



Insulin Savings Program

Providing affordable, predictable copayments on Select Insulins

Humana 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, and on the Humana Premier Rx Plan (PDP). With this program, eligible members¹ pay stable \$35 or less Select Insulin copays per 30-day supply through the coverage gap at all in-network pharmacies². It is estimated to save eligible members **\$446 per year** on Select Insulin costs³.

Humana Select Insulin List

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

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 FlexPen 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

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

Notes:

¹The member must be enrolled in a Humana Premier Rx PDP plan or participating 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. Members in a Group Medicare plan or D-SNP are not eligible.

²\$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.

³"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>.