

2024 Covered diabetic supplies and pen needles

Medicare Advantage Select – Medical Only, Select Plus, Choice, \$0 Preferred, Kidney Care and Flex Network plans (HMO, HMO-POS)

Diabetic blood glucometers and blood glucose test strips*

Meters/kits	Test strips
OneTouch® Ultra® 2	OneTouch® Ultra®
OneTouch Verio Reflect®	OneTouch® Verio®
OneTouch Verio Flex®	

Continuous glucose monitors (CGMs)*

FreeStyle Libre/Libre 2/Libre 3 and Dexcom G6

**For blood glucometers and blood glucose test strips to be covered for a \$0 copay, members must obtain these supplies from an in-network retail or mail-order pharmacy or durable medical equipment supplier.*

Pen needles

BD brand pen needles (e.g., BD Nano, BD Ultra-Fine, BD Ultra-Fine Micro, BD AutoShield Duo)

Only the specified blood glucometers, blood glucose test strips, CGMs and pen needles are covered. If you or your doctor or provider feel a non-covered product is medically necessary for your condition, you can request an exception to our covered diabetic supplies and pen needles by contacting us via phone, fax or U.S. mail.

T 844.432.0695

TTY/TDD 711

F 855.397.8762

Mail to: Indiana University Health Plans – Pharmacy Services
950 N. Meridian St., Suite 600
Indianapolis, IN 46204

(continued on back)



Health Plans

H7220_IUHMA2462_M Accepted 8.23.23

2024 Part D covered insulin products

Medicare Advantage Select Plus, Choice, \$0 Preferred, Kidney Care and Flex Network plans

There is no deductible for IU Health Plans Medicare Advantage plans for insulins. Your out-of-pocket costs for insulins will be capped at \$35 per month.

To find out which drugs are covered insulins, review the most recent Drug List we provided electronically. You can also reference the table of insulins covered on our Drug List below.

If you have questions about the covered insulins, you can also call IU Health Plans Member Advocates at **800.455.9776** (toll free within Indiana) or TTY/TDD 711 (Monday – Friday, 8 am – 8 pm).

Covered insulin	
BASAGLAR INJ 100 unit	NOVOLIN R SOLN 100 unit/ml
FIASP FLEX INJ TOUCH	NOVOLIN R FLEXPEN SOPN 100 unit/ml
FIASP INJ 100 unit/ml	NOVOLOG SOLN 100 unit/ml
FIASP PENFIL INJ 100 unit/ml	NOVOLOG FLEXPEN SOPN 100 unit/ml
HUMULIN R U-500 (CONCENTR SOLN) 500 unit/ml	NOVOLOG MIX INJ 70/30
HUMULIN R U-500 KWIKPEN SOPN 500 unit/ml	NOVOLOG MIX INJ FLEXPEN
LANTUS SOLN 100 unit/ml	NOVOLOG PENFILL SOCT 100 unit/ml
LANTUS SOLOSTAR SOPN 100 unit/ml	SOLIQUA INJ 100/33
LEVEMIR SOLN 100 unit/ml	TOUJEO MAX SOLOSTAR SOPN 300 unit/ml
LEVEMIR FLEXTOUCH SOPN 100 unit/ml	TOUJEO SOLOSTAR SOPN 300 unit/ml
NOVOLIN INJ 70/30	TRESIBA SOLN 100 unit/ml
NOVOLIN INJ 70/30 FP	TRESIBA FLEXTOUCH SOPN 100 unit/ml
NOVOLIN N SUSP 100 unit/ml	TRESIBA FLEXTOUCH SOPN 200 unit/ml
NOVOLIN N FLEXPEN SUPN 100 unit/ml	XULTOPHY INJ 100/3.6

Indiana University Health Plans is a Medicare Advantage organization with a Medicare contract. Enrollment in an HMO or HMO POS plan from Indiana University Health Plans depends on the plan's contract renewal with Medicare. IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.

