CeQur Simplicity™

4-Day Insulin Patch

Quick Start Guide READY SET CLICK



IMPORTANT

- Please read all instructions before using your CeQur Simplicity™ Patch (or 'Patch').
- Use the Patch only with U-100 rapid-acting (mealtime) insulin: Humalog[®] or NovoLog[®].
- Use your Patch for bolus insulin needs at mealtimes and snack times, or for correcting high blood glucose.
- Do not fill your Patch with long-acting insulin or any other insulin or medication.
- Do not directly expose your Patch to oils, lotions, or sunscreen.
- Do not wear your Patch for longer than 4 days (96 hours).



Refer to User Guide for full instructions by scanning the QR code.





Scan the QR code to watch the Quick Start Video.



FOR ASSISTANCE, PLEASE CALL YOUR HEALTHCARE PROFESSIONAL AT:

FOR REFILLS, CALL YOUR PHARMACY AT:



- 1. You will need:
 - Unopened 2U Patch
 - Inserter (reusable)
 - Dose Count Card
 - Vial of rapid-acting (mealtime) insulin: Humalog[®] or NovoLog[®]
 - Alcohol wipes (3)
 - CHANGE BY Stickers



2. The Patch may be worn for up to 4 days (96 hours). Determine how many days you can wear the Patch, as instructed by your healthcare professional, by calculating the amount of insulin you need for your wear duration.

NOTE: You must fill each Patch with a minimum of 100 units: the maximum capacity is 200 units.

- 3. Prepare:
 - On the Patch label, check that the **Use By** date has not expired.



- Clean the rubber top of the insulin vial with an alcohol wipe.
- Open Patch packaging.
- Remove fill syringe and fill needle tray, and set aside.



LOCK TAN BUTTONS

- Carefully remove Patch from tray by tipping it into your hand. Hold Patch in a vertical position as shown below with the blue cap facing you and with the clear window below the blue cap.
- To prevent accidental needle exposure, avoid holding Patch by blue cap or red cap.
- Click buttons together repeatedly until both buttons are in locked-in position. This removes air from the Patch



Unlocked Locked in

Return Patch to molded tray.

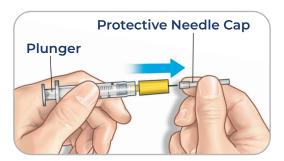
FILL YOUR SYRINGE WITH

NOTE: Make sure the insulin is at room temperature. If it is not, wait 15 minutes.

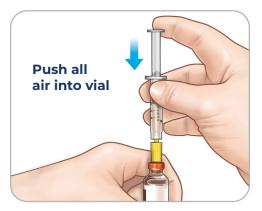
- 4. Pick up fill syringe and fill needle.
- 5. Securely twist the fill needle onto the fill syringe. There will be a small gap between the fill syringe and fill needle.



6. Remove protective needle cap. Pull the plunger to draw air equal to the amount of insulin needed.



7. Push all the air into vial.



 With the fill needle still in the vial, turn the vial and fill syringe upside down. Pull the plunger to draw the amount of insulin you need into the fill syringe. Fill at least 100 units.



9. Tap fill syringe and push plunger lightly to push air back into the vial.



- **10.** Confirm the amount of insulin you need is in the fill syringe. If not, pull plunger back to fill.
- **11.** Pull fill needle out of the vial.

FILL YOUR PATCH WITH

12. Pick up the tray and Patch, and hold them gently in an upright, vertical position as shown below. Completely insert the fill needle into the blue cap.



13. Slowly push the plunger to fill Patch with all the insulin.

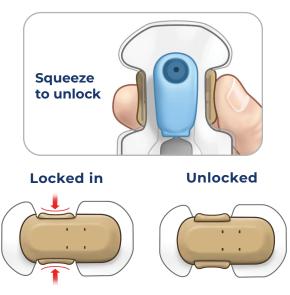


14. Pull fill syringe straight out and dispose of fill needle/fill syringe in sharps container according to local regulations.

NOTE: Do not reuse the fill syringe and fill needle. Do not recap used fill needles.

UNLOCK TAN BUTTONS

- **15.** Carefully remove Patch from tray by tipping it into your hand. Hold Patch in a vertical position as shown below with the blue cap facing you and with the clear window below the blue cap.
 - Do not hold Patch by blue cap or red cap.
- **16.** Release the tan buttons by squeezing them from locked to unlocked position.



CHECK FOR BUBBLES AND REMOVE BUBBLES

17. Rotate Patch from side to side and tap the window to move bubbles/air gap into notch. If you do not see any bubbles or an air gap, then move to next step.



18. If bubbles/air is present, then click the tan buttons until large bubbles/air disappear. Ignore small air bubbles.



Disregard/ignore small bubbles.

PRIME YOUR PATCH

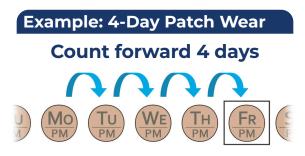
19. Once air is removed from the Patch, click the tan buttons 4 more times to prime the Patch.



Return Patch to molded tray.

PLACE STICKER

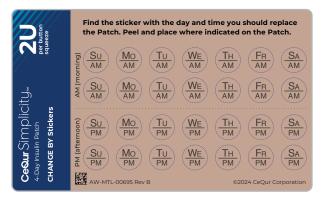
20. Use the CHANGE BY Stickers to remember when to change your Patch.



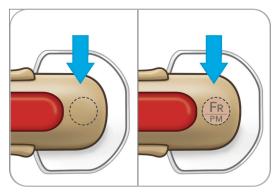
It is now **Monday afternoon (PM)** and you just filled the Patch with enough insulin to last you for **4 days (96 hours)**, or until **Friday afternoon (PM).**

STICKER INSTRUCTIONS

• Peel off the appropriate CHANGE BY Sticker.



- Carefully remove Patch from tray.
- Place the sticker onto the Patch.



Return Patch to tray.

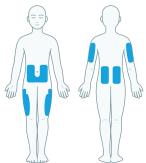


PREPARE THE SITE

You will now prepare the site on your body where you will place the Patch.

- Remove excess body hair where Patch will be placed
- Avoid lotion, sunscreen, perfume or medication around Patch area
- Use 2 alcohol wipes to clean skin: 1st to lift dirt/oils from skin, 2nd to remove dirt/oil from skin
- Allow area to fully dry prior to placing Patch
- Avoid wetting Patch for 3 hours after placement
- Rotate sites with each Patch change

PATCH SITES



Place Patch in any blue area. Ensure you can click both buttons.

PATCH ORIENTATION





on abdomen & backside

Place horizontally Place vertically on arms & thighs

INSERTER INSTRUCTIONS

You will use the reusable Inserter to place the Patch on your body. Sliding the yellow safety unlocks the green button. Pressing the green button inserts the introducer needle and cannula (a tiny, soft plastic tube) into your skin. After you remove the introducer needle, the cannula remains in your skin for insulin delivery.



1. Remove Patch from tray and place Patch into the Inserter as shown with the red cap facing down. The blue cap can face either direction. Do not hold by either the red or blue cap.



2. While holding the Inserter with both hands, use your thumbs to push down the Patch until a click is heard.



3. A cylinder pops out on the other side. The Patch is now locked into position.



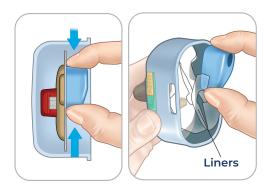
▲ WARNING:

Do not unlock and press the green button until the Inserter is against your prepared site.

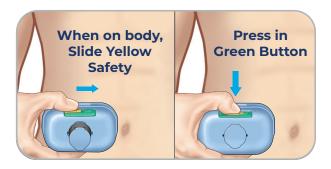


You will now expose the introducer needle. **Do not** point the introducer needle at your face or at other people to avoid accidental injury.

4. Hold Inserter with blue cap at the top. Place fingers on top and bottom of the grooves on the blue cap as shown. Squeeze both ends to pinch in and release the blue cap, while slowly pulling it away from the Patch. Continue by slowly pulling in a downward motion until the paper backing is released and continue by slowly pulling upward to remove completely.



5. Position Inserter on the prepared site on your body and with the green button and yellow safety visible. Slide and hold the yellow safety and press the green button.



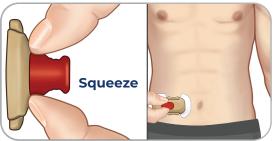
6. Place your hand over the Inserter for 10 seconds.



7. Remove Inserter by lifting away. The Patch is now adhered to your body.



8. To remove the introducer needle, use one hand to anchor down the Patch against your body, use your other hand to squeeze the clear sides of the red cap at the base, and pull straight out.



9. Discard the introducer needle in a sharps container and dispose according to local guidelines.



10. Place your hand on the Patch for 10 seconds and run your fingers along the adhesive. This helps secure the Patch to your body.





WHEN READY TO DOSE

When you need a bolus dose, click the tan buttons. You will hear a click as your Patch delivers insulin – 2 units per click.





Each click delivers 2 units of insulin

Important:

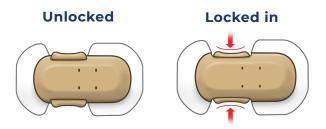
- The first time you click the tan buttons on a newly attached Patch, it delivers
 1.7 units of insulin because 0.3 units fill the cannula. After that, the Patch delivers 2 units each time you click.
- If buttons lock during a dose, the last click of the buttons may deliver less than 2 units.
- If uncertain about your delivered dose, stop and check your blood glucose in 1 to 2 hours.
- Check Patch every day to make sure it is properly attached.
- Remove Patch slowly to help avoid possible skin irritation while gently lifting the edges of the adhesive from your skin.

SAFETY FEATURES

- **Two button click:** Completely click both tan buttons to deliver insulin. Clicking one button will not deliver any insulin.
- Locked buttons: If the Patch runs out of insulin or the cannula is blocked, the tan buttons lock in the squeezed position and no click is heard.

The last click of the buttons when they lock may deliver less than 2 units. Remove and place a new Patch at a new site. Continue with your current dose and give the remainder of that dose.

Check your blood glucose in 1 to 2 hours.



Manage Your Diabetes

Below are current recommendations to help manage your diabetes*. Always follow the instructions of your healthcare professional.

ROUTINELY CHECK YOUR GLUCOSE LEVEL

It is important to regularly check your glucose levels to identify and treat high or low levels before they become a problem.

HYPOGLYCEMIA (LOW GLUCOSE)

Your glucose is considered low if it is less than 70 mg/dL and you may feel one or more of these symptoms:

- Feeling shaky
- Sweating, chills, and clamminess
- Irritability or impatience
- Feeling lightheaded or dizzy
- Confusion
- Hunger
- Nausea
- Feeling sleepy, weak, or having no energy
- Headaches
- Being nervous or anxious
- Blurred/impaired vision

HOW TO TREAT HYPOGLYCEMIA

Check your glucose level and follow the rule of 15/15:

- 1. 🗍 Eat/drink 15g of fast-acting carbohydrates.
- 2. () Wait 15 minutes.
- **3.** \checkmark Check blood/glucose level.
- 4. () Less than 70mg/dL? Repeat Steps 1-4.

Examples of fast-acting carbohydrates:

- 4 oz juice or soda
- 4 glucose tablets
- 1 tablespoon of sugar or honey

NOTE: Seek medical attention if your glucose level does not improve.

Some possible causes of hypoglycemia:

- Too much insulin or certain diabetes
 medications
- Not enough food/carbohydrates compared to insulin taken
- Forgetting you took insulin
- Delayed meals
- Injecting insulin directly into muscle rather than into fatty areas
- Increase in physical activity
- Alcohol intake

HYPERGLYCEMIA (HIGH GLUCOSE)

Your glucose is considered high if it is greater than 240 mg/dL and you may feel one or more of these symptoms:

- Increased thirst
- Frequent urination
- Feeling weak or unusually tired
- Blurred vision

If you feel these symptoms, take the following steps:

- 1. Check your glucose level
- 2. Take medicines as prescribed by your healthcare professional
- 3. Exercise (if glucose is less than 240 mg/dL)
- 4. Seek medical attention if vomiting or having difficulty breathing

Some possible causes of hyperglycemia:

- Stress and/or anxiety
- Lack of insulin
- Illness or injection
- Hormones
- Lack of sleep
- Certain medications or missing your medications
- Too many carbohydrates or high fat meals
- Strenuous activity or being inactive

Emergency Kit

Always carry an emergency kit for diabetes emergencies. It should include the following:

- At least one sealed Patch, containing fill syringe and fill needle
- Inserter
- A vial of U-100 insulin: Humalog[®] (Insulin Lispro) or NovoLog[®] (Insulin Aspart)
- Syringes and needles (or insulin pens) for injecting insulin
- Instructions from your healthcare professional about how much insulin to inject
- Blood glucose test strips and glucose meter
- Ketone test strips if you have type 1 diabetes
- Lancing device and lancets
- Glucose tablets or other fast-acting sources of carbohydrates (e.g., fruit juice or candy)
- Alcohol prep swabs
- Phone numbers for your healthcare professional in case of an emergency
- Glucagon Kit and written instructions for anyone giving you an injection if you are unconscious
- A copy of the letter from your healthcare professional explaining that you need to carry insulin supplies
- Medical ID necklace or bracelet to indicate that you have insulin-requiring diabetes

CeQur Cares[™] is available by phone or text at 1-888-55CeQur (1-888-552-3787) or email at info@cequr.com

If you have a medical emergency while using CeQur Simplicity, call 911, your doctor, or go directly to the hospital.



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