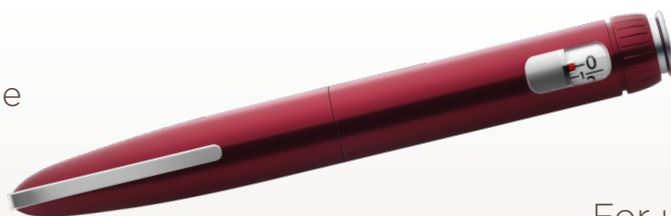


# How to use your HumaPen® Savvio®

A Step-by-Step Guide

**HumaPen®**  
savvio®



For use with

**Humalog®**  
insulin lispro (rDNA origin) injection  
100 units/mL

**Humalog®**  
**Mix25®**  
25% insulin lispro (rDNA origin) injection  
75% insulin lispro protamine suspension

**Humalog®**  
**Mix50®**  
50% insulin lispro (rDNA origin) injection  
50% insulin lispro protamine suspension

The HumaPen Savvio comes with a comprehensive user manual, which should be read fully before use.

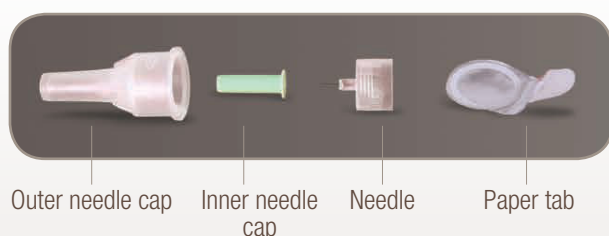
As with all health care devices, it is recommended that you are properly trained by a qualified healthcare professional prior to use.

**It is important to recognise the various parts of your HumaPen Savvio insulin delivery device. It will help you understand the correct directions for use.**

## HumaPen Savvio Parts



### Needle parts†



### Humalog 3mL insulin cartridge\*



HumaPen Savvio fits all Lilly 3mL insulin cartridges.

## Step 1 Inserting the insulin cartridge



1 Remove the pen cap.  
With one hand on the cartridge holder and one hand on the pen body, twist anticlockwise to detach the parts.



2 Insert a Humalog 3mL insulin cartridge into the cartridge holder.



3 Push the cartridge holder straight into the pen body.



4 Reattach the cartridge holder firmly by twisting clockwise.

## Step 2 Mixing cloudy insulin (Humalog Mix25 & Mix50)

This an important step in your injection regimen to ensure that your insulin solution is evenly mixed.

Whether or not you need to mix your insulin depends on which type you use:



**Humalog Mix25 and Mix50 cartridges** should appear **cloudy**, and **must be mixed** before use.

Carefully follow the instructions opposite.

**Humalog cartridges** should always appear **clear** and do not require mixing prior to use. **Move to Step 3.**

**Humalog®**  
insulin lispro (rDNA origin) injection  
100 units/mL

**IMPORTANT:** If your Humalog is cloudy, do not use it.



If you are using a cloudy insulin (Humalog Mix25 or Mix50) it must be evenly mixed before use.

Gently invert the HumaPen Savvio a few times.

**Do not shake your HumaPen.**



Holding the HumaPen gently between the palms of your hands, roll it backwards and forwards 10 times to ensure the mixture is properly mixed.

**Check that the insulin is evenly mixed.**

**If it is not, repeat this step.**

## Step 3 Attaching the needle

**You must use a new needle every time you inject Humalog insulin.**

Using needles for more than one injection:

- Might cause insulin to leak out of the cartridge
- Can lead to the pre-used needle becoming blocked with dried insulin or dried human material
- Can cause the needle to bend which can prevent your dose from being fully administered
- Pen cap cannot be replaced properly which might cause insulin to leak



Pick up the needle and unpeel the paper tab from the outer needle cap.



Screw needle onto the pen by twisting clockwise.



Remove the outer needle cap and keep it.

*You will need to use this later to remove the needle from your pen.*



Remove the coloured needle cap and dispose of it.

**Do not attempt to put it back onto the needle as this may cause a needle stick injury.**

## Step 4 Priming your Savvio pen

Priming is an important step to ensure that the needle is not blocked and the full dose is administered. **You must prime your Savvio pen before every injection.**



Dial up to 2 units of insulin.



Push the injection button and look for a stream of insulin from the needle.



**If there is no stream, reattach a new needle and try again until the stream is observed.**

## Step 5 Injecting your insulin dose

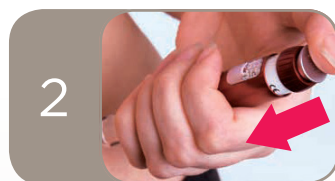
### Do not try to press the injection button without a needle attached

- the cartridge will become pressurised and the HumaPen will jam.



Dial the dose as instructed by your healthcare professional.

**If you dial too many units, dial backwards to correct.**



Insert the needle straight into your desired injection site.

Place your thumb on the injection button.

If you feel resistance, check that your thumb is in the center of the injection button.

Push down firmly and SLOWLY until it stops.

**Once fully depressed, leave the injection in for 5 SECONDS to ensure that the full dose is administered.**



Remove needle slowly and check that the dose window reads '0'.

**Please note, it is possible and acceptable for a drop of insulin to remain on the end of the needle after priming the pen or after the insulin is injected.**



Replace the needle outer cap. Hold onto the cartridge holder and unscrew the needle.

**Dispose of the needle safely in a sharps container.**

## “My pen feels like it’s jammed. How can I fix it?”

### ■ Is it a new needle?

If not, dispose of it and use a new one.

### ■ Is the needle attached properly?

See **Step 3**.

### ■ Is the needle clogged?

Repeat the priming process in **Step 4** up to four times. If this doesn't work, discard needle and use a new one.

### ■ Are you using a compatible needle?

Lilly recommend you **use only Beckton Dickinson Micro-Fine™ needles** with your HumaPen Savvio.

### ■ The cartridge may have become pressurised.

The HumaPen will jam if a dose is dialed and an injection attempted without a needle attached. This may also cause the septum to split or rupture.

The dose knob should only be depressed when injecting a dose correctly with a compatible needle† attached.

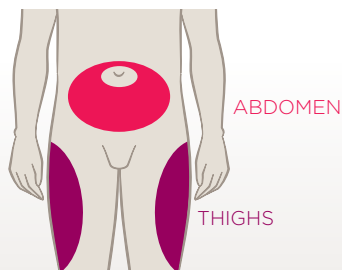
If the cartridge in your HumaPen is pressurised, attach a new needle to try to release pressure.

A small amount of insulin might leak from the needle in this instance but this is perfectly normal.

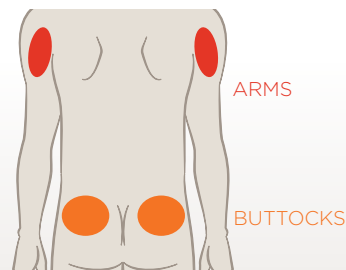
## Injection site map<sup>1</sup>

The injection sites should be rotated so that the same site is not used more than approximately once a month.

FRONT



BACK



Images are not to scale. †Needles for the HumaPen Savvio are sold separately. Lilly recommends Beckton Dickinson Micro-Fine™ needles. \*Humalog®, Humalog® Mix25® and Humalog® Mix50® 3mL insulin cartridges are prescribed and sold separately.

# How to recognise and manage hypoglycaemia

## Recognising hypoglycaemia

Hypoglycaemia (also known as a 'hypo') occurs when your blood glucose levels drop too low (usually below 4 mmol/L).<sup>2</sup>

**Symptoms of a hypo vary from person to person but can include:<sup>2</sup>**



Shaky, light-headed, nauseous



Nervous, irritable, anxious



Confused, unable to concentrate



Hungry



Your heart rate is faster



Sweaty, headachy



Weak, drowsy



A numbness or tingling in your tongue or lips

If you experience any of these symptoms, test your blood glucose as soon as you can.



**Talk to your doctor or diabetes healthcare team for more information about how to manage a hypo.**

## Treating a hypo<sup>2</sup>

**When treating a hypo, the aim is to increase your blood glucose levels quickly.**

To do this, you will need to eat or drink fast-acting carbohydrates.

- Provide 15 grams of quick-acting carbohydrate that is easy to consume (e.g. half can of regular – non diet – soft drink, half glass fruit juice, 3 teaspoons of sugar or honey, 6–7 jellybeans, 3 glucose tablets)
- Wait 15 minutes and repeat blood glucose check. If the level is not rising, suggest eating another quick-acting carbohydrate from the above list
- If your next meal is more than 15 minutes away, provide some longer acting carbohydrate (e.g. a sandwich, 1 glass of milk or soy milk, 1 piece of fruit, 2–3 pieces of dried apricots, figs or other dried fruit, 1 tub of natural low-fat yoghurt, 6 small dry biscuits and cheese)
- Test your blood glucose again during the next 2–4 hours

Images are not to scale. †Needles for the HumaPen Savvio are sold separately. Lilly recommends Beckton Dickinson Micro-Fine™ needles. \*Humalog®, Humalog® Mix25® and Humalog® Mix50® 3mL insulin cartridges are prescribed and sold separately.

Humalog® Insulin Lispro Solution, Humalog® Mix25™ and Humalog® Mix50™ and the logos are registered trademarks of Eli Lilly and Company. Humalog® Insulin Lispro Solution, Humalog® Mix25™ & Humalog® Mix50™ are Prescription Medicines for the treatment of diabetes where insulin is required. Humalog products contain 100IU/mL of insulin lispro. Humalog can be used in Continuous Subcutaneous Infusion (CSII) Pumps. Humalog can be used in pregnancy. The safety and efficacy of Humalog Mix25 or Humalog Mix50 has not been established during pregnancy or in children. Humalog is a short-acting insulin. Humalog Mix25 and Mix50 are intermediate-acting insulins. Contraindications: hypoglycaemia, allergy to insulin or excipients. Do not give Humalog Mix25 or Mix50 intravenously. Administer subcutaneously. Transferring to another type or brand of insulin should be done under strict medical supervision. Adjustment of dose may be required in relation to animal source insulins. Insulin requirements may change significantly in thyroid, adrenal or pituitary disease and in presence of renal or hepatic disease. Insulin requirements may also increase during illness or emotional disturbance and dosage adjustment may be required with changes in diet or physical activity. Caution: Check with the patient if they are pregnant or breast feeding, or if they are on other medicines. The risk of oedema and heart failure may increase when used with a thiazolidinedione (TZD). These medicines have benefits and risks. Common side effects are hypoglycaemia and resistance to insulin, allergic reactions at the site of injection such as redness, swelling or itching, muscle wasting, general allergic reaction and oedema. Check carefully re prescribing the appropriate formulation. Full prescribing information can be found at [www.medsafe.govt.nz](http://www.medsafe.govt.nz). Eli Lilly & Company (NZ) Limited, Level 1, 123 Ormiston Road, Botany South, Auckland. Based on data sheets last updated 29 March 2019. These medicines are fully funded on the New Zealand Pharmaceutical Schedule (Check Schedule for details).

**References:** 1. Adapted from FIT, Diabetes care in the UK. The first UJ injection technique recommendation 2nd edition Oct 2011 2. RACGP. General practice management of type 2 diabetes 2014–2015. Available at <http://www.racgp.org.au/your-practice/guidelines/diabetes/>. Accessed January 2019.

TAPS MR6425. PP-HI-NZ-0079. September 2019. FR8390