovoRapid® or Fiasp® administered immediately before the standardised test meal. Prior to dosing, fasting blood glucose levels were stabilised to 7.4 ±15% mmol/L by IV glucose or insulin glulisine. Adults without diabetes (n=12) were randomised to weight- and age-match the patients with diabetes and were submitted to the standardised test meal for the comparison analysis of glucose excursions.

Lyumjev had a faster absorption and lower late insulin exposure compared to Fiasp, NovoRapid and Humalog[4]



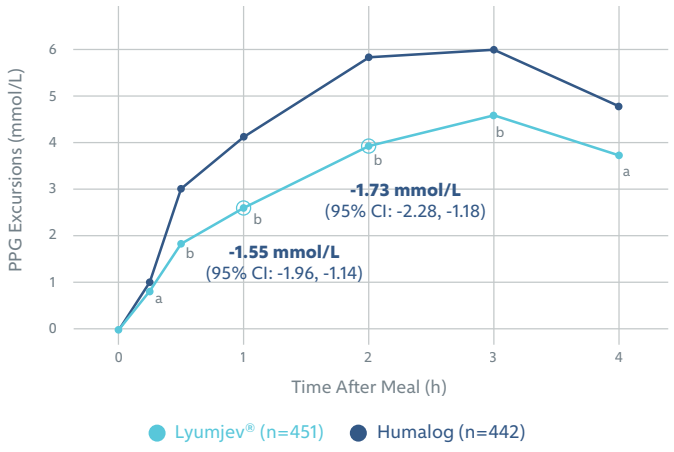
*Commonly used rapid-acting insulins are Humalog®, Fiasp®, and NovoRapid®.

Lyumjev Phase 3 PRONTO-T1D and PRONTO-T2D Studies

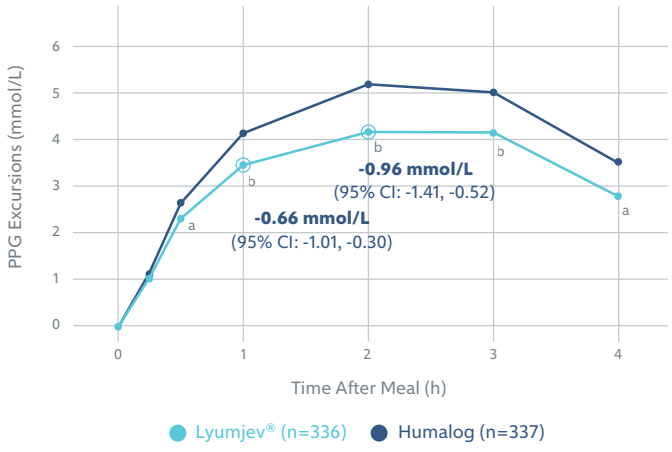
The PRONTO studies were randomised, treat-to-target clinical trials with a double-blind, active controlled component that compared Lyumjev to Humalog and an open-label, observational component that looked at the effect of Lyumjev when taken after meals.

Lyumjev significantly outperformed Humalog when dosed at the start of a meal, reducing PPG levels up to 4 hours.[5,6]

Type 1 Diabetes[5]



Type 2 Diabetes[6]



Patients fasted for 8 hours, and FBG had to be in range from 3.9-10.0 mmol/L (71-180 mg/dL) prior to starting the standardised meal test.

Data are LSM±SE.

[a]$P<0.05$ for comparison vs Humalog;
[b]$P<0.001$ for comparison vs Humalog.

FBG = fasting blood glucose

Overall adverse events (AEs) were comparable between Lyumjev and Humalog[5,6]

AEs	Mealtime Lyumjev n=451	Mealtime Humalog n=442	AEs	Mealtime Lyumjev n=336	Mealtime Humalog n=337
Type 1 Diabetes[5]	n (%)	n (%)	**Type 2 Diabetes[6]**	n (%)	n (%)
Overall TEAEs	264 (58.5)	251 (56.8)	Overall TEAEs	203 (60.4)	194 (57.6)
Serious AEs	36 (8.0)	40 (9.0)	Serious AEs	26 (7.7)	25 (7.4)
Severe hypoglycaemia	25 (5.5)	25 (5.7)	Severe hypoglycaemia	3 (0.9)	6 (1.78)
Deaths	1 (0.2)	1 (0.2)	Deaths	2 (0.6)	1 (0.3)
Study discontinuation due to AE	1 (0.2)	1 (0.2)	Study discontinuation due to AE	3 (0.9)	2 (0.6)
Discontinuations from study treatment due to an adverse event	6 (1.3)	5 (1.1)	Discontinuations from study treatment due to an adverse event	6 (1.8)	3 (0.9)
Combined injection site reactions*	13 (2.9)	1 (0.2)	Combined injection site reactions*	9 (2.7)	0 (0.0)

* For Type 1 Diabetes most common reported were “injection site reaction” and “injection site pain” and for Type 2 Diabetes most common reported was “injection site pain”

AE = adverse event; TEAE = treatment-emergent adverse event.

Time in Range

In the PRONTO-T1D CGM substudy, Lyumjev provided 44 more minutes* in range during daytime hours (6am to midnight) than Humalog†[7]

CONSENSUS

Global consensus gives targets for postprandial glucose and Time in Range to guide glycaemic management strategies

American Diabetes Association[8]

ADA

Postprandial glucose:
10 mmol/L

Advanced Technologies & Treatments for Diabetes[9]

ATTD

Time in range:
>70%
3.9-10 mmol/L

For more information on Time in Range visit
www.lillydiabetes.co.uk/hcp/lyumjev

Summary

- Simplified Inject and Eat experience for people with diabetes on mealtime insulin
- Provides a glucose response after meals that is closer to physiological insulin when compared to commonly prescribed rapid-acting insulins‡[4]
- With Lyumjev, there was no increased risk of hypoglycaemia compared to Humalog[5,6]

For more information on Lyumjev and to access useful patient resources, visit our website: www.lillydiabetes.co.uk

* p=0.02.
† Humalog: daytime, 559 minutes/52% TIR; Lyumjev: daytime, 603 minutes/56% TIR.
‡ Commonly used rapid-acting insulins are Humalog®, Fiasp®, and NovoRapid®.

References:
1. Lyumjev Summary of Product Characteristics
2. Datye K et al. J Diabetes Sci Technol. 2018;12: 349-355
3. Humalog Summary of Product Characteristics
4. Heise T et al. Diabetes Obes Metab. 2020; 22: 1789-1798
5. Klaff L et al. Diabetes Obes Metab. 2020;22:1799-1807
6. Blevins T et al. Diabetes Care. 2020; 43:2991-2998
7. Malecki MT et al. Diabetes Technol Ther 2020; 22: 853-860
8. American Diabetes Association. Standards of medical care in diabetes - 2021. Diabetes Care. 2021; 44 (suppl 1): S1-S232
9. Battelino T et al. Diabetes Care 2019; 42: 1593-1603

LYUMJEV® ▼ VIAL, CARTRIDGE, KWIKPEN® AND JUNIOR KWIKPEN® (insulin lispro)

Presentation Lyumjev is available as a solution of 100 units/mL insulin lispro in either 10 mL vial, 3 mL cartridge, 3 mL KwikPen or 3 mL Junior KwikPen (each pen contains 300 units of insulin lispro in 3 mL solution). It is also available as a solution of 200 units/mL in 3 mL KwikPen (each pen contains 600 units of insulin lispro in 3 mL solution). **Uses** Treatment of diabetes mellitus in adults. **Dosage and Administration** Lyumjev is not indicated for use in children and adolescents below 18 years of age. Lyumjev is a mealtime insulin for subcutaneous injection and should be administered zero to two minutes before the start of the meal, with the option to administer up to 20 minutes after starting the meal. Lyumjev 100 units/mL is suitable for continuous subcutaneous insulin infusion (CSII) and is used for both the bolus and basal insulin requirement. The initial dosage should take into account the type of diabetes, weight of the patient and their blood glucose levels. The early onset of action must be considered when prescribing Lyumjev. The time course of action of any insulin may vary considerably in different individuals or at different times in the same individual. If converting from another mealtime insulin to Lyumjev, the change can be done on a unit-to-unit basis. The potency of insulin analogues, including Lyumjev, is expressed in units. One (1) unit of Lyumjev corresponds to 1 international unit (IU) of human insulin or 1 unit of other fast-acting insulin analogues. Patients who forget a mealtime dose should monitor their blood glucose level to decide if an insulin dose is needed, and to resume their usual dosing schedule at the next meal. Patients should be trained on proper use and injection technique before initiating Lyumjev. Lyumjev should be injected subcutaneously into the abdomen, upper arm, thigh or buttocks. Injection or infusion sites should always be rotated within the same region in order to reduce the risk of lipodystrophy and cutaneous amyloidosis. Lyumjev is available in two concentrations: Lyumjev 100 units/mL KwikPen and Lyumjev 200 units/mL KwikPen. The number of insulin units is shown in the dose window of the pen regardless of concentration and no dose conversion should be done when transferring a patient to a new concentration or to a pen with a different dose step. *Use of Lyumjev in an insulin infusion pump* Use a pump suitable for insulin infusion. Fill the pump reservoir from a Lyumjev 100 units/mL vial. *Intravenous use* Lyumjev 100 units/mL is available in vials if administration of intravenous injection is necessary and must be performed under medical supervision. **Contra-indications** Hypoglycaemia. Hypersensitivity to the active substance or to any of the excipients. **Warnings and Special Precautions** *Traceability:* In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. *Hypoglycaemia:* Hypoglycaemia is the most common adverse reaction of insulin therapy. *Hyperglycaemia:* The use of inadequate doses or discontinuation of treatment, may lead to hyperglycaemia and diabetic ketoacidosis. *Injection technique:* Patients must be instructed to perform continuous rotation of the injection site to reduce the risk of developing lipodystrophy and cutaneous amyloidosis. There is a potential risk of delayed insulin absorption and worsened glycaemic control following insulin injections at sites with these reactions. A sudden change in the injection site to an unaffected area has been reported to result in hypoglycaemia. Blood glucose monitoring is recommended after the change in the injection site, and dose adjustment of antidiabetic medications may be considered. *Insulin requirements and dose adjustments:* Changes in insulin, insulin concentration, manufacturer, type, or method of administration may affect glycaemic control and predispose to hypoglycaemia or hyperglycaemia. These changes should be made cautiously under close medical supervision and the frequency of glucose monitoring should be increased. For patients with type 2 diabetes, dosage adjustments in concomitant anti-diabetic treatment may be needed. *Thiazolidinediones (TZDs) used in combination with insulin:* TZDs can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin and a TZD should be observed for signs and symptoms of heart failure. If heart failure develops, consider discontinuation of the TZD. *Hypersensitivity and allergic reactions:* Severe, life-threatening, generalised allergy, including anaphylaxis, can occur with insulin medicinal products, including Lyumjev. If hypersensitivity reactions occur, discontinue Lyumjev. *Medication errors:* Do not transfer insulin from the Lyumjev Pen 200 units/mL to a syringe. The markings on the insulin syringe will not measure the dose correctly and can result in overdose and severe hypoglycaemia. Fertility, Pregnancy, and Lactation *Pregnancy:* A large amount of data on pregnant women indicate no malformative nor feto/neonatal toxicity of insulin lispro. Lyumjev can be used during pregnancy if clinically needed. Effects on ability to drive and use machines The patient's ability to concentrate and react may be impaired as a result of hyperglycaemia. This may constitute a risk in situations where these abilities are of special importance (eg, driving a car or using machines). **Undesirable Effects** *Very Common (≥1/10):* Hypoglycaemia, Infusion site reactions. *Common (≥1/100 to <1/10):* Injection site reactions, Allergic reactions. *Uncommon (≥1/1,000 to <1/100):* Lipodystrophy, Rash, Pruritus, Oedema. *Not known (cannot be estimated from the available data):* Cutaneous amyloidosis *For full details of these and other side-effects, please see the Summary of Product Characteristics, which is available at* ***United Kingdom:*** *http://www.medicines.org.uk/emc/.* **Legal Category:** POM **Marketing Authorisation Numbers:** PLGB 14895/0281 PLGB 14895/0282 PLGB 14895/0283 PLGB 14895/0284 PLGB 14895/0285

Cost: Lyumjev

£16.61 - 1 X 10 mL, Lyumjev 100 units/mL vial
£28.31 - 5 X 3 mL, Lyumjev 100 units/mL cartridge
£29.46 - 5 X 3 mL, Lyumjev 100 units/mL KwikPen
£29.46 - 5 X 3 mL, Lyumjev 100 units/mL Junior KwikPen
£58.92 - 5 X 3 mL, Lyumjev 200 units/mL KwikPen

Date of Preparation or Last Review April 2021

Full Prescribing Information is Available From Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. Telephone: Basingstoke (01256) 315 000, E-mail: ukmedinfo@lilly.com

PRESCRIBING INFORMATION
United Kingdom (Great Britain)

LYUMJEV® ▼ VIAL, CARTRIDGE, KWIKPEN® AND JUNIOR KWIKPEN® (insulin lispro)

Presentation Lyumjev is available as a solution of 100 units/mL insulin lispro in either 10 mL vial, 3 mL cartridge, 3 mL KwikPen or 3 mL Junior KwikPen (each pen contains 300 units of insulin lispro in 3 mL solution). It is also available as a solution of 200 units/mL in 3 mL KwikPen (each pen contains 600 units of insulin lispro in 3 mL solution). **Uses** Treatment of diabetes mellitus in adults. **Dosage and Administration** Lyumjev is not indicated for use in children and adolescents below 18 years of age. Lyumjev is a mealtime insulin for subcutaneous injection and should be administered zero to two minutes before the start of the meal, with the option to administer up to 20 minutes after starting the meal. Lyumjev 100 units/mL is suitable for continuous subcutaneous insulin infusion (CSII) and is used for both the bolus and basal insulin requirement. The initial dose should take into account the type of diabetes, weight of the patient and their blood glucose levels. The early onset of action must be considered when prescribing Lyumjev. The time course of action of any insulin may vary considerably in different individuals or at different times in the same individual. If converting from another mealtime insulin to Lyumjev, the change can be done on a unit-to-unit basis. The potency of insulin analogues, including Lyumjev, is expressed in units. One (1) unit of Lyumjev corresponds to 1 international unit (IU) of human insulin or 1 unit of other fast-acting insulin analogues. Patients who forget a mealtime dose should monitor their blood glucose level to decide if an insulin dose is needed, and to resume their usual dosing schedule at the next meal. Patients should be trained on proper use and injection technique before initiating Lyumjev. Lyumjev should be injected subcutaneously into the abdomen, upper arm, thigh or buttocks. Injection or infusion sites should always be rotated within the same region in order to reduce the risk of lipodystrophy and cutaneous amyloidosis. Lyumjev is available in two concentrations: Lyumjev 100 units/mL KwikPen and Lyumjev 200 units/mL KwikPen. The number of insulin units is shown in the dose window of the pen regardless of concentration and no dose conversion should be done when transferring a patient to a new concentration or to a pen with a different dose step. *Use of Lyumjev in an insulin infusion pump* Use a pump suitable for insulin infusion. Fill the pump reservoir from a Lyumjev 100 units/mL vial. *Intravenous use* Lyumjev 100 units/mL is available in vials if administration of intravenous injection is necessary and must be performed under medical supervision. **Contra-indications** Hypoglycaemia. Hypersensitivity to the active substance or to any of the excipients. **Warnings and Special Precautions** *Traceability:* In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. *Hypoglycaemia:* Hypoglycaemia is the most common adverse reaction of insulin therapy. *Hyperglycaemia:* The use of inadequate doses or discontinuation of treatment, may lead to hyperglycaemia and diabetic ketoacidosis. *Injection technique:* Patients must be instructed to perform continuous rotation of the injection site to reduce the risk of developing lipodystrophy and cutaneous amyloidosis. There is a potential risk of delayed insulin absorption and worsened glycaemic control following insulin injections at sites with these reactions. A sudden change in the injection site to an unaffected area has been reported to result in hypoglycaemia. Blood glucose monitoring is recommended after the change in the injection site, and dose adjustment of antidiabetic medications may be considered. *Insulin requirements and dose adjustments:* Changes in insulin, insulin concentration, manufacturer, type, or method of administration may affect glycaemic control and predispose to hypoglycaemia or hyperglycaemia. These changes should be made cautiously under close medical supervision and the frequency of glucose monitoring should be increased. For patients with type 2 diabetes, dose adjustments in concomitant anti-diabetic treatment may be needed. *Thiazolidinediones (TZDs) used in combination with insulin:* TZDs can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin and a TZD should be observed for signs and symptoms of heart failure. If heart failure develops, consider discontinuation of the TZD. *Hypersensitivity and allergic reactions:* Severe, life-threatening, generalised allergy, including anaphylaxis, can occur with insulin medicinal products, including Lyumjev. If hypersensitivity reactions occur, discontinue Lyumjev. *Medication errors:* Do not transfer insulin from the Lyumjev Pen 200 units/mL to a syringe. The markings on the insulin syringe will not measure the dose correctly and can result in overdose and severe hypoglycaemia. Fertility, Pregnancy, and Lactation *Pregnancy:* A large amount of data on pregnant women indicate no malformative nor feto/neonatal toxicity of insulin lispro. Lyumjev can be used during pregnancy if clinically needed. Effects on ability to drive and use machines The patient's ability to concentrate and react may be impaired as a result of hyperglycaemia. This may constitute a risk in situations where these abilities are of special importance (eg, driving a car or using machines). **Undesirable Effects** *Very Common (≥1/10):* Hypoglycaemia, Infusion site reactions. *Common (≥1/100 to <1/10):* Injection site reactions, Allergic reactions. *Uncommon (≥1/1,000 to <1/100):* Lipodystrophy, Rash, Pruritus, Oedema. *Not known (cannot be estimated from the available data):* Cutaneous amyloidosis *For full details of these and other side-effects, please see the Summary of Product Characteristics, which is available at* ***United Kingdom:*** *http://www.medicines.org.uk/emc/.* **Legal Category:** POM **Marketing Authorisation Numbers:** PLGB 14895/0281 PLGB 14895/0282 PLGB 14895/0283 PLGB 14895/0284 PLGB 14895/0285

Cost: Lyumjev

£16.61 - 1 X 10 mL, Lyumjev 100 units/mL vial
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£29.46 - 5 X 3 mL, Lyumjev 100 units/mL KwikPen
£29.46 - 5 X 3 mL, Lyumjev 100 units/mL Junior KwikPen
£58.92 - 5 X 3 mL, Lyumjev 200 units/mL KwikPen

Date of Preparation or Last Review April 2021

Full Prescribing Information is Available From Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. Telephone: Basingstoke (01256) 315 000, E-mail: ukmedinfo@lilly.com

PRESCRIBING INFORMATION
United Kingdom (Northern Ireland)

Adverse events and product complaints should be reported. 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.

Adverse events and product complaints should also be reported to Lilly: please call Lilly UK on 01256 315 000.

HUMALOG® VIAL, CARTRIDGE, KWIKPEN® AND JUNIOR KWIKPEN® (insulin lispro) PRESCRIBING INFORMATION

Presentation Humalog is available as a solution of 100 units/ml insulin lispro in either 10 ml vial, 3 ml cartridge, 3 ml KwikPen or 3 ml Junior KwikPen (each pen contains 300 units of insulin lispro in 3 ml solution). It is also available as a solution of 200 units/ml in 3 ml KwikPen (each pen contains 600 units of insulin lispro in 3 ml solution). **Uses** *100 units/ml:* Treatment of adults and children with diabetes mellitus who require insulin for the maintenance of normal glucose homeostasis. Humalog is also indicated for the initial stabilisation of diabetes mellitus. Humalog 100 units/ml Junior KwikPen is suitable for patients who may benefit from finer insulin dose adjustments (half insulin unit increments). *200 units/ml KwikPen:* Treatment of adults with diabetes mellitus who require insulin for the maintenance of normal glucose homeostasis. Humalog 200 units/ml KwikPen is also indicated for the initial stabilisation of diabetes mellitus. **Dosage and Administration** Humalog may be given shortly before meals and, when necessary, soon after meals. It takes effect rapidly (approximately 15 minutes) and has a shorter duration of activity (2 to 5 hours) as compared with soluble insulin. Humalog 100 units/ml should be given by subcutaneous injection or by continuous subcutaneous infusion pump. If necessary, Humalog may also be administered intravenously, for example, for the control of blood glucose levels during ketoacidosis, acute illness, or perioperatively. Humalog 100 units/ml is available in vials if administration of intravenous injection or infusion pump is necessary. Humalog 100 units/ml KwikPen, Humalog 200 units/ml KwikPen, and Humalog 100 units/ml Junior KwikPen should be given subcutaneously. They should not be used in an insulin infusion pump,or given intravenously. *Use of Humalog in an insulin infusion pump* For subcutaneous injection of Humalog using a continuous infusion pump, you may fill the pump reservoir from a Humalog 100 units/ml vial. Some pumps are compatible with cartridges that can be inserted intact into the pump. *Humalog KwikPens* Humalog KwikPen is available in two strengths. For both, the needed dose is dialled in units. The Humalog 100 units/ml KwikPen and the Humalog 200 units/ml KwikPen deliver 1 – 60 units in steps of 1 unit in a single injection. The Humalog 100 units/ml Junior KwikPen delivers 0.5 – 30 units in steps of 0.5 units in a single injection. **The number of insulin units is shown in the dose window of the pen regardless of strength** and **no** dose conversion should be done when transferring a patient to a new strength or pen with a different dose step. Humalog 200 units/ml KwikPen should be reserved for the treatment of patients with diabetes requiring daily doses of more than 20 units of rapid-acting insulin. The insulin lispro solution containing 200 units/ml should not be withdrawn from the pre-filled pen. **Warnings and Special Precautions** *Usage in pregnancy:* Data on a large number of exposed pregnancies do not indicate any adverse effect of insulin lispro on pregnancy or on the health of the foetus/newborn. Humalog 100 units/ml can be used in adolescents and children. *Avoidance of medication errors when using insulin lispro (200 units/ml) in pre-filled pen:* The insulin lispro solution for injection containing 200 units/ml must not be transferred from the pre-filled pen, the KwikPen, to a syringe. The markings on the insulin syringe will not measure the dose correctly. Overdose can result causing severe hypoglycaemia. The insulin lispro solution for injection containing 200 units/ml must not be transferred from the KwikPen to any other insulin delivery device, including insulin infusion pumps. Patients must be instructed to always check the insulin label before each injection to avoid accidental mix-ups between the two different strengths of Humalog as well as other insulin products.

Cost (UK only): Humalog
£16.61 - 1 X 10 ml vials
£28.31 - 5 X 3 ml cartridges
£29.46 - 5 X 3 ml Humalog 100 units/ml KwikPens
£58.92 - 5 X 3 ml Humalog 200 units/ml KwikPens
£29.46 - 5 X 3 ml Humalog 100 units/ml Junior KwikPens
An Irish price is available on request; please see section below for contact information.

Marketing Authorisation Numbers and Holder
Humalog vial: EU/1/96/007/002
Humalog cartridge: EU/1/96/007/004
Humalog 100 units/ml KwikPen: EU/1/96/007/031
Humalog 200 units/ml KwikPen: EU/1/96/007/041
Humalog 100 units/ml Junior KwikPen: EU/1/96/007/044
Eli Lilly Nederland B.V., Papendorpseweg 83, 3528 BJ Utrecht, The Netherlands.

HUMALOG® MIX25™ VIAL, CARTRIDGE, AND KWIKPEN® HUMALOG® MIX50™ CARTRIDGE AND KWIKPEN® (insulin lispro)PRESCRIBING INFORMATION

Presentation Humalog Mix25 is a white, sterile suspension of 100 units/ml 25 % insulin lispro solution and 75 % insulin lispro protamine suspension available as either 10 ml vial, 3 ml cartridge, or 3 ml KwikPen. Humalog Mix50 is a white, sterile suspension of 100 units/ml 50 % insulin lispro solution and 50 % insulin lispro protamine suspension available as either 3 ml cartridge or 3 ml KwikPen. **Uses** Treatment of patients with diabetes mellitus who require insulin for the maintenance of normal glucose homeostasis. **Dosage and Administration** Humalog Mix25 or Humalog Mix50 may be given shortly before meals and, when necessary, can be given soon after meals. Humalog Mix25 or Humalog Mix50 should only be given by subcutaneous injection. The rapid onset and early peak of activity of Humalog itself is observed following the subcutaneous administration of Humalog Mix25 or Humalog Mix50. The duration of action of the insulin lispro protamine suspension component is similar to that of a basal insulin. **Warnings and Special Precautions** *Usage in pregnancy:* Data on a large number of exposed pregnancies do not indicate any adverse effect of insulin lispro on pregnancy or on the health of the foetus/newborn. Administration of Humalog Mix50 and Humalog Mix25 to children below 12 years of age should be considered only in case of an expected benefit when compared to soluble insulin. **Cost (UK only): Humalog Mix25/Mix50**
£16.61 - 1 X 10 ml Mix25 vial
£29.46 - 5 X 3 ml Mix25 cartridges
£30.98 - 5 X 3 ml Mix25 KwikPens
£29.46 - 5 X 3 ml Mix50 cartridges
£30.98 - 5 X 3 ml Mix50 KwikPens
An Irish price is available on request; please see section below for contact information.

Marketing Authorisation Numbers and Holder
Humalog Mix25 vial: EU/1/96/007/005
Humalog Mix25 cartridge: EU/1/96/007/008
Humalog Mix50 cartridge: EU/1/96/007/006
Humalog Mix25 KwikPen: EU/1/96/007/033
Humalog Mix50 KwikPen: EU/1/96/007/035
Eli Lilly Nederland B.V., Papendorpseweg 83, 3528 BJ Utrecht, The Netherlands.

HUMALOG® (insulin lispro) GENERAL INFORMATION

See Summaries of Product Characteristics for additional information, including time-action profiles of all formulations.

Dosage and Administration (general) The dosage or type of insulin should be determined according to the requirements of the patient. The time course of action of any insulin may vary considerably in different individuals or at different times in the same individual. Use of injection sites should be rotated so that the same site is not used more than approximately once a month in order to reduce the risk of lipodystrophy and cutaneous amyloidosis. Vials are packed with instructions regarding dose preparation and administration, and these should be carefully followed. Humalog in cartridges is only suitable for subcutaneous injections from a Lilly reusable pen or compatible pump systems for continuous subcutaneous insulin infusion (CSII). Patients should be advised to always keep a spare syringe and vial, or a spare pen and cartridge. *Renal and hepatic impairment:* Insulin requirements may be reduced in the presence of renal impairment or hepatic impairment. However, in patients with chronic hepatic impairment, an increase in insulin resistance may lead to increased insulin requirements. Prefilled pens are packed with instructions on how to use them. These directions should be followed carefully. Do not use if, after resuspension, the insulin remains at the bottom, if there are clumps in the insulin, or if solid white particles stick to the bottom or wall giving the container a frosted appearance. Instructions for use and handling: *Cartridges:* To prevent the possible transmission of disease, each cartridge must be used by one patient only, even if the needle on the delivery device is changed. *KwikPens:* To prevent the possible transmission of disease, each pen must be used by one patient only, even if the needle is changed. *Vials:* Patients using vials must never share needles or syringes. The patient should discard the needle after every injection. **Contra-indications** Hypersensitivity to the active ingredient or to any of the excipients. Hypoglycaemia. **Warnings and Special Precautions (general)** *Traceability:* In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. Transferring a patient to another type or brand of insulin should be done under strict medical supervision. Changes in strength, brand, type, species, and/or method of manufacture may result in the need for a change in dosage. For fast-acting insulins, any patient also on basal insulin must optimise dosage of both insulins to obtain glucose control across the whole day, particularly nocturnal/fasting glucose control. Changes in early warning symptoms of hypoglycaemia may occur on transfer between different types of insulin products. *Injection technique:* Patients must be instructed to perform continuous rotation of the injection site to reduce the risk of developing lipodystrophy and cutaneous amyloidosis. There is a potential risk of delayed insulin absorption and worsened glycaemic control following insulin injections at sites with these reactions. A sudden change in the injection site to an unaffected area has been reported to result in hypoglycaemia. Blood glucose monitoring is recommended after the change in the injection site, and dose adjustment of antidiabetic medications may be considered. Insulin requirements may be increased during illness or emotional disturbances. Cases of cardiac failure have been reported when pioglitazone was used in combination with insulin. If the combination is used, patients should be observed for signs and symptoms of heart failure and pioglitazone discontinued if any deterioration occurs. *Avoidance of medication errors with Humalog KwikPen:* Patients must be instructed to always check the insulin label before each injection to avoid accidental mix-ups between the two different strengths of Humalog KwikPen as well as other insulin products. Patients must visually verify the dialled units on the dose counter of the pen. Therefore, the requirement for patients to self-inject is that they can read the dose counter on the pen. Patients who are blind or have poor vision must be instructed to always get help/assistance from another person who has good vision and is trained in using the insulin device. **Fertility, Pregnancy, and Lactation** Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. Patients should be advised to inform their doctors if they are pregnant or contemplating pregnancy. **Effects on ability to drive and use machines** The patient's ability to concentrate and react may be impaired as a result of hypoglycaemia. This may constitute a risk in situations where these abilities are of special importance (eg, driving a car or operating machinery). **Undesirable Effects** Hypoglycaemia is the most frequent undesirable effect of insulin therapy. Local allergy is common and usually resolves. Systemic allergy is rare but potentially more serious since severe cases may be life-threatening. Lipodystrophy is uncommon. *For full details of these and other side-effects, please see the Summary of Product Characteristics, which is available at* ***United Kingdom****: http://www.medicines.org.uk/emc/, or* ***Ireland****: http://www.medicines.ie/.* **Legal Category** POM **Date of Preparation or Last Review** September 2020 **Further Information is Available From** Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. Telephone: **UK:** + 44-(0) 1256 315 000, **Ireland:** + 353-(0) 1 661 4377, E-mail: ukmedinfo@lilly.com.

Adverse events and product complaints should be reported. Reporting forms and information can be found at **UK**: **www.mhra.gov.uk/yellowcard** or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events and product complaints should also be reported to Lilly: please call Lilly **UK** on **01256 315 000**.

UK Hub Promotional Certificate

Piece Type	Promotional
Doc Number	PP-UR-GB-0158
Product	Lyumjev
Doc Name	UK_Lyumjev_Leave Piece_May2021_PP-UR-GB-0158
Target Audience	HCP, Pharmacist, Nurse, Physician, Payer
Detailed Audience	Any diabetes healthcare professional interested in Lyumjev involved in the management of people with diabetes on mealtime insulins

Certification:

I certify that I have examined the final form of the material and in my belief it is in accordance with the requirements of the relevant regulations relating to advertising and the Local Code of Practice, is not inconsistent with the marketing authorization and the Summary of Product Characteristics and is a fair and truthful presentation of the facts about the medicine.

Medical Certification	Rema Chaddah Medical 03-Jun-2021 07:00:43 GMT+0000
Medical Certification Reapproval	Rema Chaddah Medical 16-Jul-2021 07:24:21 GMT+0000