

diabetes medicines

what are
your options?



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These Novo Nordisk patient education materials were developed using information from the following sources: American Association of Diabetes Educators, American Diabetes Association, and American Dietetic Association. These booklets do not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

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Our priorities: your health and well-being

At Novo Nordisk, we are committed to improving the lives of people with diabetes. Our top priorities are your health and well-being. We respect your varied lifestyles and needs. And we develop our treatments with those differences in mind.

Many people with diabetes need to take medicine to manage their blood sugar. This booklet will help you learn about the different types of medicines for treating diabetes. Be sure to discuss your personal diabetes care needs with your diabetes care team.

Did you know...?

The discovery of insulin in 1921 was one of the most important medical breakthroughs in modern times. All people with type 1 diabetes and many people with type 2 diabetes take insulin to replace the insulin they no longer make on their own.

Over the years, scientists have worked hard to develop many different types of medicines for type 1 and type 2 diabetes. These more recent medicines help people manage their diabetes.

"For 26 years, I have lived with this disease. Some days I get knocked down, but every single time I get up because I know tomorrow is another day."

— Nulcia M, Virgin Islands



How diabetes can affect the body

Diabetes affects the whole body. Let's start by discussing how it affects the pancreas. The pancreas is a large gland behind the stomach. Within the pancreas are beta cells.

- Beta cells make and release a hormone called *insulin*
- Beta cells help deliver insulin in the right amount at the right time to keep blood sugar levels normal

The cells in your body need sugar for energy. Sugar from food makes your blood sugar level go up. Insulin lowers your blood sugar level by helping sugar move from your blood into your cells.

When you eat, another hormone made in the gut helps the pancreas release the right amount of insulin to move sugar from the blood into the cells. This hormone is called *GLP-1*.

- GLP-1 stimulates the beta cells in the pancreas to release insulin when blood sugar is too high
- GLP-1 also helps lower the amount of sugar made by the liver

There is also a third hormone called *glucagon* that tells the liver to release stored sugar if your blood sugar gets too low or if you have not eaten for many hours, such as overnight.

In people with diabetes:

- The beta cells stop working and start to die off. Most people with type 2 diabetes have already lost half of their beta cell function by the time their diabetes is diagnosed
- As the number of beta cells goes down, the pancreas makes less and less insulin. This happens suddenly for people with type 1 diabetes. It happens over time for people with type 2 diabetes



In people with type 2 diabetes, several other things also may be wrong:

- The insulin that is made by the pancreas is not used efficiently by the cells in the body
- The beta cells need to make much more insulin than is made normally
- GLP-1 stops working normally, and not enough insulin is made by the pancreas
- The liver releases too much sugar at the wrong time, such as between meals or overnight

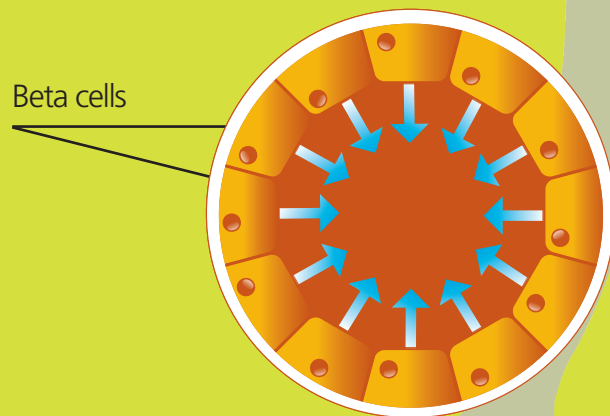
Having diabetes increases your risk for other health problems. Over time, high blood sugar levels (also called *hyperglycemia*) can harm many parts of the body, such as the eyes, kidneys, feet, skin, and nerves. But you can do a lot to prevent these problems or to slow them down.

Diabetes is NOT your fault!

Some people think that they have diabetes because of something they did or did not do. But diabetes is not anyone's fault. No one knows what causes it. Your eating and activity choices can play a role in your blood sugar control. But it's not the whole story.

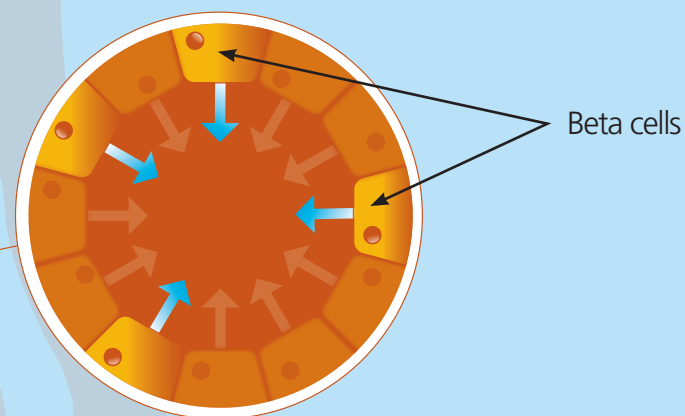
Without diabetes

In people without diabetes, beta cells in the pancreas make and release insulin to keep blood sugar levels normal.



With diabetes

In people with diabetes, the beta cells in the pancreas stop working and start to die off. The pancreas makes less insulin.



Type 2 diabetes and medicines

Many people with type 2 diabetes follow meal and physical activity plans to help manage their blood sugar. What you eat, how much you eat, and how active you are affect type 2 diabetes. The Novo Nordisk booklet *Diabetes and You* provides useful tips to help you stick to a healthy meal plan and keep active.

But following your meal plan and staying active often are not enough to keep your blood sugar in check. Medicine is almost always necessary. If your blood sugar levels are above your recommended goal range or your A1C is higher than desired with meal planning and physical activity alone, then you might need medicine for your diabetes.

Keep in mind

Taking diabetes medicines is just one of the things you need to do to meet your blood sugar goals. Healthy eating and physical activity are also important parts of your diabetes care plan.

There are many types of effective medicines to treat diabetes. Diabetes medicines help the body work better to keep blood sugar levels in the right range. It is hoped that some of the more recent medicines may help preserve beta cells.

The main types of diabetes medicines are:

- Pills taken by mouth
- Medicines taken by injections

Talk with your diabetes care team to find out which diabetes medicine is right for you. You can learn more about diabetes medicines at [Cornerstones4Care.com](https://www.cornerstones4care.com).

Diabetes pills (OADs)

There are many types of diabetes pills. These pills are also called *oral antidiabetic drugs*, or *OADs* for short. Diabetes pills work best when you also follow a meal plan and take part in regular physical activity. They work in different ways to lower blood sugar levels. Each medicine works in one or more of the following ways:

Some pills help the body release more insulin.

These pills (meglitinides and sulfonylureas) help the beta cells in the pancreas release insulin, resulting in a lowering of blood sugar. This helps keep blood sugar levels in the target range. These pills can be taken one or two times a day or before a meal.

Some pills reduce the amount of sugar the liver releases.

These pills (biguanides) can also help improve the body's ability to use insulin. They are usually taken two times a day with food.

Some pills help insulin work better in muscle and fat.

These pills (thiazolidinediones, or TZDs for short) improve the body's response to the insulin that it already makes. This means that more sugar leaves the blood and enters the muscles and fat cells, where it belongs. This helps lower blood sugar levels. These pills are taken once or twice a day.

Some pills slow the breakdown of food into sugar.

These pills (alpha-glucosidase inhibitors) help keep blood sugar from rising too high after a meal. They are taken at the start of each meal.

Depending on your treatment needs, you may need to take more than one of these medicines to control your diabetes as it progresses. The different types of medicines can work together to help lower blood sugar levels.

Diabetes pills do not work for everyone. Sometimes they do not bring blood sugar levels down low enough. Or they sometimes stop working after a few months or years. This may happen because of the loss of beta cells over time in people with type 2 diabetes.

If your diabetes pills stop working, it does not mean you have failed to control your diabetes. It simply means that your body has changed and needs a different type of treatment.

To learn more about diabetes pills, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).



Injectable diabetes medicines

In addition to diabetes pills, there are diabetes medicines that are taken by injection. Some of these are non-insulin injectable medicines, and some are insulin.

Some people worry that injections might be painful. But the needles used today are very small. Prefilled disposable pens can be used to inject those medicines. Prefilled pens provide a discreet way to take diabetes medicines.

Non-insulin injectable medicines

Non-insulin injectable medicines for people with type 2 diabetes:

- Are taken by using a special prefilled pen
- May be taken once a day, twice a day, or before each meal (depending on the medicine)

"I should have gone to injections as soon as it was suggested to me by my physician. If you are in fear, take my advice, try it."

— Michael A, Michigan

How do diabetes pills and non-insulin medicines taken by injection work to control blood sugar?

Make muscle cells more sensitive to insulin

Keep the liver from making too much sugar

Help decrease how much food you want to eat by making you feel full

Slow down digestion of food so after-meal blood sugar levels don't go so high

Help the pancreas release more insulin

Non-insulin injectable medicines work in one or more of the following ways:

- By acting like the hormone GLP-1. This helps manage blood sugar by helping beta cells release more insulin when blood sugar is high. The increased insulin lowers blood sugar levels
- By acting like natural amylin, a hormone that works with insulin to manage blood sugar
- By stopping the liver from releasing sugar into the blood when it is not needed
- By slowing the movement of food through the stomach so sugar enters the blood more slowly

Talk with your diabetes care team about your treatment needs to ensure that you are taking the medicine that's right for you.

Insulin

In people with type 1 diabetes, the beta cells in the pancreas stop making insulin. People with type 1 diabetes need to take insulin to control blood sugar. The amount of insulin taken must be balanced with how much food they eat and how active they are. Healthy eating, physical activity, and insulin are the three main parts of a diabetes care plan.

In type 2 diabetes, many people find that as their beta cells stop working over time, they need to take insulin. If you have been told that you could benefit from insulin but have delayed starting it, you are not alone. Many people worry about injecting themselves. They wonder if insulin has side effects. They wonder if taking insulin will interfere with their lives.

However, people with type 2 diabetes often find that starting insulin changes their lives. They may find that they have more flexible eating and activity schedules.

"The doctor had someone from the diabetes center in the hospital come in and show me how to properly inject myself. I was afraid at first. After the first few times, it got easier."

— Lillie E, Ohio

Today, there are many insulin products and insulin devices available to treat all stages of type 2 diabetes. You and your diabetes care team can work together to find the diabetes products that are right for you.

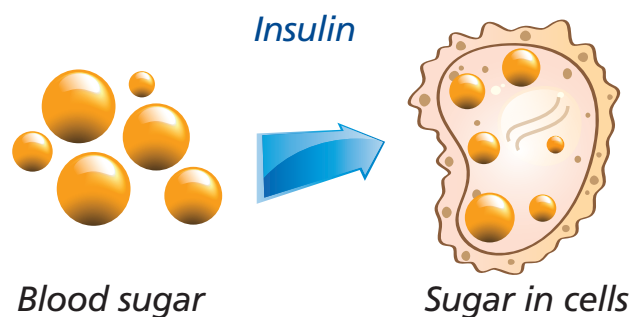
You can learn more about insulin at [Cornerstones4Care.com](https://www.cornerstones4care.com).

Why isn't insulin in pill form?

Insulin is a hormone made of protein. If you took it as a pill, the acid in your stomach would break it down during digestion, just like it breaks down the protein in food. So insulin has to be injected.

How does insulin work?

When you inject insulin into your body, your blood sugar level goes down. It goes down because the insulin helps the sugar get into the body's cells, where it belongs, instead of staying in the blood. Once inside the cells, the sugar provides energy to the body. That's how taking insulin helps manage blood sugar.



What is an insulin plan?

Everyone who takes insulin needs a personal insulin plan. Your diabetes care team will help you make a plan that works for you.

Your plan will help you take insulin the way your body would make it if you did not have diabetes.

Your plan will tell you:

- What type of insulin to take
- How much insulin to take
- When to take it

Your plan will be based on:

- When and how much you eat
- Your current blood sugar level
- Your level of physical activity
- Your lifestyle

Your body's need for insulin goes up and down all day. Your need for insulin depends on what you are doing and how much sugar is in your blood. For instance:

- You need more insulin after you eat (especially about 1 hour after a meal, when blood sugar is highest)
- You need less insulin when you sleep

Your diabetes care team will help you develop an insulin plan that's right for you and your lifestyle. Between visits, it's a good idea to keep notes about how you're doing so you can share this information with your team. Be sure to check with your diabetes care team before you make any changes in your insulin doses.

"I was working very closely with my diabetes doctor. She was wonderful. But I still had too many highs. Then I would go way too low. She switched me to two types of insulin. I am doing better now after three months on this new regimen. Stick with it."

— Nina B, Minnesota

What are the different types of insulin?

There are many types of insulin. They each work at a different pace to mimic the way the body normally releases insulin. They each have a different:

- Onset of action (when they start to work)
- Time of peak action (when their effect on blood sugar is strongest)
- Duration of action (how long they work)

Human insulin is available in three types:

- **Short-acting.** This insulin, also called regular insulin, is usually taken 30 minutes before a meal and lasts 5 to 8 hours
- **Intermediate-acting.** This type of human insulin, also called NPH insulin, is taken 30 minutes before breakfast, the evening meal, or at bedtime, and is effective for up to 24 hours
- **Premixed.** This type of human insulin includes both a regular insulin and an intermediate-acting insulin. It is taken 30 minutes before breakfast and/or the evening meal and works for up to 24 hours

Analog insulin is a more recently developed medicine. The three main types of analog insulin are:

- **Fast-acting.** This type is taken shortly before mealtime. It works quickly to control the rapid rise in blood sugar after meals
- **Long-acting.** This type works more slowly. It works longer to control blood sugar between meals and when you sleep
- **Premixed.** This type is a mixture of fast-acting and intermediate-acting insulins. It works to control blood sugar at mealtime and helps keep it steady all day and night

Each type of insulin helps keep diabetes under control. But no one type is right for everyone. Each person's insulin need is different. And each person's insulin need may change over time. Your diabetes care team will prescribe the insulin that is best for you.

To learn more about the different types of insulin, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).

Intensive insulin therapy

Some people with type 2 diabetes may use intensive insulin therapy. They do this to keep their blood sugar as close to normal as possible. This type of therapy often includes taking a fast-acting insulin three or more times a day along with a long-acting insulin.

- Fast-acting insulin mimics the body's natural release of insulin after eating. This type of insulin acts quickly to handle the spike in blood sugar after a meal
- Long-acting insulin is taken at the same time each day, either at the evening meal or at bedtime to help give up to 24-hour insulin coverage



Types of insulin	When it's usually taken	How soon it starts working*	When its effect is strongest	How long it lasts
Analog insulin				
Fast-acting insulin	Right before a meal	15 minutes	30 to 90 minutes	3 to 5 hours
Long-acting insulin	30 minutes before the evening meal or at bedtime	1 hour	Steady over time	Up to 24 hours
Premixed (mixture of fast-acting and intermediate-acting insulins)	Before breakfast and/or before the evening meal	5 to 15 minutes	Varies	Up to 24 hours [†]
Human insulin				
Short-acting insulin (also called <i>regular insulin</i>)	30 minutes before a meal	30 to 60 minutes	2 to 4 hours	5 to 8 hours
Intermediate-acting insulin (NPH)	30 minutes before breakfast, the evening meal, or at bedtime	1 to 3 hours	8 hours	Up to 24 hours
Premixed (mixture of short-acting [regular] and intermediate [NPH] insulins)	30 minutes before breakfast and/or before the evening meal	30 to 60 minutes	Varies	Up to 24 hours [†]
*All times shown are approximate. [†] Check label.				

You and your diabetes care team will decide which type of insulin is best for you. Because each person is different, it may take a while to find the correct type and dose of insulin.



How do I inject diabetes medicines?

Many people are nervous about giving themselves injections. That's a natural way to feel. That's why it's important to learn about the many ways to give yourself injections.

Prefilled pens

A prefilled pen looks like a writing pen. Many people like prefilled pens because they are disposable, discreet, and ready to use. Pen needles are often shorter and thinner than those used on syringes. That makes them practically pain free. The dosing dial helps you take the right amount of medicine. Many people who inject themselves with a syringe find the prefilled pen a good option.



A syringe filled from a bottle of insulin

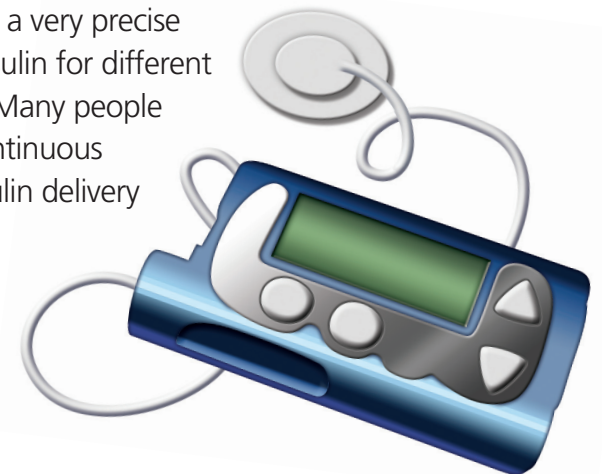
This is the oldest way to inject insulin. A syringe is a hollow tube with a plunger on one end and a needle on the other. You stick the needle into a bottle of insulin and draw up your dose. Syringes may not be convenient for people who need to inject insulin many times a day.



Insulin pumps

Some people with diabetes choose to switch from injecting insulin to using an insulin pump. Here are some facts about insulin pumps:

- Insulin pumps are small computerized pumps. They are about the size of a cell phone. Some are worn on your belt or pocket
- They deliver a steady, measured amount of fast-acting insulin through a small plastic tube. The tube has a small needle that is placed just under the skin, in an area such as the abdomen, and is taped in place
- On your command, the pump releases a bolus (a surge) of insulin. This is usually done just before eating to counter the rise in after-meal blood sugar
- New pumps have many features. Some insulin pumps may measure blood sugar levels by continuous monitoring. Some can be linked to a wireless meter
- The amount of insulin delivered by the pump needs to be determined by the user. Some pumps may help you decide how much insulin you need
- Pumps deliver a very precise amount of insulin for different times of day. Many people prefer this continuous system of insulin delivery to injections



The pump can release an incredibly small amount of insulin continuously. Note that you still need to check your blood sugar level to adjust the amount of insulin you get. To use a pump, you must be willing to check your blood sugar more often, as directed by your diabetes care team. You then use buttons on the pump to program it to deliver the amount of insulin you need. You also need to learn how to adjust your insulin, food, and physical activity in response to those results.

An insulin pump will not cure diabetes. At first, it may even require more work than your previous diabetes care plan. People need to be trained on how to use their pumps. Make sure to check the instructions that come with your pump. Insulin pumps can cause health problems if the tube comes out and the flow of insulin stops for a while. Also, for some people, wearing an insulin pump can be a bother.

Talk with your diabetes care team about which injection device is right for you. Voice any concerns you have. Remember – your diabetes care team is there to help and support you.

“I am a salesperson. With the pen, I can take my shots while sitting at a meeting, or while at dinner. I’ve even taken my shots in the car. The pen has helped me take care of my diabetes.”

– Mayra A, New Jersey

Where can I inject my diabetes medicine?

Injections of diabetes medicines are given in the layer of fat just under the skin in these areas of the body:

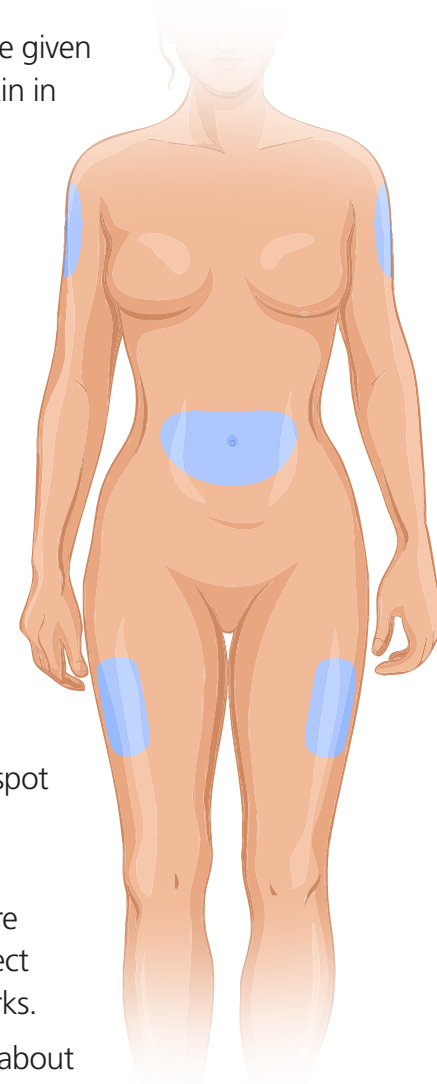
- Abdomen (except a 2-inch circle around your belly button)
- Thighs (top and outer parts)
- Backs of the upper arms

Some diabetes medicines may work better if you inject them in the same general areas each day. For instance, you can inject them in the abdomen each morning and in the thigh at bedtime. To avoid lumps or buildup of scar tissue, they should not be injected in the same exact spot each day.

Where you inject can affect how quickly the medicine works. Be sure you know how to prepare and inject your medicine and how fast it works.

Talk with your diabetes care team about how to inject your diabetes medicine.

Use the injection technique recommended by your diabetes care team. To learn more about injecting diabetes medicine, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).



How do I store my injectable diabetes medicine?

Here's what you need to know about storing injectable diabetes medicine:

- Follow the instructions on the label
- Keep new, unopened containers in the refrigerator but not too close to the cooling element
- Do not freeze injectable diabetes medicine, and do not use it if it has been frozen
- It's usually okay to store injectable medicine at room temperature after you have opened it, but check the label to make sure
- Do not let injectable medicine become too hot or too cold
- Keep injectable medicine out of bright light and sunlight
- Do not use injectable medicine after the expiration date on the label



Insulin Tips

- If you are using insulin from a bottle, always check it before you inject it
- Read the instructions that come with your insulin to learn if your insulin should be clear or cloudy
- Do not use your insulin if it looks different from the way it should
- Also, do not use it if you see any:
 - Flakes
 - Clumps
 - Floating pieces
- Once insulin is opened, it's good for a shorter period of time than the date on the container. Check the package insert to see how long the opened insulin is safe to use

How do I get rid of used diabetes supplies?

Put the needle and any empty disposable pen in a sharps container or some type of hard plastic or metal container with a screw top, such as a detergent bottle or empty coffee can. These containers should be sealed and thrown away the right way.

Check with your diabetes care team about the right way to throw away used syringes and needles. There may be local or state laws about how to throw away used needles and syringes. Do not throw away used needles and syringes in household trash or recycling bins.

Read more about storing and disposing diabetes supplies at [Cornerstones4Care.com](https://www.cornerstones4care.com).

"I 'have' diabetes, but it does not have me. I use a blood test machine and two insulin pens to manage the disease."

— Kristen N, California



Do diabetes medicines have any side effects?

Side effects of diabetes pills

Diabetes pills have different side effects. Side effects of some diabetes pills include diarrhea and gas. But these side effects may improve if the pills are taken with food. Another side effect of diabetes pills may be low blood sugar. Ask your diabetes care team what side effects might occur when you take diabetes pills and what you can do to manage them.

- Some side effects happen only when you start taking new pills. Then they go away
- Some side effects happen only once in a while. You may get used to them. Or your diabetes care team will help you learn how to manage them

Side effects of non-insulin injectable medicines

As often happens with many medicines, some people may have side effects when starting non-insulin injectable medicines. The most common side effects are nausea and diarrhea. These side effects usually go away over time as your body gets used to the medicine.

Here are some things you can do that might help your nausea go away:

- Eat small amounts often instead of a few large meals
- Eat bland, nongreasy foods, such as baked potato, pasta, dry toast, or plain crackers
- Drink plenty of fluids
- Avoid foods and smells that make you feel sick

Your diabetes care team can help you find ways to manage side effects.

Side effects of insulin

Although insulin is a hormone the body makes naturally, injecting it may cause some side effects. Here are two to be aware of:

- **Redness, swelling, or itching at the place where you inject.** If this reaction happens, let your diabetes care team know. Changing to a different kind of insulin may solve the problem
- **Low blood sugar.** You may get low blood sugar if you take too much insulin, don't eat enough, or are more active than usual. When your blood sugar gets too low, you may feel:
 - Weak or tired
 - Hungry
 - Dizzy or shaky
 - Nervous or upset
 - Sweaty

Some people may not have any signs of low blood sugar before they have a problem. This is another reason why regular blood sugar checks are important.

Talk with your diabetes care team about your treatment

Diabetes medicines work best if you stick to a meal plan and keep active. Be sure to take your medicine as your diabetes care team prescribes. A pill organizer and/or sticky notes may help remind you when to take your medicine. Also, keep taking your medicine even after you start to feel better. Remember – diabetes medicines do not cure diabetes. But they can help manage it.

If you have questions about your diabetes medicines, please talk with your diabetes care team. Tell them if you have any side effects from the medicines.

Your diabetes care team will work closely with you to make sure that you are getting the right medicines. Be sure to talk with your team about which medicine is right for you.

Visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to use the Diabetes Care Plan Tool for help in managing your diabetes. You can also join a **free** program to help you manage your diabetes. See the back cover of this booklet to find out how.



What should I do about low blood sugar?

Ask your diabetes care team what low blood sugar level is for you. For most people, it is less than 70 mg/dL. Check your blood sugar right away if you have any symptoms of low blood sugar (also called *hypoglycemia*). If your blood sugar is low, or if you think your blood sugar is low but you cannot check it at that time, eat or drink something high in sugar right away, such as:

- 4 ounces (½ cup) of regular fruit juice (such as orange, apple, or grape juice)
- 4 ounces (½ cup) of regular soda pop (not diet)
- 3 glucose tablets
- 5 to 6 hard candies that you can chew quickly (such as mints)



Wait 15 minutes and then check your blood sugar again. If it is still low, eat or drink something high in sugar again. Once your blood sugar returns to normal, eat a meal or snack. This can help keep low blood sugar from coming back.

“Anyone who takes insulin and has ever suffered a hypoglycemic event knows the feeling is not one they would wish to repeat.”

— Heather S, Michigan

Always check with your diabetes care team about how to treat your low blood sugar. Tell your diabetes care team if you often have low blood sugar. You and your team may need to change your diabetes care plan.

- It's important to keep your blood sugar levels as close to normal as possible
- Untreated low blood sugar can become severe and cause you to pass out

If you sometimes have sudden low blood sugar that requires help from another person, ask your diabetes care team if a glucagon kit would be helpful.

- Glucagon is a medicine that can be injected and works quickly to raise your blood sugar
- Glucagon is used to raise your blood sugar when you cannot take sugar by mouth
- Keep the glucagon kit in a handy place
- Make sure that family members and friends know how to use it

It's a good idea to wear a medical ID bracelet or carry a card that explains that you have diabetes and what help you might need in an emergency. Several organizations sell identification items (bracelets, necklaces, or key rings) inscribed with your medical condition and other important information. You can ask your diabetes care team for help in getting these items.

For expert advice on low blood sugar, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).

What are target blood sugar levels for people with diabetes?

The table below lists blood sugar goals for people with diabetes. You and your diabetes care team will set the goals that are right for you. Write your goals in the last column.

For tips to help you make checking your blood sugar a part of your life, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).

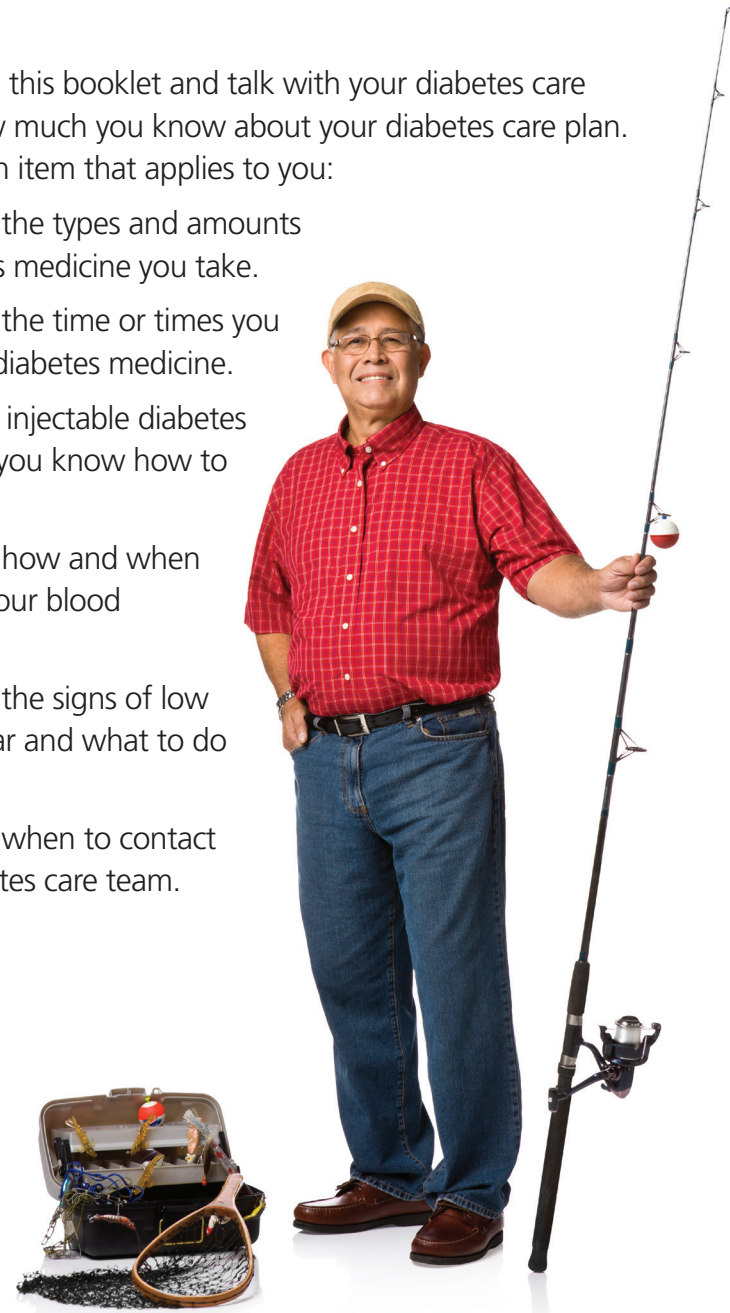
Time	Goals for people with diabetes	Your goals
Before meals	70 to 130 mg/dL	<hr/>
1 to 2 hours after the start of a meal	Less than 180 mg/dL	<hr/>
A1C	Less than 7%	<hr/>

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2011. *Diabetes Care*. 2011;34(suppl 1):S11-S61.

Wrapping up

After you read this booklet and talk with your diabetes care team, see how much you know about your diabetes care plan. Check off each item that applies to you:

- ☐ You know the types and amounts of diabetes medicine you take.
- ☐ You know the time or times you take your diabetes medicine.
- ☐ If you take injectable diabetes medicine, you know how to store it.
- ☐ You know how and when to check your blood sugar.
- ☐ You know the signs of low blood sugar and what to do about it.
- ☐ You know when to contact your diabetes care team.



Commitment to my health

My agreement

Use this chart to help you decide on your wellness goals and plan how to get to the goals you choose. I, _____, agree to achieving the goals below to help improve my overall health and wellness:

Your signature _____ Date _____

Friend's signature _____ Date _____

	Example	Goal 1	Goal 2	Goal 3
What I will do:	<i>I will play a more active role on my diabetes care team by using this booklet to keep track of my test results, write down my questions, and get ready for my visits.</i>			
When I will start:	<i>I will start as soon as my most recent test results come back.</i>			
How I will start:	<i>I will write down my results as soon as I receive them.</i>			
How I will continue:	<i>I will write down questions for my team so that I am ready for my visits.</i>			
My barriers:	<i>I sometimes think of questions and then forget them when I'm at my visits.</i>			
How I will overcome barriers:	<i>I will keep this booklet with me all the time so that I can write down questions as soon as I think of them.</i>			

Terms to know

A1C. A test that gives you a picture of your estimated average blood sugar level over the past 2 to 3 months. The results show how well your diabetes care plan is working

Beta cells. Cells in the pancreas that make insulin. In people with diabetes, the beta cells stop making or make less insulin

GLP-1. A hormone that helps the pancreas release the right amount of insulin to move sugar from the blood into the cells

Glucagon. A hormone released by the pancreas that helps move sugar into the blood from the liver. Glucagon is available in an injectable form. It works quickly to raise blood sugar if you pass out from low blood sugar

Glucose. Sugar. *Blood glucose* is another way to say *blood sugar*

Hormone. A natural substance that is made by glands in the body and that controls the activity of certain cells or organs

Hyperglycemia. High blood sugar

Hypoglycemia. Low blood sugar

Insulin. A hormone made by the pancreas that helps sugar move from the blood into the cells. Insulin is also a medicine that is used to treat diabetes by controlling the level of sugar in the blood

Pancreas. A large gland behind the stomach. The pancreas makes pancreatic juices, or enzymes, to help the body digest food. It also makes the hormones insulin and glucagon

Type 1 diabetes. Occurs when the pancreas does not produce any insulin. People with type 1 diabetes need to inject insulin

Type 2 diabetes. Occurs when the pancreas does not make enough insulin or the body cannot use insulin effectively (called *insulin resistance*)



Support online

Enjoy the benefits and support of the free *Cornerstones4Care™* program. Simply enroll online at [Cornerstones4Care.com](https://www.cornerstones4care.com). You'll be able to take advantage of all sorts of tools for managing your diabetes, including an online blood sugar diary and a My Priorities tool to help you create a personalized action plan. Don't miss this chance. Join today!

novo nordisk is dedicated to diabetes

Diabetes is our passion and our business

As a leader in diabetes, Novo Nordisk is dedicated to improving diabetes care worldwide. Novo Nordisk first marketed insulin for commercial use in 1923. Today we offer a broad line of medicines for diabetes. Novo Nordisk created the world's first prefilled pen device for injections.

If you are having trouble affording your Novo Nordisk brand medicine, you may qualify for help. Call the Customer Care Center at 1-800-727-6500 to see if you qualify for assistance.

For more information about Novo Nordisk products for diabetes care, call 1-800-727-6500.

Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

Join
Cornerstones4Care™
Today!

First name _____ MI _____ Last name _____

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

E-mail address _____ Phone number _____

Birth date (mm/dd/yyyy) _____ Gender: ☐ Male ☐ Female

1. What type of diabetes do you have? ☐ Type 1 diabetes ☐ Type 2 diabetes
2. What year were you diagnosed with diabetes? _____
3. What type of diabetes medicine do you take now? (Check all that apply)
☐ Insulin
☐ Diabetes pills (also called *oral antidiabetic drugs*, or *OADs*)
☐ GLP-1 medicine (Please list product name) _____
☐ None
☐ Other
4. Please write down the product names of the diabetes medicines you are currently taking:

5. If you checked "diabetes pills" in question 3, how many types are you taking each day?
☐ 1 type of diabetes pill ☐ 2 types of diabetes pills
☐ More than 2 types of diabetes pills
6. How do you take your insulin? (Check all that apply)
☐ Syringe ☐ Pen
☐ Insulin pump ☐ Other delivery system
7. How long have you been on your current therapy?
☐ 6 months or less ☐ 7 months to 1 year
☐ 1 to 3 years ☐ 3 years or more
8. How well do you feel you currently manage your diabetes?

Not at all managed											Somewhat managed											Extremely well managed
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11												
9. How strongly do you agree with the following statement? "I am willing to give myself injections as often as needed to get control of my diabetes."

Totally disagree											Neither agree nor disagree											Totally agree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11												

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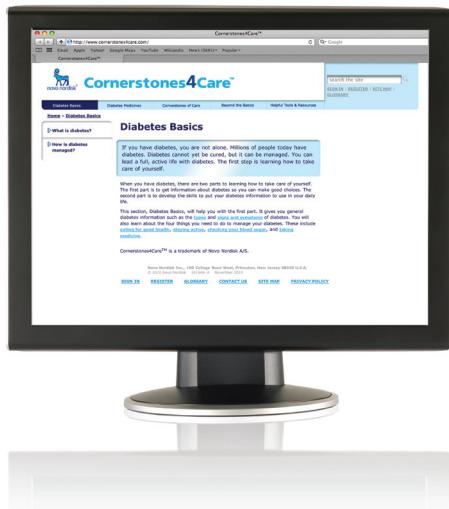
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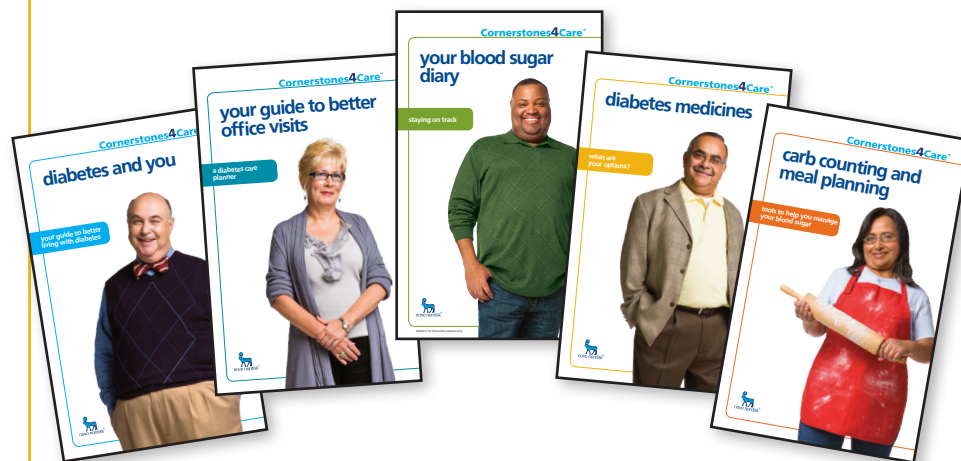


It's easy to get started with
Cornerstones4Care™

Just go to
Cornerstones4care.com
to register, or
fill in this reply card.



Cornerstones4Care™



The *Cornerstones4Care™* educational series is designed to help people with diabetes work with their diabetes care team to learn about and manage diabetes.

- diabetes and you
- your guide to better office visits
- diabetes medicines
- carb counting and meal planning
- your blood sugar diary

The photographs used in this booklet are for illustration only. The models in the photographs do not necessarily have diabetes or other ailments.

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