



INSULIN 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					
Insulin glargine-yfgn 100 units/mL vial solution Pen 100 units/mL	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	-
Semglee (insulin glargine-yfgn) 100 units/mL vial solution Pen 100 units/mL	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
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>Tier 2</i>	<i>Tier 3</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>PA</i> <i>(Tier 3 – once approved)</i>	<i>Tier 3</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</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>



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Novolin N/ReliOn (isophane human insulin) 100 units/mL vial suspension FlexPen 100 units/mL	NC	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> <i>(Tier 3;4 once approved)</i>	NC	NC	Covered
Regular-acting Insulin					
Humulin R (regular human insulin) 100 units/mL vial solution 500 units/mL vial solution KwikPen 500 units/mL	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered
Novolin R/ReliOn (regular human insulin) 100 units/mL vial solution FlexPen 100 units/mL	NC	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> <i>(Tier 3;4 once approved)</i>	NC	NC	Covered
Rapid-acting insulin					
Insulin lispro 100 units/mL vial solution KwikPen 100 units/mL Junior KwikPen 100 units/mL	NC	Tier 2;3	NC	NC	Covered
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	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered <i>(PA required for the 100 units/mL vial and 100 units/mL pens)</i>
Admelog (insulin lispro) 100 units/mL vial solution (3 mL and 10 mL vials) SoloStar Pen 100 units/mL	NC	NC	NC	NC	PA
Lyumjev (insulin lispro) 100 units/mL vial solution KwikPen 100 units/mL KwikPen 200 units/mL	NC	Tier 2;3	NC	NC	PA



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Medications	BCBSMA	HPHC	TUFTS	Tufts Medicare Preferred	MassHealth
Insulin aspart 100 units/mL vial solution FlexPen 100 units/mL Penfill 100 units/mL solution	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	NC	NC	Covered
Novolog/ReliOn (insulin aspart) 100 units/mL vial solution FlexPen 100 units/mL Penfill 100 units/mL solution	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	NC	NC	PA
Fiasp (insulin aspart) 100 units/mL vial solution FlexTouch Pen 100 units/mL Penfill 100 units/mL solution	NC	NC	NC	NC	PA
Apidra (insulin glulisine) 100 units/mL vial solution SoloStar Pen 100 units/mL	NC	NC	NC	NC	Covered
Biphasic Premixed Insulin					
75% Insulin lispro protamine, 25% insulin lispro KwikPen 75/25 units/mL	NC	Tier 2;3	NC	NC	Covered
Humalog Mix 75/25 (75% insulin lispro protamine, 25% insulin lispro) 75/25 units/mL vial suspension KwikPen 75/25 units/mL	Tier 2;3	Tier 2;3	Tier 2	Tier 3	PA
Humalog Mix 50/50 (50% insulin lispro protamine, 50% insulin lispro) 50/50 units/mL vial suspension KwikPen 50/50 units/mL	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered
70% insulin aspart protamine, 30% insulin aspart 70/30 units/mL suspension FlexPen 70/30 units/mL	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	NC	NC	Covered



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

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/provider/pharmacy/formulary-lookup-preventive-drug-lists/> 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>