



## Insulin Savings Program

Providing affordable, predictable copayments on Select Insulins

CarePlus is participating in the Part D Senior Savings Program Model, which we call the Insulin Savings Program. It is included on many of our Medicare Advantage Prescription Drug (MAPD) plans, with this program, eligible members<sup>1</sup> pay stable \$35 or less Select Insulin copays per 30-day supply through the coverage gap at all in-network pharmacies<sup>2</sup>. It is estimated to save eligible members **\$446 per year** on Select Insulin costs<sup>3</sup>.

Drug Name
Fiasp FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen
Fiasp Penfill U-100 Insulin 100 unit/mL (3 mL) subcutaneous cartridge
Fiasp U-100 Insulin 100 unit/mL subcutaneous solution
Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen
Lantus U-100 Insulin 100 unit/mL subcutaneous solution
Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen
Levemir U-100 Insulin 100 unit/mL subcutaneous solution
Novolin 70/30 U-100 Insulin 100 unit/mL subcutaneous suspension
Novolin 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous
Novolin N Flexpen 100 unit/mL (3 mL) subcutaneous insulin pen
Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp
Novolin R Flexpen 100 unit/mL (3 mL) subcutaneous insulin pen
Novolin R Regular U-100 Insulin 100 unit/mL injection solution
Novolog Flexpen U-100 Insulin aspart 100 unit/mL (3 mL) subcutaneous
Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen
Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution
Novolog PenFill U-100 Insulin aspart 100 unit/mL subcutaneous cartridg
Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution
Soliqua 100/33 100 unit-33 mcg/mL subcutaneous insulin pen
Toujeo Max U-300 SoloStar 300 unit/mL (3 mL) subcutaneous insulin pen
Toujeo SoloStar U-300 Insulin 300 unit/mL (1.5 mL) subcutaneous pen
Tresiba FlexTouch U-100 insulin 100 unit/mL (3 mL) subcutaneous pen
Tresiba FlexTouch U-200 insulin 200 unit/mL (3 mL) subcutaneous pen
Tresiba U-100 Insulin 100 unit/mL subcutaneous solution
Xultophy 100/3.6 100 unit-3.6 mg/mL (3 mL) subcutaneous insulin pen

### CarePlus Select Insulin List

This list can also be found in the Prescription Drug Guide (PDG) for each participating plan.

#### Notes:

<sup>1</sup> The member must be enrolled in a participating CarePlus Medicare Advantage Plan and prescribed a Part D Select Insulin. Members who receive Extra Help and are enrolled in a plan with the ISP benefit are NOT eligible for ISP. Part B insulin (pumps) are not included in this Part D benefit.

<sup>2</sup> \$35 or less copay per 30-day supply extends through the coverage gap at all in-network pharmacies. After the coverage gap, the member will pay the greater of 5% of the total cost of the drug, OR \$9.85 copayment.

<sup>3</sup> "Part D Senior Savings Model," Centers for Medicare and Medicaid Services, last accessed 7/31/2021, <https://www.cms.gov/newsroom/fact-sheets/part-d-senior-savings-model>.

**Note:** Walmart insulin brand ReliOn is **NOT** included as an eligible Select Insulin.

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