

Patient leaflet in accordance with the Pharmacists' Regulations (Preparations) - 1986

This medicine is dispensed with a doctor's prescription only

Tregludec[®] 100 units/ml

Solution for injection in pre-filled pen

Active ingredient: insulin degludec 100 units/ml

Inactive ingredients and allergens in this medicine: see section 2 under 'Important information about some of this medicine's ingredients' and section 6 'Additional information'.

Read the entire leaflet carefully before you start using this medicine. This leaflet contains concise information about this medicine. If you have any further questions, consult your doctor or pharmacist.

This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if it seems to you that their medical condition is similar to yours.

1. What is this medicine intended for?

Tregludec 100 units/ml is used to treat diabetes mellitus in adults, adolescents, and children aged 1 year and above.

Therapeutic group: diabetes medicines, long-acting insulins and analogs for injection.

Tregludec 100 units/ml is a long-acting basal insulin called insulin degludec. Tregludec 100 units/ml helps your body lower your blood sugar level. It is used for once-daily dosing. On occasions when you cannot follow your regular dosing schedule, you can change the injection time because Tregludec 100 units/ml has a long-acting blood sugar-lowering effect (see section 3 for 'Flexibility in injection time'). Tregludec 100 units/ml can be used in combination with meal-related rapid-acting insulin products.

In type 2 diabetes mellitus, Tregludec 100 units/ml can be combined with antidiabetic preparations: tablets or injectables other than insulin.

In type 1 diabetes mellitus, Tregludec 100 units/ml must always be used in combination with meal-related rapid-acting insulin products.

2. Before using this medicine

Do not use this medicine if:

- you are sensitive (allergic) to insulin degludec or any of the other ingredients in this medicine (listed in section 6).

Special warnings about using this medicine

Talk to your doctor before starting treatment with Tregludec 100 units/ml.

It is especially important to be aware of the following conditions:

- Low blood sugar (hypoglycemia): If your blood sugar is too low, follow the guidance for treating low blood sugar in section 4.

- High blood sugar (hyperglycemia): If your blood sugar is too high, follow the guidance for treating high blood sugar in section 4.
- Switching from other insulin products: The insulin dose may need to be changed if you switch from another type, brand, or manufacturer of insulin. Talk to your doctor.
- Pioglitazone used together with insulin, see 'Pioglitazone' below.
- Eye problems: Fast improvement in blood sugar control may lead to a temporary worsening of diabetic eye disorder. If you experience eye problems, talk to your doctor.
- Ensure you are using the right type of insulin: Always check the insulin label before each injection to avoid accidental mix-ups between Tregludec 100 units/ml and other insulin products.

If you have poor eyesight, please see section 3.

Skin changes at the injection site

The injection site should be rotated to help prevent changes to the fatty tissue under the skin, such as skin thickening, skin shrinking or lumps under the skin. The insulin may not work very well if you inject into a lumpy, shrunken or thickened area (see section 3 'How to use this medicine'). Tell your doctor if you notice any skin changes at the injection site. Tell your doctor if you are currently injecting into these affected areas before you start injecting in a different area. Your doctor may tell you to check your blood sugar more closely, and to adjust your insulin or other antidiabetic medications dose.

Children and adolescents

Tregludec 100 units/ml can be used in adolescents and children aged one year and above. There is no experience with Tregludec 100 units/ml in children under one year old.

Drug interactions

If you are taking or have recently taken other medicines, including nonprescription medications and dietary supplements, tell your doctor or pharmacist. Some medicines affect your blood sugar level, and this may mean that your insulin dose has to be changed.

Listed below are the most common medicines which may affect your insulin treatment.

Your blood sugar level may fall (hypoglycemia) if you take:

- other medicines for diabetes (oral and injectable)
- sulfonamides, used to treat infections
- anabolic steroids, such as testosterone
- beta-blockers, for high blood pressure. These medicines may make it harder to recognize the warning signs of low blood sugar (see section 4 'Warning signs of low blood sugar')
- acetylsalicylic acid (and other salicylates), to relieve pain and mild fever
- monoamine oxidase (MAO) inhibitors, for depression
- ACE inhibitors, for some heart problems or high blood pressure.

Your blood sugar level may rise (hyperglycemia) if you are taking:

- danazol, for endometriosis
- oral contraceptives (birth control pills)
- thyroid hormones, for thyroid problems
- growth hormone, for growth hormone deficiency
- glucocorticoids such as 'cortisone' used to treat inflammation
- sympathomimetics such as epinephrine (adrenaline), salbutamol or terbutaline, for asthma
- thiazides, for high blood pressure or if your body keeps too much water (water retention).

Octreotide and lanreotide used to treat a rare condition involving too much growth hormone (acromegaly). These medicines may increase or decrease your blood sugar level.

Pioglitazone - oral antidiabetic medicine used to treat type 2 diabetes mellitus. Some patients with long-standing type 2 diabetes mellitus and heart disease or previous stroke who were treated with pioglitazone and insulin developed heart failure. Inform your doctor immediately if you experience any signs of heart failure such as unusual shortness of breath, rapid increase in weight or localized swelling (edema).

If any of the above applies to you (or you are not sure), talk to your doctor, pharmacist or nurse.

Using this medicine and alcohol consumption

Drinking alcohol may change your need for insulin. Your blood sugar level may either rise or fall. You should therefore check your blood sugar level more often than usual.

Pregnancy and breastfeeding

If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your insulin dose may need to be changed during pregnancy and after delivery. Careful control of your diabetes is important in pregnancy. Avoiding too low blood sugar (hypoglycemia) is particularly important for the health of your baby.

Driving and using machines

Having too low or too high blood sugar can affect your ability to drive or use tools or machines. If your blood sugar is too low or too high, your ability to concentrate or react might be affected. You could therefore endanger yourself or others. Ask your doctor whether you can drive:

- if you often get too low blood sugar
- if you find it hard to recognize too low blood sugar.

Important information about some of this medicine's ingredients

This medicine contains less than 1 mmol sodium (23 mg) per dose. The medicine is essentially 'sodium-free'.

3. How to use this medicine?

Always use this medicine according to your doctor's instructions. Check with your doctor or pharmacist if you are not sure about your dosage or about how to take this medicine. Only your doctor will determine your dosage and how you should take this medicine.

If you are blind or have poor eyesight and cannot read the dose counter on the pen, do not use the pen without help. Get help from a person with good eyesight who is trained to use the FlexTouch® pre-filled pen.

The required dose is dialed in units. The pre-filled 100 units/ml pen can provide a dose of 1-80 units in one dose in steps of one unit.

The dose counter of the pre-filled pen displays the number of units of insulin to be injected. Do not recalculate the dose.

Your doctor will decide together with you:

- how much Tregludec 100 units/ml you will need each day
- when to check your blood sugar level and if you need a higher or lower dose.

Flexibility in dosing time

- Always follow your doctor's recommendation for dose.
- Use Tregludec 100 units/ml once a day; preferably at the same time every day.
- On occasions when it is not possible to take Tregludec 100 units/ml at the same time of day, you can take the medicine at a different time of day. Make sure to have at least 8 hours between the doses. There is no experience with flexibility in dosing times of Tregludec 100 units/ml in children and adolescents.
- If you want to change your usual diet, check with your doctor, pharmacist or nurse first as a change in diet may alter your need for insulin.

Your doctor may change your dose based on your blood sugar level.

When using other medicines, ask your doctor if your treatment needs to be adjusted.

Use in the elderly (65 years old and above)

Tregludec 100 units/ml can be used in the elderly, but if you are elderly you may need to check your blood sugar level more often. Talk to your doctor about changes in your dose.

If you have kidney or liver problems

If you have kidney or liver problems, you must check your blood sugar level more often. Talk to your doctor about changes in your dose.

Do not exceed the recommended dose.**Injecting your medicine**

Before you use Tregludec 100 units/ml for the first time, your doctor or nurse will explain how to use the pre-filled pen.

- Check the name and strength on the label of the pen to make sure it contains Tregludec 100 units/ml.

Do not use Tregludec 100 units/ml

- in insulin infusion pumps
- if the pen is damaged or has not been stored correctly (see section 5)
- if the insulin does not appear clear and colorless.

How to inject

- Tregludec 100 units/ml is given as an injection under the skin (subcutaneous injection). Do not inject it into a vein or muscle.
- The best places to inject are the front of your thighs, upper arms or the front of your waist (abdomen).
- Change the place within the area where you inject each day to reduce the risk of developing lumps and skin pitting (see section 4).
- Always use a new needle for each injection. Re-use of needles may increase the risk of blocked needles and may lead to inaccurate dosing. Dispose of the needle safely after each use.
- To avoid dosing errors and potential overdose, do not use a syringe to remove the solution from the pen.

Detailed instructions for use are provided further below in this leaflet.

If you have accidentally taken a higher dose

If you inject too much insulin, your blood sugar may get too low (hypoglycemia). See guidance in section 4 'Low blood sugar'.

If a child has accidentally swallowed some medicine, immediately see a doctor or go to a hospital emergency room and bring the medicine package with you.

If you forget to take your medicine

If you forget to take a dose, inject the missed dose as soon as you discover the mistake, and make sure that there are at least 8 hours between doses. If you discover that you missed your previous dose when it is already time to take your next dose, do not inject a double dose, but resume your once-daily dosing schedule as usual.

Adhere to the treatment as recommended by your doctor.

If you stop taking this medicine

Do not stop using your insulin without talking to your doctor about it. If you stop using your insulin, this could lead to very high blood sugar level and ketoacidosis (a condition with too much acid in the blood). See guidance in section 4 'High blood sugar'.

Do not take medicines in the dark! Check the label and dose every time you take medicine. Wear glasses if you need them.

If you have any further questions about using this medicine, consult your doctor or pharmacist.

4. Side effects

As with any medicine, using Tregludec 100 units/ml may cause side effects in some users. Do not be alarmed by this list of side effects; you may not experience any of them.

Hypoglycemia (low blood sugar) may occur very commonly with insulin treatment (it may affect more than 1 in 10 people). This condition can be very serious. If your blood sugar level falls too much, you may become unconscious. Serious hypoglycemia may cause brain damage and may be life-threatening. If you have symptoms of low blood sugar, take actions to increase your blood sugar level immediately. See guidance in the section 'Low blood sugar', below.

Stop using this medicine and contact a doctor immediately if you have a serious allergic reaction to the insulin or any of the other ingredients in Tregludec 100 units/ml (seen rarely). The signs of a serious allergic reaction are:

- the local reactions spread to other areas of your body
- you suddenly start to feel unwell and sweat
- you start being sick (vomiting)
- you experience difficulty in breathing
- your heartbeat is fast or you feel dizzy.

Skin changes at the injection site

If you inject insulin in the same place, the fatty tissue may shrink (lipoatrophy) or thicken (lipohypertrophy) (may affect up to 1 in 100 users). Lumps under the skin may also be caused by build-up of a protein called amyloid (cutaneous amyloidosis; how often this occurs is not known). The insulin may not work very well if you inject into a lumpy, shrunken, or thickened area. Change the injection site with each injection to help prevent these skin changes.

Additional side effects:

Common side effects *(may affect up to 1 in 10 people)*

Local reactions: Local reactions may occur at the injection site. The signs may include: pain, redness, hives, swelling, and itching. These reactions usually disappear after a few days. See your doctor if they do not disappear after a few weeks. Stop using Tregludec 100 units/ml and see a doctor straight away if the reactions become serious. For more information, see the section 'Serious allergic reaction', above.

Uncommon side effects *(may affect up to 1 in 100 people)*

Swelling around your joints: When you first start using your medicine, your body may keep more water than it should. This causes swelling around your ankles and other joints. This usually only lasts a short while.

Rare side effects *(may affect up to 1 in 1,000 people)*

This medicine can cause allergic reactions such as hives, swelling of the tongue and lips, diarrhea, nausea, tiredness, and itching.

General effects from diabetes treatment

- Low blood sugar (hypoglycemia).

Too low blood sugar may happen if you:

drink alcohol; use too much insulin; exercise more than usual; eat too little or miss a meal.

Warning signs of low blood sugar - may come on suddenly:

headache; slurred speech; fast heartbeat; cold sweat, cool pale skin; nausea; feeling very hungry; tremor or feeling nervous or worried; feeling unusually tired, weak and sleepy; feeling confused, difficulty in concentrating; temporary changes in your sight.

What to do if you get low blood sugar

- Eat glucose tablets or another high sugar snack, like candy, cookies or fruit juice (always carry glucose tablets or a high sugar snack, just in case).
- Measure your blood sugar if possible and rest. You may need to measure your blood sugar more than once; as with all basal insulin products, recovery from low blood sugar may be delayed.
- Wait until the signs of too low blood sugar have gone or your blood sugar level has settled. Then carry on with your insulin as usual.

What others need to do if you pass out

Tell everyone you spend time with that you have diabetes. Tell them what could happen if your blood sugar gets too low, including the risk of passing out.

Let them know that if you pass out, they must:

- turn you on your side
- get medical help straight away
- **not** give you any food or drink because you may choke.

You may recover more quickly from being unconscious if you get an injection of glucagon. This can only be given by someone who knows how to use glucagon.

- If you are given glucagon, you will need sugar or a sugary snack as soon as you come round.
- If you do not respond to the glucagon treatment, you will have to be treated in a hospital.

- If severely low blood sugar is not treated over time, it can cause brain damage. This can be short or long-lasting. It may even cause death.

Talk to your doctor if:

- your blood sugar got so low that you passed out
- you have used an injection of glucagon
- you have had too low blood sugar a few times recently.

This is because the dosage or timing of your insulin injections, food, or exercise may need to be changed.

- high blood sugar (hyperglycemia)

High blood sugar may happen if you:

eat more or exercise less than usual; drink alcohol; get an infection or a fever; have not used enough insulin; keep using less insulin than you need; forget to use your insulin or stop using insulin without talking to your doctor.

Warning signs of high blood sugar - these normally appear gradually:

flushed, dry skin; feeling sleepy or tired; dry mouth, fruity (acetone) breath; urinating more often, feeling thirsty; losing your appetite, nausea or vomiting.

These may be signs of a very serious condition called ketoacidosis. This is a build-up of acid in the blood because the body is breaking down fat instead of sugar. If not treated, this condition could lead to diabetic coma and eventually death.

What to do if you get high blood sugar

- Test your blood sugar level.
- Test your urine or blood for ketones.
- Get medical help straight away.

If you experience any side effect, if any side effect gets worse, or if you experience a side effect not mentioned in this leaflet, consult your doctor.

Reporting side effects

You can report side effects to the Ministry of Health by following the link 'Reporting Side Effects of Drug Treatment' on the Ministry of Health home page (www.health.gov.il) which links to an online form for reporting side effects. You can also use this link: <https://sideeffects.health.gov.il>.

5. How to store the medicine?

- Prevent poisoning! To prevent poisoning, keep this, and all other medicines, in a closed place, out of the reach and sight of children and/or infants. Do not induce vomiting unless explicitly instructed to do so by a doctor.
- Do not use the medicine after the expiry date (exp. date) which is stated on the pen label and on the package. The expiry date refers to the last day of that month.

Storage conditions

• **Before first use**

Store in a refrigerator (at 2°C to 8°C). Do not freeze. Keep away from the freezing system. Keep the cap on the pen to protect it from light. Store in the original package.

- **After first opening or if carried as a spare pen**
You can carry your Tregludec 100 units/ml pre-filled pen (FlexTouch) with you and keep it at room temperature (below 30°C) or in a refrigerator (2°C to 8°C) for up to 8 weeks.
Always keep the cap on the pen when you are not using it in order to protect it from light.
- Do not throw away medicines via wastewater or household waste. Ask the pharmacist how to dispose of medicines you no longer use. These measures will help protect the environment.

6. Additional information

- Each ml of solution contains 100 units of insulin degludec. Each pre-filled pen contains 300 units of insulin degludec in 3 ml of solution.
- **In addition to the active ingredient, this medicine also contains:**
glycerol, metacresol, phenol, zinc acetate, hydrochloric acid & sodium hydroxide (for pH adjustment) and water for injections.

What the medicine looks like and contents of the pack

Tregludec 100 units/ml is a clear and colorless solution for injection in a pre-filled pen (300 units per 3 ml).

Pack sizes: 1 pre-filled pen (with or without needles) and 5 pre-filled pens (without needles) of 3 ml each.

Not all pack sizes may be marketed.

Registration holder's name and address

Novo Nordisk Ltd.
1 Atir Yeda Street,
Kfar Saba 4464301.

Manufacturer's name and address

Novo Nordisk A/S,
Novo Allé, DK-2880 Bagsværd, Denmark.

Revised in May 2022 according to MOH guidelines.

Registration number of the medicine in the Ministry of Health's National Drug Registry:

151-66-33908.

Instructions on how to use Tregludec 100 units/ml solution for injection in pre-filled pen (FlexTouch)

Read these instructions carefully before using your FlexTouch pre-filled pen.

If you do not follow the instructions carefully, you may get too little or too much insulin, which can lead to too high or too low blood sugar level.

Do not use the pen without proper training from your doctor or nurse.

Start by checking your pen to **make sure that it contains Tregludec 100 units/ml**, then follow the illustrations below to get to know the different parts of your pen and needle.

If you are blind or have poor eyesight and cannot read the dose counter on the pen, do not use this pen without help. Get help from a person with good eyesight who is trained to use the FlexTouch pre-filled pen.

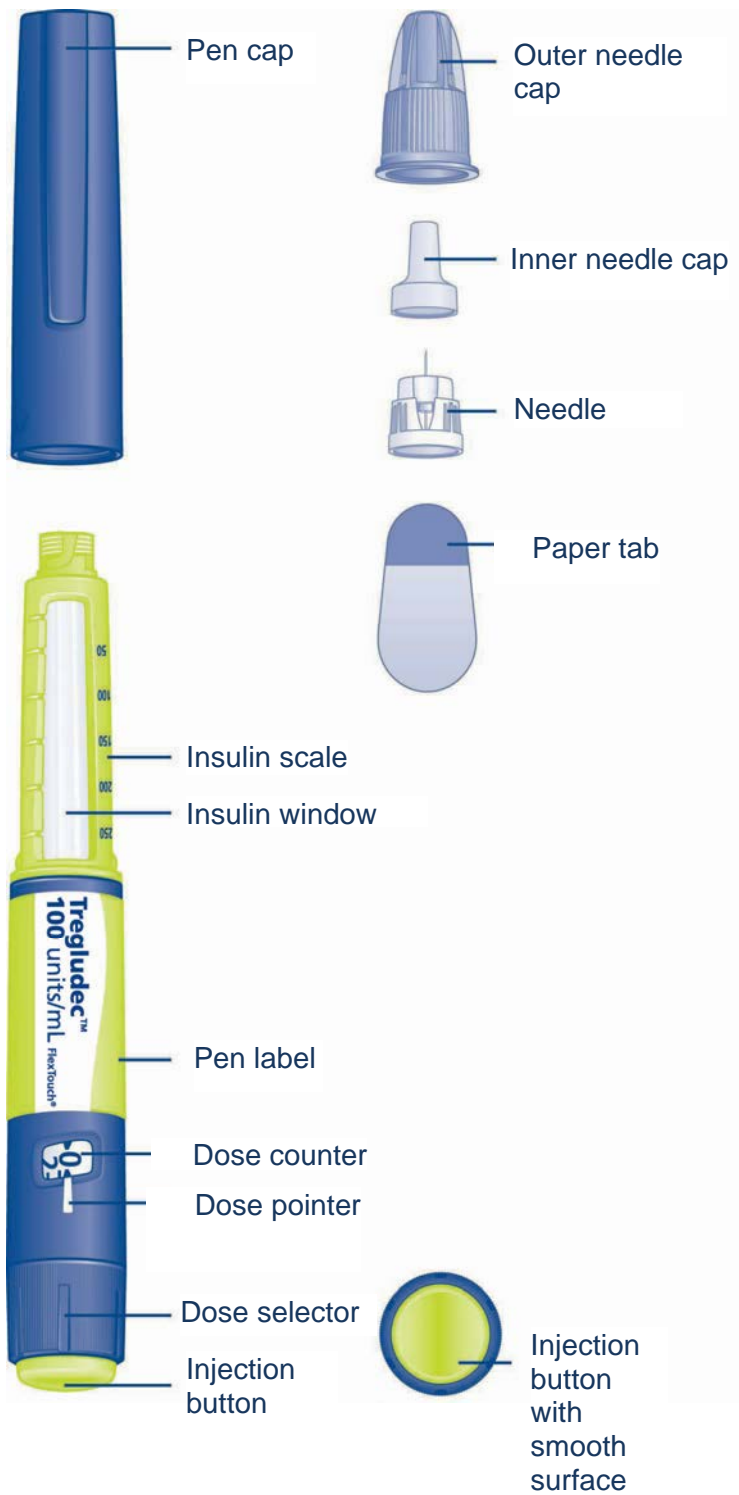
Your pen is a pre-filled dial-a-dose insulin pen containing 300 units of insulin. You can select a **maximum of 80 units per dose, in steps of 1 unit**. Your pen is designed to be used with NovoTwist or NovoFine single-use needles up to a length of 8 mm.



Important information

Pay special attention to these notes as they are important for using the pen correctly.

Tregludec 100 units/ml pre-filled pen and needle (example) (FlexTouch)

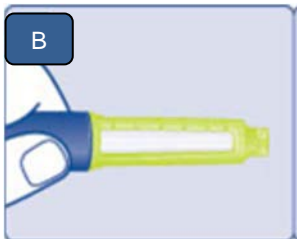


1 Prepare the pen

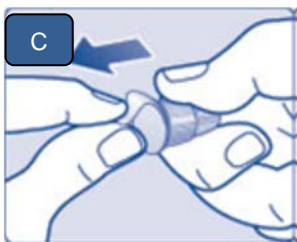
- **Check the name and strength on the label** of your pen to make sure that it contains Tregludec 100 units/ml. This is especially important if you use more than one type of insulin. If you use a wrong type of insulin, your blood sugar level may get too high or too low.
- **Pull off the pen cap.**



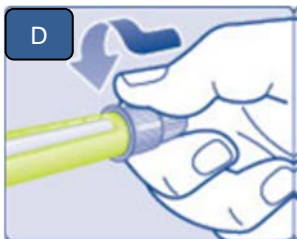
- **Check that the insulin in your pen is clear** and colorless. Look through the insulin window. If the insulin looks cloudy, do not use the pen.



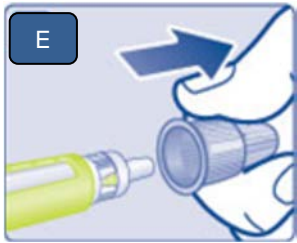
- **Take a new needle** and tear off the paper tab.



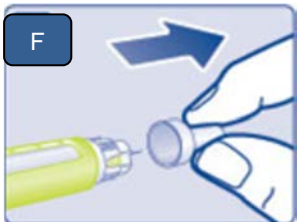
- **Push the needle straight onto the pen. Turn until it is on tight.**



- **Pull off the outer needle cap and keep it for later.** You will need it after the injection to correctly remove the needle from the pen.



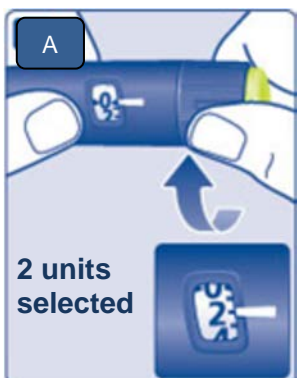
- **Pull off the inner needle cap and throw it away.** If you try to put it back on, you may accidentally stick yourself with the needle. A drop of insulin may appear at the needle tip. This is normal, but you must still check the insulin flow.



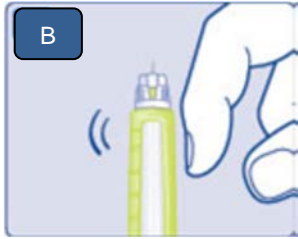
- ⚠ **Make sure you use a new needle for each injection.**
This reduces the risk of infection, contamination, leakage of insulin, blocked needles, and inaccurate dosing.
- ⚠ **Never use a bent or damaged needle.**

2 Check the insulin flow

- **Always check the insulin flow before you start.** This helps to ensure that you get your full insulin dose.
- Turn the dose selector to **select 2 units.** Make sure the dose counter shows 2.



- Hold the pen with the needle pointing up.
Tap the top of the pen gently a few times to let any air bubbles rise to the top.



- **Press and hold in the injection button** until the dose counter returns to 0. The 0 must line up with the dose pointer. A drop of insulin should appear at the needle tip.



A small air bubble may remain at the needle tip, but it will not be injected.

If no drop appears, repeat steps **2A** to **2C** up to 6 times. If there is still no drop, change the needle and repeat steps **2A** to **2C** once more.

If a drop of insulin still does not appear, throw away the pen and use a new one.

- ⚠ **Always make sure that a drop appears** at the needle tip before you inject. This makes sure that the insulin flows.

If no drop appears, you will **not** inject any insulin, even though the dose counter may move. This may indicate a blocked or damaged needle.

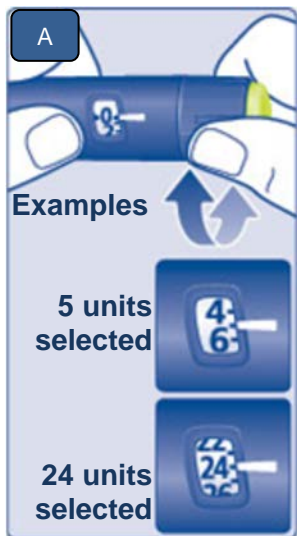
- ⚠ **Always check the flow before you inject.** If you do not check the flow, you may get too little insulin or no insulin at all. This may lead to too high blood sugar level.

3 Select the desired dose

- **Make sure the dose counter shows 0 before you start.** The 0 must line up with the dose pointer.
- **Turn the dose selector to select the dose you need**, as directed by your doctor or nurse.

If you select a wrong dose, you can turn the dose selector forward or backward to correct the dose.

The pen can dial up to a maximum of 80 units.



The dose selector changes the number of units. Only the dose counter and dose pointer will show how many units you selected per dose.

You can select up to 80 units per dose. When your pen contains less than 80 units, the dose counter stops at the number of units left.

The dose selector clicks differently when turned forward, backward or past the number of units left. Do not count the pen clicks.



Always use the dose counter and the dose pointer to check how many units you have selected before every insulin injection.

Do not count the pen clicks. If you select and inject the wrong dose, your blood sugar level may get too high or too low.

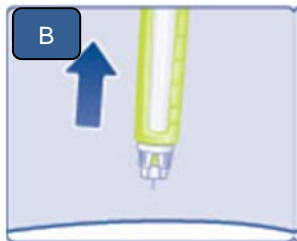
Do not use the insulin scale, it only shows approximately how much insulin is left in your pen.

4 Inject your dose

- **Insert the needle into your skin** as your doctor or nurse has taught you.
- **Make sure you can see the dose counter.**
Do not touch the dose counter with your fingers. Touching it could interrupt the injection.
- **Press and hold in the injection button until the dose counter returns to 0.**
The 0 must line up with the dose pointer.
At this point you may hear or feel a click.
- **Leave the needle under the skin for at least 6 seconds** to make sure you get your full dose.



- **Pull the needle and pen straight up from your skin.**
If blood appears at the injection site, press lightly with a cotton ball. Do not rub the area.

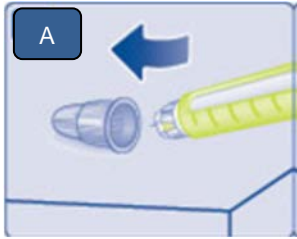


You may see a drop of insulin at the needle tip after injecting. This is normal and does not affect the dose you received.

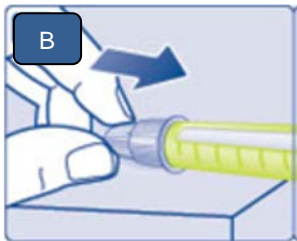
- ⚠ **Watch the dose counter with each injection to know how many units you inject.**
The dose counter will show the exact number of units. Do not count the pen clicks. Hold the injection button down until the dose counter returns to 0 after the injection. If the dose counter stops before it returns to 0, the full dose has not been delivered, which may result in too high blood sugar level.

5 After your injection

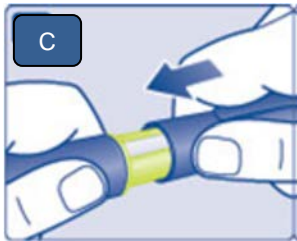
- **Lead the needle tip into the outer needle cap** on a flat surface without touching the needle or the outer needle cap.



- Once the needle is covered, **carefully push the outer needle cap completely on.**
- **Unscrew the needle** and dispose of it carefully.



- **Put the pen cap on your pen** after each use to protect the insulin from light.



Make sure to dispose of the needle after each injection in an appropriate sharps container. This reduces the risk of infection, contamination, leakage of insulin, blocked needles, and inaccurate dosing. If the needle is blocked, you will **not** inject any insulin.

When the pen is empty, throw it away **without** a needle on as instructed by your doctor, nurse, pharmacist, or local authorities. Do not place the used needle in household waste.



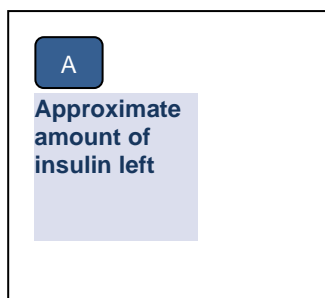
Never try to put the inner needle cap back on the needle. You may stick yourself with the needle.



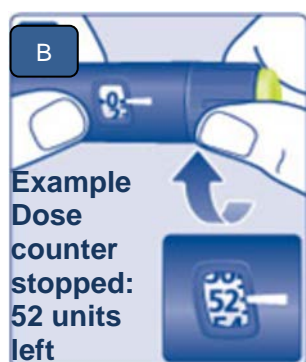
Always remove the needle after each injection and store your pen without the needle attached. This reduces the risk of infection, contamination, leakage of insulin, blocked needles, and inaccurate dosing.

6 How much insulin is left?

- The **insulin scale** shows you **approximately** how much insulin is left in your pen.



- **To see precisely how much insulin is left**, use the dose counter:
Turn the dose selector until the **dose counter stops**.
If it shows 80, **at least 80** units are left in your pen.
If the dose counter shows **less than 80**, the number shown is the number of units left in your pen.



- Turn the dose selector back until the dose counter shows 0.
- If you need more insulin than the units left in your pen, you can split your dose between two pens.

⚠ Be very careful to calculate correctly if splitting your dose.
If in doubt, inject the full dose with a new pen. If you split the dose wrong, you will inject too little or too much insulin, which can lead to too high or too low blood sugar level.

⚠ Further important information

- **Keep your pen with you at all time.**
- **Always carry a spare pen and new needles** with you in case of loss or damage.
- Always keep your pen and needles **out of sight and reach of others**, especially children.
- **Never share** your pen or your needles with other people. It might lead to cross-infection.

- **Never share** your pen with other people. Your medicine might be harmful to their health.
- Caregivers must **be very careful when handling used needles** to reduce the risk of needle injury and cross-infection.

Caring for your pen

Treat your pen with care. Rough handling or misuse may cause inaccurate dosing, which can lead to too high or too low blood sugar level.

- **Do not leave the pen in a car** or other place where it can get too hot or too cold.
- **Do not expose your pen to dust, dirt, or liquid.**
- **Do not wash, soak, or lubricate your pen.** If necessary, clean it with mild detergent on a moistened cloth.
- **Do not drop your pen** or knock it against hard surfaces.
If you drop it or suspect a problem, attach a new needle and check the insulin flow before you inject.
- **Do not try to refill your pen.** Once empty, it must be disposed of.
- **Do not try to repair your pen** or pull it apart.