

## Package leaflet: Information for the user

**NovoRapid® FlexTouch®**

**100 units/ml solution for injection in pre-filled pen**

insulin aspart

**Read all of this leaflet carefully before you start using this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, nurse or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk with your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

### What is in this leaflet

1. *What NovoRapid® is and what it is used for*
2. *What you need to know before you use NovoRapid®*
3. *How to use NovoRapid®*
4. *Possible side effects*
5. *How to store NovoRapid®*
6. *Contents of the pack and other information*

#### 1. *What NovoRapid® is and what it is used for*

NovoRapid® is a modern insulin (insulin analogue) with a rapid-acting effect. Modern insulin products are improved versions of human insulin.

NovoRapid® is used to **reduce the high blood sugar level** in adults, adolescents and children aged 1 year and above with diabetes mellitus (diabetes). Diabetes is a disease where your body does not produce enough insulin to control the level of your blood sugar. Treatment with NovoRapid® helps to prevent complications from your diabetes.

NovoRapid® will start to lower your blood sugar 10–20 minutes after you inject it, a maximum effect occurs between 1 and 3 hours after the injection and the effect lasts for 3–5 hours. Due to this short action NovoRapid® should normally be taken in combination with intermediate-acting or long-acting insulin preparations.

#### 2. *What you need to know before you use NovoRapid®*

##### **Do not use NovoRapid®**

- ▶ If you are allergic to insulin aspart, or any of the other ingredients in this medicine (see section 6, *Contents of the pack and other information*).
- ▶ If you suspect hypoglycaemia (low blood sugar) is starting (see a *Summary of serious and very common side effects* in section 4).
- ▶ If FlexTouch® is dropped, damaged or crushed.
- ▶ If it has not been stored correctly or been frozen (see section 5, *How to store NovoRapid®*).
- ▶ If the insulin does not appear clear and colourless.

If any of these applies, do not use NovoRapid®. Talk with your doctor, nurse or pharmacist for advice.

##### **Before using NovoRapid®**

- ▶ Check the label to make sure it is the right type of insulin.
- ▶ Always use a new needle for each injection to prevent contamination.
- ▶ Needles and NovoRapid® FlexTouch® must not be shared.
- ▶ NovoRapid® FlexTouch® is only suitable for injecting under the skin. Speak to your doctor if you need to inject your insulin by another method.

### **Warnings and precautions**

Some conditions and activities can affect your need for insulin. Consult your doctor:

- ▶ If you have trouble with your kidneys or liver, or with your adrenal, pituitary or thyroid glands.
- ▶ If you exercise more than usual or if you want to change your usual diet, as this may affect your blood sugar level.
- ▶ If you are ill, carry on taking your insulin and consult your doctor.
- ▶ If you are going abroad, travelling over time zones may affect your insulin needs and the timing of your injections.

### **Skin changes at the injection site**

The injection site should be rotated to help prevent changes to the fatty tissue under the skin, such as skin thickening, skin shrinking or lumps under the skin. The insulin may not work very well if you inject into a lumpy, shrunken or thickened area (see section 3, How to use NovoRapid®). Tell your doctor if you notice any skin changes at the injection site. Tell your doctor if you are currently injecting into these affected areas before you start injecting in a different area. Your doctor may tell you to check your blood sugar more closely, and to adjust your insulin or your other antidiabetic medications dose.

### **Children and adolescents**

Do not give this medicine to children below 1 year of age since no clinical studies have been carried out in children below the age of 1 year.

### **Other medicines and NovoRapid®**

**Tell your doctor, nurse or pharmacist** if you are taking, have recently taken or might take any other medicines.

Some medicines affect your blood sugar level and this may mean that your insulin dose has to change. Listed below are the most common medicines which may affect your insulin treatment.

**Your blood sugar level may fall** (hypoglycaemia) if you take:

- Other medicines for the treatment of diabetes
- Monoamine oxidase inhibitors (MAOI) (used to treat depression)
- Beta-blockers (used to treat high blood pressure)
- Angiotensin converting enzyme (ACE) inhibitors (used to treat certain heart conditions or high blood pressure)
- Salicylates (used to relieve pain and lower fever)
- Anabolic steroids (such as testosterone)
- Sulphonamides (used to treat infections).

**Your blood sugar level may rise** (hyperglycaemia) if you take:

- Oral contraceptives (birth control pills)
- Thiazides (used to treat high blood pressure or excessive fluid retention)
- Glucocorticoids (such as 'cortisone' used to treat inflammation)
- Thyroid hormones (used to treat thyroid gland disorders)
- Sympathomimetics (such as epinephrine [adrenaline], or salbutamol, terbutaline used to treat asthma)
- Growth hormone (medicine for stimulation of skeletal and somatic growth and pronounced influence on the body's metabolic processes)
- Danazol (medicine acting on ovulation).

**Octreotide and lanreotide** (used for treatment of acromegaly, a rare hormonal disorder that usually occurs in middle-aged adults, caused by the pituitary gland producing excess growth hormone) may either increase or decrease your blood sugar level.

**Beta-blockers** (used to treat high blood pressure) may weaken or suppress entirely the first warning symptoms which help you to recognise low blood sugar.

**Pioglitazone** (tablets used for the treatment of type 2 diabetes)

Some patients with long-standing type 2 diabetes and heart disease or previous stroke who were treated with pioglitazone and insulin experienced the development of heart failure. Inform your doctor as soon as possible if you experience signs of heart failure such as unusual shortness of breath or rapid increase in weight or localised swelling (oedema).

If you have taken any of the medicines listed here, **tell your doctor, nurse or pharmacist.**

### **Drinking alcohol and taking NovoRapid®**

- ▶ If you drink alcohol, your need for insulin may change as your blood sugar level may either rise or fall. Careful monitoring is recommended.

### **Pregnancy and breast-feeding**

- ▶ If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine. NovoRapid® can be used during pregnancy. Your insulin dose may need to be changed during pregnancy and after delivery. Careful control of your diabetes, particularly prevention of hypoglycaemia, is important for the health of your baby.
- ▶ There are no restrictions on treatment with NovoRapid® during breast-feeding.

Ask your doctor, nurse or pharmacist for advice before taking this medicine while pregnant or breast-feeding.

### **Driving and using machines**

- ▶ Please ask your doctor whether you can drive a car or operate a machine:
  - If you have frequent hypoglycaemia.
  - If you find it hard to recognise hypoglycaemia.

If your blood sugar is low or high, your concentration and ability to react might be affected and therefore also your ability to drive or operate a machine. Bear in mind that you could endanger yourself or others.

NovoRapid® has a rapid onset of effect therefore if hypoglycaemia occurs, you may experience it earlier after an injection when compared to soluble human insulin.

### **Important information about some of the ingredients of NovoRapid®**

NovoRapid® contains less than 1 mmol sodium (23 mg) per dose, i.e. NovoRapid® is essentially ‘sodium-free’.

## **3. *How to use NovoRapid®***

### **Dose and when to take your insulin**

Always use your insulin and adjust your dose exactly as your doctor has told you. Check with your doctor, nurse or pharmacist if you are not sure.

NovoRapid® is generally taken immediately before a meal. Eat a meal or snack within 10 minutes of the injection to avoid low blood sugar. When necessary, NovoRapid® can be given soon after a meal. See *How and where to inject* below for information.

Do not change your insulin unless your doctor tells you to. If your doctor has switched you from one type or brand of insulin to another, your dose may have to be adjusted by your doctor.

### **Use in children and adolescents**

NovoRapid® can be used in adolescents and children aged 1 year and above instead of soluble human insulin when a rapid onset of effect is preferred. For example, when it is difficult to dose the child in relation to meals.

### **Use in special patient groups**

If you have reduced kidney or liver function, or if you are above 65 years of age, you need to check your blood sugar more regularly and discuss changes in your insulin dose with your doctor.

### **How and where to inject**

NovoRapid® is for injection under the skin (subcutaneously). You must never inject yourself directly into a vein (intravenously) or muscle (intramuscularly). NovoRapid® FlexTouch® is only suitable for injecting under the skin. Speak to your doctor if you need to inject your insulin by another method.

With each injection, change the injection site within the particular area of skin that you use. This may reduce the risk of developing lumps or skin pitting (see section 4, *Possible side effects*). The best places to give yourself an injection are: the front of your waist (abdomen), the upper arm or the front of your thighs. The insulin will work more quickly if injected into the front of your waist. You should always measure your blood sugar regularly.

### **How to handle NovoRapid® FlexTouch®**

NovoRapid® FlexTouch® is a pre-filled, colour-coded, disposable pen containing insulin aspart.

Read carefully the instructions on how to use NovoRapid® FlexTouch® included in this package leaflet. You must use the pen as described in the instructions on how to use NovoRapid® FlexTouch®.

Always ensure you use the correct pen before you inject your insulin.

### **If you take more insulin than you should**

If you take too much insulin your blood sugar gets too low (hypoglycaemia). See a) *Summary of serious and very common side effects* in section 4.

### **If you forget to take your insulin**

If you forget to take your insulin your blood sugar may get too high (hyperglycaemia). See c) *Effects from diabetes* in section 4.

### **If you stop taking your insulin**

Do not stop taking your insulin without speaking with a doctor, who will tell you what needs to be done. This could lead to very high blood sugar (severe hyperglycaemia) and ketoacidosis. See c) *Effects from diabetes* in section 4.

If you have any further questions on the use of this medicine, ask your doctor, nurse or pharmacist.

#### 4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

##### a) Summary of serious and very common side effects

**Low blood sugar (hypoglycaemia)** is a very common side effect. It may affect more than 1 in 10 people.

##### **Low blood sugar may occur if you:**

- Inject too much insulin.
- Eat too little or miss a meal.
- Exercise more than usual.
- Drink alcohol (see *Drinking alcohol and taking NovoRapid®* in section 2).

**Signs of low blood sugar:** Cold sweat; cool pale skin; headache; rapid heartbeat; feeling sick; feeling very hungry; temporary changes in vision; drowsiness; unusual tiredness and weakness; nervousness or tremor; feeling anxious; feeling confused; difficulty in concentrating.

Severe low blood sugar can lead to unconsciousness. If prolonged severe low blood sugar is not treated, it can cause brain damage (temporary or permanent) and even death. You may recover more quickly from unconsciousness with an injection of the hormone glucagon by someone who knows how to use it. If you are given glucagon, you will need glucose or a sugar snack as soon as you are conscious. If you do not respond to glucagon treatment, you will have to be treated in a hospital.

##### **What to do if you experience low blood sugar:**

- ▶ If you experience low blood sugar, eat glucose tablets or another high sugar snack (e.g. sweets, biscuits, fruit juice). Measure your blood sugar if possible and rest. Always carry glucose tablets or high sugar snacks with you, just in case.
- ▶ When symptoms of low blood sugar have disappeared or when blood sugar level is stabilised, continue insulin treatment as usual.
- ▶ If you have such a low blood sugar that it makes you pass out, if you have had need for injection of glucagon, or if you have experienced many incidents of low blood sugar, talk with a doctor. The amount or timing of insulin, food or exercise may need to be adjusted.

Tell relevant people that you have diabetes and what the consequences may be, including the risk of passing out (become unconscious) due to low blood sugar. Let them know that if you pass out, they must turn you on your side and get medical help straight away. They must not give you any food or drink due to risk of suffocation.

**Serious allergic reactions** to NovoRapid® or one of its ingredients (called a systemic allergic reaction) is a very rare side effect but can potentially be life threatening. It may affect less than 1 in 10,000 people.

Seek medical advice immediately:

- If signs of allergy spread to other parts of your body.
- If you suddenly feel unwell, and you: start sweating; start being sick (vomiting); have difficulty in breathing; have a rapid heartbeat; feel dizzy.
- ▶ If you notice any of these signs, seek medical advice immediately.

**Skin changes at the injection site:** If you inject insulin at the same place, the fatty tissue may shrink (lipoatrophy) or thicken (lipohypertrophy) (may affect less than 1 in 100 people). Lumps under the skin may also be caused by build-up of a protein called amyloid (cutaneous amyloidosis; how often this occurs is not known). The insulin may not work very well if you inject into a lumpy, shrunken or thickened area. Change the injection site with each injection to help prevent these skin changes.

##### b) List of other side effects

### ***Uncommon side effects***

May affect less than 1 in 100 people.

**Signs of allergy:** Local allergic reactions (pain, redness, hives, inflammation, bruising, swelling and itching) at the injection site may occur. These usually disappear after a few weeks of taking your insulin. If they do not disappear, or if they spread throughout your body, talk to your doctor immediately. See also *Serious allergic reactions* above.

**Vision problems:** When you first start your insulin treatment, it may disturb your vision, but the disturbance is usually temporary.

**Swollen joints:** When you start taking insulin, water retention may cause swelling around your ankles and other joints. Normally this soon disappears. If not, talk to your doctor.

**Diabetic retinopathy** (an eye disease related to diabetes which can lead to loss of vision): If you have diabetic retinopathy and your blood sugar level improves very fast, the retinopathy may get worse. Ask your doctor about this.

### ***Rare side effects***

May affect less than 1 in 1,000 people.

**Painful neuropathy** (pain due to nerve damage): If your blood sugar level improves very fast, you may get nerve related pain. This is called acute painful neuropathy and is usually transient.

### **Reporting of side effects**

If you get any side effects, talk with your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via

#### **United Kingdom**

Yellow Card Scheme Website: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.

#### **Ireland**

HPRA Pharmacovigilance

Website: [www.hpra.ie](http://www.hpra.ie)

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

### **c) Effects from diabetes**

#### ***High blood sugar (hyperglycaemia)***

##### **High blood sugar may occur if you:**

- Have not injected enough insulin.
- Forget to inject your insulin or stop taking insulin.
- Repeatedly inject less insulin than you need.
- Get an infection and/or a fever.
- Eat more than usual.
- Exercise less than usual.

##### **Warning signs of high blood sugar:**

The warning signs appear gradually. They include: increased urination; feeling thirsty; losing your appetite; feeling sick (nausea or vomiting); feeling drowsy or tired; flushed; dry skin; dry mouth and a fruity (acetone) smell of the breath.

**What to do if you experience high blood sugar:**

- ▶ If you get any of the above signs: test your blood sugar level, test your urine for ketones if you can, then seek medical advice immediately.
- ▶ These may be signs of a very serious condition called diabetic ketoacidosis (build-up of acid in the blood because the body is breaking down fat instead of sugar). If you do not treat it, this could lead to diabetic coma and eventually death.

**5. How to store NovoRapid®**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the FlexTouch® label and carton, after 'EXP'. The expiry date refers to the last day of that month.

Always keep the pen cap on your FlexTouch® when you are not using it in order to protect it from light. NovoRapid® must be protected from excessive heat and light.

**Before opening:** NovoRapid® FlexTouch® that is not being used is to be stored in the refrigerator at 2°C to 8°C, away from the cooling element. Do not freeze.

**During use or when carried as a spare:** You can carry your NovoRapid® FlexTouch® with you and keep it at a temperature below 30°C or in a refrigerator (2°C to 8°C) for up to 4 weeks. If refrigerated, keep away from the cooling element. Do not freeze.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

**6. Contents of the pack and other information****What NovoRapid® contains**

- The active substance is insulin aspart. Each ml contains 100 units of insulin aspart. Each pre-filled pen contains 300 units of insulin aspart in 3 ml solution for injection.
- The other ingredients are glycerol, phenol, metacresol, zinc chloride, disodium phosphate dihydrate, sodium chloride, hydrochloric acid, sodium hydroxide and water for injections.

**What NovoRapid® looks like and contents of the pack**

NovoRapid® is presented as a solution for injection.

Pack sizes of 1 (with or without needles) or 5 (without needles) or a multipack with 2 x 5 (without needles) pre-filled pens of 3 ml. Not all pack sizes may be marketed.

The solution is clear and colourless.

**Marketing Authorisation Holder and Manufacturer**

Novo Nordisk A/S, Novo Allé, DK-2880 Bagsværd, Denmark

**Now turn over for information on how to use your FlexTouch®.**

**This leaflet was last revised in 09/2020**

**Other sources of information**

Detailed information on this medicine is available on the European Medicines Agency website:

<http://www.ema.europa.eu>.

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## Instructions on how to use NovoRapid® 100 units/ml solution for injection in pre-filled pen (FlexTouch®)

Please read these instructions carefully before using your FlexTouch® pre-filled pen. If you do not follow the instructions carefully, you may get too little or too much insulin, which can lead to too high or too low blood sugar level.

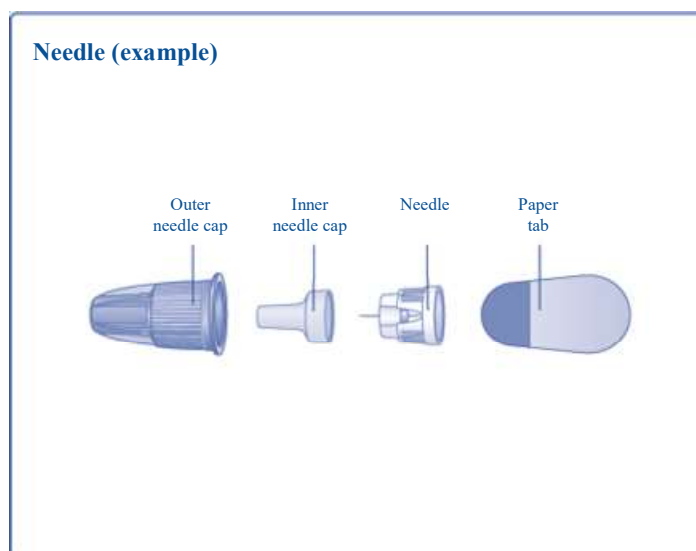
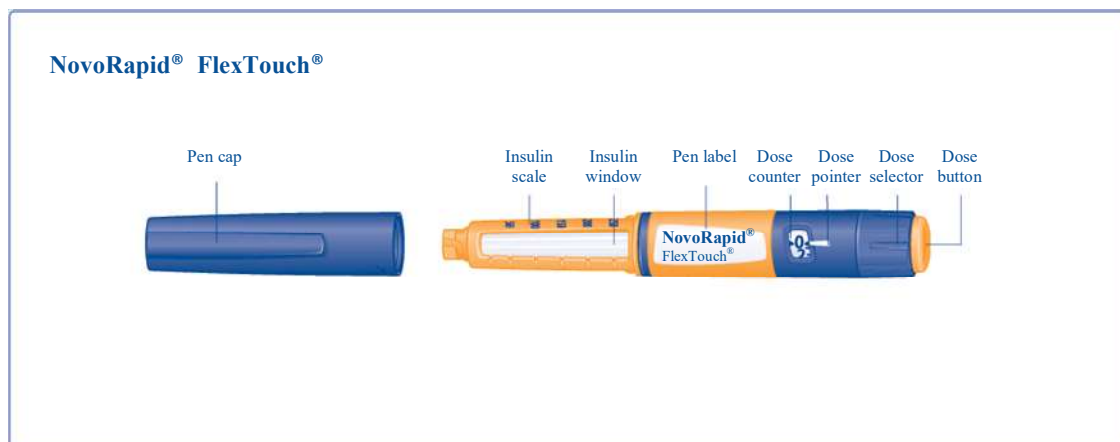
**Do not use the pen without proper training** from your doctor or nurse.

Start by checking your pen to **make sure that it contains NovoRapid® 100 units/ml**, then look at the illustrations to the right to get to know the different parts of your pen and needle.

**If you are blind or have poor eyesight and cannot read the dose counter on the pen, do not use this pen without help.** Get help from a person with good eyesight who is trained to use the FlexTouch® pre-filled pen.

Your NovoRapid® FlexTouch® pen is a pre-filled insulin pen. NovoRapid® FlexTouch® contains 300 units of insulin and delivers doses from 1 to 80 units, in increments of 1 unit.

NovoRapid® FlexTouch® is designed to be used with **NovoFine® or NovoTwist®** single-use disposable needles up to a length of 8 mm.

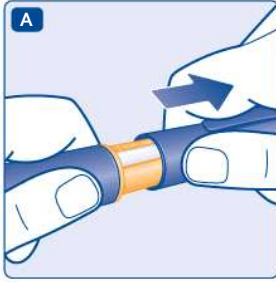


### Preparing your NovoRapid® FlexTouch® pen

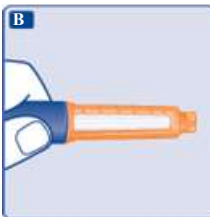
**Check the name and coloured label on your NovoRapid® FlexTouch® pen to make sure that it**

**contains the type of insulin you need.** This is especially important if you take more than one type of insulin. If you take a wrong type of insulin, your blood sugar level may get too high or too low.

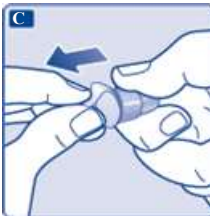
- A** Pull off the pen cap.



- B** Check that the insulin in your pen is clear and colourless. Look through the insulin window. If the insulin looks cloudy, do not use the pen.



- C** Take a new disposable needle, and tear off the paper tab.



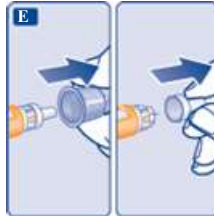
- D** Screw the needle straight onto the pen. Make sure the needle is on tight.



- E** Pull off the outer needle cap and save it. You will need it after the injection to correctly remove the needle from the pen.

Pull off the inner needle cap and throw it away. If you try to put it back on, you may accidentally stick yourself with the needle.

A drop of insulin may appear at the needle tip. This is normal.



**⚠** Always use a new needle for each injection. This reduces the risk of contamination, infection, leakage of insulin, blocked needles and inaccurate dosing.

**⚠** Never use a bent or damaged needle.

### Checking the insulin flow

**Make sure that you receive your full dose by always checking the insulin flow before you select and inject your dose.**

**F** Turn the dose selector to select 2 units.



**G** Hold the pen with the needle pointing up.

Tap the top of the pen a few times to let any air bubbles rise to the top.



**H** Press the dose button with your thumb until the dose counter returns to 0. The 0 must line up with the dose pointer. A drop of insulin will appear at the needle tip.

If no drop appears, repeat steps **F** to **H** up to 6 times. If no drop appears after these new attempts, change the needle and repeat steps **F** to **H** once more.

Do not use the pen if a drop of insulin still does not appear.



- ⚠ **Always make sure that a drop appears** at the needle tip before you inject. This makes sure that the insulin flows. If no drop appears, you will **not** inject any insulin, even though the dose counter may move. This may indicate a blocked or damaged needle.
- ⚠ **Always check the flow before you inject.** If you do not check the flow, you may get too little insulin or no insulin at all. This may lead to too high blood sugar level.

### Selecting your dose

**Use the dose selector on your NovoRapid® FlexTouch® pen to select your dose. You can select up to 80 units per dose.**

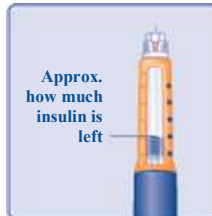
- I Select the dose you need. You can turn the dose selector forwards or backwards. Stop when the right number of units lines up with the dose pointer.

The dose selector clicks differently when turned forwards, backwards or past the number of units left.

When the pen contains less than 80 units, the dose counter stops at the number of units left.



- ⚠ **Always use the dose counter and the dose pointer to see how many units you have selected before injecting the insulin.**  
Do not count the pen clicks. If you select and inject the wrong dose, your blood sugar level may get too high or too low.  
Do not use the insulin scale, it only shows approximately how much insulin is left in your pen.
- ⓘ **How much insulin is left?**  
The **insulin scale** shows you **approximately** how much insulin is left in your pen.



**To see precisely how much insulin is left, use the dose counter:**

Turn the dose selector until the **dose counter stops**. If it shows 80, **at least 80** units are left in your pen. If it shows **less than 80**, the number shown is the number of units left in your pen.

Turn the dose selector back until the dose counter shows 0.

If you need more insulin than the units left in your pen, you can split your dose between two pens.



**Be very careful to calculate correctly if splitting your dose.**

If in doubt, take the full dose with a new pen. If you split the dose wrong, you will inject too little or too much insulin, which can lead to too high or too low blood sugar level.

## Injecting your dose

**Make sure that you receive your full dose by using the right injection technique.**

**J** Insert the needle into your skin as your doctor or nurse has shown you. Make sure you can see the dose counter. Do not touch the dose counter with your fingers. This could interrupt the injection.

Press the dose button until the dose counter returns to 0. The 0 must line up with the dose pointer. You may then hear or feel a click.

After the dose counter has returned to 0, leave the needle under the skin for **at least 6 seconds** to make sure that you get your full dose.



**K** Remove the needle from the skin.

After that, you may see a drop of insulin at the needle tip. This is normal and has no effect on the dose you just received.

**i** **Always dispose of the needle after each injection.** This reduces the risk of contamination, infection, leakage of insulin, blocked needles and inaccurate dosing. If the needle is blocked, you will **not** inject any insulin.



**L** Lead the needle tip into the outer needle cap on a flat surface. Do not touch the needle or the cap.

Once the needle is covered, carefully push the outer needle cap completely on and then unscrew the needle. Dispose of it carefully, and put the pen cap back on after every use.

When the pen is empty, throw it away without a needle on as instructed by your doctor, nurse or local authorities.



**⚠** **Always watch the dose counter to know how many units you inject.**

The dose counter will show the exact number of units. Do not count the pen clicks.

Hold the dose button down until the dose counter returns to 0 after the injection. If the dose counter stops before it returns to 0, the full dose has not been delivered, which may result in too high blood sugar level.

**⚠** **Never try to put the inner needle cap back on the needle.** You may stick yourself with the needle.

- ▲ **Always remove the needle after each injection** and store your pen without the needle attached. This reduces the risk of contamination, infection, leakage of insulin, blocked needles and inaccurate dosing.

### **Caring for your pen**

Treat your pen with care. Rough handling or misuse may cause inaccurate dosing, which can lead to too high or too low blood sugar level.

- **Do not leave the pen in a car** or other place where it can get too hot or too cold.
- **Do not expose your pen to dust, dirt or liquid.**
- **Do not wash, soak or lubricate your pen.** If necessary, clean it with mild detergent on a moistened cloth.
- **Do not drop your pen** or knock it against hard surfaces.  
If you drop it or suspect a problem, attach a new needle and check the insulin flow before you inject.
- **Do not try to refill your pen.** Once empty, it must be disposed of.
- **Do not try to repair your pen** or pull it apart.

### ▲ **Important information**

- **Always keep your pen with you.**
- **Always carry an extra pen and new needles** with you, in case of loss or damage.
- Always keep your pen and needles **out of sight and reach of others**, especially children.
- **Never share** your pen or your needles with other people. It might lead to cross-infection.
- **Never share** your pen with other people. Your medicine might be harmful to their health.
- Caregivers must **be very careful when handling used needles** – to reduce the risk of needle injury and cross-infection.