



abasaglar[®]
insulin glargine injection
(rDNA origin) 100 units/mL

Starting Your Insulin

This item is only intended for people with diabetes (adults, adolescents and children aged 2 years and above) who have already been prescribed Abasaglar[®]



All Lilly Pens are recommended for use with Becton, Dickson and Company Pen Needles

Lilly

GETTING STARTED

Insulin can give you improved control over the management of your diabetes. The **first** days are really important for you to get a good start with your insulin treatment.

This booklet is designed to help you through your **first days** on insulin, providing easy instructions on how to prepare your pen and conduct an injection. Insulin is a natural substance that your body needs, it may help you feel better and can help you live a longer and healthier life.

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- 1 - How to inject, when and how much**
 - 2 - Blood Glucose Testing**
 - 3 - Getting to know your pen**
 - 4 - What is a hypo?**
 - 5 - Things to agree with your doctor/nurse**
 - 6 - Preparation for the next appointment**

These instructions do not replace the Patient Information Leaflet (PIL) and Instructions For Use (IFU) that came with your medicine. Please read the PIL and IFU carefully

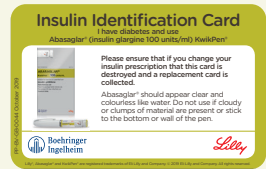
1 - How to inject, when and how much

Your Abasaglar® insulin will either be provided in a pre-filled KwikPen® or in cartridges which will fit into a reusable pen (HumaPen® Savvio™)



It is important that you carefully follow the guidance that comes with your KwikPen® or HumaPen® Savvio™ and that you store and use your insulin as directed in your Patient Information Leaflet (PIL). (See page 19)

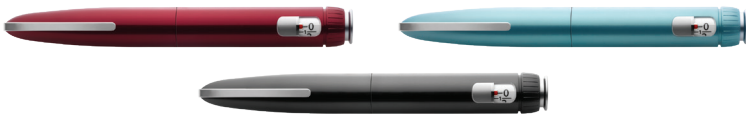
Your doctor or nurse may give you a card so you can identify your insulin. It's a good idea to keep this on you for visits to the pharmacy or in the case of an emergency.



Cartridge



HumaPen® Savvio™



7 Steps

1 - Take a Look

Check the label to make sure you have the right insulin.



2- Pen Prep

Uncap the pen and screw on a new needle. Your Abasaglar® should look clear and colourless like water.



3 - Air Shot Test

Turn the pen so the needle is pointing up. Dial two units. Then tap the pen so air bubbles collect at the top. Press the dose knob to make sure insulin comes out of the needle. Make sure there is a “0” in the window.



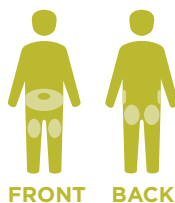
4 - Dial Your Dose

Dial the number of units your doctor or nurse has discussed with you.



5 - Pick a Site

Rotate frequently
(as advised by your doctor or nurse).



6 - Inject Away

Insert the needle into your skin. Push the dose knob all the way in. Continue to hold the dose knob in and slowly count to **5** before removing the needle.

1, 2, 3, 4, 5

7 - Finish up

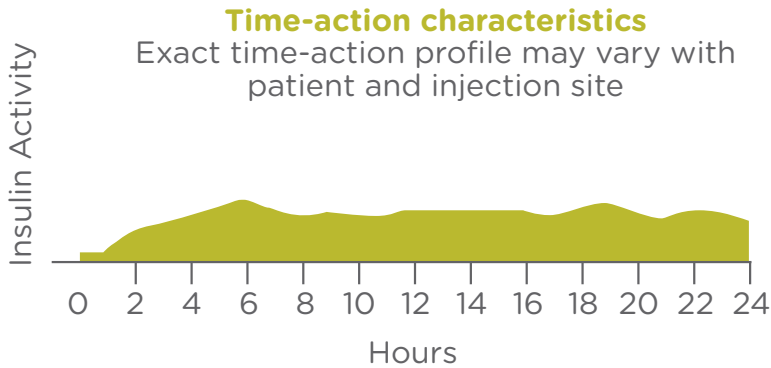
Remove the used needle then dispose of it in a sharps bin. Then put the lid back on the pen and store it at room temperature.



When to take your insulin

You take your Abasaglar® once a day unless advised otherwise by your doctor or nurse. They will help you decide the best time to take it based on your everyday life.

Your blood glucose numbers should improve after taking insulin.



How much insulin will I need?

Your dose is very personal, it is based on your lifestyle, body and hormones. Because these things change, it isn't always easy to find the right balance.

Your doctor or nurse will set a starting dose, and will help you understand when you should change your dose. Usually, they will start with a low number of units and gradually work upwards... please don't worry, this is perfectly normal. They may use a term called 'titrate your dose', which basically means to adjust the dose.

You adjust your dose the most at the start, it can take weeks or months but will be more consistent after that.

Your doctor or nurse may even change your insulin or add in another drug. This isn't anything to worry about, it's just a normal part of good condition management.

2 - Blood Glucose Testing

Testing your blood sugar (glucose) will give you the information you need to work out if your insulin dose is right for you. If required, your doctor or nurse can adjust your insulin based on the reading to ensure that you are taking the right amount.

It is important that you test your blood sugar (glucose) levels as agreed with your doctor or nurse. Don't be tempted to rely on how you feel. Your doctor or nurse will agree a target range for your blood sugar (glucose) readings. If you notice from your results that you are often outside this range, have a chat with them - don't be tempted to just leave it and think it will get better.

Once you have reached a steady dose of your Abasaglar®, you can make a note of your blood sugar (glucose) readings in your diary. You may quickly start to spot patterns in the readings and these may help you understand how your lifestyle impacts your diabetes control. When you can spot the patterns, you can then do something positive about it.

3 - Getting to know your pen

This is a new experience for you, so we have listed the most important information, including an **explanation of why** it's important to follow the advice.



1. Store spare insulin in the fridge

Keep the pen you're currently using at room temperature. The insulin cartridges and pens can be stored for a maximum of 28 days up to 30°C and away from direct heat or light.

DO NOT put insulin back into the fridge once it has been warmed to room temperature. Spare insulin cartridges and pens should always be kept in the fridge and **NEVER** in the freezer otherwise it may not be as effective when you need it.



2. Do be consistent

Injecting at the same time every day reduces the risk of having too much or too little insulin in your body.



3. Do use a new needle every time

This reduces the risk of infections, skin damage and discomfort.



4. Don't share your pen

Even if the needle has been changed, there is still a risk of infection.



5. Do an air shot test (7 steps, page 6)

Pushing a test shot of insulin out of the needle ensures the pen is working properly before you inject.



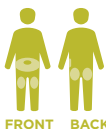
6. You can only dial up what's left

Be aware when your pen/cartridge is running out of insulin you may not be able to dial your full dose. You will need to either add the remainder of the dose from a new pen or cartridge, or, discard the remaining insulin and start with a full dose from a new pen or cartridge. Whichever you choose, it's really important to inject the full dose.



7. Don't force it

Forcing the dial on your pen could cause it to jam.



8. Do rotate injection sites

Frequently change your injection site (as advised by your doctor or nurse).



9. Don't pull the needle out too soon

Push plunger until you see 0 in the window, slowly count to 5. If you withdraw the needle too early insulin can leak out, affecting your dose.



10. Problems with the device

If no insulin comes out when you do the "Air Shot Test"?

- 1) Dial another two units and try again up to four times in total.
Still nothing?
- 2) Try a new needle.
Still nothing?
- 3) If using a disposable pen, try using another one.
If using a reusable pen, try a new cartridge.
Still nothing
- 4) Lilly make the pen and insulin, you can contact them on **01256 315000**; or consult the "Instructions for Use" (see page 19 of this leaflet).

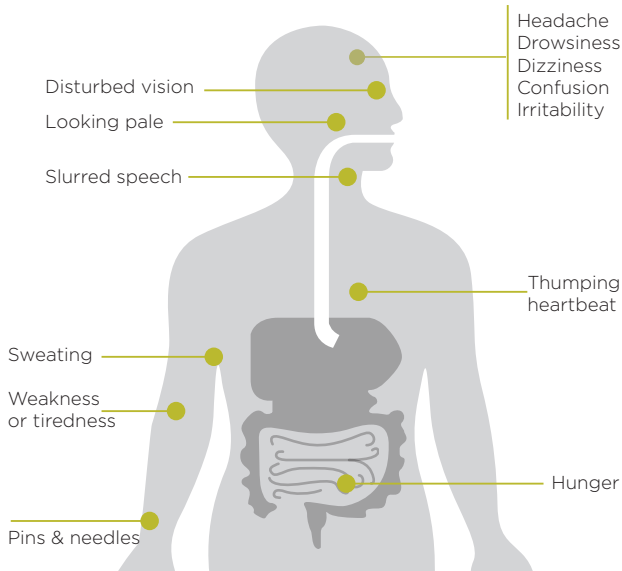
4 - What is a Hypo?

A blood sugar (glucose) reading of 4mmol/L and under, with or without symptoms, is known as hypoglycaemia (a “Hypo”). A hypo happens when blood sugars (glucose) fall too low. People feel different things when a hypo is starting. You may also find some of your hypos feel different from others.

A hypo can happen for lots of reasons including:

- Missing a meal or having one later than usual
- Drinking alcohol
- Experiencing extremes in temperature
- Being more active than usual
- Having less food than usual
- Having more insulin than needed
- Overused injection sites

Hypos usually have warning signs which vary from person to person, but may include:



What should I do?

Firstly if you're having frequent hypos, speak with your doctor or nurse as this shouldn't be happening and they can help.

If a hypo isn't corrected it can lead to more serious conditions such as loss of consciousness.

If you experience a hypo, you should deal with it by taking 15-20g of quick acting sugar such as:

- 3-5 glucose or dextrose tablets
- 5 jelly babies
- a small glass of a sugary (non-diet) drink
- a small carton of pure fruit juice
- 1-2 tubes of glucose

Re-check your blood sugar levels 15 minutes after taking action to ensure they are rising. Repeat the above if your blood sugar is not above 5mmol/L.

If you drive, it is important that you are aware of the guidelines provided by the DVLA. Visit www.gov.uk/diabetes-driving

If you are not about to eat a meal, ensure you eat 10-20 grams of slow acting carbohydrate, to maintain your blood glucose levels until you next eat - things like:

- Slice of bread
- Fruit
- 2-3 biscuits & milk
- Small banana

Carry your diabetes identification, your insulin ID card (see page 5) and glucose tablets with you in case of an emergency.

5 - Things to agree with your doctor or nurse:

● What is my **starting dose**?.....

● Dose **titration plan**

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.....

.....

● Which **pen needles**?

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● What if I **forget** my injection?

.....

● What are my **sick day** rules?

.....

- Which **quick acting sugar** should I use for a “hypo”?

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- When should I **test** my blood glucose?

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- Which **blood glucose monitoring device**?

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- Which **blood glucose lancets/strips**?

.....

- How should I **dispose** of pens/cartridges and needles?

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How are you feeling?

It's perfectly normal to have a mixture of emotions when starting something new. Please complete these questions before your next visit so that you can be provided with the best information for your needs... remember how important it is to get off to the best possible start:



I feel comfortable taking a daily injection

 1 2 3 4 5 

I am confident in using my insulin device

 1 2 3 4 5 

I feel good about taking insulin

 1 2 3 4 5 

I know what to do if I have a hypo

 1 2 3 4 5 

I know where to go for help and advice

 1 2 3 4 5 

6 - Preparation for the next appointment

It is extremely likely you will forget some of the initial information discussed with your doctor/nurse.

Next appointment date

Contact your doctor or nurse on the number below

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You may have some questions for next time so please feel free to write these here:

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As your journey continues, check out these resources to find on going support and to have your future questions answered

There is great information and advice at Diabetes UK:
([diabetes.org.uk](https://www.diabetes.org.uk))

You will also find stories and questions from people going on the same journey as you

You can find information for carers and supporters at Carers UK:
([carersuk.org](https://www.carersuk.org))

For more information on your pre-filled KwikPen
<https://www.medicines.org.uk/emc/product/6901/usermanual>
<https://www.medicines.org.uk/emc/product/6901/pil>

For more information on your reusable cartridge pen
<https://www.medicines.org.uk/emc/product/8190/pil>

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REPORTING SIDE EFFECTS

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 UK on 01256 315000. Additionally, reporting forms and further 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.

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

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