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WebMD®

LIVING WITH

WINTER 2023

CARING FOR YOU:

**CONTROL YOUR
BLOOD SUGAR**

PAGE 8

LIVING HEALTHY:

**SMALL CHANGES THAT
MAKE A BIG DENT**

PAGE 10

TREATMENT SMARTS:

**ORAL AND INJECTABLE
MEDICATIONS**

PAGE 12

SCAN ME

Watch this video for
Simple Tips To Live Well
With Diabetes. Use your
mobile phone camera to
activate the QR code.



CONTENTS

- 03 NEWS**
The latest research
- 08 CARING FOR YOU**
Control your blood sugar
- 10 LIVING HEALTHY**
Small changes that make a big dent
- 12 TREATMENT SMARTS**
Oral and injectable medications
- 13 HEALTH SMARTS**
Affording Treatment: Tools to help get you what you need
- 14 FIRST PERSON**
My journey with type 2 diabetes



- 16 BY THE NUMBERS**
Stats and facts

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GETTY IMAGES

THE LATEST ON

TYPE 2 DIABETES

30 Recommended number of minutes of exercise adults with type 2 diabetes—and all other adults—should get 5 days a week to help stay in good health.

SOURCE: CDC

GET MOVING

Any movement is better than none. But what you do and when brings different benefits. New research finds that cardio—walking, dancing—helps control blood sugar. Weight-bearing exercise—getting up and down from a chair, knee bends from a standing position—helps improve your response to insulin. Short bouts of movement during periods of sitting improve blood sugar and insulin levels. Later workouts might be more beneficial for diabetes than early ones. This kind of movement is cost-free and can be adjusted to your abilities as you age.

SOURCE: *American Journal of Medicine Open*

ONE MEAL SWAP EQUALS BIG IMPACT

Researchers tracked 121 adults with type 2 diabetes for 12 weeks. Half of them started the day with a high-carb, low-fat breakfast like oatmeal or cereal with fruit. The others went low-carb, high-protein, and fat, with choices like eggs, cheese, and bacon (but no bread or potatoes). Over the 12 weeks, the low-carb group had lower overall blood sugar, steadier sugar all day (no spikes and dips), and voluntarily took in fewer calories at lunch and dinner.

SOURCE: *American Journal of Clinical Nutrition*

NEARLY 1 in 2
Number of people with diabetes who are over 65.

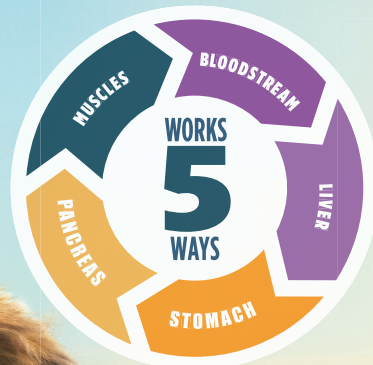
SOURCE: *Nature Reviews*

Still living with a beast of a high A1C? Ask your doctor if your current treatment could be doing more!



Not actual patients.

For adults with type 2 diabetes,
along with diet and exercise,
**SOLIQUA 100/33 works
5 ways in your body to
help control blood sugar.**



SAVE ON SOLIQUA 100/33

More than 90% of Medicare Part D patients pay \$35 or less for a 30-day supply. Scan the QR code to learn more.

Have commercial insurance?
Find out about our copay program!
Visit [SOLIQUA100-33.com/savings](https://www.sanofi.com/US/medicines/diabetes/soliqua-100-33/savings)



SOLIQUA[®] 100/33
insulin glargine & lixisenatide injection
100 Units/mL & 33 mcg/mL

Important Safety Information for SOLIQUA 100/33

(insulin glargine and lixisenatide) injection
100 Units/mL and 33 mcg/mL

What is the most important information I should know about SOLIQUA 100/33?

Do not share your SOLIQUA 100/33 pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

SOLIQUA 100/33 can cause serious side effects, including inflammation of the pancreas, which may be severe and lead to death.

Before using SOLIQUA 100/33, tell your doctor if you have had pancreatitis, stones in your gallbladder (cholelithiasis), or a history of alcoholism. These medical problems may make you more likely to get pancreatitis.

Stop taking SOLIQUA 100/33 and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe, and will not go away. The pain may be felt in the back area. The pain may happen with or without vomiting.

Who should not use SOLIQUA 100/33?

Do not use SOLIQUA 100/33 if you:

- are having an episode of low blood sugar (hypoglycemia)
- are allergic to insulin glargine, lixisenatide, or any of the ingredients in SOLIQUA 100/33. Symptoms of a severe allergic reaction with SOLIQUA 100/33 may include swelling of the face, lips, tongue, or throat, fainting or feeling dizzy, problems breathing or swallowing, very rapid heartbeat, severe rash or itching, or low blood pressure.

Before using SOLIQUA 100/33, tell your healthcare provider about all your medical conditions, including if you:

- have or have had problems with your pancreas, your kidneys, or your liver, stones in your gallbladder, or a history of alcoholism.
- have heart failure or other heart problems. If you have heart failure, it may get worse while you take thiazolidinediones (TZDs).
- have severe problems with your stomach, such as slowed emptying of your stomach or problems digesting food.
- are taking certain medicines called glucagon-like peptide 1 receptor agonists (GLP-1 receptor agonists).
- have had an allergic reaction to a GLP-1 receptor agonist.
- are pregnant or breastfeeding or plan to become pregnant or to breastfeed. It is not known if SOLIQUA 100/33 will harm your unborn baby or pass into your breast milk.

Tell your healthcare provider about all the medicines you take, including all prescription and over-the-counter medicines, vitamins, and herbal supplements. SOLIQUA 100/33 may affect the way some medicines work. Before using SOLIQUA 100/33, talk to your healthcare provider about low blood sugar and how to manage it.

How should I use SOLIQUA 100/33?

- Do not change your dose without first talking to your healthcare provider.
- Check the pen label each time you inject to make sure you are using the correct medicine.
- **Do not take more than 60 units of SOLIQUA 100/33 each day.** Do not take SOLIQUA 100/33 with other GLP-1 receptor agonists.
- Only use SOLIQUA 100/33 that is clear and colorless to almost colorless. If you see small particles, return it to your pharmacy for replacement.
- **Change (rotate) your injection sites within the area you chose with each dose** to reduce your risk of getting pitted or thickened skin (lipodystrophy) and skin with lumps (localized cutaneous amyloidosis) at the injection sites. **Do not** use the same spot for each injection or inject where the skin is pitted, thickened, lumpy, tender, bruised, scaly, hard, scarred or damaged.
- **Do not** remove SOLIQUA 100/33 from the pen with a syringe.
- **Do not re-use or share needles with other people. You may give other people a serious infection, or get a serious infection from them.**

- **Check your blood sugar levels.** Ask your healthcare provider what your blood sugar should be and when you should check.

What are the possible side effects of SOLIQUA 100/33?

SOLIQUA 100/33 can cause serious side effects including:

- **See “What is the most important information I should know about SOLIQUA 100/33?”**
- **Severe allergic reactions.** Severe allergic reactions can happen with SOLIQUA 100/33. Stop taking SOLIQUA 100/33 and get medical help right away if you have any symptoms of a severe allergic reaction. **See “Who should not use SOLIQUA 100/33?”**
- **Low blood sugar (hypoglycemia).** Your risk for getting low blood sugar is higher if you take another medicine that can cause low blood sugar. Signs and symptoms of low blood sugar include:
 - headache • dizziness • drowsiness • sweating
 - weakness • irritability • hunger • blurred vision
 - fast heartbeat • feeling jittery • confusion • anxiety
- **Kidney problems (kidney failure).** In people who have kidney problems, the occurrence of diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse.
- **Low potassium in your blood (hypokalemia).**
- **Heart failure.** Taking certain diabetes pills called TZDs with SOLIQUA 100/33 may cause heart failure in some people. This can happen even if you have never had heart failure or heart problems before. If you already have heart failure it may get worse while you take TZDs with SOLIQUA 100/33. Your healthcare provider should monitor you closely while you are taking TZDs with SOLIQUA 100/33. Tell your healthcare provider if you have any new or worse symptoms of heart failure including shortness of breath, swelling of your ankles or feet, or sudden weight gain. Treatment with TZDs and SOLIQUA 100/33 may need to be adjusted or stopped by your healthcare provider if you have new or worse heart failure.
- **Gallbladder problems.** Gallbladder problems have happened in some people who take SOLIQUA 100/33. Tell your healthcare provider right away if you get symptoms of gallbladder problems which may include:
 - pain in your upper stomach (abdomen)
 - yellowing of skin or eyes (jaundice)
 - fever • clay-colored stools

The most common side effects of SOLIQUA 100/33 include:

- low blood sugar (hypoglycemia) • diarrhea
 - nausea • upper respiratory tract infection
 - stuffy or runny nose and sore throat • headache
- Nausea and diarrhea usually happen more often when you first start using SOLIQUA 100/33.

These are not all the possible side effects of SOLIQUA 100/33. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see a Brief Summary of Prescribing Information on the next page.

**Ask your doctor about
taming your A1C!**

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Developed under the direction
and sponsorship of Sanofi

Brief Summary of Information for SOLIQUA® 100/33 (insulin glargine and lixisenatide) injection 100 Units/mL and 33 mcg/mL

This is a brief summary of important information about SOLIQUA 100/33. This information does not take the place of talking with your healthcare professional about your medical condition or treatment. Only your healthcare professional can determine if SOLIQUA 100/33 is right for you.

What is SOLIQUA 100/33?

SOLIQUA 100/33 is an injectable prescription medicine that contains 2 diabetes medicines, insulin glargine and lixisenatide, which may improve blood sugar (glucose) control in adults with type 2 diabetes when used with diet and exercise.

- It has not been studied in people with a history of pancreatitis.
- It is not recommended for people who also take lixisenatide or other medicines called GLP-1 receptor agonists.
- It is not for use in people with type 1 diabetes, or people with diabetic ketoacidosis.
- It has not been studied in people who have a stomach problem that causes slow emptying (gastroparesis) and is not for people with slow emptying of the stomach.
- It has not been studied in people who also take a short-acting (prandial) insulin.
- **It is not known if SOLIQUA 100/33 is safe and effective in children under 18 years of age.**

Important Safety Information for SOLIQUA 100/33 (insulin glargine and lixisenatide) injection 100 Units/mL and 33 mcg/mL

What is the most important information I should know about SOLIQUA 100/33?

Do not share your SOLIQUA 100/33 pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

SOLIQUA 100/33 can cause serious side effects, including inflammation of the pancreas, which may be severe and lead to death.

Before using SOLIQUA 100/33, tell your doctor if you have had pancreatitis, stones in your gallbladder (cholelithiasis), or a history of alcoholism. These medical problems may make you more likely to get pancreatitis.

Stop taking SOLIQUA 100/33 and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe, and will not go away. The pain may be felt in the back area. The pain may happen with or without vomiting.

Who should not use SOLIQUA 100/33?

Do not use SOLIQUA 100/33 if you:

- are having an episode of low blood sugar (hypoglycemia)
- are allergic to insulin glargine, lixisenatide, or any of the ingredients in SOLIQUA 100/33. Symptoms of a severe allergic reaction with SOLIQUA 100/33 may include swelling of the face, lips, tongue, or throat, fainting or feeling dizzy, problems breathing or swallowing, very rapid heartbeat, severe rash or itching, or low blood pressure.

Before using SOLIQUA 100/33, tell your healthcare provider about all your medical conditions, including if you:

- have or have had problems with your pancreas, your kidneys, or your liver, stones in your gallbladder, or a history of alcoholism.
- have heart failure or other heart problems. If you have heart failure, it may get worse while you take thiazolidinediones (TZDs).
- have severe problems with your stomach, such as slowed emptying of your stomach or problems digesting food.
- are taking certain medicines called glucagon-like peptide 1 receptor agonists (GLP-1 receptor agonists).
- have had an allergic reaction to a GLP-1 receptor agonist.
- are pregnant or breastfeeding or plan to become pregnant or to breastfeed. It is not known if SOLIQUA 100/33 will harm your unborn baby or pass into your breast milk.

Tell your healthcare provider about all the medicines you take, including all prescription and over-the-counter medicines, vitamins, and herbal supplements. SOLIQUA 100/33 may affect the way some medicines work. **Before using SOLIQUA 100/33, talk to your healthcare provider about low blood sugar and how to manage it.**

How should I use SOLIQUA 100/33?

- Do not change your dose without first talking to your healthcare provider.
- Check the pen label each time you inject to make sure you are using the correct medicine.
- **Do not take more than 60 units of SOLIQUA 100/33 each day.** Do not

take SOLIQUA 100/33 with other GLP-1 receptor agonists.

- Only use SOLIQUA 100/33 that is clear and colorless to almost colorless. If you see small particles, return it to your pharmacy for replacement.
- **Change (rotate) your injection sites within the area you chose with each dose** to reduce your risk of getting pitted or thickened skin (lipodystrophy) and skin with lumps (localized cutaneous amyloidosis) at the injection sites. **Do not** use the same spot for each injection or inject where the skin is pitted, thickened, lumpy, tender, bruised, scaly, hard, scarred or damaged.
- **Do not** remove SOLIQUA 100/33 from the pen with a syringe.
- **Do not re-use or share needles with other people. You may give other people a serious infection, or get a serious infection from them.**
- **Check your blood sugar levels.** Ask your healthcare provider what your blood sugar should be and when you should check.

What are the possible side effects of SOLIQUA 100/33?

SOLIQUA 100/33 can cause serious side effects including:

- **See “What is the most important information I should know about SOLIQUA 100/33?”**
- **Severe allergic reactions.** Severe allergic reactions can happen with SOLIQUA 100/33. Stop taking SOLIQUA 100/33 and get medical help right away if you have any symptoms of a severe allergic reaction. **See “Who should not use SOLIQUA 100/33?”**
- **Low blood sugar (hypoglycemia).** Your risk for getting low blood sugar is higher if you take another medicine that can cause low blood sugar. Signs and symptoms of low blood sugar include:
 - headache • dizziness • drowsiness • sweating
 - weakness • irritability • hunger • blurred vision
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- **Kidney problems (kidney failure).** In people who have kidney problems, the occurrence of diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse.
- **Low potassium in your blood (hypokalemia).**
- **Heart failure.** Taking certain diabetes pills called TZDs with SOLIQUA 100/33 may cause heart failure in some people. This can happen even if you have never had heart failure or heart problems before. If you already have heart failure it may get worse while you take TZDs with SOLIQUA 100/33. Your healthcare provider should monitor you closely while you are taking TZDs with SOLIQUA 100/33. Tell your healthcare provider if you have any new or worse symptoms of heart failure including shortness of breath, swelling of your ankles or feet, or sudden weight gain. Treatment with TZDs and SOLIQUA 100/33 may need to be adjusted or stopped by your healthcare provider if you have new or worse heart failure.
- **Gallbladder problems.** Gallbladder problems have happened in some people who take SOLIQUA 100/33. Tell your healthcare provider right away if you get symptoms of gallbladder problems which may include:
 - pain in your upper stomach (abdomen)
 - yellowing of skin or eyes (jaundice) • fever • clay-colored stools

The most common side effects of SOLIQUA 100/33 include:

- low blood sugar (hypoglycemia) • diarrhea
 - nausea • upper respiratory tract infection
 - stuffy or runny nose and sore throat • headache
- Nausea and diarrhea usually happen more often when you first start using **SOLIQUA 100/33**.

These are not all the possible side effects of SOLIQUA 100/33. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What are the ingredients in SOLIQUA 100/33?

Active ingredients: insulin glargine and lixisenatide.

Inactive ingredients: 3 mg of methionine, 2.7 mg of metacresol, 20 mg of glycerol, 30 mcg of zinc, hydrochloric acid, sodium hydroxide and water for injection.

Other important information

The risk information presented here does not include everything that is in the FDA-approved product label. To get more information:

- Talk about SOLIQUA 100/33 with your healthcare provider or pharmacist.
- For FDA-approved product labeling, go to www.soliqua100-33.com or call sanofi-aventis at 1-800-633-1610.
- Call 1-800-FDA-1088 to report side effects to FDA.

sanofi-aventis U.S. LLC | Bridgewater, NJ 08807 A SANOFI COMPANY

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MAT-US-2014486-v3.0-08/2022

SOLIQUA® 100/33
insulin glargine & lixisenatide injection
100 Units/mL & 33 mcg/mL



QUESTIONS TO ASK YOUR DOCTOR TODAY

Could a treatment change be right for you?

Here's what to ask about SOLIQUA 100/33 and blood sugar management.

- 1** What is my A1C now, and what A1C should I be aiming for?
- 2** I diet, exercise and take my diabetes medicine. Why isn't that enough to lower my A1C?
- 3** My A1C is still too high. Is this a sign that my diabetes treatment plan may need to change?
- 4** How could a treatment like SOLIQUA 100/33—which combines a long-acting insulin with a non-insulin diabetes medicine—help me tame my beast of a high A1C?
- 5** Is SOLIQUA 100/33 right for me? Are there side effects I should be aware of?
- 6** If you prescribe SOLIQUA 100/33, what should I know about the pen? Will my dose change over time?
- 7** If SOLIQUA 100/33 is right for me, when would I administer it and what will my routine be like?



Resources, tools, and support for each step of your journey.

Get your doctor discussion guide and other helpful resources by scanning this code.

How can I check my coverage?

See if you're covered for SOLIQUA 100/33 by scanning the code and entering your zip code.



Please see Important Safety Information on the previous pages and Brief Summary of Prescribing Information on the adjacent page.

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MAT-US-2105318-v3.0-07/2023

CONTROL YOUR BLOOD SUGAR

MANAGING GLUCOSE LEVELS AS AN OLDER ADULT

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,

WebMD Chief Physician Editor, Medical Affairs



DIET DOs

Lisa Bosio, CDE, lists diabetes-friendly foods.

- + **Lean proteins:**
beans, fish, poultry
- + **Healthy fats:**
avocado, olive oil, nuts
- + **Whole grains:**
lentils, peas, sweet potato
- + **Fruits and veggies:**
Leafy greens, lots of color

Diabetes affects seniors more than any other age group. About 33% of people ages 65 and older have diabetes, which is why it's important to understand how to manage your blood sugar well as you age.

BLOOD SUGAR AND YOUR BODY

After you eat food, it breaks down into a sugar called glucose. In order to use glucose for energy, your body needs insulin.

“Diabetes is a disorder in which there’s a mismatch between blood glucose and insulin levels,” says Deepashree Gupta, MD, endocrinologist at UCLA Health in

LET'S MOVE

Exercise helps insulin work better. Try these options:

- + Walking
- + Yoga
- + Weight training
- + Tai chi
- + Swimming/water aerobics

DAISY-DAISY/VIA GETTY IMAGES

Westlake Village, CA.

“In type 2 diabetes, you’re making insulin, but your body isn’t using it well.”

NUMBERS TO KNOW

To stay on top of your blood sugar levels, you’ll need to monitor them. Diabetes care is unique, so your doctor will tell you what your blood sugar levels should be.

“Keeping your blood sugar levels in your target range as much as possible is key for helping prevent diabetes complications such as heart or kidney disease, or even vision loss,” says Lisa Bosio, an adult-gerontology nurse practitioner and certified diabetes educator at the Metabolism, Endocrinology, and

Diabetes Clinic at Michigan Medicine in Ann Arbor.

Your doctor will also want to track your fasting glucose levels over a period of 2 to 3 months, a number called your hemoglobin A1c.

“When we’re trying to control diabetes, we want to keep that number between 6.5% and 7%,” Gupta says.

SMALL CHANGES THAT MAKE A BIG DENT

YOU DON'T HAVE TO OVERHAUL YOUR WHOLE LIFE TO MANAGE YOUR TYPE 2 DIABETES

By Sonya Collins

Reviewed by Brunilda Nazario, MD,

WebMD Chief Physician Editor, Medical Affairs

Diabetes management depends on at least three things: diet, exercise, and medication. Your doctor will help with the medications. You can start on diet and exercise right away.

“Find the biggest area of concern and make small changes there,” says George “Joe” Trotter Jr., a registered nurse and certified diabetes care and education specialist in the Diabetes Management Program at Emory Healthcare in Atlanta.

MAKE ONE BIG SWAP

Identify just one major problem area in your diet and replace it with a healthier choice. Do you

drink regular soft drinks throughout the day? Replace them with zero-calorie ones. Are chips your go-to snack? Swap them out for a handful of nuts.

PLAN AHEAD

Plan your restaurant meals in advance. Decide to refuse the unlimited breadsticks or chips and salsa. Plan to put half your meal in a to-go box for later. Or look at the menu before you go and commit to one of the healthier options.

TAKE BABY STEPS

If you feel overwhelmed by your doctor’s advice to get moving, know this: it doesn’t take much time or any money. A recent study found that walking for just 5 minutes every half hour can lower your blood pressure and blood sugar and improve your health.

CHANGE IT UP

Simple food swaps can help get your diabetes under control.

- Regular soda → Water
- White bread → Whole-grain bread
- White rice → Brown rice

looking to
STAY WELL
every day



Fuel Your Body with Good for You Ingredients



ECHINACEA

Beautiful flower traditionally thought to help your body’s defenses



ROSE HIPS

Tart and tasty herb commonly used to help support your well-being

LEMONGRASS

Tasty herb commonly thought to be a supportive hand to your overall health



ELDERFLOWERS

Light colored flower traditionally considered to help support a healthy lifestyle



BIGELOW
BENEFITS

Redefining Wellness
EVERY DAY

ORAL AND INJECTABLE MEDICATIONS

OPTIONS FOR TREATING YOUR TYPE 2

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,

WebMD Chief Physician Editor, Medical Affairs

Everyone with type 2 diabetes responds to medication differently and comes from unique life circumstances that affect which treatments work best.

“In 2023, there is not a ‘one-size-fits-all’ algorithm for treating type 2 diabetes,” says Barbara Linder, MD, PhD, program director in the National Institute of Diabetes and Digestive and Kidney Diseases Division of Diabetes, Endocrinology, and Metabolic Diseases.

However, most doctors begin with oral treatments in tablet or liquid forms as “first-line” treatments. This means they work well for enough people that doctors try them before trying other treatments.



“Most people may be able to reach target glucose levels with one oral medication; however, for many people, over time, glucose levels may start to rise again, and the person will need additional medications,” Linder says.

A combination of oral medications may work, or you may need to start taking medications you inject. Typically, the first non-insulin injectable is a GLP-1 receptor agonist.

Most people with type 2 diabetes have a combination of insulin resistance and insulin-making cells (beta cells in the pancreas) that don’t work well.

“If the main problem is insulin resistance, using non-insulin drugs that help the body use insulin will work very well,” Linder says. “However, in people who have failure of insulin secretion, insulin will be needed.”

JOSE LUIS PELAEZ INC/VIA GETTY IMAGES

AFFORDING TREATMENT

TOOLS TO HELP GET YOU WHAT YOU NEED

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,

WebMD Chief Physician Editor, Medical Affairs

Many people have a hard time covering the costs of medications and equipment. Fortunately, you can find help through private or government health insurance, local programs, patient support groups, and medicine-assistance programs.

Check coverage: Ask your health insurance company which insulins they cover and which pharmacy they prefer.

Consult your team: “Talk to your primary care physician, endocrinologist, diabetes educator, and your pharmacist,” says William A. Kaye, MD, endocrinologist at Palm Beach Diabetes and Endocrine Specialists in

West Palm Beach, FL. “Your diabetes care team is there to be sure you know all your options.”

Enroll in a program: Many drug companies have drug assistance and discount programs called Patient Assistance Programs (PAPs). These programs provide free or low-cost medications to people who cannot afford to buy them.

Shop around: If your insurance doesn’t have a preferred pharmacy, ask around to both chain and independent pharmacies to see if the price changes. Some wholesale stores with memberships offer cheaper mail-in-prescription costs.

COST-SAVING TIPS

These practices can save you.

- + Buy supplies like glucose strips in bulk.
- + Join a clinical trial.
- + Stay in-network for care.

MY JOURNEY WITH TYPE 2

THE ROAD HASN'T BEEN EASY BUT I HAVE HOPE

By Gwen McLellan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Life for me hasn't been perfect. I've struggled as a single mom, fought hard to get my teaching degree, and have battled diabetes for 20 years.

D FOR DIAGNOSED

In my early 50s (more than 20 years ago), I started having classic signs of diabetes:

frequent urination, extreme thirst, and fatigue. I was diagnosed with type 2 diabetes, given oral meds, and sent on my way. I didn't realize how serious diabetes was. I thought since I was on medication that I could eat what I wanted. Still, I tried to stay healthy. My husband (who would cook and measure my food) and I would walk every day with our new puppy.

WHEN LIFE GIVES YOU TESTS

I did a good job maintaining my weight. Then, in the late 1990s I moved to Georgia, ended my relationship, and everything spiraled down with my health. I'm 5'9" but got close to 300 pounds and started having floaters in my eyes. Unfortunately, my doctor at

the time said my symptoms (especially the floaters) were due to normal aging. I didn't learn until later that it was due to diabetes and without treatment, I could have lost my eyesight. Sometimes it feels like for Black patients, doctors can say anything and you're not supposed to question it. But I'm intelligent, a natural researcher, and I try to pay attention to details.

PEOPLEIMAGES/VIA GETTY IMAGES; INSET PHOTO COURTESY OF GWEN MCLELLAN

My years with diabetes have had challenges. I live alone, so I have to monitor my blood sugar or I could pass out. I've had two knee replacements, which has made it difficult to exercise. And like a lot of people, I didn't return to my gym after it closed during the pandemic.

A STUDENT OF CHANGE

I was on oral medications for my diabetes for years before switching to a once-a-day basal insulin. I've seen some improvement, but I have a long way to go. My weight is up and down. I use a walker now. They closed my chapter of Weight Watchers [to date, it is known as WW] at my church. The new diabetes medications that help with weight loss aren't covered by my insurance. Until things change, I do what I can. I have a



GWEN'S TIPS

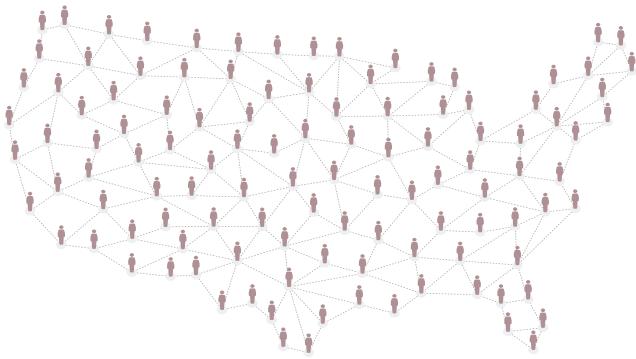
- + Read labels on your food.
- + Pray a lot. My church is my main support.
- + Take classes to educate yourself about your diabetes.

home health nurse. I'm working on healthier food choices. I have support from my church, and even my ex has offered to help me with things around the house. I'm truly a "California girl." I try to go with the flow and keep on hoping.

STATS & FACTS

By Sonya Collins

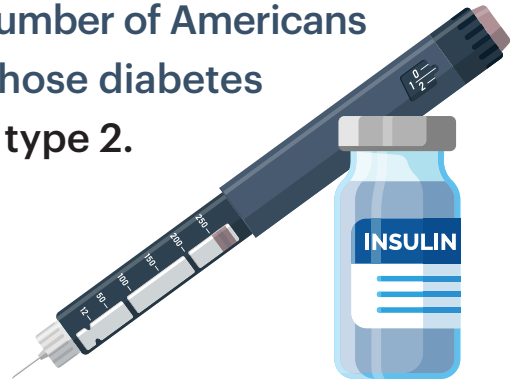
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs



37 million Number of Americans who have diabetes.

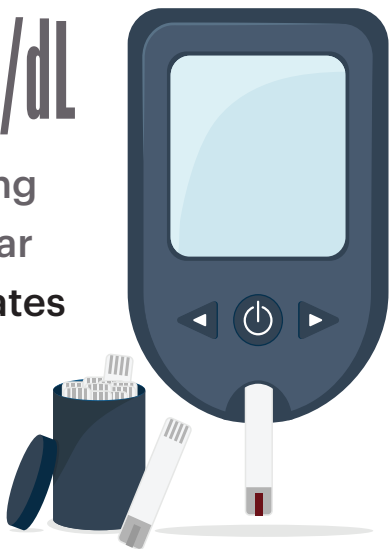
>9 in 10

Number of Americans whose diabetes is type 2.



>125 mg/dL

High fasting blood sugar that indicates you have type 2 diabetes.



3 in 10

Number of adults over 65 who have diabetes.



SOURCES: Centers for Disease Control and Prevention, American Diabetes Association, Cleveland Clinic