INSULIN-CONTAINING PRODUCTS FROM NOVO NORDISK

Please see the following pages for Tresiba[®]. Xultophy[®] 100/3.6, and Fiasp[®] Dosing, Storage, and Savings Information.



GLP-1 RA=glucagon-like peptide-1 receptor agonist.

Tresiba[®] Indications and Usage

Tresiba® (insulin degludec injection) is indicated to improve glycemic control in patients 1 year of age and older with diabetes mellitus.

Limitations of Use

Tresiba® is not recommended for treating diabetic ketoacidosis.

Tresiba[®] Important Safety Information

Contraindications

 Tresiba[®] is contraindicated during episodes of hypoglycemia and in patients with hypersensitivity to Tresiba[®] or one of its excipients

Xultophy® 100/3.6 Indications and Limitations of Use

Xultophy® 100/3.6 (insulin degludec and liraglutide injection) 100 units/mL and 3.6 mg/mL is a combination of insulin degludec and liraglutide and is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

- Xultophy[®] 100/3.6 is not recommended as first-line therapy for patients who have inadequate glycemic control on diet and exercise.
- Xultophy[®] 100/3.6 is not recommended for use in combination with any other product containing liraglutide or another GLP-1 receptor agonist (GLP-1 RA).
- Xultophy[®] 100/3.6 is not indicated for use in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.
- Xultophy[®] 100/3.6 has not been studied in combination with prandial insulin.

Xultophy[®] 100/3.6 Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS Liraglutide, one of the components of Xultophy[®] 100/3.6, causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether Xultophy® 100/3.6 causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined.

• Xultophy[®] 100/3.6 is contraindicated in patients with a personal or family history of MTC and in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Xultophy® 100/3.6 and inform them of symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Xultophy® 100/3.6.

Fiasp[®] Indications and Usage

100 units/mL: total of

NDC: 0169-2662-11

1000 units/vial; 1 vial/pack¹

Fiasp® (insulin aspart injection) 100 U/mL is a rapid-acting insulin analog indicated to improve alvcemic control in adult and pediatric patients with diabetes mellitus.

Approved for use in pumps³

Refer to the insulin infusion pump user manual

to see if Fiasp[®] can be used. Use in accordance with the insulin pump's Instructions for Use.

Fiasp[®] Important Safety Information

Contraindications

• Fiasp[®] is contraindicated during episodes of hypoglycemia and in patients hypersensitive to Fiasp[®] or one of its excipients.



Click here for Prescribing Information for Tresiba®. Click here for Prescribing Information, including Boxed Warning, for Xultophy® 100/3.6. Click here for Prescribing Information for Fiasp®. Please see additional Important Safety Information for Tresiba®, Xultophy® 100/3.6, and Fiasp® throughout.

PRANDIAL

Flasp[®] insulin aspart injection 100 units/mL

NDC: 0169-3204-15

300 units/pen; 5-cartridge pack³ NDC: 0169-3205-15

NDC: 0169-3201-11

| | | INDICATION | MAX DOSE PER INJECTION | STARTING DOSE |
|----------------|---|---|--|--|
| BASAL | insulin degludec injection 100 U/mL, 200 U/mL | A long-acting human insulin analog indicated to improve glycemic control in patients 1 year of age and older with diabetes mellitus. ¹ | U-100 pen: 80 units; 1-unit dose increments U-200 pen: 160 units; 2-unit increments U-100 vial: N/A; allows for half-unit dosing | T1D insulin naïve ¹ : Approximately one-third to one-half of the total daily insulin dose T2D insulin naïve ¹ : 10 units QD |
| BASAL/GLP-1 RA | Xuitophy * 100/3.6 insulin degludec & liraglutide injection 100 units/mL & 3.6 mg/mL | A combination of insulin degludec, a long-acting human insulin analog, and liraglutide, a GLP-1 RA, indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. ² | 50 units; 1-unit dose increments | Naïve to basal insulin or a GLP-1 RA ² : 10 units QD |
| PRANDIAL | Fiasp [®] insulin aspart injection 100 units/mL | A rapid-acting human insulin analog indicated to improve glycemic control in adult and pediatric patients with diabetes mellitus. ³ | 3-mL pen: 80 units; 1-unit dose increments 3-mL PenFill[®]: N/A; allows for half-unit dosing U-100 vial: N/A; allows for half-unit dosing PenFill[®] cartridges are designed for use with Novo Nordisk insulin delivery devices | Individualize dosage based on patients' metabolic needs, blood glucose monitoring results, and glycemic control goal ³ Administer at the start of the meal OR within 20 minutes after starting a meal |

T1D=type 1 diabetes; T2D=type 2 diabetes; QD=once daily. **Tresiba® Important Safety Information (cont'd)**

Warnings and Precautions

- Never Share a Tresiba[®] FlexTouch[®] Pen, Needle, or Syringe Between Patients, even if the needle is changed. Patients using Tresiba[®] vials should never share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens
- Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen: Changes in an insulin regimen (e.g., insulin strength, manufacturer, type, or injection site or method of administration) may affect glycemic control and predispose to hypoglycemia or hyperglycemia. Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis have been reported to result in hyperglycemia; and a sudden change in the injection site (to an unaffected area) has been reported to result in hypoglycemia. Make any changes to a patient's insulin regimen under close medical supervision with increased frequency of blood glucose monitoring. Advise patients who have repeatedly injected into areas of lipodystrophy or localized cutaneous amyloidosis to change the injection site to unaffected areas and closely monitor for hypoglycemia. Adjustments in concomitant anti-diabetic treatment may be needed.

<u>Click here</u> for Prescribing Information for Tresiba[®]. <u>Click here</u> for Prescribing Information, including Boxed Warning, for Xultophy[®] 100/3.6. <u>Click here</u> for Prescribing Information for Fiasp[®]. Please see additional Important Safety Information for Tresiba[®], Xultophy[®] 100/3.6, and Fiasp[®] throughout.

Xultophy[®] 100/3.6 Important Safety Information (cont'd)

Contraindications

 Xultophy[®] 100/3.6 is contraindicated during episodes of hypoglycemia and in patients with hypersensitivity to Xultophy[®] 100/3.6, either of the active substances, or any of its excipients. Serious hypersensitivity reactions including anaphylactic reactions and angioedema have been reported with liraglutide, one of the components of Xultophy[®] 100/3.6.

Warnings and Precautions

• Risk of Thyroid C-cell Tumors: If serum calcitonin is measured and found to be elevated or thyroid nodules are noted on physical examination or neck imaging, the patient should be further evaluated.

Fiasp® Important Safety Information (cont'd)

Warnings and Precautions

- Never share a Fiasp[®] FlexTouch[®] Pen, PenFill[®] cartridge or PenFill[®] cartridge device between patients, even if the needle is changed. Patients using Fiasp[®] vials must never share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens.
- Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen: Changes in an insulin regimen (e.g., insulin strength, manufacturer, type, injection site or method of administration) may affect glycemic control and predispose to hypoglycemia or hyperglycemia. Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis have been reported to result in hyperglycemia; and a sudden change in the injection site (to an unaffected area) has been reported to result in hypoglycemia. Make any changes to a patient's insulin regimen under close medical supervision with increased frequency of blood glucose monitoring. Advise patients who have repeatedly injected into areas of lipodystrophy or localized cutaneous amyloidosis to change the injection site to unaffected areas and closely monitor for hypoglycemia. Adjustments in concomitant anti-diabetic treatment may be needed.



2

| | | DOSING CONVERSION | STORAGE | SAVINGS CARD INFORMATION ^{a,b} |
|----------------|--|---|---|--|
| BASAL | insulin degludec injection 100 U/mL, 200 U/mL | Adults with T1D or T2D ¹ : 1:1 conversion Pediatric patients (≥1 year) with T1D or T2D ¹ : 80% of the total daily long- or intermediate-acting insulin unit dose | Unopened¹: Refrigerate (36°F-46°F) until expiration date or store at room temperature (<86°F) for 8 weeks Opened¹: Refrigerate (36°F-46°F) or store at room temperature (<86°F) for 8 weeks | Eligible patients pay as little as \$5 per 30-day supply for up to 24 months (Maximum savings of \$150 per 30-day supply.) |
| BASAL/GLP-1 RA | Xuitophy ® 100/3.6 insulin degludec & liraglutide injection 100 units/mL & 3.6 mg/mL | Currently on basal insulin or a GLP-1 RA: Discontinue therapy with basal insulin or liraglutide prior to initiation of Xultophy® 100/3.6 ² Recommended starting dose ² : 16 units | Prior to first use²: Refrigerate (36°F-46°F) until expiration date After first use²: Refrigerate (36°F-46°F) or store at room temperature (59°F-86°F) for 21 days | Eligible patients pay as little as \$1 per day for up to 2 years (Maximum monthly savings of \$400. Up to 24 months.) |
| PRANDIAL | Fiasp [®] insulin aspart injection 100 units/mL | 1:1 conversion from other mealtime insulins ³ | Unopened ³ : Refrigerate (36°F-46°F) until expiration date or store at room temperature (<86°F) for 28 days Opened ³ : Refrigerate (36°F-46°F) or store at room temperature (<86°F) for 28 days Once opened, DO NOT refrigerate PenFill [®] cartridges | Eligible patients pay as little as \$25 per 30-day supply up to 2 years (Maximum savings up to \$100 per 30-day supply.) |

^aNeedles are sold separately and may require a prescription in some states. ^bEligibility and other restrictions apply. See page 6 for details.

Tresiba® Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Hypoglycemia is the most common adverse reaction of insulin, including Tresiba[®], and may be life-threatening. Increase monitoring with changes to: insulin dose, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with hypoglycemia unawareness or renal or hepatic impairment
- Accidental mix-ups between basal insulin products and other insulins, particularly rapid-acting insulins, have been reported. To avoid medication errors, always instruct patients to check the insulin label before each injection
- Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including Tresiba[®]

Xultophy[®] 100/3.6 Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Pancreatitis: Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with liraglutide postmarketing. Observe patients carefully for signs and symptoms of pancreatitis (persistent severe abdominal pain, sometimes radiating to the back with or without vomiting). If pancreatitis is suspected, discontinue Xultophy® 100/3.6 promptly and if pancreatitis is confirmed, do not restart. Liraglutide, one of the components of Xultophy® 100/3.6, has been studied in a limited number of patients with a history of pancreatitis. It is unknown if patients with a history of pancreatitis are at a higher risk for development of pancreatitis on liraglutide.
- Never Share a Xultophy[®] 100/3.6 Pen Between Patients, even if the needle is changed. Sharing of the pen poses a risk for transmission of blood-borne pathogens.

Fiasp[®] Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Hypoglycemia is the most common adverse reaction of insulin, including Fiasp[®], and may be life-threatening. Increase glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal impairment or hepatic impairment or hypoglycemia unawareness.
- To avoid medication errors and accidental mix-ups between Fiasp® and other insulin products, instruct patients to always check the insulin label before injection.
- As with all insulins, Fiasp[®] use can lead to life-threatening hypokalemia, which then may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia and treat if indicated.
- Severe, life-threatening, generalized allergy, including anaphylaxis, may occur with insulin products, including Fiasp[®].



3

<u>Click here</u> for Prescribing Information for Tresiba[®]. <u>Click here</u> for Prescribing Information, including Boxed Warning, for Xultophy[®] 100/3.6. <u>Click here</u> for Prescribing Information for Fiasp[®]. Please see additional Important Safety Information for Tresiba[®], Xultophy[®] 100/3.6, and Fiasp[®] throughout.

OTHER INSULIN PRODUCTS FROM NOVO NORDISK⁴⁻¹⁰



 $\underline{\textbf{Click here}}_{NovoLog^{\textcircled{M}}} \text{ for Prescribing Information for } NovoLog^{\textcircled{M}}.$

10 mL multiple-dose vial NDC: 0169-7501-11 3 mL single-patient-use PenFill® cartridges NDC: 0169-3303-12 3 mL single-patient-use NovoLog® FlexPen® NDC: 0169-6339-10

Novolin® (isophane insulin human suspension)

100 U/mL

 $\underline{\textbf{Click here}}_{Novolin[®] N.}$ for Prescribing Information for

10 mL vial NDC: 0169-1834-11 ReliOn® brand NDC: 0169-1834-02 3 mL FlexPen® NDC: 0169-3004-15 ReliOn® brand NDC: 0169-3004-25



<u>Click here</u> for Prescribing Information for NovoLog[®] Mix 70/30.

10 mL multiple-dose vial NDC: 0169-3685-12 3 mL single-patient-use NovoLog® MIX 70/30 FlexPen® NDC: 0169-3696-19



Click here for Prescribing Information for Novolin® R.

10 mL vial NDC: 0169-1833-11 ReliOn® brand NDC: 0169-1833-02 3 mL FlexPen® NDC: 0169-3003-15 ReliOn® brand NDC: 0169-3003-25

Levemir[®] insulin detemir injection 100 Units/mL

<u>Click here</u> for Prescribing Information for Levemir[®].

Novolin® 70/30 (human insulin isophane suspension and human insulin injection) 100 U/mL

<u>Click here</u> for Prescribing Information for Novolin[®] 70/30.

3 mL single-patient-use Levemir® FlexTouch® NDC: 0169-6438-10 10 mL multiple-dose vial NDC: 0169-3687-12

10 mL vial NDC: 0169-1837-11

ReliOn[®] brand NDC: 0169-1837-02

3 mL FlexPen® NDC: 0169-3007-15

ReliOn[®] brand NDC: 0169-3007-25

GlucaGen

(glucagon) for injection 1 mg/mL Click here for Prescribing Information for

GlucaGen[®].

GlucaGen® HypoKit® NDC: 0169-7065-15 Includes: 1 single-dose vial containing 1 mg GlucaGen® (glucagon) for injection (NDC: 0169-7065-15), 1 disposable syringe containing

1 mL Sterile Water for Reconstitution GlucaGen® Diagnostic Kit NDC: 0597-0260-10 Includes: 1 single-dose vial containing 1 mg GlucaGen® (glucagon)

Includes: 1 single-dose vial containing 1 mg GlucaGen[®] (glucagon, for injection (NDC: 0597-0053-01), 1 vial containing 1 mL Sterile Water for Reconstitution (NDC: 0597-0265-94)

GlucaGen® 10-pack NDC: 0597-0053-45 Includes: 10 single-dose vials, each containing 1 mg GlucaGen® (glucagon) for injection

<u>Click here</u> for Prescribing Information for Tresiba[®]. <u>Click here</u> for Prescribing Information, including Boxed Warning, for Xultophy[®] 100/3.6. <u>Click here</u> for Prescribing Information for Fiasp[®]. Please see additional Important Safety Information for Tresiba[®], Xultophy[®] 100/3.6, and Fiasp[®] throughout.



Tresiba® Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- As with all insulins, Tresiba[®] use can lead to life-threatening hypokalemia, which then may cause respiratory paralysis, ventricular
 arrhythmia, and death. Closely monitor potassium levels in patients at risk of hypokalemia and treat if indicated
- Fluid retention and heart failure can occur with concomitant use of thiazolidinediones (TZDs), which are PPAR-gamma agonists, and insulin, including Tresiba®. Patients should be observed for signs and symptoms of heart failure. If heart failure occurs, dosage reduction or discontinuation of the TZD must be considered

Adverse Reactions

 Adverse reactions commonly associated with Tresiba[®] are hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, rash, edema, and weight gain

Drug Interactions

- There are certain drugs that may cause clinically significant drug interactions with Tresiba®.
- <u>Drugs that may increase the risk of hypoglycemia</u>: antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, disopyramide, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics, GLP-1 receptor agonists, DPP-4 inhibitors, and SGLT-2 inhibitors
- <u>Drugs that may decrease the blood glucose lowering effect</u>: atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones
- <u>Drugs that may increase or decrease the blood glucose lowering effect</u>: alcohol, beta-blockers, clonidine, lithium salts, and pentamidine
- Drugs that may blunt the signs and symptoms of hypoglycemia: beta-blockers, clonidine, guanethidine, and reserpine

Xultophy® 100/3.6 Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen: Changes in an insulin regimen (e.g., insulin
 strength, manufacturer, type, or injection site or method of administration) may affect glycemic control and predispose to
 hypoglycemia or hyperglycemia. Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis have
 been reported to result in hyperglycemia; and a sudden change in the injection site (to an unaffected area) has been reported
 to result in hypoglycemia. Make any changes to a patient's insulin regimen under close medical supervision with increased
 frequency of blood glucose monitoring. Advise patients who have repeatedly injected into areas of lipodystrophy or localized
 cutaneous amyloidosis to change the injection site to unaffected areas and closely monitor for hypoglycemia. Adjustments in
 concomitant anti-diabetic treatment may be needed.
- Overdose Due to Medication Errors: Instruct patients to check the label before each injection since accidental mix-ups with insulin containing products can occur. Do not administer more than 50 units of Xultophy[®] 100/3.6 daily. Do not exceed the 1.8 mg maximum recommended dose of liraglutide or use with other GLP-1 RAs.
- Hypoglycemia: Hypoglycemia is the most common adverse reaction of insulin-containing products, including Xultophy[®] 100/3.6, and may be life-threatening. Increase monitoring with changes to: dose, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with hypoglycemia unawareness or renal or hepatic impairment.
- Acute Kidney Injury: Acute renal failure and worsening of chronic renal failure, which may sometimes require hemodialysis, have been reported postmarketing for liraglutide, usually in association with nausea, vomiting, diarrhea, or dehydration. Advise patients of the potential risk of dehydration due to gastrointestinal adverse reactions and take precautions to avoid fluid depletion.
- Hypersensitivity and Allergic Reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, angioedema, bronchospasm, hypotension, and shock can occur. If a hypersensitivity reaction occurs, discontinue and treat per standard of care. Anaphylaxis and angioedema have been reported with other GLP-1 RAs. Use caution in a patient with a history of anaphylaxis or angioedema with other GLP-1 RAs because it is unknown whether such patients will be predisposed to these reactions with Xultophy[®] 100/3.6.
- Acute Gallbladder Disease: In a cardiovascular outcomes trial (LEADER trial) 3.1% of patients treated with liraglutide, one
 of the components of Xultophy[®] 100/3.6, versus 1.9% of placebo treated patients reported an acute event of gallbladder
 disease, such as cholelithiasis or cholecystitis. The majority of events required hospitalization or cholecystectomy. If cholelithiasis
 is suspected, gallbladder studies and appropriate clinical follow-up are indicated.

Click here for Prescribing Information for Tresiba®.

<u>Click here</u> for Prescribing Information, including Boxed Warning, for Xultophy[®] 100/3.6. <u>Click here</u> for Prescribing Information for Fiasp[®]. Please see additional Important Safety Information for Tresiba[®], Xultophy[®] 100/3.6, and Fiasp[®] throughout.

Xultophy® 100/3.6 Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Hypokalemia: All insulin containing products, including Xultophy® 100/3.6 can lead to life-threatening hypokalemia, which may then cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia and treat if indicated.
- Fluid Retention and Congestive Heart Failure: Patients using insulin containing products, including Xultophy[®] 100/3.6, with thiazolidinediones (TZDs) should be observed for signs and symptoms of heart failure. If heart failure develops, dosage reduction or discontinuation of the TZD must be considered.

Adverse Reactions

 The most common adverse reactions, reported in ≥5% of patients treated with Xultophy[®] 100/3.6 are nasopharyngitis, headache, nausea, diarrhea, increased lipase and upper respiratory tract infection.

Drug Interactions

- Certain drugs may affect glucose metabolism, requiring dose adjustment and close monitoring of blood glucose. The signs and symptoms of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine).
- Liraglutide-containing products, including Xultophy[®] 100/3.6, cause a delay of gastric emptying, and thereby have the potential to impact the absorption of concomitantly administered oral medications. Caution should be exercised when oral medications are concomitantly administered with liraglutide-containing products.

Use in Specific Populations

• Xultophy[®] 100/3.6 should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Fiasp® Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

- Fluid retention and heart failure can occur with concomitant use of thiazolidinediones (TZDs), which are PPAR-gamma agonists, and insulin, including Fiasp[®]. Patients should be observed for signs and symptoms of heart failure. If heart failure occurs, dosage reduction or discontinuation of the TZD must be considered.
- Pump or infusion set malfunctions can lead to a rapid onset of hyperglycemia and ketoacidosis. Prompt identification and
 correction of the cause of hyperglycemia or ketosis is necessary. Interim therapy with subcutaneous injection of Fiasp® may
 be required. Patients using continuous subcutaneous insulin infusion pump therapy must be trained to administer insulin by
 injection and have alternate insulin therapy available in case of pump failure.

Adverse Reactions

 Adverse reactions observed with Fiasp[®] include hypoglycemia, allergic reactions, hypersensitivity, injection site reactions, lipodystrophy, and weight gain.

Use in Specific Populations

- Pediatric patients with type 1 diabetes treated with mealtime and postmeal Fiasp[®] reported a higher rate of blood glucose confirmed hypoglycemic episodes compared to patients treated with NovoLog[®] (insulin aspart injection); the imbalance was greater during the nocturnal period. Monitor blood glucose levels closely in pediatric patients.
- Like all insulins, Fiasp® requirements may be reduced in patients with renal impairment or hepatic impairment. These patients may require more frequent blood glucose monitoring and dose adjustments.



NOVO NORDISK SAVINGS CARD

Eligibility and Restrictions:

In order to redeem this offer patient must have a valid prescription for the brand being filled. A valid Prescriber ID# is required on the prescription. Patient is not eligible if he/she participates in or seeks reimbursement or submits a claim for reimbursement to any federal or state healthcare program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state health care program (each a Government Program), or where prohibited by law. Patient must be enrolled in, and must seek reimbursement from or submit a claim for reimbursement to, a commercial insurance plan. The brand and the prescription being filled must be covered by the patient's commercial insurance plan. Offer excludes full cash-paying patients. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described herein and will not seek reimbursement for any benefit received through this card. Novo Nordisk's Eligibility and Restrictions, and Offer Details may change from time to time, and for the most recent version, please visit <u>http://www.novocare.com/eligibility/diabetes-savings-card.html</u>. Re-confirmation of information may be requested periodically to ensure accuracy of data and compliance with terms. Patients with questions about the Savings Card offer may call 1-877-304-6855.

This offer is valid in the United States and may be redeemed at participating retail pharmacies. Absent a change in Massachusetts law, effective January 1, 2020, the Savings Card will no longer be valid for residents of Massachusetts. Void where taxed, restricted, or prohibited by law. This offer is not transferable and is limited to one offer per person. Not valid if reproduced.

Cash Discount Cards and other non-insurance plans are not valid as primary insurance under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. This Savings Card cannot be combined with any coupon, certificate, voucher, or similar offer.

Patient is responsible for complying with any insurance carrier co-payment disclosure requirements, including disclosing any savings received from this program. It is illegal to (or offer to) sell, purchase, or trade this offer.

This program is managed by ConnectiveRx on behalf of Novo Nordisk. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

Offer Details:

This offer is good for eligible patients purchasing up to a 90-day supply.

(a) FIASP[®] (insulin aspart injection) 100 U/mL, NOVOLOG[®] (insulin aspart injection) 100 U/mL, NOVOLOG[®] MIX 70/30 (insulin aspart protamine and insulin aspart injectable suspension) 100 U/mL: Pay as little as ("PALA") \$25 per 30-day, \$50 per 60-day, or \$75 per 90-day supply for the first brand for up to 24 months from the date of Savings Card activation, subject to a maximum savings of \$100 per 30-day ("Savings Benefit"), \$200 per 60-day, or \$300 per 90-day supply.

(b) LEVEMIR[®] (insulin detemir injection) 100 U/mL: Pay as little as ("PALA") \$45 per 30-day, \$90 per 60-day, or \$135 per 90-day supply for the first brand for up to 24 months from the date of Savings Card activation, subject to a maximum savings of \$100 per 30-day ("Savings Benefit"), \$200 per 60-day, or \$300 per 90-day supply.

(c) **TRESIBA®** (insulin degludec injection) 100 U/mL or 200 U/mL: Pay as little as ("PALA") \$5 per 30-day, \$10 per 60-day, or \$15 per 90-day supply for up to 24 months from the date of Savings Card activation, subject to a maximum savings of \$150 per 30-day, \$300 per 60-day, or \$450 per 90-day supply.

(d) **XULTOPHY**[®] **100/3.6** (insulin degludec and liraglutide injection) **100** U/mL and **3.6** mg/mL: Pay as little as ("PALA") \$30 per 30-day, \$60 per 60-day, or \$90 per 90-day supply for up to 24 months from the date of Savings Card activation, subject to a maximum savings of \$400 per 30-day supply, \$800 per 60-day, or \$1,200 per 90-day supply.

Get one (1) free box of Novo Nordisk needles when you activate your Savings Card and enroll in the program. Limit 1 box of needles per person and maximum savings of \$60. Needles are sold separately, will need a prescription and need to be processed by a pharmacist. Needles must not be shared.

Pharmacist:

When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any Government Program for this prescription, or where prohibited by law. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the eligibility criteria, and terms and conditions described herein. You also certify that you will not seek reimbursement for any benefit received through this card.

Pharmacist instructions for a patient with an Eligible Third Party:

Submit the claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient is responsible initially for the PALA amount and the card pays up to the Savings Benefit. Offer excludes full cash-paying patients. Reimbursement will be received from CHANGE HEALTHCARE. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-433-4893.

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