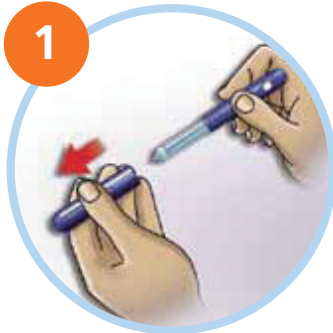


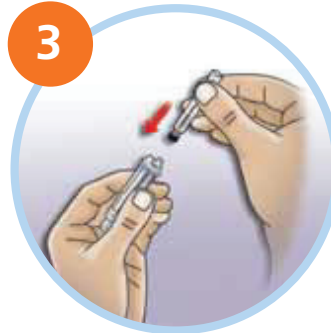
Preparing and injecting with a reuseable pen



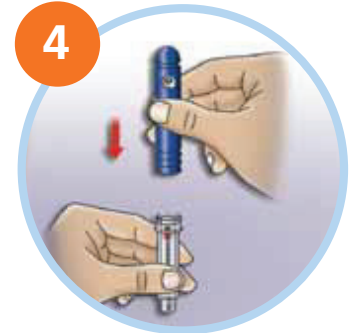
Remove the pen cap.



Remove the cartridge holder from the pen body.



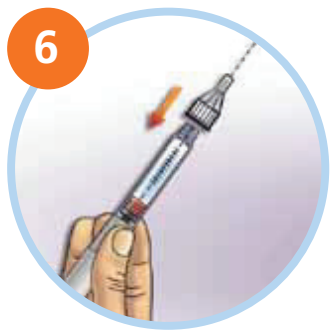
Insert the insulin cartridge into the cartridge holder.



Reattach holder pen body. Wipe stopper with alcohol.



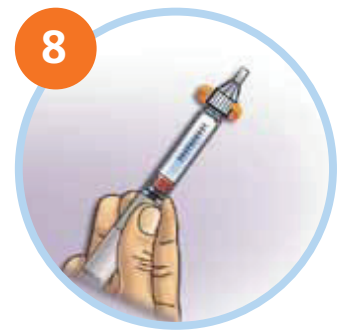
Take out new pen needle.



Position the needle along the axis of the pen.



Pierce the center of the cartridge.



Screw on the needle.



Pull off the outer and inner shield.



Follow the pen manufacturer's directions to prepare or prime your particular pen.



Wipe injection site with alcohol. Select insulin dose.

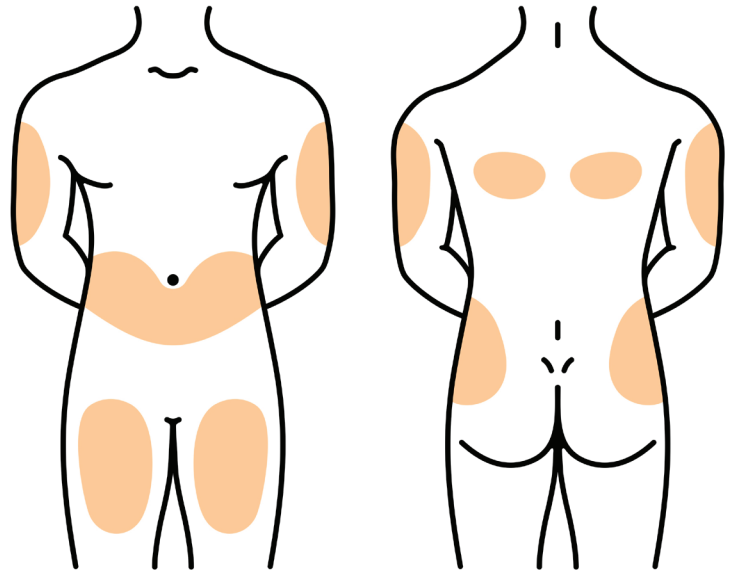


Perform the injection using the recommended technique.

INJECTION SITES

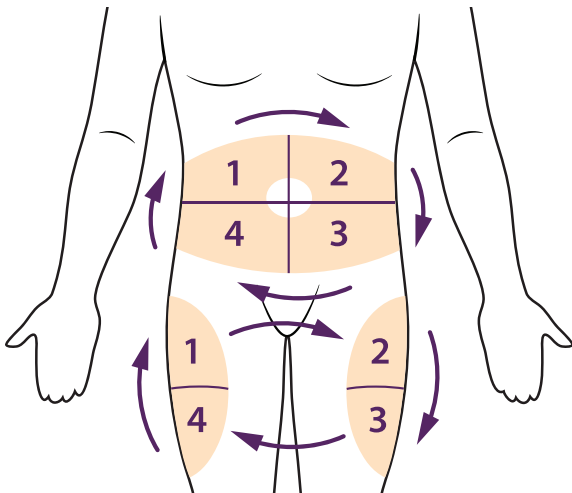
Insulin and some other diabetes medications should be injected into subcutaneous tissue, which is the layer of fat directly under the skin. Ideal injection sites, as illustrated below, are the abdomen, back of the arms, upper buttocks and the front upper outer area of the thighs. Abdominal injections should always be a few fingers away from the belly button.

The body absorbs insulin at various speeds from the different sites and enters the bloodstream most quickly after an abdominal injection. Some recommend injecting in the same area of the body to reduce this variation.



Consider administering rapid-acting insulin into the abdomen before a meal for fastest results.

Inject long-acting and intermediate-acting insulin into the other sites as rapid absorption would reduce the effectiveness of these types.



If you choose to use the same area, it's important to rotate the location where you inject (see rotation pattern below). This helps prevent buildup of lumpy tissue where insulin can't be absorbed as well.

Avoid injecting into scar tissue or areas located near bone. Space injections at least an inch apart.

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