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Recombinant
Human Insulin



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Human Insulin

SciLin™ N



CONFIDENT
STEP

GensuPen®

AUTOMATIC INSULIN PEN INJECTOR
FOR USE WITH RECOMBINANT HUMAN INSULIN (SCILIN™)

www.gensupen.pl

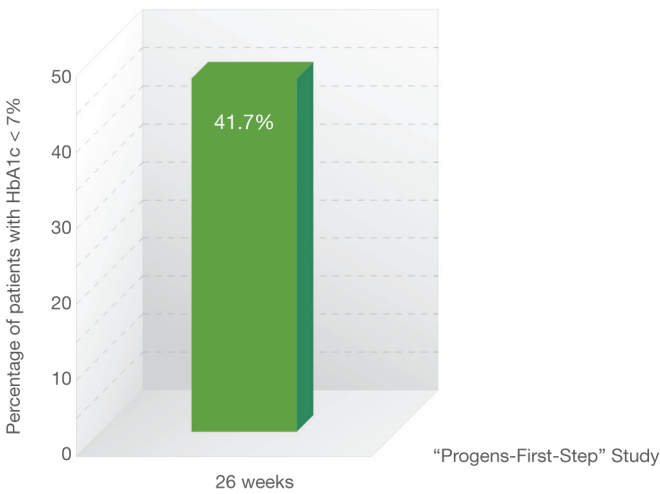


MEETS YOUR EXPECTATIONS OF COMFORT AND CONVENIENCE DURING INJECTION

EFFECTIVENESS

Adding Recombinant Human Insulin (SciLin™ N) to previously used oral hypoglycemic drugs effectively lowers blood glucose and glycated hemoglobin levels with no significant increase in body weight and incidence of severe hypoglycemia.⁴

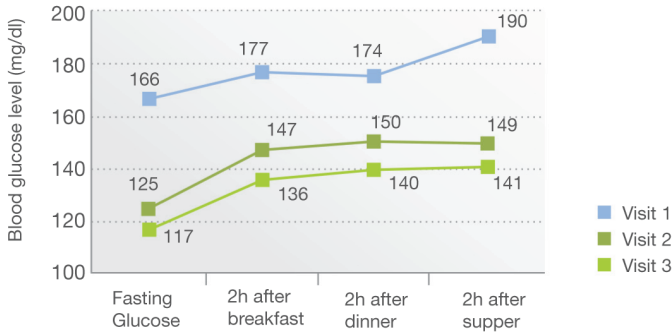
*The percentage of patients achieving therapeutic glycated hemoglobin target below 7%⁴



1. Luzniak P. et al. Metabolic Medicine, 2008, volume XII, No. 4.

*Recombinant Human Insulin (SciLin™ N) effectively normalizes the blood glucose level in type 2 diabetes⁴

4-point assessment of glucose profile via self-monitoring in type 2 diabetes patients (p < 0.01)



* Data adapted from Gensulin® N study, Bioton S.A.

Recombinant Human Insulin

SciLin™ N
Once A Day
+

Oral Anti-diabetic Drug

- Effective reduction in HbA1c
- No significant increase in body mass
- No significant increase in risk of severe hypoglycemia
- Treatment algorithm complies with recommended guidelines

1. Clinical Recommendations for the handling of patients with diabetes Polish Diabetes Association 2009, Experimental and Clinical Diabetology 2009, Vol.9 Suppl. A
 2. Nathan D.M., Buse J.B., Davidson M.B. et al: Medical Management of hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy : A consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care, 2009,32:193-203
 3. Long-acting insulin analogues in the treatment of diabetes mellitus type 2, IQWiG Reports-Commission No. A05-03 Executive Summary version 1.1 26.02.2009
 4. Luzniak P. et al. Metabolic Medicine, 2008, Volume XII, No. 4.

Recombinant Human Insulin (SciLin™ N) within 26 weeks⁴

	<p>Safe and effective therapy</p>	<p>No significant changes in BMI values during treatment</p>	
	<p>No significant body weight gain (0.29 kg within 26 weeks)</p>	<p>Mean hypoglycemic incidence 0.03 / patient</p>	
	<p>Large metabolic efficacy</p>	<p>Lowering blood sugar levels to about 140 mg / dl</p>	
	<p>Reduction in the average HbA1c concentrations of 8.33 + 1.13% to 7.21 + 0.85%</p>	<p>Significant improvement in patients health</p>	
	<p>The improvement in patients' professional activity</p>	<p>Improvement in the social life activity</p>	
	<p>Improvement in the patients' emotional state</p>	<p>Beneficial impact on lifestyle and deepen knowledge about diabetes</p>	

The criterion for starting insulin therapy in type 2 diabetes with symptoms of secondary failure of oral drugs and / or

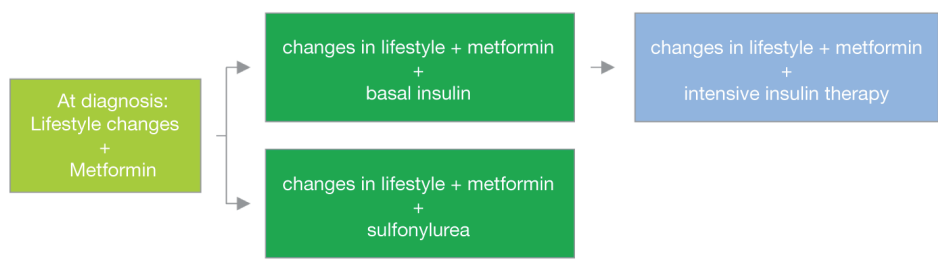
HbA1c > 7%¹

Algorithm for the initiation of insulin therapy
 Long-acting insulin in single injection
 Starting Dose 0.2 IU / kg

NPH insulin + oral antidiabetic drugs

The treatment algorithm of metabolic disorders in type 2 diabetes.²

Treatment of choice: well-proven basic methods of treatment



Step 1

Step 2

Step 3

- In the treatment model of basal insulin therapy and oral medications, no evidence of additional benefit in the use of insulin glargine in comparison to NPH insulin, when the use of NPH has been optimized.³
- In the treatment model of basal insulin and oral medications, no evidence of additional benefit in the use of insulin detemir as compared to insulin NPH.³
- Long acting insulin analogues reduces the risk of hypoglycemia to only a small extent in comparison with insulin NPH.²