5×3 ml

Levemir®
FlexPen®

100 U/ml

100 U/ml

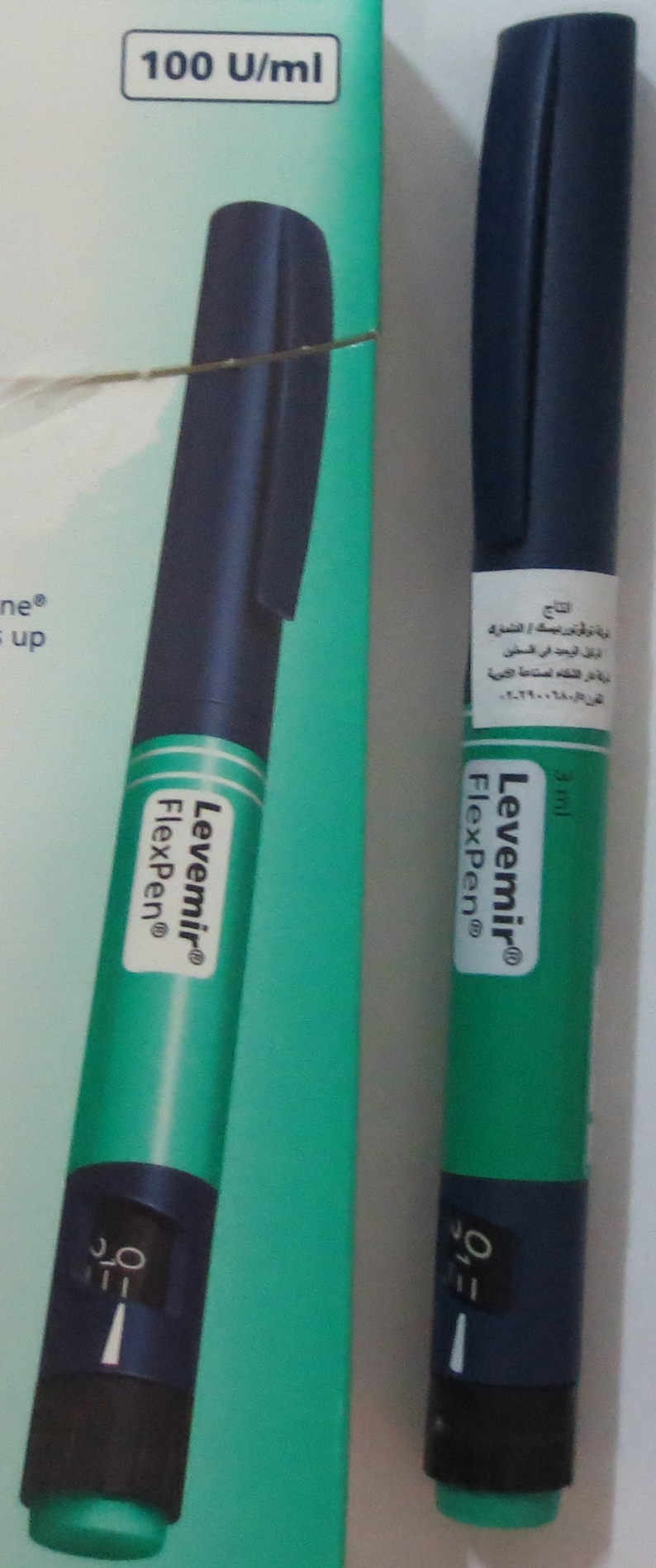
Solution for injection

Insulin detemir

Subcutaneous use

Designed to be used with NovoFine® or NovoTwist® disposable needles up to a length of 8 mm

Needles are not included



novo nordisk®

Levemir®
FlexPen®

100 U/ml, solution for injection in pre-filled pen

Qualitative and quantitative composition
1 ml of the solution contains 100 U of insulin detemir* (equivalent to 14.2 mg).
1 pre-filled pen contains 3 ml equivalent to 300 U.
*Insulin detemir is produced by recombinant DNA technology in *Saccharomyces cerevisiae*.
1 unit (U) of insulin detemir corresponds to 1 international unit (IU) of human insulin.

Pharmaceutical form
Clear, colourless, neutral solution for injection in pre-filled pen. FlexPen®.

Therapeutic indications
Treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above.

Posology
Levemir® is a soluble, basal insulin analogue with a prolonged duration of effect (up to 24 hours). Compared to other insulin products, basal-bolus therapy with Levemir® is not associated with weight gain.
The lower risk of nocturnal hypoglycaemia compared to NPH (Neutral Protamine Hagedorn) insulin allows a more intensive titration towards target blood glucose levels for basal-bolus therapy. Levemir® provides better glycaemic control as measured by Fasting Plasma Glucose (FPG) compared to NPH insulin treatment.
Levemir® can be used alone as the basal insulin or in combination with bolus insulin. It can also be used in combination with oral antidiabetic medicinal products and/or GLP-1 receptor agonists.

Dosage
When Levemir® is used in combination with oral antidiabetic medicinal products or when added to GLP-1 receptor agonists, it is recommended to use Levemir® once daily, initially at a dose of 0.1–0.2 U/kg, or of 10 U **in adult patients.** The dose of Levemir® should be titrated based on the individual patient's needs.

When a GLP-1 receptor agonist is added to Levemir®, it is recommended to reduce the dose of Levemir® by 20% to minimise the risk of hypoglycaemia. Subsequently, dosage should be adjusted individually.