

2025 Covered diabetic supplies and pen needles

\$0 Preferred (HMO), Flex Network (HMO-POS), Select Plus (HMO), Choice (HMO-POS) and Kidney Care (HMO) plans

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®	Accu-Chek Aviva Plus ⁺
Accu-Chek Aviva ⁺	Accu-Chek SmartView ⁺
Accu-Chek Guide ⁺	Accu-Chek Guide ⁺
Accu-Chek Guide Me ⁺	

⁺Accu-Chek products added 6/2025

Continuous glucose monitors (CGMs)*

FreeStyle Libre / Libre 2 / Libre 2 Plus / Libre 3 / Libre 3 Plus and Dexcom G7

**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 and Embecta 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 certain pen needle NDCs 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

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2025 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 refer to the table of insulins covered in 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	NOVOLOG SOLN 100 unit/ml
FIASP FLEX INJ TOUCH	NOVOLOG FLEXPEN SOPN 100 unit/ml
FIASP INJ 100 unit/ml	NOVOLOG MIX INJ 70/30
FIASP PENFIL INJ 100 unit/ml	NOVOLOG MIX INJ FLEXPEN
HUMULIN R U-500 (CONCENTR SOLN) 500 unit/ml	NOVOLOG PENFILL SOCT 100 unit/ml
HUMULIN R U-500 KWIKPEN SOPN 500 unit/ml	SOLIQUA INJ 100/33
NOVOLIN INJ 70/30	TOUJEO MAX SOLOSTAR SOPN 300 unit/ml
NOVOLIN INJ 70/30 FP	TOUJEO SOLOSTAR SOPN 300 unit/ml
NOVOLIN N SUSP 100 unit/ml	TRESIBA SOLN 100 unit/ml
NOVOLIN N FLEXPEN SUPN 100 unit/ml	TRESIBA FLEXTOUCH SOPN 100 unit/ml
NOVOLIN R SOLN 100 unit/ml	TRESIBA FLEXTOUCH SOPN 200 unit/ml
NOVOLIN R FLEXPEN SOPN 100 unit/ml	XULTOPHY INJ 100/3.6

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