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diabetes & you

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at *Walgreens*

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INSIDE

SUMMER 2014

**NEW
DIABETES
GUIDELINES**



ITALIAN MEATBALL SLIDERS

**SUMMER
RECIPES**



HALL OF FAME NBA BASKETBALL PLAYER
DOMINIQUE WILKINS
ON LIVING WITH TYPE 2 DIABETES



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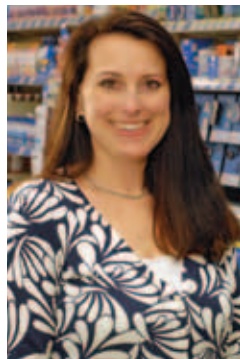
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**Contour[®]
next**
Blood Glucose Monitoring System

editor's letter



Dear Readers:

Welcome to the *Walgreens Diabetes & You* Summer 2014 issue. As always, we feature expert views on diabetes care, tips on healthy eating and great recipes.

The Italian Meatball Sliders pictured on the cover are as heart-healthy and diabetes-friendly as they are delicious. Be sure to also try our other great recipes: Chinese Chicken and Stir-Fry Pork and Green Onion Tacos.

Our feature article is on basketball legend Dominique Wilkins and his life with type 2 diabetes. Nicknamed the "human highlight film," Dominique was one of the leading scorers in National Basketball Association (NBA) history. Although he had a family history of diabetes, Dominique's type 2 diabetes diagnosis about a year after he retired from the NBA was a surprise to him and his family.

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- **Healthcare providers:** Email your request for **FREE** office copies of *Walgreens Diabetes & You* to info@Walgreensdiabetes.com from your office email. Please include the healthcare provider's name and office mailing address.
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As always, please share your questions or comments to us at:

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Sincerely,

Rachel Nadler, PharmD
Category Manager, Advanced Care
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Basketball legend Dominique Wilkins, nicknamed the "human highlight film," was one of the leading scorers in National Basketball Association (NBA) history. Although he had a family history of diabetes, Dominique's type 2 diabetes diagnosis about a year after he retired from the NBA was a surprise to him and his family.





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Dominique Wilkins

Basketball Hall of Famer,
managing type 2 diabetes
with Victoza®



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^aVictoza® 1.8 mg, taken alone or in combination with diabetes pills, lowered A1C by 1.0 to 1.5 points, on average, as shown in medical studies.

^bVictoza® has been shown to keep A1C down in a 2-year medical study.

Individual results may vary.

Pay no more than \$25 on your Victoza® prescriptions.^c Find out more at victoza.com

Indications and Usage

Victoza® (liraglutide [rDNA origin] injection) is an injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes when used along with diet and exercise.

Victoza® is not recommended as the first medication to treat diabetes. Victoza® has not been studied in patients with history of inflammation of the pancreas (pancreatitis). Victoza® is not a substitute for insulin and has not been studied in combination with prandial (mealtime) insulin. Victoza® is not for people with type 1 diabetes or people with diabetic ketoacidosis. It is not known if Victoza® is safe and effective in children. Victoza® is not recommended for use in children.

Important Safety Information

In animal studies, Victoza® caused thyroid tumors—including thyroid cancer—in some rats and mice. It is not known whether Victoza® causes thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people, which may be fatal if not detected and treated early. Do not use Victoza® if you or any of your family members have a history of MTC or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). While taking Victoza®, tell your doctor if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

Do not use Victoza® if you are allergic to liraglutide or any of the ingredients in Victoza®. Serious allergic reactions can happen with Victoza®. If symptoms of serious allergic reactions occur, stop taking Victoza® and seek medical attention. Pancreatitis may be severe and lead to death. Before taking Victoza®, tell your doctor if you have had pancreatitis, gallstones, a history of alcoholism, or high blood triglyceride levels since these medical conditions make you more likely to get pancreatitis.

Stop taking Victoza® and call your doctor right away if you have pain in your stomach area that is severe and will not go away, occurs with or without vomiting, or is felt going from your stomach area through to your back. These may be symptoms of pancreatitis.

Before using Victoza®, tell your doctor about all the medicines you take, especially sulfonylurea medicines or insulin, as taking them with Victoza® may affect how each medicine works. If you use Victoza® with insulin, you may give both injections in the same body area (for example, your stomach area), but not right next to each other.

Also tell your doctor if you have severe stomach problems such as slowed emptying of your stomach (gastroparesis) or problems with digesting food; have or have had kidney or liver problems; have any other medical conditions; or are pregnant or plan to become pregnant. Tell your doctor if you are breastfeeding or plan to breastfeed. It is unknown if Victoza® will harm your unborn baby or if Victoza® passes into your breast milk.

Your risk for getting hypoglycemia, or low blood sugar, is higher if you take Victoza® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. The dose of your sulfonylurea medicine or insulin may need to be lowered while taking Victoza®.

Victoza® may cause nausea, vomiting, or diarrhea leading to dehydration, which may cause kidney failure. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

The most common side effects with Victoza® include headache, nausea, and diarrhea. Nausea is most common when first starting Victoza®, but decreases over time in most people. Immune system related reactions, including hives, were more common in people treated with Victoza® compared to people treated with other diabetes drugs in medical studies.

Please see Brief Summary of Important Patient Information on previous page.

^cMaximum savings of \$150 per prescription up to 24 months. Additional restrictions may apply. Novo Nordisk reserves the right to modify or cancel these offerings at any time.

Victoza® is a prescription medication.

If you need assistance with prescription drug costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



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VICTOZA®
liraglutide (rDNA origin) injection

VICTOZA[®]

liraglutide (rDNA origin) injection

Important Patient Information

This is a BRIEF SUMMARY of important information about Victoza[®]. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about Victoza[®], ask your doctor. Only your doctor can determine if Victoza[®] is right for you.

WARNING

During the drug testing process, the medicine in Victoza[®] caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Victoza[®] will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people. If MTC occurs, it may lead to death if not detected and treated early. Do not take Victoza[®] if you or any of your family members have MTC, or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in the body.

What is Victoza[®] used for?

- Victoza[®] is a glucagon-like-peptide-1 (GLP-1) receptor agonist used to improve blood sugar (glucose) control in adults with type 2 diabetes mellitus, when used with a diet and exercise program.
- Victoza[®] should not be used as the first choice of medicine for treating diabetes.
- Victoza[®] has not been studied in people with a history of pancreatitis (inflammation of the pancreas). Other antidiabetic therapies should be considered in people with a history of pancreatitis.
- Victoza[®] is not for use in people with type 1 diabetes mellitus or people with diabetic ketoacidosis.
- It is not known if Victoza[®] is safe and effective when used with mealtime insulin.

Who should not use Victoza[®]?

- Victoza[®] should not be used in people with a personal or family history of MTC or in people with MEN 2.
- Victoza[®] should not be used in people with a severe allergy to Victoza[®] or any of its ingredients.

What is the most important information I should know about Victoza[®]?

- In animal studies, Victoza[®] caused thyroid tumors. People who use Victoza[®] should be counseled on the risk of MTC and symptoms of thyroid cancer.
- In people treated with Victoza[®], there have been cases of pancreatitis, which may be severe and lead to death. If pancreatitis is suspected, Victoza[®] should be discontinued. Victoza[®] should not be restarted if pancreatitis is confirmed.

- Serious low blood sugar (hypoglycemia) may occur when Victoza[®] is used with other diabetes medications such as sulfonylureas and insulin. This risk can be reduced by lowering the dose of the sulfonylurea or insulin.
- If serious allergic reactions (e.g., anaphylactic reactions and swelling) occur, discontinue Victoza[®] and other suspect medications and promptly seek medical advice.
- Victoza[®] may cause nausea, vomiting, or diarrhea leading to the loss of fluids (dehydration). Dehydration may cause kidney failure. This can happen in people who may have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.
- Like all other diabetes medications, Victoza[®] has not been shown to decrease the risk of large blood vessel disease (i.e., heart attacks and strokes).

What are the side effects of Victoza[®]?

- Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath while taking Victoza[®]. These may be symptoms of thyroid cancer.
- The most common side effects, reported in at least 5% of people treated with Victoza[®] and occurring more commonly than people treated with a placebo (a non-active injection used to study drugs in clinical trials) are headache, nausea, and diarrhea.
- Immune system related reactions, including hives, were more common in people treated with Victoza[®] (0.8%) compared to people treated with other diabetes drugs (0.4%) in clinical trials.
- This listing of side effects is not complete. Your health care professional can discuss with you a more complete list of side effects that may occur when using Victoza[®].

What should I know about taking Victoza[®] with other medications?

- Victoza[®] slows emptying of your stomach. This may impact how your body absorbs other drugs that are taken by mouth at the same time.

Can Victoza[®] be used in people with kidney or liver problems?

- Victoza[®] studies contain limited data in people with kidney or liver problems.

Still have questions?

This is only a summary of important information. Ask your health care professional for more complete product information, or

- Call 1-877-4VICTOZA (1-877-484-2869)
- Visit victoza.com

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Version 6

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go for the gold

WHAT THE AMERICAN DIABETES ASSOCIATION'S
NEW GUIDELINES MEAN FOR YOU.

By Martha Funnell, MS, RN, CDE



EACH YEAR, the ADA looks at all of the new research and writes standards for diabetes care. These are considered the “gold standard” for people with diabetes and healthcare professionals in the United States and around the

world. While many of the recommendations remain the same in the ADA's 2014 Standards, one major change was that dilated eye exams are now recommended every two years for people with no eye damage from diabetes instead of once a year.

Recently, the ADA published their 2014 Standards. These are considered the “gold standard” for people with diabetes.

There are also major changes in the nutrition and dietary guidelines for people with diabetes. Here are some of the important points:

— 2014 DIABETES GUIDELINES —

These recommendations from the 2014 ADA Standards are based on the best evidence that is available at this time. The good news is that new research is being done all of the

time. Keeping up to date with the standards helps you and your healthcare provider to be sure that you have the best chance for a healthy future.

NUTRITION AND DIETARY GUIDELINES

It's important to work with a dietitian to create a plan that fits with your lifestyle, usual eating pattern, likes, goals, dislikes and culture.

Weight loss is advised for people who are overweight, primarily by reducing portion sizes and increasing physical activity.

- **Carbohydrates.** Monitoring carbohydrate intake continues to be the main approach for managing blood glucose levels. Although there are no recommendations for the specific amount of carbohydrates to eat, many experts still use 45-60 g of carbohydrate per meal as a starting point. The carbohydrates are then adjusted based on glucose levels and your preferences.

For good health, the guidelines recommend that most of your carbohydrates come from vegetables, fruits, whole grains, legumes and dairy products and that sugar-sweetened beverages be limited or avoided.

OTHER NUTRIENT RECOMMENDATIONS

- **Fat.** The guidelines for fat, sodium and fiber are the same as for people without diabetes.

There is no specific

amount of fat, but foods higher in unsaturated fat (liquid fats) are recommended instead of saturated and trans fats.

- **Sodium.** Total daily sodium guideline is 2,300 mg.
- **Fiber.** Guideline is 25-30 g per day.
- **Protein.** Has little noticeable impact on blood glucose readings, but lean meats and meat substitutes have less saturated fat. This helps to support a healthy heart.
- **Alcohol.** Can be used in moderation.
- **Vitamins, minerals, herbs.** There is still no clear evidence that vitamin and mineral products, herbal products or cinnamon are helpful in managing diabetes. ■

THE ABCs OF DIABETES

A1C of 7%	This remains the goal for most people with diabetes.
A1C of less than 6.5%	This tighter goal may be recommended for those who have had diabetes for a short time, are expected to live for many years and have no significant heart and blood vessel disease.
A1C of less than 8%	This higher goal may be recommended for those who have a shorter expected life span, have difficulty reaching a lower goal without severe low blood glucose events, have had diabetes for a long time or have multiple complications.
Blood pressure	Reading of 140/80 for most people.
Cholesterol ("Bad" LDL)	Reading of 100 mg/dL
Cholesterol ("Good" HDL)	Reading of more than 40 mg/dL for men and 50 mg/dL for women
Triglycerides	Reading of less than 150 mg/dL

MATCHING FOOD AND MEDICINES

Specific advice about meal planning is based on how your diabetes is treated. Meal plans for different types of therapies are listed in the table below.

Treatment for diabetes	Meal planning method
Meal planning, physical activity with no medicines	Focus on healthy eating and portion control using a plan such as www.choosemyplate.gov .
Diabetes pills	Eat similar amounts of carbohydrates at about the same times each day.
Once-daily insulin, premixed insulins (such as 70/30, 75/25 or 50/50) or GLP-1 shots	Eat similar amounts of carbohydrates at about the same time each day. Take insulin at about the same time every day.
Multiple shots each day or an insulin pump	Carbohydrate counting to match mealtime insulin to food. Take insulin before (not after) meals.

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Why is it important to check blood glucose?

Checking your blood glucose levels with a meter can help you make choices about your food, physical activity, and medicines. Take your blood glucose records to your healthcare-provider visits, which will help both of you decide how often you should check your blood glucose and if any changes are needed in your diabetes treatment plan.

AnsWers at *Walgreens™*

*Pharmacist Tracking Study (US) July 2013.

†Some health plans may have more than one test strip covered at the lowest co-pay.

‡Not a guarantee of coverage and payment. Coverage and payment may be subject to co-insurance, deductible, and patient eligibility requirements.

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your pharmacist can help you control your blood glucose

WALGREENS PHARMACISTS ARE AN IMPORTANT PART OF YOUR DIABETES CARE TEAM.

By Rachel Nadler, PharmD



HAVE YOU EVER WONDERED who to turn to for the best advice on managing your blood glucose levels? You might think of your doctor first, since he or she certainly plays an important role in your care.

Yet a recent study found that pharmacists, as part of a medication management program, are the health professionals who can best help people with diabetes keep their blood glucose levels under control. So it makes a lot of sense for people with diabetes to have their Walgreens pharmacists be involved in their diabetes care.

THE RESEARCH

The study showed that A1C levels, which measure blood glucose control over two to three months, were lower in people with diabetes if they got help from their pharmacists.

People enrolled in this study had

A1C levels of more than 7.5. This is higher than the recommended level of 7 for people with diabetes. Those who received help from pharmacists were able to reduce their A1C levels by twice as much as the people who did not. These results continued for two years.

DIABETES AND YOUR WALGREENS PHARMACIST

Your Walgreens pharmacist is available to consult with you on any questions you may have about your diabetes care, free of charge. He or she can also answer questions about:

- diabetes testing supplies
- your prescriptions
- your overall health.

You can also visit Walgreens.com/PharmacyChat for any medication concerns—anytime, day or night. It's live, confidential and secure. ■

Pharmacists now play an important role in diabetes care. They are no longer seen as people who just give you medications; they can also give you valuable advice about your diabetes.

Many have even taken special diabetes care training. They can work with you on setting health goals and help you understand how to work with your care team to best manage your condition. Go to Walgreens.com/FindYourPharmacist to find the nearest Walgreens pharmacist who specializes in diabetes care.

Over a two-year period, people who were advised by pharmacists had better glucose control.

be *i*nformed

Pharmacists

- talk with people who have diabetes about their condition.
- change medications and doses if needed.
- educate people with diabetes about how to care for themselves.

IF YOU HAVE **DIABETES**
WHAT YOU PUT HERE
CAN IMPACT YOUR GUM HEALTH



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tips for giving your insulin shot

MOST PEOPLE FIND THAT INSULIN SHOTS ARE NOT AS PAINFUL AS THEY FEARED.

By Martha Funnell, MS, RN, CDE



There is no difference between a pen and a syringe in terms of blood glucose response. It's a personal choice.

WHILE IT'S COMMON to dread the thought of taking insulin, it's also common to wonder why you resisted once you get started. If you feel down

33%

the estimated percentage of people with type 2 diabetes who take insulin, either alone or in combination with diabetes pills.

about taking insulin, it may help to remind yourself that taking insulin is not a sign that you failed to take care of yourself or that your diabetes has gotten worse.

It just means that your body needs insulin to keep your blood glucose levels in your target range.

PENS VS. SYRINGES

Insulin can be given using either an insulin pen or a syringe. There are pluses and minuses for each. For many people, the biggest factor to consider is insurance coverage. Some insurers will not cover pens because of the cost. However, more companies cover pens now, so check with your insurance plan to find out if yours covers them.

If you often take insulin while you're away from home, it may be easier to carry a pen rather than a vial of insulin and a syringe. On the other hand, if you take large doses of insulin it may be easier to use a syringe. Some people feel more secure when they use a syringe because they can see the insulin leaving the syringe.

NEEDLES AND SYRINGES

The good news is that needles are now smaller and thinner than ever for both pens and syringes. This means injections are less painful.

Needles that are between 4-6 mm (less than ¼-inch long) may be used by any adult, regardless of body weight. Be sure to give an air shot each time you use a new pen needle to make sure you get your complete dose.

There is no difference in syringes in terms of accuracy or comfort. Choose the syringe size that best matches your dose and is easiest for you to read. If you take doses that end in odd numbers, choose a syringe with 1-unit markings.

GIVING YOUR INJECTION

You don't need to clean the top of the vial or your skin with alcohol. Insulin is considered bacteriostatic, which means it's very unlikely it will give you an infection.

Choose an injection site on your thighs, arms, buttocks or abdomen. Insulin is absorbed fastest from your abdomen.

Your blood glucose will be more stable if you stick with one area for each type of insulin. You do need to change your injection sites slightly each day to avoid getting lumps and bumps,

which interfere with insulin absorption.

You don't need to pinch an inch of skin. You can simply stick the needle straight in. With today's shorter needles, there is almost no chance you will inject your insulin into a vein or muscle. The exceptions are children and very thin adults, who need to insert the needle at a 45-degree angle. Hold the needle in place for a count of 10 before pulling the needle out to be sure you are getting your full insulin dose.

TAKING IT WITH YOU

Unopened vials or pens can be kept in the refrigerator until the expiration date. Opened vials or the pen you are currently using don't need to be refrigerated as long as they are at room temperature, or between 32° and 86°F. If your insulin freezes, throw it out because it will not work at all. Insulin that has been overheated will be less effective. The time this is most likely to happen is when insulin is left in a car on a cold or hot day, on a window sill or in a steamy bathroom. You can buy an insulated container to keep your insulin at the right temperature away from home.

It is a good idea to think about when this is likely to happen so you can try to prevent it. It is very important to have effective insulin around when you need it. It may sound like a chore, but in the long run, it will make your life easier. ■

STUDY FINDINGS AND WHAT THE EXPERTS SAY

People who use pens are more likely to give the correct dose and are more satisfied with taking insulin.

Needles are designed to be used once, and they get dull with each use. If you decide to reuse the needle on your pen, change it at least once a day.

Make a plan for how to take your pre-meal insulin when away from home.

Visit walgreensdiabetes.com for more articles on diabetes care.

4

insulin facts

①

Most people find that insulin shots are not as painful as they feared.

②

If you find it painful or you often get bruises, ask your healthcare provider or educator to watch you inject yourself so he or she can offer advice.

③

Some people find that pressing firmly on the injection site for a few seconds helps to ease the pain.

④

Don't worry if you see a drop of blood when you remove the needle. This does not mean that you have injected your insulin into a muscle or vein.

obesity and diabetes: a deadly duo

A NEW STUDY SHEDS LIGHT
ON THIS DANGEROUS COMBINATION.

By Amy Campbell MS, RD, LDN, CDE

HIGH BLOOD PRESSURE, heart disease and stroke are just some of the problems that obesity can cause. Diabetes can also result from obesity and, if left untreated, can lead to problems like heart disease, vision loss, kidney disease and nerve damage. If obesity and diabetes exist together, could they be a deadly duo? A recent study based on the National Health Interview Survey (NHIS) looked at this question to see if being obese and having diabetes can pose a greater risk of death than being obese and not having diabetes.

The NHIS study followed a large group of U.S.-born black and non-Hispanic white study members for about 10 years. Study members were placed into five groups based on their body mass index (BMI), so it was easy to see which members were obese. Study members who had diabetes, no matter what their BMI was, had a greater risk of death. The obese study members also had a greater risk of death and lower quality of life than those who were not obese, whether they had diabetes or not.

TIPS FOR STAYING HEALTHY

- Eating plenty of fruits, vegetables and lean protein, and limiting the amount of sugary and fatty foods in your diet are great ways to start improving your health.
- Being active for 30 minutes most days of the week can help you keep your weight within a healthy range. At the same time, you'll be keeping your heart healthy and lowering your risk of heart disease and diabetes. Even if you already have diabetes, the same rules apply.
- Eating a balanced diet of high-fiber and high-protein foods, such as whole grains, fruits, vegetables, lean meats, and low-fat dairy products, will keep you fuller longer and will keep your sweet tooth in check.

By eating healthy and staying active, you can keep your diabetes under control, spend less time at your healthcare provider's office, and increase the amount of time you spend enjoying a healthy life. ■



WHAT DOES THIS MEAN FOR ME?

Whether you have diabetes or not, eating a healthy diet and staying active can help keep your weight within a healthy range. Keeping your BMI below the obesity marker of 30 will lower your risk of diabetes and other health problems, such as high blood pressure and stroke. If you have diabetes, following a healthy eating plan and staying active will help you manage your blood glucose levels and protect against any additional health problems.

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recipes for healthy living for you and your family

Hip-hop legend Rev Run and his wife Justine Simmons have partnered with Novo Nordisk, a world leader in diabetes care, for *Ask.Screen.Know.*, a national education program that challenges Americans aged 45 or older to find out about their risk of type 2 diabetes and raise awareness for early screening. The healthy recipe below is one of Justine Simmons' favorites. Visit AskScreenKnow.com for more of Justine's favorite healthy recipes.

GRILLED SALMON WITH LIME

Serves 4

- 2 tbsp olive oil
- 2 minced garlic cloves
- ¼ cup lime juice
- 1 tbsp white cooking wine
- 2 tbsp grated lime peel
- 1 tsp honey
- 1 tbsp dried dill
- nonstick vegetable cooking spray
- 4 6-oz (24 oz) salmon fillets
- 4 cups broccoli florets
- 1 cup cauliflower florets
- 1 cup sliced carrots



- 1 cup long-grain brown rice, cooked according to directions, without salt or fat

1. Preheat grill or broiler to medium heat. In a small saucepan add olive oil and minced garlic. Cook 1 minute and stir in lime juice, cooking wine,

grated lime peel and honey. Remove from heat and stir in dill.

2. Brush salmon with olive oil mixture. Spray grill or broiler pan with

nonstick vegetable cooking spray. Grill or broil salmon 3 to 4 minutes per side, basting occasionally and turning, until fish flakes easily when tested with a fork.

3. Meanwhile, steam broccoli, cauliflower and carrots and served with hot brown rice.

**NUTRITION
INFORMATION
PER SERVING:**
Cal. 488, **Total Fat** 15 g, (Sat. 2 g, Trans 0 g), **Cholesterol** 89 mg, **Carbs** 49 g, **Fiber** 6 g, **Protein** 42g, **Sodium** 180 mg

This recipe is provided courtesy of Cornerstones4Care®. For more information visit Cornerstones4Care.com.

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summer recipes

HEART-HEALTHY & DIABETES-FRIENDLY
RECIPES FOR THE SUMMER
OR YEAR-ROUND



ITALIAN MEATBALL SLIDERS

Serves 12 • 1 slider per serving

Sauce

- | | |
|---|---|
| 1 teaspoon olive oil | ¼ cup panko (Japanese-style bread crumbs) |
| ¼ cup diced onion | ¼ cup diced onion |
| 1 medium garlic clove, minced | 1 tablespoon minced pine nuts |
| 1 6-ounce can no-salt-added tomato paste | 1 tablespoon dried parsley, crumbled |
| 2 8-ounce cans no-salt-added tomato sauce | 1 tablespoon fat-free milk |
| 1 teaspoon dried basil, crumbled | 2 medium garlic cloves, minced |
| 1 teaspoon dried oregano, crumbled | ½ teaspoon pepper |
| ¼ teaspoon crushed red pepper flakes | ¼ teaspoon crushed red pepper flakes |
| Cooking spray | 1 large egg, lightly beaten with a fork |

Meatballs

- | | |
|--------------------------------|---|
| 1 pound extra-lean ground beef | 12 whole-wheat slider or dinner rolls (lowest sodium available) |
| | 12 fresh basil leaves (optional) |

1. In a medium skillet, heat the oil over medium-high heat, swirling to coat the bottom. Cook ¼ cup onion for about 3 minutes, or until soft, stirring frequently. Stir in the garlic. Cook for 1 minute, stirring frequently. Stir in the tomato paste. Cook for 1 minute, stirring constantly and scraping the bottom of the skillet. Stir in the tomato sauce, basil, oregano, and red pepper flakes. Bring to a simmer. Reduce the heat and simmer, covered, for 30 minutes.

2. Meanwhile, preheat the broiler. Lightly spray the broiler pan and rack with cooking spray.

3. In a medium bowl, using your hands or a spoon, gently combine the meatball ingredients except the egg. Don't overwork the mixture or it will become too compact and the meatballs will be heavy. Gently work in the egg. Shape into 12 ½-inch balls (about 1½ teaspoons each). Transfer to the broiler rack.

4. Broil the meatballs about 4 inches from the heat for 10 to 15 minutes, or until the tops are browned. Turn over. Broil for 10 to 15 minutes, or until the meatballs are browned on the outside and no longer pink in the center. Drain on paper towels.

5. Stir the meatballs into the sauce.

6. Just before serving, split open the rolls and toast them. Place 1 basil leaf on the bottom half of each roll. Top with 1 meatball and 2 tablespoons of sauce. Put the tops of the rolls on the sliders. *Cook's tip:* If you can't find whole-wheat, lower-sodium slider or dinner rolls, you can use 4 whole-wheat hot dog buns. Cut the buns crosswise into thirds to create 12 slider rolls.

NUTRITION INFORMATION PER SERVING:

Cal. 188, **Total Fat** 5 g, (Sat. 1.5 g, Trans 0 g), **Cholesterol** 36 mg, **Carbs** 25 g, **Fiber** 4 g, **Sugars** 7 g, **Protein** 13 g, **Sodium** 191 mg
Exchanges: 1½ starch, 1 vegetable, 1 lean meat



Recipes adapted from *The Go Red for Women Cookbook*. Copyright © 2013 by American Heart Association. Photos copyright © 2013 by Ben Fink. Published by Clarkson Potter, a division of Random House, LLC.



CHINESE CHICKEN STIR-FRY

Serves 6 • 1-cup chicken mixture
and ½ cup rice per serving

- 1½ cups uncooked instant brown rice
- 3 tablespoons cornstarch
- 1½ cups fat-free, low-sodium chicken broth
- 3 tablespoons dry sherry or fresh orange juice
- 2 tablespoons soy sauce (lowest sodium available)
- 1 tablespoon plain rice vinegar
- 2 teaspoons chili oil
- 1 tablespoon gingerroot,
- 3 peeled and grated medium garlic cloves, minced
- 1 pound boneless, skinless chicken breasts, all visible fat discarded, cut into 1-inch cubes
- 2 teaspoons toasted sesame oil
- 8 ounces mushrooms, sliced
- 1 cup diced red bell pepper
- 1 8-ounce can water chestnuts, drained
- ¾ cup sliced green onions
- ½ cup pecan halves, dry-roasted
- ¼ teaspoon crushed red pepper flakes

PORK AND GREEN ONION TACOS

Serves 4 • 2 tacos per serving

- Cooking spray
- ½ cup fat-free sour cream
- ¼ cup chopped fresh cilantro
- 1 tablespoon fresh lime juice
- 1 small garlic clove, minced
- 1 teaspoon smoked paprika
- ½ teaspoon chipotle powder
- ⅛ teaspoon salt
- 12 ounces boneless pork loin chops (about ¾ inch thick), all visible fat discarded
- 8 medium green onions (6 to 8 inches long)
- 8 6-inch corn tortillas
- 2 cups loosely packed shredded spinach or romaine
- 1 medium tomato, cut into thin wedges
- 1 small lime, cut into 4 wedges

1. Lightly spray the grill rack with cooking spray. Preheat the grill on medium.
2. In a small bowl, whisk together the sour cream, cilantro, lime juice and garlic. Set aside.
3. In a separate small bowl, stir together the paprika, chipotle powder and salt. Sprinkle over both sides of the pork. Using your fingertips, gently press the mixture so it adheres to the pork.
4. Grill the pork for 3 to 4 minutes on each side, or until it registers 145°F on an instant read thermometer. Transfer to a cutting board. Let stand for 3 minutes.
5. Grill the green onions for 1 to 2 minutes on each side, or until they begin

1. Prepare the rice using the package directions, omitting the salt and margarine. Set aside. Cover to keep warm.
2. Put the cornstarch in a medium bowl. Add the broth, sherry, soy sauce, and vinegar, whisking to dissolve. Set aside.
3. In a large skillet or wok, heat the chili oil over high heat, swirling to coat the bottom. Cook the gingerroot and garlic for 1 minute, stirring constantly. Reduce the heat to medium high. Stir in the chicken. Cook for 4 minutes, or until the chicken is lightly browned, stirring constantly. (The chicken won't be done at this point.) Transfer to a plate. Wipe the skillet with paper towels.
4. In the same skillet, still over medium-high heat, heat the sesame oil, swirling to coat the bottom. Cook the

mushrooms, bell pepper, and water chestnuts for 5 to 7 minutes, stirring frequently.

5. Whisk the broth mixture. Stir it into the mushroom mixture. Stir in the chicken. Cook for 3 to 4 minutes, or until the chicken is no longer pink in the center.
6. Stir the green onions, pecans, and red pepper flakes into the chicken mixture. Cook for 2 minutes, stirring frequently. Serve over the rice.

NUTRITION INFORMATION PER SERVING:

Cal. 317, **Total Fat** 12 g, (Sat. 1.5 g, Trans 0 g), **Cholesterol** 48 mg, **Sodium** 248 mg, **Carbs** 30 g, **Fiber** 4 g, **Sugars** 4 g, **Protein** 23 g, **Exchanges:** 1½ starch, 1 vegetable, 2½ lean meat, ½ fat

- to brown. Transfer to the cutting board.
6. Warm the tortillas using the package directions.
7. Thinly slice the pork diagonally across the grain. Chop the green onions into 1-inch pieces. Layer as follows in the center of the tortillas: the pork, green onions, spinach, and tomato wedges. Spoon the sour cream mixture on top. Serve the tacos with the lime wedges.

NUTRITION INFORMATION PER SERVING:

Cal. 255, **Total Fat** 4 g, (Sat. 1 g, Trans 0 g), **Cholesterol** 61 mg, **Sodium** 176 mg, **Carbs** 29 g, **Fiber** 6 g, **Sugars** 7 g, **Protein** 24 g, **Exchanges:** 1½ starch, 1 vegetable, 3 lean meat



dominique wilkins

THE NBA BASKETBALL HALL OF FAMER
ON LIVING WITH TYPE 2 DIABETES

By Jonathan Jarashow

BEST KNOWN FOR his amazing performances as a basketball superstar, primarily for the Atlanta Hawks, in the '80s and '90s, Dominique Wilkins earned the nickname "The Human Highlight Film." As one of the leading scorers in National Basketball Association (NBA) history, his place in the Hall of Fame is well deserved. But even legendary athletes in great shape can get diabetes.

A SURPRISE DIAGNOSIS

At the age of 40, Dominique was diagnosed with type 2 diabetes. "About a year after I retired from the NBA, I started having problems. So I went for a checkup. The doctor ran some tests and took two hours to come back with the results. So I knew something was wrong. That's when I found out I had type 2 diabetes."

Although he had a family history of diabetes, the diagnosis was a surprise to Dominique and his family. He had always kept himself healthy, even during his time away from basketball. "Diabetes is really hard to detect when you're in great shape," he notes. But even before his diagnosis, there were some telltale signs. "My problems were already known because I had a couple of episodes when my blood glucose



level got too low, and I had to eat something to get the level back up."

Despite the shock, Dominique was able to channel the energy and passion he had to become an elite basketball player toward changing his lifestyle habits. "Diabetes scares you. It scared me, especially because I know what my father and grandfather went through. I stopped being depressed over my diagnosis after about two weeks. I changed my diet. I started exercising, taking medicine, and it just all came together.

I took sugar out of my diet. I lost 30 pounds in two-and-a-half months. The disease forces you to be disciplined."

MANY DIFFERENT WAYS TO EXERCISE

Although Dominique is now retired and works as an executive for the Atlanta Hawks, he still keeps active. He knows that exercise is important in diabetes care, and he wants to make sure his kids know, too. He still shoots hoops with his children, but also works at being active in many different ways.

After losing his grandfather and father to diabetes, Wilkins was determined to do everything possible to take better care of his diabetes and encourage others to do the same.

"I am a very active guy, even when I'm not playing basketball. I'm always walking. I just came from Walgreens about an hour ago. I took a mile walk there and a mile walk back. So that was great for me. This is part of how I manage my diabetes every day."

Healthy eating is also a big part of Dominique's daily routine, as both he and his wife Sunny like to cook. They also make sure to keep lots of healthy foods around the house.

MOTIVATING OTHERS

As a spokesperson for Victoza, from Novo Nordisk, Dominique often speaks at diabetes conferences. He focuses on the importance of talking to your healthcare provider and learning as much as you can about the disease. "Go to Victoza.com where you can find helpful information about better ways to help manage your type 2 diabetes. This didn't happen overnight for me. I had to really educate myself about diabetes, about what I need to do to manage it. And I look at diabetes now as kind of a blessing that makes me look at my health a lot differently." ■

Nearly 2 out of 3 adults with Diabetes suffer from Gingivitis.

Travis Stork
M.D., TV Host

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to soy or not to soy?

SOME SAY SOY INCREASES YOUR RISK OF CANCER, WHILE OTHERS SAY SOY CAN LOWER YOUR RISK FOR CHRONIC DISEASE.

By Staci Gulbin, MS, MEd, RD, LD

CAN ONE SERVING of soy a day keep the doctor away?

Over the past 10 years, people have been talking a lot about soy and how it affects your health.

IS SOY GOOD FOR YOU?

Some say soy increases your risk of cancer, while others say soy can lower your risk for chronic diseases, such as diabetes.

So who should you believe? Check out the research and decide for yourself.

ABOUT SOY

- It is one of the few plant foods that has enough of the protein building blocks we all need for good health.
- It has very little saturated fat and no cholesterol.
- It can be a healthy change from animal

proteins such as beef, pork or eggs. These animal proteins can be high in fat.

- It has lots of good fats, like polyunsaturated fats and omega-3 fatty acids.

There has been a lot of argument about soy because it contains plant hormones called “phytoestrogens,” or plant estrogens. It is not clear whether or not phytoestrogens can lead to hormone-related cancers.

SOY AND CANCER RESEARCH

Scientists used to think that the phytoestrogens from soy could lead to an increased risk of tumor growth. But these tumor findings were only done using animals like rats and mice. Advanced studies show that



rats and mice digest phytoestrogens differently from people. Other studies have shown that soy phytoestrogens can actually help prevent cancer.

Researchers also looked at people with lung cancer. They found that people who eat more soy foods lived longer than those who ate very little soy.

Based on these findings and others, the American Cancer Society says that soy is safe, even for people who have had estrogen-related cancers like breast cancer.

SOY AND HEART HEALTH

Soy can lower your risk of heart disease and help lower your cholesterol. If you

replace some high-fat animal proteins with low-fat soy proteins, you may be able to lower your blood lipids and, therefore, lower your risk of heart disease.

The American Heart Association suggests that eating between 25 and 50 grams of soy protein each day is safe and can help reduce your LDL, or “bad” cholesterol, by up to 8 percent.

THE VERDICT...

Whole soy foods are safe to eat for everyone as part of a healthy lifestyle. They help lower your risk of heart disease and cancer. So go ahead and replace the meat in your stir fry with some soy beans for a healthy twist. It's sure to please your taste buds and your heart. ■

5

Tips to add soy to your diet

1

Stick to whole soy foods, such as soybeans, soy nuts, tofu or tempeh. Fermented soy foods such as miso can be high in sodium. More processed soy foods, like nuggets or soy patties, may have a lot of added sodium and sugar.

2

Drink one cup of soy milk with meals, in a smoothie, or on cereal for about 7 g of protein and less than 5 g of fat.

3

Eat a half-cup of soybeans, also known as edamame, alone or as part of salads, soups or stir-fry dishes.

4

One-quarter cup of soy nuts provides you with 15 g of protein and only 10 g of fat. This is about half the fat of one serving of peanuts or cashews.

5

Use tofu to replace meat in recipes. Stir-fry and grill tofu, or dice and add it to stews, soups or lasagna.

be *i*nformed

How much soy should I eat each day?

One serving of soy gives you about 7 to 15 g of protein. The research says that adults should eat between two and four servings, or about 25 g, of soy foods each day.

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* As of March, 2014.

1. Aronson R, et al. *Clinical Therapeutics* 2013;35:923-33

2. Hirsch LJ, et al. *Journal of Diabetes Science and Technology*. 2012;6(2):328-35.

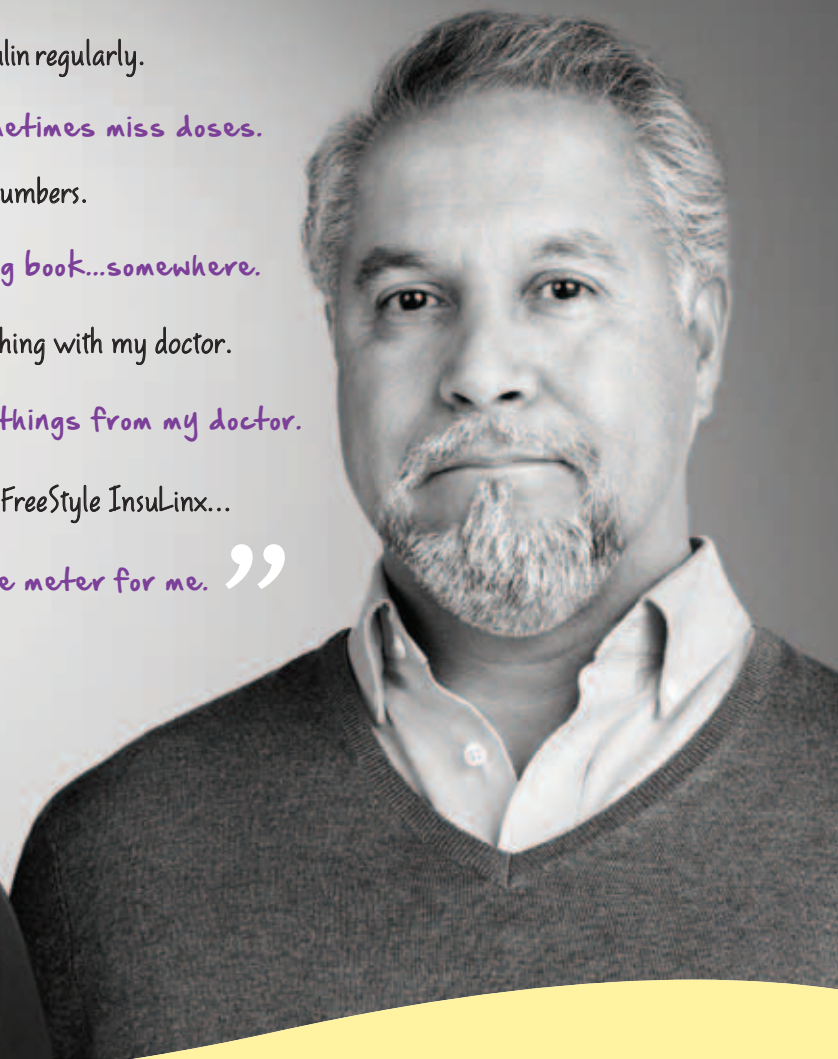
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FACTS ABOUT VITAMINS, MINERALS
AND HERBAL SUPPLEMENTS FOR PEOPLE WITH DIABETES.

By Joy Pape MSN, RN, FNP, CDE, WOCN, CFCN, FAADE

The best way to choose a supplement is to talk to a healthcare professional who can suggest high-quality brands.



IT'S NOT UNUSUAL to hear people who have diabetes say, "I don't want to take medicine." Yet a lot of people with diabetes are

taking dietary supplements, such as vitamins, minerals and herbs for extra help with their health problems. Certified Diabetes Educator

(CDE) and Professor of Pharmacy Laura Shane-McWhorter knows just how common this is. In an article she wrote for

the American Diabetes Association, she noted that in 2011, more than half of Americans with diabetes took some kind

of supplement every day. This is a big increase from 2002, when only 1-in-4 people with diabetes were taking an herbal product each day.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Taking vitamins, minerals and herbs is part of an approach to health called Complementary and Alternative Medicine, or CAM by the National Center for Complementary and Alternative Medicine (NCCAM). They define CAM as “a group of varied medical systems, practices, and products that are not usually part of ‘regular’ medicine.”

Regular medicine is the kind of medicine that most doctors, nurses, diabetes educators and pharmacists currently practice. Regular medicine is also known as Western medicine. The differences between CAM and regular medicine are not always clear.

There is lots of new research showing that some CAM practices are safe and effective. This has led to many of these practices being accepted by regular healthcare providers and the public. For example, it is now common for both CAM and regular healthcare providers to suggest yoga as a way to decrease stress. Integrative medicine is a practice that does just this: It blends alternative and complementary therapies and regular medicine so patients get the best of both worlds.

5 POINTS TO KEEP IN MIND IF YOU ARE TAKING DIETARY SUPPLEMENTS

1 Understand why you are taking the supplement.

Do you know what the supplement is supposed to do for you? If it is one that claims to lower your blood glucose, do you know if it is helping? To find out, check your blood glucose level often when you are taking the supplement. Then cut down on the amount you take to see if it makes any difference. If you see that it doesn't make any difference, there may be no need to keep taking it.

2 Tell your healthcare providers, including your Walgreens pharmacist, what supplements you are taking.

Just like you tell your healthcare providers what medicines you take, you should also tell them what supplements and other over-the-counter medicines you take. Better yet, bring the bottles with you to your next office visit. Your healthcare provider may be able to tell you if it's safe to take all of the different medicines together.

3 Continue to take your prescribed medicine.

Do not stop taking your prescribed medicine when you start a new supplement. If you see your blood glucose levels are getting too low, contact your healthcare provider and discuss this before making any changes on your own.

4 Keep learning from trusted sources.

You may receive information about CAM in the mail or from friends and family. But, don't trust everything you see and hear. Make sure the information you get is correct and safe.

5 There is also a lot of information available for free on the Internet.

Check out nccam.nih.gov for useful information. You can also learn a lot by reading *Walgreens Diabetes & You* magazine or talking to your local Walgreens pharmacist.

HERBS AND DIETARY SUPPLEMENTS

People take dietary supplements for many different reasons including:

- the belief that they can avoid the side effects of regular medicines
- the belief that they are natural.

It is important to know that although many supplements are natural, natural does not always mean safe. There are many plants that are natural, but are also poisonous. Some supplements may also interact with medicines you already take, prescribed or over-the-counter.

There is no government agency to make sure the supplements you take are safe, as there is for regular medicines. Prescription and over-the-counter medicines need to go through years of scientific research to prove they are safe and effective before they can be sold to you. Once on the market, the government regulates all prescription drugs to make sure the actual ingredients and amount stated on the label is what you receive.

Dietary supplements have no such regulation. There is no law that says the amount of the supplement needs to be stated on the bottle, and if it does list this, there is no guarantee that what it states is true. ■

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COMMITTED — *to* — YOUR DIABETES CARE

Our pharmacists are here to help you know your numbers, with in-store health tests, including A1C and cholesterol.* **Get your results in minutes**, plus each test includes a blood pressure check and pharmacist consultation about your results. **To find a participating location near you, call 877-926-3968 or visit Walgreens.com/FindAHealthTest.**

Plus, we accept Medicare assignment on diabetes testing supplies and carry **ALL major brands**.

KNOW YOUR NUMBERS.

Talk to your local Walgreens pharmacist.



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*Available to ages 18+ at select locations. Subject to availability. Not for diagnostic or treatment purposes. Not reimbursable through insurance. Pharmacist consultation with patient does not constitute medical advice. Recipients are encouraged to report their test results to their primary care physician. For the Full Cholesterol Panel Test, fasting for 9–12 hours of no food or drink (other than water) is recommended. A1C testing available only to self-identified diabetics.

saving money on diabetes care products

DIABETES CARE CAN BE EXPENSIVE.
HERE ARE A FEW SUGGESTIONS TO KEEP COSTS DOWN.

By Patricia Bonsignore, MS, RN, CDE



DIABETES DOESN'T COME CHEAP and the cost of pills, insulin, and supplies can add up quickly. Finding ways to save money on diabetes care is important. Here are some steps you can take to reduce your diabetes prescription costs.

ASK ABOUT GENERICS
Some people prefer brand-name products over generic ones no matter what the cost, but in the drug industry the added price a person must pay for brand names may not be worth it. Generic drugs, by law, must

Review your medicines once a year with your Walgreens pharmacist or healthcare provider. Make sure you still need all of the medicines on the list.

meet the same strict criteria as brand-name drugs, and are required to work as well in the body. For this reason, there is no real benefit to taking a brand name over a generic equivalent. In fact, in most states, pharmacists are required to

substitute brand names automatically with their generic equivalents. Ask your pharmacist whether the drug you take has a generic equivalent.

ASK ABOUT OVER-THE-COUNTER (OTC) DRUGS

Many drugs that once required a prescription are now available over the counter. Ask your pharmacist if there is a lower-cost, non-prescription OTC drug that can be substituted for your prescription.

SAVE MONEY ON YOUR BLOOD GLUCOSE METER, TEST STRIPS AND SUPPLIES

- **Switch to a store brand meter.** If you use a blood glucose meter and are having trouble paying for your strips, consider switching to a store brand meter and strips. The strips are a lot less expensive and the blood glucose results are just as reliable. Lancets and syringes also come in generic brands. Your pharmacist can give you more information on these products.
- **Make sure your blood glucose meter is preferred by your insurance company.** Call the telephone number on the back of your insurance card and ask the customer representative which blood glucose meter is preferred. The copay for the strips on a preferred meter are usually on the lowest tier. Don't assume that because

your pharmacist has filled the prescription that you have the preferred meter. It may be that you are just paying a higher copay for your strips.

- **Get a prescription for your blood glucose supplies.** Even though blood glucose meters, strips and lancets are available over the counter, they can also be purchased through your insurance using your prescription benefit. Ask your healthcare provider for a prescription for your meter, test strips and lancets. Make sure the prescription states how often you are checking your blood glucose levels.

- **If you have Medicare Part B,** blood glucose testing supplies are covered under your durable medical equipment (DME) benefit. Ask your pharmacist about this benefit and the special paperwork needed to qualify for it.

TALK TO YOUR PROVIDER ABOUT YOUR MEDICINE

Make sure to ask your healthcare provider about any medicines or products that have been prescribed for you. Let him or her know about any concerns or questions that you have. Make sure you understand potential side effects, what the medication is for and how to take it. If you are given equipment, such as a blood glucose meter or insulin pen, make sure

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WAYS TO SAVE ON YOUR MEDICINES

1. Ask if your medicines are available as combination products. If they are, you can reduce your copay by using the combination.
2. Before starting any new medicine, ask your provider if you can try lower-cost lifestyle measures first, such as eating a healthy diet, being physically active or losing weight. Lifestyle measures may even help you decrease the amount of medicines you are taking.
3. Ask about getting a 90-day supply of medicines and save one month of copays.
4. Do a price comparison for any over-the-counter medicines you are taking by checking the prices at various pharmacies in your community.
5. If you are a veteran, find out about free medicines available through your local Veterans Administration.
6. Contact your local Department of Health for information on state and national assistance programs.
7. Contact drug companies directly, as they may have access to discounts for expensive name-brand drugs. Some companies have patient medication assistance programs, too.

you understand when and how to use it. The more you understand your medicines and your equipment, the more likely you will follow through and use them. If you haven't been taking your medicine as prescribed, be honest about it. This will save both you and your provider a lot of time and energy.

TAKE YOUR MEDICINE AS PRESCRIBED

Believe it or not, this can save you money in the long run. Taking medicine as prescribed can help manage blood glucose, blood pressure and cholesterol levels. The better you control these risk factors early on, the less medicine you will need over time. If you think the medicine isn't working or is causing side effects, tell your provider. He or she may be able to change the dose or the medicine at the same copay.

VOUCHER OR COUPON PROGRAMS

Ask about drug samples, vouchers or coupons at your provider's office. This will allow you to try out a medicine before filling a prescription that you may not be able to tolerate. Talk to your pharmacist about special coupon or card programs for ongoing savings. ■

\$15 co-pay

on *Walgreens* TRUEtest™
Blood Glucose Test Strips¹
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Attention Walgreens pharmacists: Walgreens Diabetes & You WIC # 962592
or email info@walgreensdiabetes.com for more copies or more information.

* Walgreens Pharmacist Survey Study, November 2010. 1. Insurance coverage required. Offer not valid in AR and CA. Offer not valid if claim submitted to a government-funded program or certain private health plans. Consult with your Walgreens Pharmacist for details. 2. Data on file. NICO-2499 © 09/13 Nipro Diagnostics, Inc. TRUEresult, TRUE2go, and TRUEtest are trademarks of Nipro Diagnostics, Inc.

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