

HHS Gives States \$119M to Cut Smoking, Obesity

The federal government has granted states and territories \$119 million to reduce tobacco use, increase physical activity, and fight obesity, the Health and Human Services department said.

The grants are funded by the American Recovery and Reinvestment Act, also known as the stimulus package.

The money will go to programs aimed at prevention and wellness, HHS Secre-

tary Kathleen Sebelius said at a press briefing.

"Prevention is a 'best buy' for health," Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, said during the press conference. His agency will help states implement the grants.

The awards were made in three major categories: policy and environmental changes, innovative programs, and to-

bacco cessation/telephone "quit-lines."

All 50 states, the District of Columbia, and Puerto Rico will receive funding to expand quit-lines. Dr. Frieden called the lines "highly cost effective." He noted that tobacco-related disease is the No. 1 cause of preventable death.

Innovative programs in 13 states will be receiving money for 15 projects. Among those: Mississippi will receive \$3 million to fund a smoke-free air policy, and Rhode

Island will get \$3 million to fund a program to help elderly residents age at home. These programs will likely serve as models for other states, Ms. Sebelius said.

Other awards will go to help support healthy food choices and physical activity, Dr. Frieden said.

—Alicia Ault

Details on the awards are available at www.cdc.gov/chronicdisease/recovery.

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)