

A smooth treatment experience means

A wide dosage range

Dosing increments
at a glance



Please see important safety information inside.
Please see accompanying Prescribing Information.

norditropin
nordiflex[®]
somatropin (rDNA origin) injection

Norditropin NordiFlex®

5 mg/1.5 mL delivery pen



Norditropin NordiFlex®
5 mg/1.5 mL delivery pen

NordiCare® 1-888-668-6444

NorditropinHCP.com

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0.000 mg	0.425 mg	0.850 mg	1.275 mg
0.025 mg	0.450 mg	0.875 mg	1.300 mg
0.050 mg	0.475 mg	0.900 mg	1.325 mg
0.075 mg	0.500 mg	0.925 mg	1.350 mg
0.100 mg	0.525 mg	0.950 mg	1.375 mg
0.125 mg	0.550 mg	0.975 mg	1.400 mg
0.150 mg	0.575 mg	1.000 mg	1.425 mg
0.175 mg	0.600 mg	1.025 mg	1.450 mg
0.200 mg	0.625 mg	1.050 mg	1.475 mg
0.225 mg	0.650 mg	1.075 mg	1.500 mg
0.250 mg	0.675 mg	1.100 mg	
0.275 mg	0.700 mg	1.125 mg	
0.300 mg	0.725 mg	1.150 mg	
0.325 mg	0.750 mg	1.175 mg	
0.350 mg	0.775 mg	1.200 mg	
0.375 mg	0.800 mg	1.225 mg	
0.400 mg	0.825 mg	1.250 mg	

Numbers in **bold type** are shown on the pen. Other numbers are represented on the pen by dashes.

norditropin
nordiflex[®]
somatropin (rDNA origin) injection

Norditropin NordiFlex®

10 mg/1.5 mL delivery pen



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0.00 mg	0.85 mg	1.70 mg	2.55 mg
0.05 mg	0.90 mg	1.75 mg	2.60 mg
0.10 mg	0.95 mg	1.80 mg	2.65 mg
0.15 mg	1.00 mg	1.85 mg	2.70 mg
0.20 mg	1.05 mg	1.90 mg	2.75 mg
0.25 mg	1.10 mg	1.95 mg	2.80 mg
0.30 mg	1.15 mg	2.00 mg	2.85 mg
0.35 mg	1.20 mg	2.05 mg	2.90 mg
0.40 mg	1.25 mg	2.10 mg	2.95 mg
0.45 mg	1.30 mg	2.15 mg	3.00 mg
0.50 mg	1.35 mg	2.20 mg	
0.55 mg	1.40 mg	2.25 mg	
0.60 mg	1.45 mg	2.30 mg	
0.65 mg	1.50 mg	2.35 mg	
0.70 mg	1.55 mg	2.40 mg	
0.75 mg	1.60 mg	2.45 mg	
0.80 mg	1.65 mg	2.50 mg	

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norditropin
nordiflex[®]
somatropin (rDNA origin) injection

Norditropin NordiFlex®

15 mg/1.5 mL delivery pen



Norditropin NordiFlex®
15 mg/1.5 mL delivery pen

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0.000 mg	1.275 mg	2.550 mg	3.825 mg
0.075 mg	1.350 mg	2.625 mg	3.900 mg
0.150 mg	1.425 mg	2.700 mg	3.975 mg
0.225 mg	1.500 mg	2.775 mg	4.050 mg
0.300 mg	1.575 mg	2.850 mg	4.125 mg
0.375 mg	1.650 mg	2.925 mg	4.200 mg
0.450 mg	1.725 mg	3.000 mg	4.275 mg
0.525 mg	1.800 mg	3.075 mg	4.350 mg
0.600 mg	1.875 mg	3.150 mg	4.425 mg
0.675 mg	1.950 mg	3.225 mg	4.500 mg
0.750 mg	2.025 mg	3.300 mg	
0.825 mg	2.100 mg	3.375 mg	
0.900 mg	2.175 mg	3.450 mg	
0.975 mg	2.250 mg	3.525 mg	
1.050 mg	2.325 mg	3.600 mg	
1.125 mg	2.400 mg	3.675 mg	
1.200 mg	2.475 mg	3.750 mg	

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norditropin
nordiflex[®]
somatropin (rDNA origin) injection

Norditropin NordiFlex®

30 mg/3 mL delivery pen



Norditropin NordiFlex®
30 mg/3 mL delivery pen

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0.0 mg	1.7 mg	3.4 mg	5.1 mg
0.1 mg	1.8 mg	3.5 mg	5.2 mg
0.2 mg	1.9 mg	3.6 mg	5.3 mg
0.3 mg	2.0 mg	3.7 mg	5.4 mg
0.4 mg	2.1 mg	3.8 mg	5.5 mg
0.5 mg	2.2 mg	3.9 mg	5.6 mg
0.6 mg	2.3 mg	4.0 mg	5.7 mg
0.7 mg	2.4 mg	4.1 mg	5.8 mg
0.8 mg	2.5 mg	4.2 mg	5.9 mg
0.9 mg	2.6 mg	4.3 mg	6.0 mg
1.0 mg	2.7 mg	4.4 mg	
1.1 mg	2.8 mg	4.5 mg	
1.2 mg	2.9 mg	4.6 mg	
1.3 mg	3.0 mg	4.7 mg	
1.4 mg	3.1 mg	4.8 mg	
1.5 mg	3.2 mg	4.9 mg	
1.6 mg	3.3 mg	5.0 mg	

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Norditropin® Indications and Usage

Norditropin® (somatropin [rDNA origin] injection) is indicated for the treatment of children with growth failure due to inadequate secretion of endogenous growth hormone, the treatment of children with short stature associated with Noonan syndrome and Turner syndrome, the treatment of children with short stature born small for gestational age (SGA) with no catch-up growth by age 2-4 years, and for the replacement of endogenous growth hormone in adults with growth hormone deficiency (GHD) who meet either of the following two criteria: 1. Adult Onset: Patients who have GHD, either alone or associated with multiple hormone deficiencies (hypopituitarism), as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy, or trauma; or 2. Childhood Onset: Patients who were growth hormone deficient during childhood as a result of congenital, genetic, acquired, or idiopathic causes.

Important Safety Information

Somatropin should not be used for growth promotion in pediatric patients with closed epiphyses or in patients with active proliferative or severe non-proliferative diabetic retinopathy. Norditropin® should not be used in patients with known hypersensitivity to somatropin or any of its excipients.

Somatropin should not be used or should be discontinued with any evidence of active malignancy. Patients with preexisting malignancy should be monitored carefully for any progression or recurrence.



Somatropin should not be used to treat patients with acute critical illness due to complications following open heart or abdominal surgery, multiple accidental trauma or acute respiratory failure as increased mortality may occur.

Somatropin is contraindicated in patients with Prader-Willi syndrome who are severely obese, have a history of upper airway obstruction or sleep apnea, or have severe respiratory impairment. There have been reports of sudden death when somatropin was used in such patients. Norditropin® is not indicated for the treatment of patients who have growth failure due to genetically confirmed Prader-Willi syndrome.

Blood glucose levels should be monitored periodically as treatment with somatropin may decrease insulin sensitivity. Patients with preexisting diabetes or glucose intolerance should be monitored closely during somatropin therapy. Doses of insulin or oral agents may need to be adjusted for patients with diabetes on somatropin therapy.

Intracranial hypertension (IH) with papilledema, visual changes, headache, nausea and/or vomiting has been reported in a small number of patients treated with somatropin products. Symptoms usually occurred within the first eight (8) weeks after initiation of somatropin therapy and generally resolve after cessation of therapy or a reduction of the somatropin dose. Funduscopic examination should be performed routinely before initiating and periodically during the course of somatropin therapy. If papilledema is observed by funduscopy during somatropin treatment, treatment should be discontinued.

Pediatric patients may develop slipped capital femoral epiphyses more frequently if they have endocrine disorders or during rapid growth. Any child having onset of a limp or complaints of hip

or knee pain during somatropin therapy should be carefully evaluated. Progression of scoliosis can occur in patients who experience rapid growth. Somatropin has not been shown to increase the occurrence of scoliosis.

In patients with GHD, central (secondary) hypothyroidism may first become evident or worsen during somatropin treatment. Patients treated with somatropin should therefore have periodic thyroid function tests and thyroid hormone replacement therapy should be initiated or adjusted as needed.

Patients with Turner syndrome should be evaluated carefully for otitis media and other ear disorders since these patients have an increased risk of ear and hearing disorders. Somatropin treatment may increase the occurrence of otitis media in patients with Turner syndrome. In addition, patients with Turner syndrome should be monitored closely for cardiovascular disorders (e.g., stroke, aortic aneurysm/dissection, hypertension) as these patients are also at risk for these conditions.

Although from a clinical study in Noonan syndrome there was no evidence of somatropin-induced ventricular hypertrophy or exacerbation of preexisting ventricular hypertrophy (as judged by echocardiography), the safety of Norditropin® in children with Noonan syndrome and significant cardiac disease is not known.

Somatropin inhibits 11 β -hydroxysteroid dehydrogenase type 1 (11 β HSD-1) in adipose/hepatic tissue, and may significantly impact the metabolism of cortisol and cortisone. In patients treated with somatropin, previously undiagnosed central (secondary) hypoadrenalism may be unmasked requiring glucocorticoid replacement therapy. In addition, patients treated with glucocorticoid replacement therapy especially with cortisone acetate and prednisone for previously diagnosed

hypoadrenalism may require an increase in their maintenance or stress doses.

Careful monitoring is advisable when somatropin is administered in combination with other drugs known to be metabolized by CP450 liver enzymes (e.g., corticosteroids, sex steroids, anticonvulsants, cyclosporine) or other hormone replacement therapy.

The safety and effectiveness of Norditropin® in patients age 65 years and older has not been evaluated in clinical studies. Elderly patients may be more sensitive to the actions of somatropin and may be more prone to develop adverse reactions.

Common somatropin-related adverse reactions include injection site reactions/rashes, lipoatrophy and headaches, glucose intolerance, fluid retention and unmasking of latent central hypothyroidism.

Most serious adverse reactions reported for somatropin include intracranial hypertension, diabetic retinopathy, glucose intolerance, slipped capital femoral epiphysis, progression of preexisting scoliosis, sudden death in pediatric patients with Prader-Willi syndrome with risk factors including severe obesity, history of upper airway obstruction or sleep apnea and unidentified respiratory infection, and intracranial tumors as a 2nd tumor in patients who had been treated for a 1st neoplasm.

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norditropin
nordiflex®
somatropin (rDNA origin) injection

Norditropin NordiFlex®—simplicity by design

- Easy to use
- Easy to inject
- Easy to dose
- Easy to store*

*All Norditropin® products must be refrigerated prior to use. Do not freeze. After initial use, Norditropin NordiFlex® 5 mg/1.5 mL and 10 mg/1.5 mL delivery pens can either be stored outside of the refrigerator (at up to 77°F) for use within 3 weeks, or in the refrigerator (between 36°F and 46°F) for use within 4 weeks. These storage flexibility guidelines also apply to Norditropin® cartridge 5 mg/1.5 mL. Norditropin NordiFlex® 15 mg/1.5 mL and Norditropin NordiFlex® 30 mg/3 mL delivery pens must always be refrigerated (between 36°F and 46°F)—both prior to and after the initial injection—for use within 4 weeks. These guidelines for continuous refrigerated storage also apply to Norditropin® cartridge 15 mg/1.5 mL.



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