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Insulin Lispro Biphasic Injection I.P. (25% Insulin Lispro and 75% Insulin Lispro Protamine Suspension) Injection (r-DNA origin) Humalog Mix25®

(100IU/ml suspension for injection in cartridge/ in a pre-filled pen)
[Monocomponent Insulin lispro, recombinant DNA origin]



1. NAME OF THE MEDICINAL PRODUCT

Humalog Mix25® 100 IU/mL suspension for injection in cartridge
Humalog Mix25® 100 units/ml KwikPen, suspension for injection
in a pre-filled pen

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Composition: Each mL of 25 % Insulin lispro and 75 % Insulin
lispro protamine suspension contains: 100 IU (equivalent to
3.5 mg) Insulin lispro I.P. (r-DNA origin) as active ingredient,
3.78 mg Dibasic Sodium Phosphate I.P. as buffering agent,
16 mg Glycerol I.P. as tonicity modifier, 0.80 mg Liquified
Phenol I.P. as preservative/stabilizer, 1.76 mg Metacresol USP
as preservative/stabilizer, 0.28 mg Protamine Sulfate I.P. as
Insulin Lispro complexing agent, Zinc Oxide I.P. q.s. as stabilizer,
Hydrochloric Acid I.P. (10%) q.s. and Sodium Hydroxide I.P. (10 %
q.s. for pH adjustment, Water for Injection I.P. q.s. 1mL

Cartridge

Each cartridge contains 300 units of insulin lispro in 3 ml suspension.

KwikPen

Each pre-filled pen contains 300 units of insulin lispro in 3 ml
suspension.

Each KwikPen delivers 1-60 units in steps of 1 unit.

3. PHARMACEUTICAL FORM

Suspension for injection.

White suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Humalog Mix25® is indicated for the treatment of patients with diabetes
mellitus who require insulin for the maintenance of normal glucose
homeostasis.

4.2 Posology and method of administration

Posology

The dosage should be determined by the physician, according to the
requirement of the patient. Humalog Mix25® may be given shortly
before meals. When necessary, Humalog Mix25® can be given soon
after meals. Humalog Mix25® should only be given by subcutaneous
injection. Under no circumstances should Humalog Mix25® be given
intravenously.

The rapid onset and early peak of activity of Insulin Lispro
itself is observed following the subcutaneous administration of
Humalog Mix25®. This allows Humalog Mix25® to be given very
close to mealtime. The duration of action of the insulin lispro protamine
suspension component of Humalog Mix25® is similar to that of a
basal insulin NPH.

The time course of action of any insulin may vary considerably in
different individuals or at different times in the same individual. As
with all insulin preparations, the duration of action of Humalog Mix25®
is dependent on dose, site of injection, blood supply, temperature, and
physical activity.

Special populations

Renal impairment

Insulin requirements may be reduced in the presence of renal
impairment.

Hepatic impairment

Insulin requirements may be reduced in patients with hepatic
impairment due to reduced capacity for gluconeogenesis and reduced
insulin breakdown; however, in patients with chronic hepatic
impairment, an increase in insulin resistance may lead to increased
insulin requirements.

Method of administration

Subcutaneous administration should be in the upper arms, thighs,
buttocks, or abdomen. Use of injection sites should be rotated so that
the same site is not used more than approximately once a month.

When administered subcutaneously care should be taken when injecting
Humalog Mix25 to ensure that a blood vessel has not been entered.
After injection, the site of injection should not be massaged.

Patients must be educated to use the proper injection techniques.

KwikPen

The KwikPen delivers 1 – 60 units in steps of 1 unit in a single injection.
The needed dose is dialled in units. The number of units is shown in
the dose window of the pen.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients
listed in section List of excipients.

Hypoglycaemia.

4.4 Special warnings and precautions for use

Traceability

In order to improve the traceability of biological medicinal products,
the name and the batch number of the administered product should
be clearly recorded.

Under no circumstances should Humalog Mix25® be given
intravenously. Transferring a patient to another type or brand of insulin
Transferring a patient to another type or brand of insulin should be
done under strict medical supervision. Changes in strength, brand
(manufacturer), type (regular, NPH, lente, etc.), species (animal, human,
human insulin analogue), and/or method of manufacture (recombinant
DNA versus animal-source insulin) may result in the need for a change
in dosage.

Hypoglycaemia and hyperglycaemia

Conditions which may make the early warning symptoms of
hypoglycaemia different or less pronounced include long duration of
diabetes, intensified insulin therapy, diabetic nerve disease or
medications such as beta-blockers.

A few patients who have experienced hypoglycaemic reactions after
transfer from animal-source insulin to human insulin have reported that
the early warning symptoms of hypoglycaemia were less pronounced
or different from those experienced with their previous insulin.
Uncorrected hypoglycaemic or hyperglycaemic reactions can cause
loss of consciousness, coma, or death.

The use of dosages which are inadequate or discontinuation of treatment,
especially in insulin- dependent diabetics, may lead to hyperglycaemia
and diabetic ketoacidosis; conditions which are potentially lethal.

Insulin requirements and dosage adjustment

Insulin requirements may be increased during illness or emotional
disturbances.

Adjustment of dosage may also be necessary if patients undertake
increased physical activity or change their usual diet. Exercise taken
immediately after a meal may increase the risk of hypoglycaemia.

Combination of Humalog Mix25® with pioglitazone

Cases of cardiac failure have been reported when pioglitazone was used
in combination with insulin, especially in patients with risk factors
for development of cardiac heart failure. This should be kept in mind,
if treatment with the combination of pioglitazone and Humalog is
considered. If the combination is used, patients should be observed
for signs and symptoms of heart failure, weight gain and oedema.
Pioglitazone should be discontinued, if any deterioration in cardiac
symptoms occurs.

Avoidance of medication errors

Patients must be instructed to always check the insulin label before
each injection to avoid accidental mix-ups between the two different
strengths of Humalog KwikPen as well as other insulin products.
Patients must visually verify the dialled units on the dose counter of the
pen. Therefore, the requirement for patients to self-inject is that they can
read the dose counter on the pen. Patients who are blind or have poor
vision must be instructed to always get help/assistance from another
person who has good vision and is trained in using the insulin device.

Excipients

This medicinal product contains less than 1 mmol sodium (23 mg) per
dose, i.e., essentially “sodium- free”.

4.5 Interaction with other medicinal products and other forms of interaction

Insulin requirements may be increased by substances with
hyperglycaemic activity, such as oral contraceptives, corticosteroids,
or thyroid replacement therapy, danazol, beta2 stimulants (such as
ritodrine, salbutamol, terbutaline).

Insulin requirements may be reduced in the presence of medicinal
products with hypoglycaemic activity, such as oral hypoglycemics,
salicylates (for example, acetylsalicylic acid), sulpha antibiotics, certain
antidepressants (monoamine oxidase inhibitors, selective serotonin
reuptake inhibitors), certain angiotensin converting enzyme inhibitors
(captopril, enalapril), angiotensin II receptor blockers, beta-blockers,
octreotide or alcohol.

Mixing Humalog Mix25® with other insulins has not been studied.

The physician should be consulted when using other medications
in addition to Humalog Mix25® and Humalog Mix50®. (see also
section 4.4)

4.6 Fertility, pregnancy and lactation

Pregnancy

Data on a large number of exposed pregnancies do not indicate any
adverse effect of insulin lispro on pregnancy or on the health of the
foetus/newborn.

It is essential to maintain good control of the insulin-treated
(insulin-dependent or gestational diabetes) patient throughout
pregnancy. Insulin requirements usually fall during the first trimester
and increase during the second and third trimesters. Patients with
diabetes should be advised to inform their doctor if they are pregnant
or are contemplating pregnancy. Careful monitoring of glucose control,
as well as general health, is essential in pregnant patients with diabetes.

Breast-feeding

Patients with diabetes who are breast-feeding may require adjustments
in insulin dose, diet or both.

Fertility

Insulin lispro did not induce fertility impairment in animal studies
(see section 5.3).

4.7 Effects on ability to drive and use machines

The patient's ability to concentrate and react may be impaired as a
result of hypoglycaemia. This may constitute a risk in situations where
these abilities are of special importance (e.g. driving a car or operating
machinery).

Patients should be advised to take precautions to avoid hypoglycaemia
whilst driving, this is particularly important in those who have reduced
or absent awareness of the warning signs of hypoglycaemia or have
frequent episodes of hypoglycaemia. The advisability of driving should
be considered in these circumstances.

4.8 Undesirable effects

Summary of safety profile

Hypoglycaemia is the most frequent undesirable effect of insulin therapy
that a patient with diabetes may suffer. Severe hypoglycaemia may
lead to loss of consciousness, and in extreme cases, death. No specific
frequency for hypoglycaemia is presented, since hypoglycaemia is a
result of both the insulin dose and other factors e.g. a patient's level
of diet and exercise.

Tabulated list of adverse reactions

The following related adverse reactions from clinical trials are listed
below as MedDRA preferred term by system organ class and in order
of decreasing incidence (very common: $\geq 1/10$; common: $\geq 1/100$ to
 $< 1/10$; uncommon: $\geq 1/1,000$ to $< 1/100$; rare: $\geq 1/10,000$ to $< 1/1,000$;
very rare: $< 1/10,000$).

Within each frequency grouping, adverse reactions are presented in
order of decreasing seriousness.

MedDRA system organ classes	Very common	Common	Uncommon	Rare	Very rare
Immune system disorders					
Local allergy		X			
Systemic allergy				X	
Skin and subcutaneous tissue disorders					
Lipodystrophy			X		

Description of selected adverse reactions

Local allergy

Local allergy in patients is common. Redness, swelling, and itching can
occur at the site of insulin injection. This condition usually resolves
in a few days to a few weeks. In some instances, this condition may
be related to factors other than insulin, such as irritants in the skin
cleansing agent or poor injection technique.

Systemic allergy

Systemic allergy, which is rare but potentially more serious, is a
generalised allergy to insulin. It may cause a rash over the whole body,
shortness of breath, wheezing, reduction in blood pressure, fast pulse, or
sweating. Severe cases of generalised allergy may be life-threatening.

Lipodystrophy

Lipodystrophy at the injection site is uncommon.

Oedema

Cases of oedema have been reported with insulin therapy, particularly
if previous poor metabolic control is improved by intensified insulin
therapy

4.9 Overdose

Insulins have no specific overdose definitions because serum
glucose concentrations are a result of complex interactions between
insulin levels, glucose availability and other metabolic processes.
Hypoglycaemia may occur as a result of an excess of insulin activity
relative to food intake and energy expenditure.

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Hypoglycaemia may be associated with listlessness, confusion, palpitations, headache, sweating and vomiting.

Mild hypoglycaemic episodes will respond to oral administration of glucose or other sugar or saccharated products.

Correction of moderately severe hypoglycaemia can be accomplished by intramuscular or subcutaneous administration of glucagon, followed by oral carbohydrate when the patient recovers sufficiently. Patients who fail to respond to glucagon must be given glucose solution intravenously. If the patient is comatose, glucagon should be administered intramuscularly or subcutaneously. However, glucose solution must be given intravenously if glucagon is not available or if the patient fails to respond to glucagon. The patient should be given a meal as soon as consciousness is recovered.

Sustained carbohydrate intake and observation may be necessary because hypoglycaemia may recur after apparent clinical recovery.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmaco-therapeutic group: Drugs used in diabetes, insulins and analogues for injection, intermediate or long acting combined with fast acting. ATC Code: A10A D04.

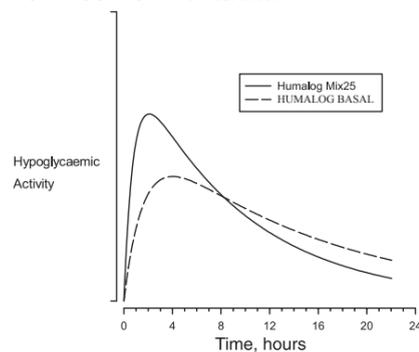
The primary activity of insulin lispro is the regulation of glucose metabolism.

In addition, insulins have several anabolic and anti-catabolic actions on a variety of different tissues. Within muscle tissue this includes increasing glycogen, fatty acid, glycerol and protein synthesis and amino acid uptake, while decreasing glycogenolysis, gluconeogenesis, ketogenesis, lipolysis, protein catabolism and amino acid output.

Insulin lispro has a rapid onset of action (approximately 15 minutes), thus allowing it to be given closer to a meal (within zero to 15 minutes of the meal) when compared to soluble insulin (30 to 45 minutes before). The rapid onset and early peak of activity of insulin lispro is observed following the subcutaneous administration of Humalog Mix25[®]. HUMALOG BASAL has an activity profile that is very similar to that of a basal insulin (NPH) over a period of approximately 15 hours.

Clinical trials in patients with type 1 and type 2 diabetes have demonstrated reduced postprandial hyperglycaemia with Humalog Mix25[®] compared to human insulin mixture 30/70. In one clinical study there was a small (0.38 mmol/l) increase in blood glucose levels at night (3a.m.).

In the figure below the pharmacodynamics of Humalog Mix25[®] and HUMALOG BASAL are illustrated.



The above representation reflects the relative amount of glucose over time required to maintain the subject's whole blood glucose concentrations near fasting levels and is an indicator of the effect of these insulins on glucose metabolism over time.

The glucodynamic response to insulin lispro is not affected by renal or hepatic function impairment. Glucodynamic differences between insulin lispro and soluble human insulin, as measured during a glucose clamp procedure, were maintained over a wide range of renal function.

Insulin lispro has been shown to be equipotent to human insulin on a molar basis but its effect is more rapid and of a shorter duration.

In two 8-month open label crossover studies, type 2 diabetes patients who were either new to insulin therapy or already using one or two injections of insulin, received 4 months of treatment with Humalog Mix25[®] (used twice daily with metformin) and insulin glargine (used once daily with metformin) in a randomised sequence. Detailed information can be found in the following table.

	Insulin-Naive Patients n = 78	Not Insulin-Naive Patients n = 97
Mean total daily insulin dose at endpoint	0.63 units /kg	0.42 units /kg
Haemoglobin A1c –Reduction ¹	1.30% (mean at baseline = 8.7%)	1.00 % (mean at baseline = 8.5%)
Reduction of the mean of combined morning / evening two-hour postprandial blood glucose ¹	3.46 mM	2.48 mM
Reduction of the mean fasting blood glucose ¹	0.55 mM	0.65 mM
Incidence of hypoglycaemia at endpoint	25%	25%
Bodyweight gain ²	2.33 kg	0.96 kg

- 1 from baseline to end of Humalog Mix25[®] treatment
- 2 in patients randomised to Humalog Mix25[®] during the first crossover period

5.2 Pharmacokinetic properties

The pharmacokinetics of insulin lispro reflect a compound that is rapidly absorbed and achieves peak blood levels 30 to 70 minutes following subcutaneous injection. The pharmacokinetics of insulin lispro protamine suspension are consistent with those of an intermediate acting insulin such as NPH.

The pharmacokinetics of Humalog Mix25[®] and Humalog Mix50[®] are representative of the individual pharmacokinetic properties of the two components. When considering the clinical relevance of these kinetics, it is more appropriate to examine the glucose utilisation curves (as discussed in 5.1).

Insulin lispro maintains more rapid absorption when compared to soluble human insulin in patients with renal impairment. In patients with type 2 diabetes over a wide range of renal function the pharmacokinetic differences between insulin lispro and soluble human insulin were generally maintained and shown to be independent of renal function. Insulin lispro maintains more rapid absorption and elimination when compared to soluble human insulin in patients with hepatic impairment.

5.3 Preclinical safety data

In in vitro tests, including binding to insulin receptor sites and effects on growing cells, insulin lispro behaved in a manner that closely resembled human insulin. Studies also demonstrate that the dissociation of binding to the insulin receptor of insulin lispro is equivalent to human insulin. Acute, one month and twelve month toxicology studies produced no significant toxicity findings.

Insulin lispro did not induce fertility impairment, embryotoxicity or teratogenicity in animal studies.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Dibasic Sodium Phosphate

Zinc Oxide

Glycerol Hydrochloric Acid

Liquified Phenol

Sodium Hydroxide

Metacresol

Water for Injection

Protamine Sulfate

6.2 Incompatibilities

Mixing Humalog Mix25[®] with other insulins has not been studied. In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

Before use

3 years

After first use /after cartridge insertion

28 days.

6.4 Special precautions for storage

Store at 2°C - 8°C (in a refrigerator).

Do not freeze. Do not expose to excessive heat or direct sunlight.

After first use /after cartridge insertion

Cartridge

Store below 30°C. Do not refrigerate. The pen with the inserted cartridge should not be stored with the needle attached.

KwikPen

Store below 30°C. Do not refrigerate. The pre-filled pen should not be stored with the needle attached.

6.5 Nature and contents of container

Cartridge

The suspension is contained in type I flint glass cartridges, sealed with butyl or halobutyl disc seals and plunger heads and secured with aluminium seals. Dimeticone or silicone emulsion may have been used to treat the cartridge plunger, and/or the glass cartridge.

3 ml Cartridge: Packs of 5 or 10. Not all packs may be marketed.

KwikPen

The suspension is contained in type I flint glass cartridges, sealed with halobutyl disc seals and plunger heads and secured with aluminium seals. Dimeticone or silicone emulsion may have been used to treat the cartridge plunger, and/or the glass cartridge. The 3 ml cartridges are sealed in a disposable pen injector, called the "KwikPen". Needles are not included.

3 ml KwikPen: Packs of 5 or a multipack of 10 (2 packs of 5). Not all packs may be marketed.

6.6 Special precautions for disposal

Instructions for use and handling

To prevent the possible transmission of disease, each cartridge must be used by one patient only, even if the needle on the delivery device is changed.

The Humalog Mix25[®] should be examined frequently and should not be used if clumps of material are present or if solid white particles stick to the bottom or wall of the container, giving it a frosted appearance.

Preparing a dose

Cartridges and Kwikpens containing Humalog Mix25[®] should be rotated in the palms of the hands ten times and inverted 180° ten times immediately before use to resuspend the insulin until it appears uniformly cloudy or milky.

If not, repeat the above procedure until contents are mixed. Cartridges contain a small glass bead to assist mixing.

Do not shake vigorously as this may cause frothing which may interfere with the correct measurement of the dose.

Cartridge

Humalog Mix25[®] cartridges are to be used with a Lilly reusable insulin pen and should not be used with any other reusable pen as the dosing accuracy has not been established with other pens.

The instructions with each individual pen must be followed for loading the cartridge, attaching the needle and administering the insulin injection.

KwikPen

Before using the KwikPen the user manual included in the package leaflet must be read carefully. The KwikPen has to be used as recommended in the user manual.

Pens should not be used if any part looks broken or damaged.

Injecting a dose

If using a pre-filled or reusable pen refer to the detailed instructions for preparing the pen and injecting the dose, the following is a general description.

1. Wash your hands.
2. Choose a site for injection.
3. Clean the skin as instructed.
4. Stabilise the skin by spreading it or pinching up a large area. Insert the needle as instructed.
5. Pull the needle out and apply gentle pressure over the injection site for several seconds. Do not rub the area.
6. Dispose of the syringe and needle safely. For an injection device use the outer needle cap, unscrew the needle and dispose of it safely.
7. Use of injection sites should be rotated so that the same site is not used more than approximately once a month.

Any unused product or waste material should be disposed of in accordance with local requirements.

Manufactured by:

M/s. Eli Lilly Italia S.P.A., via Gramsci 731-733, 50019 Sesto Fiorentino (FI), Italy

*Marketed By:

Eli Lilly and Company (India) Pvt. Ltd.

Plot No. 92, Sector-32, Gurgaon-122001, Haryana, India

Imported By:

Eli Lilly and Company (India) Pvt. Ltd., Bldg. No. 14, Gala No. 1 to 4, 1st Fl, Arihant Comm. Complex, Purna Bhiwandi, Maharashtra-421302

If you have any questions or complaints with your Humalog cartridge, contact Lilly at Toll Free number 18001230021 or your healthcare professional for assistance.

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Humalog[®] cartridges are designed to be used only with Lilly insulin delivery devices.

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