



INSULINS AND TIER COVERAGE CHART

The following chart is a list of available insulins and insurance coverage and/or coverage requirements for BCBS, HPHC, Tufts, TMP, and MassHealth.

Medications	BCBSMA	HPHC	TUFTS	Tufts Medicare Preferred	MassHealth
Long-acting Insulin					
Lantus (insulin glargine) 100 units/mL vial solution SoloStar Pen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Basaglar (insulin glargine) KwikPen 100 units/mL	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Toujeo (insulin glargine) SoloStar Pen 300 units/mL (450 units/pen) Max SoloStar Pen 300 units/mL (900 units/pen)	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Tresiba (insulin degludec) 100 units/mL vial solution FlexTouch Pen 100 units/mL FlexTouch Pen 200 units/mL	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Levemir (insulin detemir) 100 units/mL vial solution FlexTouch Pen 100 units/mL	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Intermediate-acting Insulin					
Humulin N (isophane human insulin) 100 units/mL vial suspension KwikPen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3:Tier 2</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Novolin N/ReliOn (isophane human insulin) 100 units/mL vial suspension FlexPen 100 units/mL	<i>NC</i>	<i>PA (Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>



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Regular-acting Insulin					
Humulin R (regular human insulin) 100 units/mL vial solution 500 units/mL vial solution KwikPen 500 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Novolin R/ReliOn (regular human insulin) 100 units/mL vial solution FlexPen 100 units/mL	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Rapid-acting insulin					
Insulin lispro 100 units/mL vial solution KwikPen 100 units/mL Junior KwikPen 100 units/mL	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Humalog Preferred</i>
Humalog (insulin lispro) 100 units/mL vial solution 100 units/mL cartridge KwikPen 100 units/mL KwikPen 200 units/mL Junior KwikPen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Admelog (insulin lispro) 100 units/mL vial solution (3 mL and 10 mL vials) SoloStar Pen 100 units/mL	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Insulin aspart 100 units/mL vial solution FlexPen 100 units/mL Penfill 100 units/mL solution	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Novolog Preferred</i>



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Novolog (insulin aspart) 100 units/mL vial solution FlexPen 100 units/mL Penfill 100 units/mL solution	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Fiasp (insulin aspart) 100 units/mL vial solution FlexTouch Pen 100 units/mL Penfill 100 units/mL solution	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Apidra (insulin glulisine) 100 units/mL vial solution SoloStar Pen 100 units/mL	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Biphasic Premixed Insulin					
75% Insulin lispro protamine, 25% insulin lispro KwikPen 100 units/mL	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Humalog Mix 75/25 Preferred</i>
Humalog Mix 75/25 (75% insulin lispro protamine, 25% insulin lispro) 100 units/mL vial suspension KwikPen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Humalog Mix 50/50 (50% insulin lispro protamine, 50% insulin lispro) 100 units/mL vial suspension KwikPen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
70% insulin aspart protamine, 30% insulin aspart 100 units/mL suspension FlexPen 100 units/mL	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Novolog 70/30 Preferred</i>



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Novolog Mix 70/30 (70% insulin aspart protamine, 30% insulin aspart) 100 units/mL vial suspension FlexPen 100 units/mL	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Humulin 70/30 (70% NPH, 30% regular) 100 units/mL vial suspension FlexPen 100 units/mL	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Novolin/ReliOn 70/30 (70% NPH, 30% regular) 100 units/mL suspension FlexPen 100 units/mL	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Inhaled insulin					
Afrezza (recombinant human insulin)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>

NC = not covered
 PA = prior authorization
 ST = step therapy required

REFERENCES:

Tier coverage based on the following:

- BCBS: <https://home.bluecrossma.com/medication/med-search>
- HPhC: https://www.harvardpilgrim.org/portal/page?_pageid=253,13048065&_dad=portal&_schema=PORTAL NOTE: *HPhC has 2 formularies (Premium and Value) with different tier plans
- Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>
- TMP: <https://www.tuftsmedicarepreferred.org/drug-coverage>
- MassHealth: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpdfcurrent.do?id=45>