

Telephone Discussion Guide



Consider using this resource when initiating Tresiba® in patients with T2DM

Tresiba® is indicated for once-daily treatment of adults with diabetes mellitus to improve glycemic control.¹

This guide provides you with information and counselling tips to convey to patients when initiating Tresiba® over telephone appointments. Please ensure that this guide is not disseminated to and/or shared with patients.

Getting Started

Summarizes important features of Tresiba® to communicate to patients.

Supplemental Guidance

Access more detailed information to supplement the discussion or answer any questions.

HCP, healthcare professional; T2DM, type 2 diabetes mellitus.



Get in touch with a diabetes educator! Contact your Novo Nordisk representative for details.

Visit tresiba.ca to access information and resources for yourself and your patients.

Supplemental Guidance

Tresiba[®]—Getting Started

Overview

Tresiba[®] is an ultra-long-acting insulin that controls high blood sugar in adults with diabetes mellitus.

Tresiba[®] comes in an injection device called a FlexTouch[®] pen.



200 Units/mL, which dials up to a maximum of **160 Units per injection**, in **increments of 2 Units***

No dose re-calculations are needed to determine the dose of Tresiba[®]. The dose counter shows the dose dialed in Units.

FlexTouch[®] Pen

* The Tresiba[®] FlexTouch[®] pen is also available in a concentration of 100 Units/mL.
HCP, healthcare professional.

For HCPs



Navigating the discussion

- Explain why the patient requires treatment with a basal insulin
- Provide the rationale for why you have chosen Tresiba[®]
- Highlight the key features of the FlexTouch[®] device
 - If the patient has already been dispensed Tresiba[®], encourage them to take out the pen to become familiar with it as you go over the information

Supplemental Guidance



Tresiba[®]—Getting Started

Dosing guidance



Tresiba[®] is injected subcutaneously, once daily, at any time of day. The time of day should be consistent.



Make injections part of your daily routine. Pick something you do once a day, every day, and inject Tresiba[®] just before or after you do it. This may be when you wake up, make your morning coffee, clean your teeth before bed, or go to bed at night.

Missed dose

If a dose is missed, it should be injected immediately, and the normal dose schedule should then be resumed—**ensure there are at least 8 hours between doses.**

HCP, healthcare professional.

For HCPs



Navigating the discussion

- For insulin-naïve patients, the recommended starting dose is 10 Units¹
- At this stage of the discussion, you may wish to review the patient's glucose monitoring device—whether it is a Flash, continuous glucose monitor (CGM), or blood glucose meter
 - Use the manufacturer instructions or resources to review the main features of these devices



Supplemental Guidance

Tresiba®—Getting Started

Dose adjustments

Adjust Tresiba® based on the pre-breakfast (fasting) glucose measurement, using one of the following adjustment schedules until target is reached:

Every 3–4 days



OR

Once per week



Many people will have similar glucose targets, but the number of Units of insulin to get to the same target will vary. When adjusting your insulin dose, focus on **your glucose measurement** rather than the number of Units you are taking.

For HCPs



Navigating the discussion

- Establish the recommended fasting glucose target for the patient
- Determine a titration protocol with the patient and highlight which day(s) of the week they should adjust their dose on, when necessary
- **Diabetes Canada recommends that Tresiba® be titrated by:²**
 - **2 Units, every 3–4 days OR**
 - **4 Units, once per week**
 - Choose an adjustment schedule that best fits with your patient's lifestyle needs

HCP, healthcare professional.



Supplemental Guidance

FlexTouch[®] Pen

Tresiba[®] comes in an injection device called a FlexTouch[®] pen.



The Tresiba[®] FlexTouch[®] pen is available in a concentration of **200 Units/mL**, which delivers a maximum of 160 Units per injection, counting up by 2 Units (i.e., 2, 4, 6, 8 Units, etc.). This pen contains a total of 600 Units.

No dose re-calculations are needed to determine your dose of Tresiba[®]. The dose counter shows the dose dialed in Units.



The Tresiba[®] FlexTouch[®] pen is also available in a concentration of **100 Units/mL**, which delivers a maximum of 80 Units per injection, counting up by 1 Unit (i.e., 1, 2, 3, 4 Units, etc.) and contains a total of 300 Units per pen.

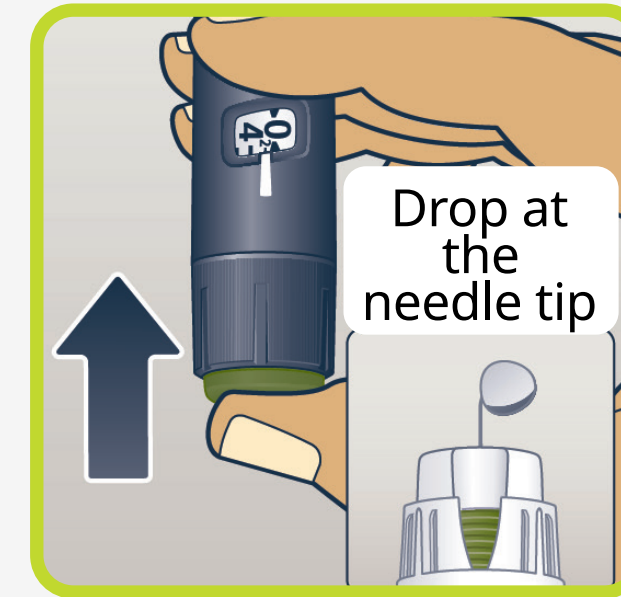
Please see the Tresiba[®] Patient Medication Information package insert for additional information.

Supplemental Guidance

Administration

Visit tresiba.ca for additional information on the FlexTouch® Pen

Using your FlexTouch® pen



1. Check your pen

- Check the name, colour (dark green) and type (200 Units/mL) of your pen
- Remove the pen cap
- Check that the insulin in the pen is clear and colourless

2. Attach a new needle

- Take a new needle and tear off the paper tab
- Push the needle straight onto the pen. Twist until it is on tight
- Remove the two needle caps and keep the outer one for later

3. Always check the flow

- Turn the dose selector to select 2 Units
- Hold the pen with the needle pointing up. **Tap the top of the pen gently** a few times to let any air bubbles rise to the top
- Press the dose button until the dose counter returns to 0
- **Make sure that a drop of insulin 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
- If the drop of insulin doesn't appear, repeat this step up to 6 times



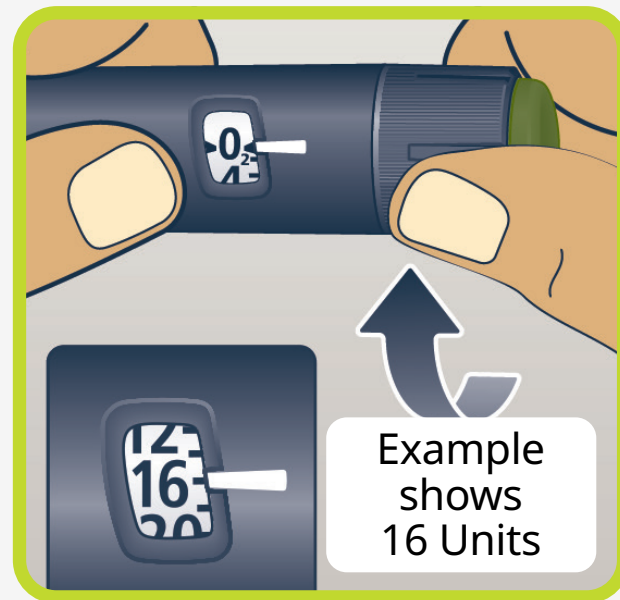
Supplemental Guidance

Administration

Visit tresiba.ca for additional information on the FlexTouch® Pen

Please see the administration steps outlined in the Tresiba® Patient Medication Information package insert for additional information.

Using your FlexTouch® pen (continued)



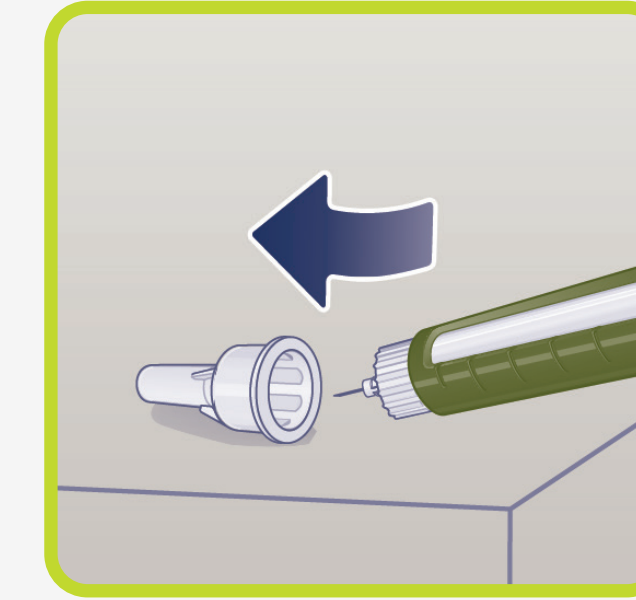
4. Select your dose

- Make sure the dose counter shows 0
- The dose counter shows the dose in Units
- Always use the dose recommended by your doctor
- Turn the dose selector until the dose counter shows the dose you need
- Do not count pen clicks to select the dose
- The dose counter shows the number of Units, regardless of strength, and no dose re-calculation should be done if you are using the FlexTouch® 200 Units/mL



5. Inject your dose

- Insert the needle into the skin, making sure you can see the dose counter
- Press and hold down the dose button 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 a too high blood sugar level
- Keep the needle in the skin and count slowly to 6
- Take the needle out of the skin by pulling the pen straight out



6. Remove the needle

- Place the outer needle cap on a flat surface
- Without touching the needle or the cap, carefully slip the needle into the outer cap
- Once the needle is covered, carefully push the outer needle cap completely on
- Unscrew the needle and dispose of it carefully
- Finally, put the pen cap back on

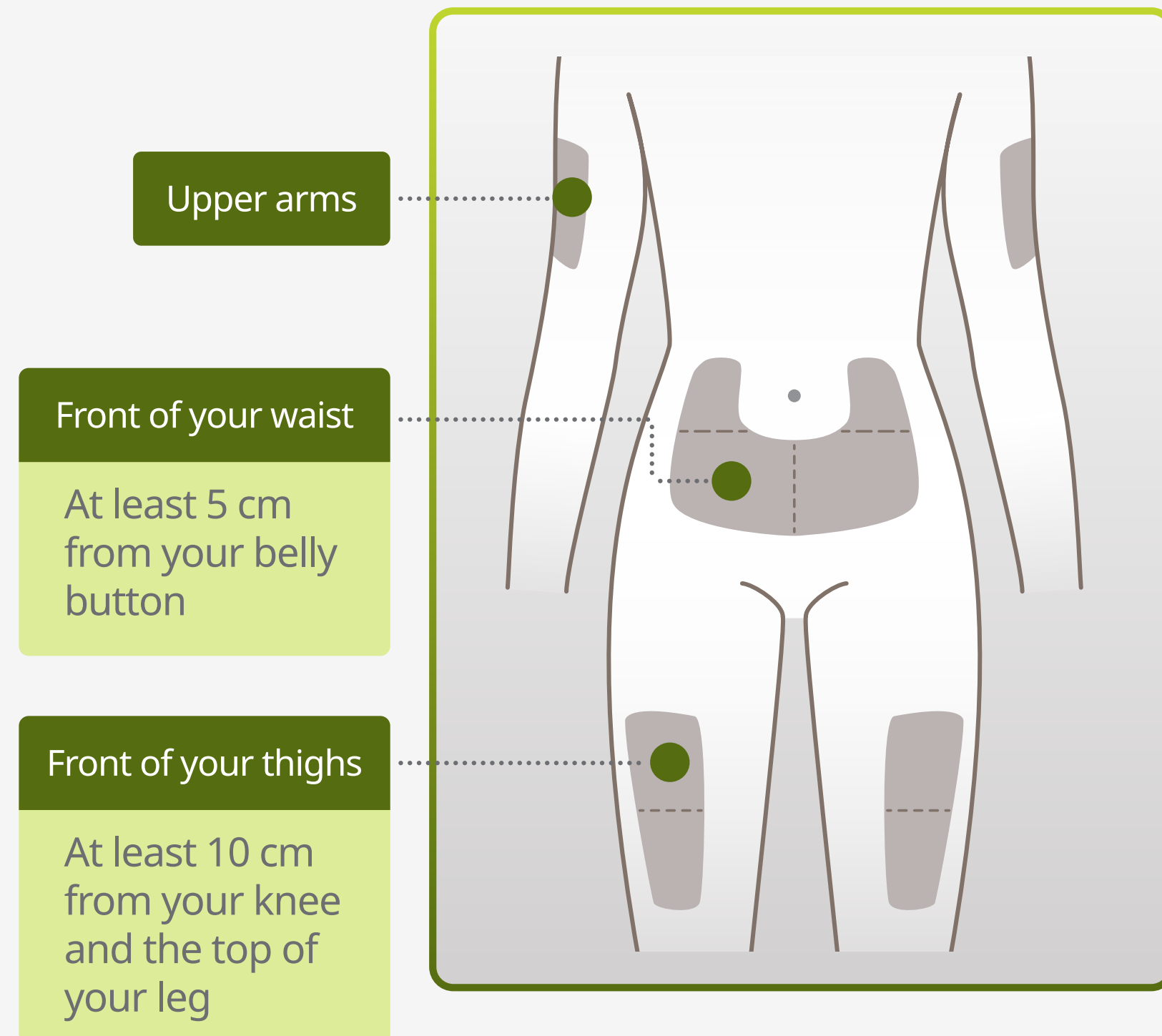


Supplemental Guidance

Injection Considerations

Where to inject Tresiba®

The main injection sites are:



Tresiba® is given as an injection under the skin. Change the injection site within the area where you inject each day to reduce the risk of developing lumps and skin pitting.

Use the injection technique advised by your diabetes healthcare team.

Injection tips

When you start injecting, please keep these tips in mind:

- **Ensure your injection site is clean**
- **Hold the pen in place for 6 seconds after the injection** (after the dose counter returns to 0) to make sure you get the full dose
- **Vary your injection site** to reduce risk of developing lumps and skin pitting
- **Do not inject into a vein or muscle**

Supplemental Guidance

Hypoglycemia

Can you get low blood sugar when taking Tresiba®?

As with any insulin, there is a chance that your blood sugar may get too low (<4 mmol/L) when you take Tresiba®.

This is called hypoglycemia, and it happens when you either have too much insulin or not enough sugar in your body. It may also happen if you drink alcohol, exercise more than usual, eat too little, or miss a meal.

To help reduce the risk of getting low blood sugar, it is important to take your insulin as instructed by your diabetes healthcare team and let them know if you want to change your diet or exercise routine.

How do you know if you have low blood sugar?

Everyone reacts differently to low blood sugar. Warning signs may include:

- Headache
- Slurred speech
- Fast heartbeat
- Cold sweat
- Cool, pale skin
- Feeling sick and/or very hungry
- Trembling
- Feeling nervous or worried
- Feeling unusually tired, weak, and sleepy
- Feeling confused
- Difficulty concentrating
- Vision changes

HCP, healthcare professional.

For HCPs



Navigating the discussion

- Reiterate to patients that hypoglycemia can occur with any insulin, including Tresiba®
 - It is important to recognize the signs and symptoms and be prepared to treat hypoglycemia if it occurs

It is also important to make sure that anyone you regularly spend time with (e.g., family, friends, or colleagues) knows about these warning signs.



Supplemental Guidance

Hypoglycemia

What should you do if you get low blood sugar?

If you have any hypoglycemia symptoms, you should take actions to increase your blood sugar level immediately.

- 1. Check your blood sugar (if possible; if not, treat your symptoms anyways)**
- 2. Eat or drink 15 grams of a fast-acting carbohydrate, such as:**
 - 15 g of glucose in the form of glucose tablets (i.e., 4 tablets, 4 g each)
 - 15 mL (1 tablespoon) or 3 packets of sugar dissolved in water
 - 150 mL (2/3 cup) of juice or regular soft drink
 - 6 LifeSavers® (1 = 2.5 g carbohydrate)
 - 15 mL (1 tablespoon) of honey
- 3. Wait 15 minutes, then check your blood sugar again. If it is still below 4 mmol/L:**
 - Treat again; wait 15 minutes, check your blood sugar
 - Continue these steps until your blood sugar is above 4 mmol/L
- 4. When your blood sugar is above 4 mmol/L:**
 - If your next meal is more than 1 hour away, or you are going to be active, eat a snack with 15 g of carbohydrate and a protein source (e.g., half a sandwich or cheese and crackers)
 - Wait 40 minutes after treating low blood sugar before driving

You may be able to manage your low blood sugar yourself; however, you should always carry a diabetes ID card with you, or wear a MedicAlert® bracelet, so people know what to do if you are unable to. Always tell your doctor if you experience low blood sugar.

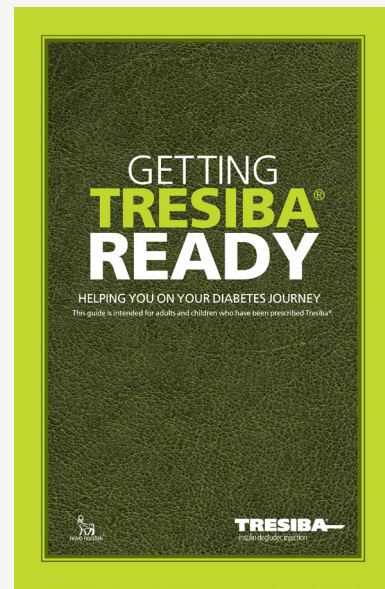
If you experience a medication error or **any** side effects, including low blood sugar, talk to your doctor.



Supplemental Guidance

Tresiba® Patient Resources

More resources are available to you at the click of a button. Visit **tresiba.ca** to access information on Tresiba® and your diabetes treatment.



Tresiba® Brochure



Tresiba® Tracker

Available in 15+ languages!

For HCPs



Navigating the discussion

Many resources can be printed and mailed or faxed to patients if necessary.

You can also visit diabetes.ca for additional support in your diabetes journey.

HCP, healthcare professional.

Clinical use:

Not recommended for treatment of diabetic ketoacidosis.

Contraindication:

- During episodes of hypoglycemia

Most serious warnings and precautions:

Hypoglycemia is the most common adverse effect of insulin

- Glucose monitoring is required
- Uncorrected hypo- or hyperglycemic reactions can cause loss of consciousness, coma, and even death
- Use caution and medical supervision when converting insulin products

Administration

- Inspect visually prior to administration and only use if solution appears clear and colourless

- Do not mix with any other insulin, administer intravenously, or use in insulin infusion pumps

Other relevant warnings and precautions:

- Refer to respective product monographs for concomitant oral antidiabetic agents for their warnings and precautions
- Stress or concomitant illness, especially infections and febrile conditions, may change insulin requirements
- Tresiba® should not be diluted
- Combination with thiazolidinediones (TZD) not indicated in type 2 diabetes; can cause heart failure and edema
- Risks associated with sharing insulin delivery devices
- Hypoglycemia
- Risk of hypokalemia
- Dosing may need to be adjusted in patients with renal and/or hepatic impairment

- Risk of immune responses (e.g., systemic allergic reactions or antibody production)
- Pregnant and nursing women
- Pediatrics
- Geriatrics

For more information:

Please consult the Product Monograph at www.Tresibapm-e.ca for more information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece.

The Product Monograph is also available by calling us at 1-800-465-4334.

Get in contact with a Novo Nordisk e-representative by e-mailing NNCIERep@novonordisk.com

References:

1. Tresiba® Product Monograph. Novo Nordisk Canada Inc. 2019. 2. Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2018;42:S1-S325.

HCP, healthcare professional.



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TRESIBA®
insulin degludec injection

Supplemental Guidance

TRESIBA®
insulin degludec injection

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FlexTouch® Pen

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GETTING **TRESIBA**[®] READY

HELPING YOU ON YOUR DIABETES JOURNEY

This guide is intended for adults and children who have been prescribed Tresiba[®].



TRESIBA[®]
insulin degludec injection

The next step in managing your diabetes treatment

You and your doctor have decided the time is appropriate for you to start taking Tresiba® to help you control your blood sugar.

This guide introduces you to Tresiba®, and helps provide answers to questions you may have.

However, as you take this step, it is important to know that **you are not alone**.

Your diabetes healthcare team, which includes your doctor and diabetes educators (e.g., nurses, dietitians and pharmacists), is there if you have any questions or concerns. Your family and friends will also want to support you, so let them know what's going on.

In this guide, there are also details on additional resources available for people living with diabetes.

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Please note that the content of this booklet is not intended to replace the advice of your diabetes healthcare team or the Tresiba® Patient Medication Information. Please refer to the Tresiba® Patient Medication Information for additional information.

You and your diabetes

You are not alone

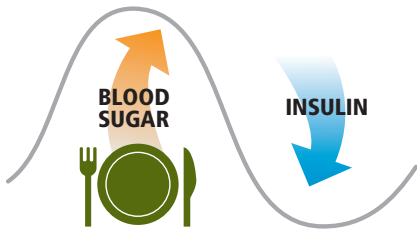


~415 million
people worldwide are
living with diabetes

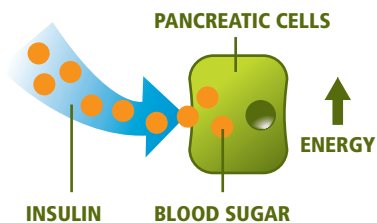


~1 in every 11
Canadians has diabetes

As a person who has been diagnosed with diabetes, you probably already know a lot about diabetes through discussions with members of your diabetes healthcare team, and perhaps your own research. You may have also talked with and educated your family and friends about diabetes—these people can form an important support system for you.



When you eat, some of the food is broken down into sugar, which travels in your blood to all of your body's cells.

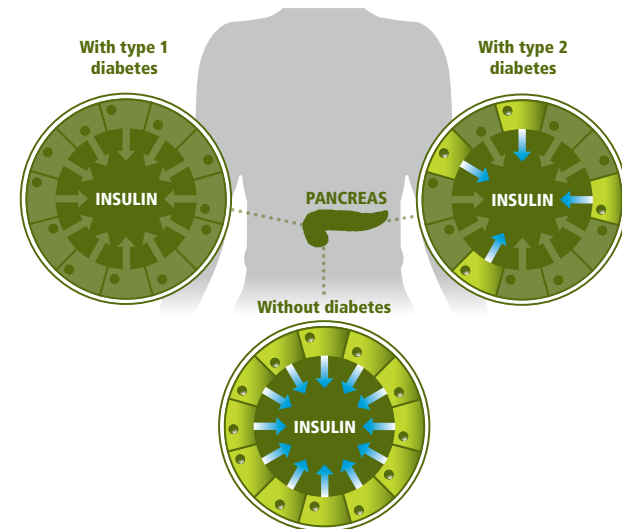


Insulin is a hormone that helps move sugar from the blood into your body's cells, where it is used as an energy source.

In **type 2 diabetes**, the pancreas does not make enough insulin or the body becomes resistant to the insulin the body makes.

In **type 1 diabetes**, the pancreas does not make any insulin. Type 1 diabetes may be caused by the immune system destroying the cells that make insulin.

In both type 2 and type 1 diabetes, this causes sugar to build up in the blood instead of being used to create energy.



You are not alone

Many people with type 2 diabetes may **eventually require** insulin to manage their disease.

People with type 1 diabetes will **always require** insulin for treatment.

Getting to know Tresiba®

Tresiba® is an ultra-long-acting insulin. Tresiba® is similar to the insulin made by your body and helps your body reduce your blood sugar level.

For adults, inject Tresiba® subcutaneously once daily.

For children with type 1 diabetes (>2 years of age), inject Tresiba® subcutaneously at approximately the same time of the day.

On occasions where a dose is missed or delayed, inject Tresiba® as soon as you remember and then continue with your regular dosing schedule; make sure there are **at least 8 hours** between your doses.

It may be good to know that...

...your diabetes healthcare team is there to help. Please let them know if you have any questions or concerns.

What does Tresiba® look like?

Tresiba® comes in an injection device called a FlexTouch® pen.



There are two different Tresiba® FlexTouch® pens:

- **200 Units/mL**, which delivers a maximum of 160 Units per injection, counting up by 2 Units (i.e., 2, 4, 6, 8 Units, etc.) and contains a total of 600 Units per pen
- **100 Units/mL**, which delivers a maximum of 80 Units per injection, counting up by 1 Unit (i.e., 1, 2, 3, 4 Units, etc.) and contains a total of 300 Units per pen

Check the Tresiba® FlexTouch® packaging and pen when you receive it from the pharmacist to ensure you have the correct pen, as prescribed by your doctor.

To help you tell them apart, the pens are different colours and **200 U/mL** or **100 U/mL** is clearly written on the pen label. If you are **blind or have poor eyesight**, always get help from a person with good eyesight who knows how to use the FlexTouch® prefilled pen.

If you are **colour blind**, you can feel for the two raised bumps, as seen in the following image, on the push-button of the Tresiba® 200 Units/mL pen; this tactile element can help you differentiate between the two pens. This step should be used in addition to checking the packaging and pen.



Tresiba® is a liquid, and it should look clear and colourless inside the pen.

No dose re-calculations are needed to determine your dose of Tresiba®. The dose counter shows the dose dialed in Units.

Please see the Tresiba® Patient Medication Information for additional information.

Administering Tresiba®

Where to inject Tresiba®

The main places to inject are:

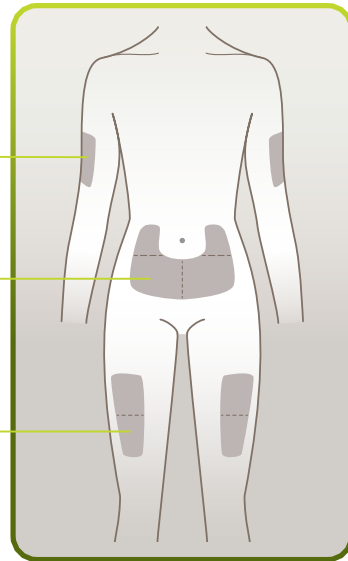
Upper arms

Front of your waist

At least 5 cm from your belly button

Front of your thighs

At least 10 cm from your knee and the top of your leg



Use the injection technique advised by your diabetes healthcare team.

Tresiba® is given as an injection under the skin. Change the place within the area where you inject each day to reduce the risk of developing lumps and skin pitting.

Injection tips

When you start injecting, please keep these tips in mind.



Ensure your injection site is clean



Hold the pen in place for 6 seconds after the injection
(after the dose counter returns to 0) to make sure you get the full dose



Vary your injection site
to reduce the risk of developing lumps and skin pitting

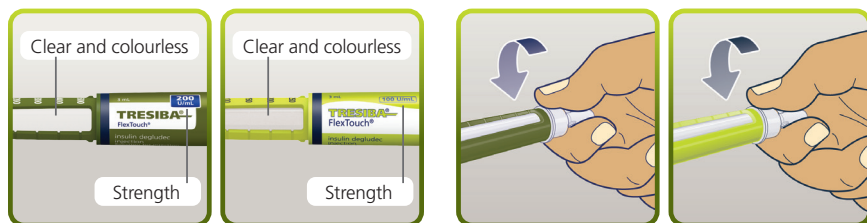


Do not inject into a vein or muscle

It may be good to know that...

...the NovoTwist® or NovoFine® single-use disposable needles used with the FlexTouch® pen are very small and thin.

How to use the FlexTouch[®] pen



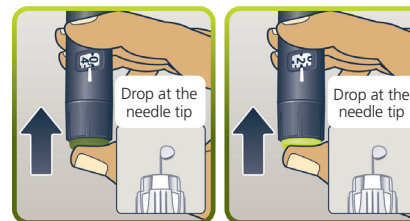
1. Check your pen

- Check the name, colour (dark green or light green) and type (200 or 100 Units/mL) of your pen
- Remove the pen cap
- Check that the insulin in the pen is clear and colourless

2. Attach a new needle

- Take a new needle and tear off the paper tab
- Push the needle straight onto the pen. Twist until it is on tight
- Remove the two needle caps and keep the outer one for later

Remember: The dose selector of the FlexTouch[®] 200 Units/mL pen increases in 2-Unit increments, and the FlexTouch[®] 100 Units/mL pen increases in 1-Unit increments.

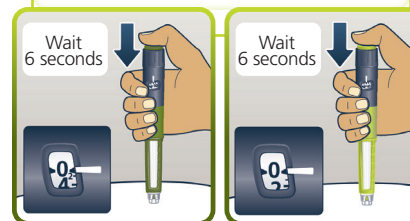


3. Always check the flow

- Turn the dose selector to select 2 Units
- Hold the pen with the needle pointing up. Tap the top of the pen gently a few times to let any air bubbles rise to the top
- Press the dose button until the dose counter returns to 0
- Make sure that a drop of insulin 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
- If the drop of insulin doesn't appear, repeat this step up to 6 times

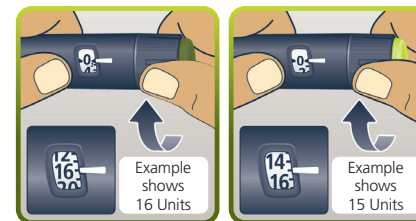
Listen for the click

FlexTouch[®] has an end-of-dose click that tells you when your dose has been delivered.



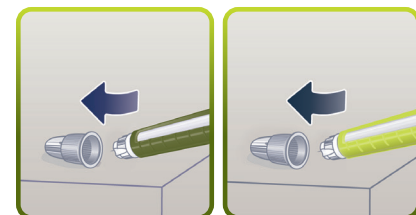
5. Inject your dose

- Insert the needle into the skin, making sure you can see the dose counter
- Press and hold down the dose button 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
- Keep the needle in the skin and count slowly to 6
- Take the needle out of the skin by pulling the pen straight out



4. Select your dose

- Make sure the dose counter shows 0
- The dose counter shows the dose in Units
- Always use the dose recommended by your doctor
- Turn the dose selector until the dose counter shows the dose you need
- Do not count pen clicks to select the dose
- The dose counter shows the number of Units, regardless of strength, and no dose re-calculation should be done if you are using the FlexTouch[®] 200 Units/mL pen or the FlexTouch[®] 100 Units/mL pen



6. Remove the needle

- Place the outer needle cap on a flat surface
- Without touching the needle or the cap, carefully slip the needle into the outer cap
- Once the needle is covered, carefully push the outer needle cap completely on
- Unscrew the needle and dispose of it carefully
- Finally, put the pen cap back on

Please see the administration steps outlined in the Tresiba[®] Patient Medication Information for additional information.

Your Tresiba® routine

Make your injections part of your daily routine

Adults should take Tresiba® once daily at any time of day.

Children with type 1 diabetes (>2 years of age) should take Tresiba® once daily, at approximately the same time of the day.

Pick something you do once a day, every day...

For example:



Wake up



Clean your teeth before bed



Make your morning coffee



Go to bed at night

...and inject Tresiba® just before or after you do it.

If you forget or mistime a dose, take your insulin as soon as you remember, keeping in mind there should be **at least 8 hours** between your doses.

Keep Tresiba® close by

Once you start using a pen, it can be kept at room temperature (up to 30°C) for up to 8 weeks if needed.



You can carry it with you or keep it somewhere that works for you, such as on your bedside table or in your bathroom cabinet.

Unused pens should be kept in the refrigerator (2°C to 8°C).

Can you get low blood sugar when taking Tresiba®?

As with any insulin, there is a chance that your blood sugar may get too low (<4 mmol/L) when you take Tresiba®. This is called hypoglycemia, and it happens when you either have too much insulin or not enough sugar in your body. It may also happen if you drink alcohol, exercise more than usual, eat too little or miss a meal.

To help reduce the risk of getting low blood sugar, it is important to take your insulin as instructed by your diabetes healthcare team, and let them know if you want to change your diet or exercise routine.

Questions you may have

How do you know if you have low blood sugar?

Everyone reacts differently to low blood sugar, warning signs may include:

- Headache
- Slurred speech
- Fast heartbeat
- Cold sweat
- Cool, pale skin
- Feeling sick and/or very hungry
- Trembling
- Feeling nervous or worried
- Feeling unusually tired, weak and sleepy
- Feeling confused
- Difficulty concentrating
- Vision changes

It is also important to make sure that anyone you regularly spend time with (e.g., family, friends or colleagues) knows about these warning signs. This is because they may be able to spot changes in your behaviour or appearance before you do.

What should you do if you get low blood sugar?

If you have any of the symptoms on the previous page, you should take actions to increase your blood sugar level immediately:



1. Check your blood sugar (if possible; if not, treat your symptoms anyways)



2. Eat or drink 15 grams of a fast-acting carbohydrate, such as:

- 15 g of glucose in the form of glucose tablets
- 15 mL (1 tablespoon) or 3 packets of sugar dissolved in water
- 150 mL (2/3 cup) of juice or regular soft drink
- 6 LifeSavers® (1 = 2.5 g carbohydrate)
- 15 mL (1 tablespoon) of honey



3. Wait 15 minutes, then check your blood sugar again. If it is still below 4 mmol/L:

- Treat again; wait 15 minutes, check your blood sugar
- Continue these steps until your blood sugar is above 4 mmol/L



4. When your blood sugar is above 4 mmol/L:

- If your next meal is more than 1 hour away, or you are going to be active, eat a snack with 15 g of carbohydrate and a protein source (e.g., half a sandwich or cheese and crackers)
- Wait 40 minutes after treating low blood sugar before driving

You may be able to manage your low blood sugar yourself. However, you should always carry a diabetes ID card with you, or wear a MedicAlert® bracelet, so people know what to do if you are unable to. Always tell your doctor if you experience low blood sugar.

If you experience a medication error or **any** side effects, including low blood sugar, talk to your doctor.

Tips to help manage your Tresiba® treatment

It is important to think of Tresiba®, and any other diabetes medicine that you take, as pieces that work together to help you manage your diabetes. In addition to taking your medicines as recommended, try the following:



Track your blood sugar levels

Measure your blood sugar levels regularly and record it in your **monitoring diary**. That way, you and your doctor will know how you are doing against your blood sugar target.

Make healthy food choices

Portion control can be a good way to manage your weight, and losing just a few pounds may help you better manage your diabetes and health.



Stay active

Find simple ways to exercise during your daily routine.

Gain support

Your diabetes healthcare team will want to help you manage your diabetes treatment in the best way you can, so talk to them. Let them know if you have any worries or concerns, or if you just want some advice.



Your Tresiba® diary

You should keep track of your blood sugar over time. This will help you know if Tresiba® is working, and if you are on an appropriate dose.

It is important that you also track that you are taking Tresiba® as prescribed.

This diary is divided into the following sections:

- Tresiba® and your blood sugar
 - Titration Diary
 - Monitoring Diary
- Your lifestyle

Take this diary to appointments with your doctor and/or nurse to help show them how you are doing.



From day 1:

Tresiba[®] and your blood sugar

Over time, you may need to change your Tresiba[®] dose to help manage your blood sugar.

Every time you titrate, you should measure your blood sugar before breakfast and record it in the **titration diary**.

You can then use these measurements to make changes to your Tresiba[®] dose if needed.

Use the titration diary to record any dose changes.

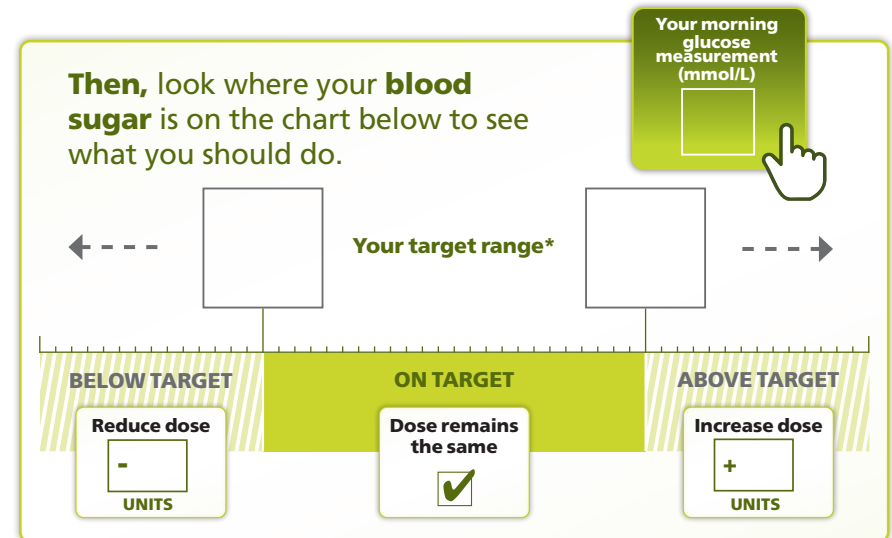
On other days, when you measure your blood sugar, you should record it in the **monitoring diary**.

Make sure you speak to your diabetes healthcare team before you make any changes to your dose.

Example of starting Tresiba[®] for type 2 diabetes:

Making changes to your Tresiba[®] dose once a week

First, take your pre-breakfast glucose measurement.



Many people will have similar glucose targets, but the number of Units of insulin to get to the same target will vary. When titrating insulin, focus on **your glucose measurement** rather than the number of Units you are taking.

This information does not replace the advice of your diabetes healthcare team. Please contact them if you have any questions or concerns.

* Your diabetes healthcare team will talk to you about your target range, frequency of titration and the number of Units.

Tresiba® and your blood sugar:

Your titration diary

Your starting dose:

Units

Date	Titration day morning glucose (mmol/L)	Dose adjustment (+ ___Units, - ___Units or maintain dose)	New dose (Units)

Tresiba® and your blood sugar:

Your monitoring diary

On days when you are not titrating your dose but choose to check your blood sugar, record your glucose measurement here.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

You may also want to consider recording the time you took your injection to ensure you are taking your medication as prescribed.

If you miss or are delayed in taking your dose of Tresiba®:

- Take your dose as soon as you remember and then continue with your regular dosing schedule.
- Make sure there are **at least 8 hours** between your doses.

Notes:

From week 1:

Your lifestyle

As well as tracking your blood sugar, it is important to consider other aspects of your life. Write down any changes in your diet, exercise, how you feel or anything else you would like to talk to your diabetes healthcare team about.

Diet

Exercise

How you feel on Tresiba®

Your diabetes healthcare team will be interested to see how you are doing, so make sure you take this diary with you to every appointment.

Additional notes

Additional resource

Diabetes Canada | www.diabetes.ca

Important contacts

Your doctor: _____

Address: _____

Telephone: _____

Your hospital/clinic: _____

Address: _____

Telephone: _____

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TRESIBA[®]
insulin degludec injection

Tresiba®



An ultra-long-acting insulin to help you control your blood sugar level

You and your doctor have decided it's time to start taking Tresiba®. This instruction sheet will help you get started.

Starting Tresiba® for type 2 diabetes

I will take ownership of my diabetes treatment and:

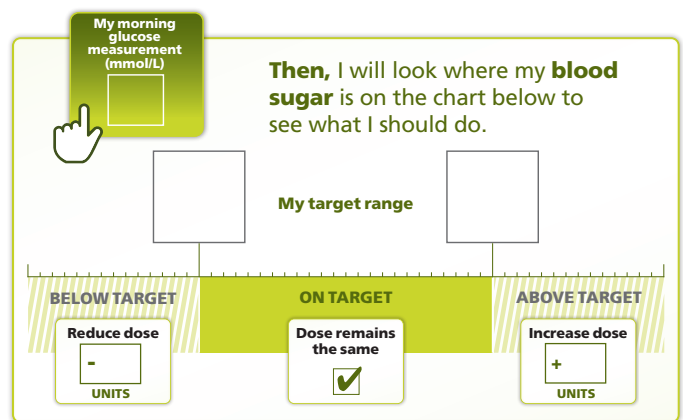
1. **Start** Tresiba® at ____ Units.
2. **Inject** Tresiba® at any time of day **every day** (e.g., when I brush my teeth before bed): _____.
3. **Change** the place within the area where I inject, **each day**, to reduce the risk of developing lumps and skin pitting.
4. If I miss or am delayed in taking my dose of Tresiba®, I will take my dose **as soon as I remember**, making sure there are **at least 8 hours between my doses** and then continue with my regular dosing schedule.
5. **Test** my blood sugar as recommended by my healthcare provider and **share** with my healthcare team at my next appointment.
6. Work towards my **blood sugar target** by **adjusting my dose** as described here.
7. Follow these instructions for my other diabetes medications:

Adjusting my dose

For example:

Making changes to my Tresiba® dose

First, I will take my pre-breakfast glucose measurement.



I have agreed with my healthcare provider to make insulin adjustments every (circle day[s] of the week) if needed:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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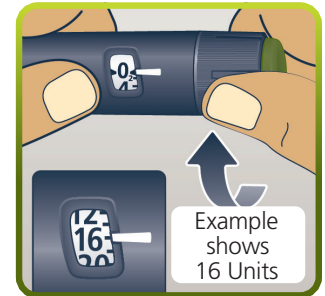
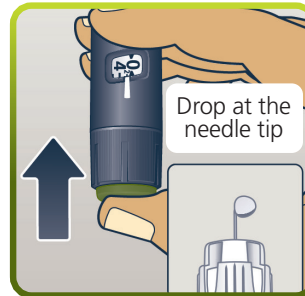
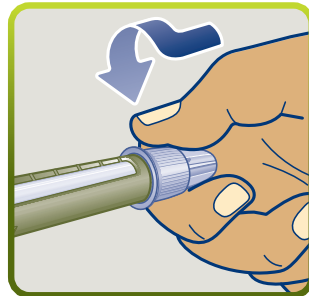
My current A1C is: _____%

My A1C target is: _____%

My next A1C test date is: _____

Notes from my healthcare provider:

How to use your Tresiba® FlexTouch® pen



1. Check your pen

- Check the name, colour and strength of your pen
- Remove the pen cap
- Check that the insulin in the pen is clear and colourless

2. Attach a new needle

- Take a new needle and tear off the paper tab
- Push the needle straight onto the pen. Twist until it is on tight
- Remove the two needle caps and keep the outer one for later

Remember: The dose selector of the FlexTouch® 200 Units/mL pen increases in 2-Unit increments (counting by 2, e.g., 2, 4, 6) and has a maximum dose of 160 Units per injection.

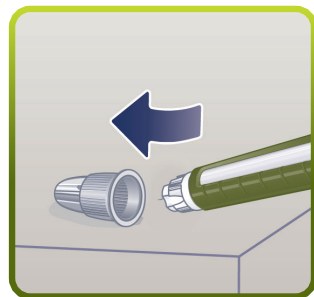
3. Always check the flow

- Turn the dose selector to select 2 Units
- Hold the pen with the needle pointing up. **Tap the top of the pen gently** a few times to let any air bubbles rise to the top
- Press the dose button until the dose counter returns to 0
- **Make sure that a drop of insulin 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
- If the drop of insulin does not appear, repeat this step up to 6 times

4. Select your dose

- Make sure the dose counter shows 0
- The dose counter shows the dose in Units
- Always use the dose recommended by your doctor
- Turn the dose selector until the dose counter shows the dose you need
- Do not count pen clicks to select the dose
- The dose counter shows the number of Units, regardless of strength, and no dose re-calculation should be done if you are using the FlexTouch® 200 Units/mL pen or the FlexTouch® 100 Units/mL pen

Listen for the click
FlexTouch® has an end-of-dose click that tells you when your dose has been delivered.



5. Inject your dose

- Insert the needle into the skin, making sure you can see the dose counter
- Press and hold down the dose button until the dose counter shows 0. 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
- Keep the needle in the skin and count slowly to 6
- Take the needle out of the skin by pulling the pen straight out

6. Remove the needle

- Place the outer needle cap on a flat surface
- Without touching the needle or the cap, carefully slip the needle into the outer cap
- Once the needle is covered, carefully push the outer needle cap completely on
- Unscrew the needle and dispose of it carefully
- Put the pen cap back on

Tresiba® is also available in a FlexTouch® pen that contains 100 Units/mL, increases by 1-Unit increments (counting by 1, e.g., 1, 2, 3) and has a maximum dose of 80 Units per injection.

Please see the administration steps outlined in the Tresiba® Patient Medication Information for additional information.

What you need to know about hypoglycemia (low blood sugar)

Treatment of diabetes with insulin can sometimes lead to hypoglycemia. Symptoms of hypoglycemia can include headache, slurred speech, fast heartbeat, cold sweat, cool, pale skin, feeling sick and/or very hungry, trembling, feeling nervous or worried, feeling unusually tired, weak or sleepy, feeling confused, difficulty concentrating and vision changes. Measuring your blood sugar regularly will tell you if your blood glucose is too high or too low. When your blood glucose falls below your target range (for most people, this is usually about 4 mmol/L), this is called "hypoglycemia". Hypoglycemia can happen quickly, so it is important to treat it right away. If your blood glucose drops very low, you may lose consciousness and need help from another person. Very serious low blood sugar can cause brain damage and death.

What should I do if I think I have hypoglycemia?

Diabetes Canada suggests treating mild to moderate hypoglycemia with 15 g of fast-acting carbohydrate. For example:

- 15 g of glucose in the form of glucose tablets
- 15 mL (1 tablespoon) or 3 packets of sugar dissolved in water
- 150 mL (2/3 cup) of juice or regular soft drink
- 6 LifeSavers® (1 = 2.5 g carbohydrate)
- 15 mL (1 tablespoon) of honey

After about 15 minutes, check your blood glucose. If it is still below 4 mmol/L:

- Treat again; wait 15 minutes, check your blood sugar

- Continue these steps until your blood sugar is above 4 mmol/L

When your blood sugar is above 4 mmol/L:

- If your next meal is more than 1 hour away, or you are going to be active, eat a snack with 15 g of carbohydrate and a protein source (e.g., half a sandwich or cheese and crackers)
- Wait 40 minutes after treating low blood sugar before driving

DO NOT TAKE ANY INSULIN IF YOU ARE EXPERIENCING OR THINK YOU MAY BE EXPERIENCING HYPOGLYCEMIA.



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