# **PeopleSafe - Assisting Members with Diabetes - Diabetic Supplies/Insulin and Test Claims**

[Questions and Answers](#_Toc167193515)

[Calculating Quantity for Test Claims](#_Toc167193516)

[Insulin Package Size and Quantity Chart](#_Toc167193517)

[Related Documents](#_Toc167193518)

**Description:** References and information regarding diabetic supplies and medications, packaged quantities, and test claim calculations.

**Notes:**

**Effective June 1st, 2025:** Maintenance doses of Wegovy and Saxenda will be available through Mail Order. Mail Order will **NOT** (and currently does not) dispense any starter or step-up doses for this medication: Wegovy INJ 0.25MG, 0.5MG, and 1MG.

**Effective July 1st, 2025:** Maintenance doses of Mounjaro and Trulicity will also be available through Mail Order.

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| **Questions and Answers** |

Refer to the following table for answers to commonly asked questions.

|  |  |
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| **Question** | **Answer** |
| Is there a maximum cost that I will pay for my insulin? | **Note:** As of January 1, 2023, insulin copays are capped at $35 per month for people with diabetes covered by Medicare. Perform a test claim when assisting members.   * If the member states they want more drug information than what is provided, warm transfer them to [Clinical Care (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). |
| What is the preferred insulin on my plan? | Let me check your formulary to determine the preferred insulin on your plan. In the future, you can access your formulary on the secure member website at www.caremark.com.  **CCR:**   * Review the member’s formulary under “Antidiabetics” to determine the preferred insulin on the plan and advise the member accordingly. Refer to CIF and to [CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb). * Refer to [Caremark.com - Covered Drug List - Formulary (038389)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0d789ba-e92a-46dc-8d94-061c20d54508). |
| What manufacturer will be dispensed for my insulin? | The manufacturer that is primarily dispensed for this medication is <XXX>.  **CCR:** To determine manufacturer, run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for the drug name or NDC/GPI and then review the **Manufacturer** field on the Find a Drug screen to determine what manufacturer is primarily used for that specific insulin.  A screenshot of a computer  AI-generated content may be incorrect. |
| How do I get a specific manufacturer for my insulin? | If you require a specific manufacturer, your doctor should write the [specific manufacturer (059539)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=11e1c2cf-37f3-40b7-a948-48edf8c18f55) on the prescription and write **DAW**. |
| Is there a generic or preferred brand of insulin available? | I apologize, currently there is not a generic form of insulin available. I can pull up your formulary list to determine what insulins are covered as a preferred brand.  **CCR:** Review the member’s formulary under “Antidiabetics” to determine what insulins are covered and what requirements are necessary to fill them (**Examples:** Prior authorization, step therapy, etcetera), and advise the member accordingly. Refer to [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421).  **Note:** To verify the correct formulary alternative for the diabetic medication, run Test Claims, review the CIF and refer to [CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb). |
| I cannot afford my insulin. What help can you provide? | I apologize, at this time there is not a generic form of insulin available, but I will do everything I can to assist you with obtaining your medication.  **CCR:** Maximize the member’s benefits by determining:   * If they can receive a greater day’s supply at Mail Order for the same copay? * Do they have [Maintenance Choice (021863)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0d014db-0726-40a1-bf1b-c48f9fbdabb3)? * Is [Diabetic Bundling (003577)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97bcd0e6-af5f-4901-bd39-7780ae4d11e3) available? * Does Member quality for [Copay Installment Payments (087380)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9765cf50-e615-4720-83e4-32ad0bd81c64)? Run [Test Claims (004573)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) and check CIF.   If the member’s medication is available in both vial and pen dosage forms, offer to run a Test Claim for both forms to determine if there are any cost savings.  Offer to provide members with information about programs they can use to locate potential cost savings and/or financial assistance (**Example:** Manufacturer coupons available refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). |
| How is most insulin packaged? | Most insulin is packaged in 10ml vials, or in 3ml insulin pens that come in boxes of five (5) pens. These are the most packaged insulin-dispensing products. |
| How is insulin shipped? | We include a cold gel pack in all insulin shipments regardless of the destination temperature. For more information, refer to the “Shipping of Refrigerated Medications” section in [PeopleSafe - Shipping Guidelines, Fees and Order Tracking (004611)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=49a324cd-73b1-4e49-bdae-9ac58e18d184). |
| Do the syringes come with the vials of insulin? | No. The syringes for the vials of insulin are a separate transaction under the plan & will be covered according to your plan structure.  **Exception:** [PeopleSafe - Member Charged a Copay for Their Diabetic Supplies with Diabetic Bundling (Kits) (003577)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=97bcd0e6-af5f-4901-bd39-7780ae4d11e3) |
| Do pen needles come with the insulin pens? | No. The pen needles for the insulin pens are a separate transaction under the plan & will be covered according to your plan structure.  **Exception:** [PeopleSafe - Member Charged a Copay for Their Diabetic Supplies with Diabetic Bundling (Kits) (003577)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97bcd0e6-af5f-4901-bd39-7780ae4d11e3) |
| Where do I get information about Diabetic bundling Kits? | Refer to the CIF to ensure Client participates in program. |
| What is the difference between an insulin pen and a vial? | Vials require you to draw out your insulin in an insulin syringe to the correct measurement. Insulin pens have a dial you can use to indicate the correct measurement. Insulin pens are composed of an insulin cartridge and are used with disposable pen needles to deliver the dose.  **Notes:**   * Insulin pumps all require a vial instead of an insulin pen. * Members may prefer either vials or pens. Provide the member with the information that corresponds with their preferred dosage form.   A bottle of medicine with a label  AI-generated content may be incorrect.  **Insulin Vial**  Close-up of a pen with a label  AI-generated content may be incorrect.  **Insulin Pen** |
| What is the preferred Blood Glucose Monitor (Meter) and how do I obtain it? | Let me check your formulary to determine the preferred Blood Glucose Monitor on your plan. In the future, you can access your formulary on the secure member website at www.caremark.com.  **CCR:** Commercial members may be eligible to receive one complimentary blood glucose monitor with an order for preferred test strips. They should select the blood glucose monitor according to what formulary drug list they have. Refer to [PeopleSafe - Diabetic Meter Program and Supplies (018594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ec6e0003-0e30-45b3-be41-f052d329e2cc). |
| What is the preferred test strip on my plan? | Let me check your formulary to determine the preferred test strips on your plan. In the future, you can access your formulary on the secure member website at www.caremark.com  **CCR:** Run [Test Claims (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) and refer to Diabetic Supplies:  [Continuous Glucose Monitors (CGM) and Insulin Pumps (057029)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c4550a37-7d04-4223-a206-ddafa842c097) and  [Glucose Meters and Supplies (057028)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=782be1b3-3475-441c-88f3-17ad1dbcc6a3) and  [Caremark.com - Covered Drug List - Formulary (038389)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0d789ba-e92a-46dc-8d94-061c20d54508) and  [CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb). |
| What test strips are used with each machine? | Let me check on that for you.  **CCR:** Run [Test Claims (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) and refer to Diabetic Supplies:  [Continuous Glucose Monitors (CGM) and Insulin Pumps (057029)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c4550a37-7d04-4223-a206-ddafa842c097) and  [Glucose Meters and Supplies (057028)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=782be1b3-3475-441c-88f3-17ad1dbcc6a3) |
| Are pump supplies covered under my pharmacy plan? | No. Pump supplies are considered durable medical equipment and may be covered under your medical plan.  **CCR:** Refer Member to Medical. |
| What is Transform Diabetes Care? | Transform Diabetes Care (TDC) is designed to work as both a standalone and to complement existing solutions such diabetes, pre-diabetes, and hypertension (high blood pressure). |

[Top of the Document](#_top)

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| **Calculating Quantity for Test Claims** |

[Insulin Vials](#InsulinVials)

[Insulin Pens](#InsulinPens)

**Insulin Vials**

To calculate quantity for test claims for **Insulin Vials**, refer to the following formula:

Units per Day **X** Days **=** Units Needed

Units Needed **÷** Usage Quantity Package **=** Total Number of Vials

Total Number of Vials **X** Package Size **= Test Claim Quantity**

Refer to [PeopleSafe - Test Claim Quantity Calculations](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=469e4571-83ef-47f7-9a70-e881b945b605) (031773). If needed, refer to the [Insulin Package Size and Quantity Chart section](#_Insulin_Preparation_Chart) for test claim quantities.

**Example:** Member calls in and would like a price estimate for a 90-day supply of her NovoLog vials. We are informed that they use 43 units in the morning and 26 units at night. Each NovoLog insulin vial has 10 ml.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Units per Day** | **X** | **Days** | **=** | **Units Needed** |
| 69  (43 + 26) | X | 90 | = | 6210 |
| **Units Needed** | **÷** | **Usage Quantity Package**  **(From PeopleSafe)** | **=** | **Total Number of Vials** |
| 6210 | ÷ | 1000  Refer to **Insulin Vial Drug Details in PeopleSafe illustration** | = | 6.2 (Round up to 7) |
| **Test Claim Quantity is determined by:** | | | | |
| **Total Number of Vials** | **X** | **Package Size**  **(From PeopleSafe)** | **=** | **Test Claim Quantity** |
| 7 | X | 10 ml  Refer to **Insulin Vial Drug Details in PeopleSafe illustration** | = | 70 |

A screenshot of a computer

AI-generated content may be incorrect.**Insulin Vial Drug Details in PeopleSafe**

Refer to the following tables for a quick reference:

|  |  |  |
| --- | --- | --- |
| **30 Day Supply Quantities for Insulin Vials** | | |
| **Units per day** | **Qty (ml) to enter in PeopleSafe)** | **Bottles Needed** |
| 1-11 | 10 | 1 |
| 12-22 | 10 | 1 |
| 23-33 | 10 | 1 |
| 34-44 | 20 | 2 |
| 45-55 | 20 | 2 |
| 56-66 | 20 | 2 |
| 67-77 | 30 | 3 |
| 78-88 | 30 | 3 |
| 89-100 | 30 | 3 |
| 101-111 | 40 | 4 |
| 112-123 | 40 | 4 |
| 124-134 | 40 | 4 |

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| --- | --- | --- |
| **90 Day Supply Quantities for Insulin Vials** | | |
| **Units per day** | **Qty (ml) to enter in PeopleSafe)** | **Bottles Needed** |
| 1-11 | 30 | 3 |
| 12-22 | 30 | 3 |
| 23-33 | 30 | 3 |
| 34-44 | 40 | 4 |
| 45-55 | 50 | 5 |
| 56-66 | 60 | 6 |
| 67-77 | 70 | 7 |
| 78-88 | 80 | 8 |
| 89-100 | 90 | 9 |
| 101-111 | 100 | 10 |
| 112-123 | 110 | 11 |
| 124-134 | 120 | 12 |

[Top of the Document](#_top)

**Insulin Pens**

To calculate quantity for test claims for **Insulin Pens**, refer to the following formula:

Units per Day **X** Days **=** Units Needed

Units Needed **÷** Usage Quantity Package **=** Total Packages Needed

Total Packages Needed **X** Total Package Quantity **= Test Claim Quantity**

**Example:** James Smith calls in and would like a price estimate for a 90-day supply of his Lantus Pens. He informs us that he uses 43 units in the morning and 26 units at night. Each Lantus SoloStar Pen (Aventis) pen has 3 ml.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Units per Day** | **X** | **Days** | **=** | **Units Needed** |
| 69  (43 + 26) | X | 90 | = | 6210 |
| **Units Needed** | **÷** | **Usage Quantity Package**  **(From PeopleSafe)** | **=** | **Total Packages Needed** |
| 6210 | ÷ | 1500  Refer to **Insulin Pen Drug Details in PeopleSafe illustration** | = | 4.14 (round up to 5) |
| **Test Claim Quantity is determined by:** | | | | |
| **Total Packages Needed** | **X** | **Total Package Quantity**  **(From PeopleSafe)** | **=** | **Test Claim Quantity** |
| 5 | X | 15 ml  Refer to **Insulin Pen Drug Details in PeopleSafe illustration** | = | 75 |

A close-up of a computer

AI-generated content may be incorrect.

**Insulin Pen Drug Details in PeopleSafe**

**Useful Tip:** Actively listen to the member. A member who states “I go through one box of Lantus Solostar every month” provides you with an easier way to find out the test claim quantity within PeopleSafe. If the member already knows exactly how many packages they need for a month, or for 3 months, then we can check the drug details and if it has the Total Pkg Qty, we know how much is in one box or package. That is also the amount you would use in a test claim, so in the Insulin Pen Drug Details in PeopleSafe illustration, you can run 15 for a 30-Day Supply for a test claim.

Each brand is different and may **not** contain the same total of Insulin Pens per box. Below is an example of how to calculate the total number of units per box:

**Example:** 3cc of insulin per Penfill x 5 Penfills per box = 15cc of insulin per box x 100 units of insulin per day = 1500 units of insulin per box.

Refer to the following tables for a quick reference:

|  |  |  |
| --- | --- | --- |
| **30 Day Supply Quantities for Insulin Pens** | | |
| **Units per day** | **Qty (ml) to enter in PeopleSafe)** | **Boxes Needed** |
| 1-16 | 15 | 1 |
| 17-33 | 15 | 1 |
| 34-50 | 15 | 1 |
| 51-66 | 30 | 2 |
| 67-83 | 30 | 2 |
| 84-100 | 30 | 2 |
| 101-116 | 45 | 3 |
| 117-133 | 45 | 3 |
| 134-150 | 45 | 3 |

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| --- | --- | --- |
| **90 Day Supply Quantities for Insulin Pens** | | |
| **Units per day** | **Qty (ml) to enter in PeopleSafe)** | **Boxes Needed** |
| 1-16 | 15 | 1 |
| 17-33 | 30 | 2 |
| 34-50 | 45 | 3 |
| 51-66 | 60 | 4 |
| 67-83 | 75 | 5 |
| 84-100 | 90 | 6 |
| 101-116 | 105 | 7 |
| 117-133 | 120 | 8 |
| 134-150 | 135 | 9 |

[Top of the Document](#_top)

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| **Insulin Package Size and Quantity Chart** |

Refer to the following table for information regarding common Insulin products:

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| --- | --- | --- | --- |
| **Insulin Product Name** | **Package Size** | **Mail Order package size used in PeopleSafe for 1 box of pens, 1 box of cartridges, or 1 vial (vial (milliliters)** | **Point of sale package size used in PeopleSafe for 1 pen, 1 cartridge, or 1 vial (vial (milliliters)** |
| Admelog (Aventis) | 10ml vial | Not available at mail order | 10 |
| Admelog SoloStar Pen (Aventis) | 1 box has 5 pens. Each pen has 3ml. | Not available at mail order | 3 |
| Apidra (Aventis) | 10ml vial | 10 | 10 |
| Apidra SoloStar Pen (Aventis) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Basaglar Kwikpen (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Fiasp (Novo Nordisk) | 10ml vial | 10 | 10 |
| Fiasp FlexTouch Pen (Novo Nordisk) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humalog (Lilly) | 10ml vial | 10 | 10 |
| Humalog (Lilly) | 3ml vial | 3 | 3 |
| Humalog Cartridges (Lilly) | 1 box has 5 cartridges. Each cartridge has 3ml. | 15 | 3 |
| Humalog KwikPen 100u/ml (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humalog KwikPen 200u/ml (Lilly) | 1 box has 2 pens. Each pen has 3ml. | 6 | 3 |
| Humalog KwikPen Junior 100u/ml (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humalog Mix 50/50 (Lilly) | 10ml vial | 10 | 10 |
| Humalog Mix 50/50 KwikPen (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humalog Mix 75/25 (Lilly) | 10ml vial | 10 | 10 |
| Humalog Mix 75/25 KwikPen (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humulin 70/30 (Lilly) | 10ml vial | 10 | 10 |
| Humulin 70/30 (Lilly) | 3ml vial | Not available at mail order | 3 |
| Humulin 70/30 KwikPen (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humulin N (Lilly) | 10ml vial | 10 | 10 |
| Humulin N (Lilly) | 3ml vial | Not available at mail order | 3 |
| Humulin N KwikPen (Lilly) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Humulin R (Concentrated) U-500 (Lilly) | 20ml vial | 20 | 20 |
| Humulin R (Concentrated) U-500 Kwikpen (Lilly) | 1 box has 2 pens. Each pen has 3ml. | 6 | 3 |
| Humulin R (Lilly) | 10ml vial | 10 | 10 |
| Humulin R (Lilly) | 3ml vial | Not available at mail order | 3 |
| Lantus (Aventis) | 10ml vial | 10 | 10 |
| Lantus SoloStar Pen (Aventis) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Levemir (Novo Nordisk) | 10ml vial | 10 | 10 |
| Levemir FlexTouch Pen (Novo Nordisk) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Mounjaro (NovoNordisk) | 1 box has 4 pens. Each pen has 5ml. | (Available after 07/01/2025)  20 | 5 |
| Novolin 70/30 (Novo Nordisk) | 10ml vial | 10 | 10 |
| Novolin N (Novo Nordisk) | 10ml vial | 10 | 10 |
| Novolin R (Novo Nordisk) | 10ml vial | 10 | 10 |
| NovoLog (Novo Nordisk) | 10ml vial | 10 | 10 |
| NovoLog FlexPen (Novo Nordisk) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| NovoLog Mix 70/30 (Novo Nordisk) | 10ml vial | 10 | 10 |
| NovoLog Mix 70/30 FlexPen (Novo Nordisk) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| NovoLog PenFill Cartridge (Novo Nordisk) | 1 box has 5 cartridges. Each cartridge has 3ml. | 15 | 3 |
| Ozempic 2mg/3mL Pen | Contains 2 mg of semaglutide in a 3mL (.68 mg/mL) pen  Each pen has .25 mg or .5 mg (6 NovoFine® Plus needles included). | 3 | 3 |
| Ozempic 4mg/3mL | 1 box has 1 pen. Each pen has 4 weekly doses of 1mg.  Each pen contains 3ml.  (4 NovoFine needles included) | 3 | 3 |
| Ozempic 8mg/3mL | Contains 8 mg of semaglutide in a 3mL pen  Each pen has 4 weekly doses of 2mg.  Each pen contains 3ml. (4 NovoFine® | 3 | 3 |
| Toujeo Max SoloStar U-300 (Sanofi) | 1 box has 2 pens. Each pen has 3ml. | 6 | 3 |
| Toujeo SoloStar U-300 (Sanofi) | 1 box has 3 pens. Each pen has 1.5ml. | 4.5 | 1.5 |
| Tresiba FlexTouch Pen 100u/ml (Novo Nordisk) | 1 box has 5 pens. Each pen has 3ml. | 15 | 3 |
| Tresiba FlexTouch Pen 200u/ml (Novo Nordisk) | 1 box has 3 pens. Each pen has 3ml. | 9 | 3 |
| Trulicity Pen (Lilly) | 1 box has 4 pens. Each pen has 5 ml. | (Available after 07/01/2025)  20 | 5 |
| Victoza 2’s pen (Novo Nordisk) | 1 box has 2 pens. Each pen has 3ml. | 6 | 3 |
| Victoza 3’s pen (Novo Nordisk) | 1 box has 3 pens. Each pen has 3ml. | 9 | 3 |
| Wegovy Inj. 0.25mg,0.5mg,1mg (Novo Nordisk) | 1 box has 4 Inj. Each Inj, has 0.5ml. | 2 | 0.5 |
| Wegovy Inj.1.7mg,2.4 mg (Novo Nordisk) | 1 box has 4 Inj. Each Inj. has 0.75ml | 3 | 0.75 |

[Top of the Document](#_top)

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| **Related Documents** |

[Diabetic Programs & Supplies Index (049788)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91eac667-77eb-4131-8351-979ec7e1ae2e)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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| **Term** | **Definition** |
| **Blood Glucose Meter (BGM)** | A small, portable testing machine used by people with diabetes to check their blood glucose levels. After pricking the skin with a lancet, one places a drop of blood on a test strip in the machine. The meter (or monitor) soon displays the blood glucose level as a number on the meter’s digital display. Used to monitor hyperglycemia and hypoglycemia. |
| **Blood Glucose Monitoring** | Checking blood glucose level on a regular basis to manage diabetes. |
| **Gauge** | The thickness of the needle. |
| **Insulin Pen** | A device used to inject insulin for treatment of diabetes. It is composed of an insulin cartridge (integrated or bought separately) and a dial to measure the dose and is used with disposable pen needles to deliver the dose. |
| **Insulin Syringe** | A device used to inject medications or other liquids into body tissues. The syringe for insulin has a hollow plastic tube with a plunger inside and a needle on the end. Primarily used with vials. |
| **Lancet** | A spring-loaded device is used to prick the skin with a small needle to obtain a drop of blood for blood glucose monitoring. |
| **Pen Needle** | A hollow needle which is embedded in a plastic hub and attaches to injection pens. |
| **Test Strips** | Small disposable strip of plastic containing a chemical called glucose oxidase that reacts with glucose in the blood sample to help monitor diabetic levels. |
| **Unit** | The basic measure of insulin. |
| **Vial** | A small container, typically cylindrical and made of glass, used for holding liquid medicine. Primarily used with syringes. |

[Top of the Document](#_top)

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