

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:

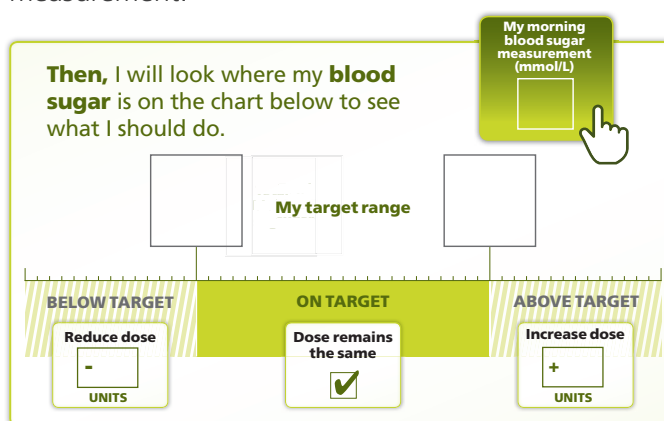
-  **1. Start** Tresiba® at ____ Units.
-  **2. Inject** Tresiba® at the same time **every day** (e.g., when I brush my teeth before bed): _____.
-  **3. Change** the place within the area where I inject, **each day**, to reduce the risk of developing lumps and skin pitting.
-  If I miss or am delayed 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 **record** my results in my blood sugar diary to **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 (fasting) blood sugar measurement.



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

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

My A1C target is: ____%

My next A1C test date is: _____

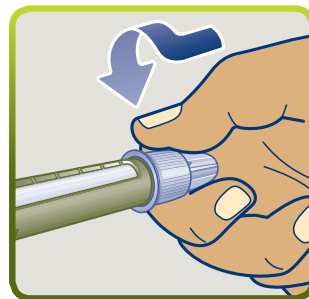
Notes from my healthcare provider:

How to use your Tresiba® FlexTouch® pen



1. Check your pen

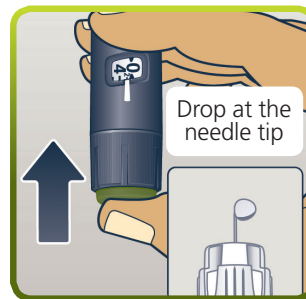
- Check the name, colour and strength of your pen
- Remove the pen cap



2. Attach a new needle

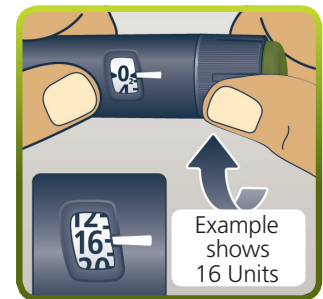
- Take a new needle and tear off the paper tab
- Push the needle straight onto the pen. Twist until it is on tight
- Remove the two needle caps and keep the outer one for later

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



4. Select your dose

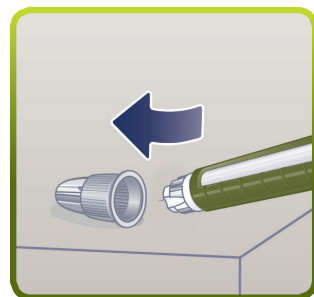
- Make sure the dose counter shows 0
- Turn the dose selector until the dose counter shows the dose you need
- Always use the dose recommended by your doctor
- Do not count pen clicks to select the dose
- Hold the dose button down until the dose counter returns to 0 after the injection. If the dose counter stops before it returns to 0, **the full dose has not been delivered**, which may result in too high blood sugar level
- The dose counter shows the number of Units, regardless of strength, and no dose recalculation 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:

- 6 Life Savers® (1 = 2.5 g of carbohydrate)
- 1 tbsp (15 mL) of honey
- 15 g of glucose in the form of glucose tablets (preferred choice)
- 3 tsp (15 mL) or 3 packets of sugar dissolved in water
- ¾ cup (175 mL) of juice or regular pop

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

- **Treat again**
- *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)*
- *Do not drive for 45–60 minutes*

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