



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 100 U/mL vial 100 U/mL pen	NC	NC	NC	NC	NC
Lantus (insulin glargine) 100 U/mL vial 100 U/mL SoloStar Pen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered (Brand Preferred)
Insulin glargine-yfgn 100 U/mL vial 100 U/mL pen	NC	NC	NC	NC	NC
Semglee (insulin glargine-yfgn) 100 U/mL vial 100 U/mL pen	NC	NC	NC	NC	PA
Basaglar (insulin glargine) 100 U/mL KwikPen 100 U/mL Tempo Pen	Tier 2;3	NC	NC	NC	PA
Rezvoglar (insulin glargine) 100 U/mL pen	NC	NC	NC	NC	NC
Toujeo (insulin glargine) 300 U/mL (450 U/pen) SoloStar Pen 300 U/mL (900 U/pen) Max SoloStar Pen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
Levemir (insulin detemir) 100 U/mL vial 100 U/mL FlexTouch Pen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	Tier 3	Covered
Insulin degludec 100 U/mL vial 100 U/mL pen 200 U/mL pen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	NC



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Tresiba (insulin degludec) 100 U/mL vial 100 U/mL FlexTouch Pen 200 U/mL FlexTouch Pen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	Tier 3	Covered
Intermediate-acting Insulin					
Humulin N (insulin isophane) 100 U/mL vial 100 U/mL KwikPen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	PA
Novolin N/ReliOn (insulin isophane) 100 U/mL vial 100 U/mL FlexPen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	Covered
Regular-acting Insulin					
Humulin R (regular insulin) 100 U/mL vial 500 U/mL vial 500 U/mL KwikPen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
Novolin R/ReliOn (regular insulin) 100 U/mL vial 100 U/mL FlexPen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	Covered
Rapid-acting Insulin					
Insulin lispro 100 U/mL vial 100 U/mL KwikPen 100 U/mL Junior KwikPen	NC	Tier 2;3	Tier 2;3	NC	Covered
Humalog (insulin lispro) 100 U/mL vial 100 U/mL cartridge 100 U/mL KwikPen 200 U/mL KwikPen 100 U/mL Tempo Pen 100 U/mL Junior KwikPen	Tier 2;3	Tier 2;3 (Tempo Pen: NC)	Tier 2;3 (Tempo Pen: NC)	Tier 3 (Tempo Pen: NC)	Covered (PA required for the 100 units/mL vial and 100 units/mL pens)



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Admelog (insulin lispro) 100 U/mL vial (3 mL and 10 mL vials) 100 U/mL SoloStar Pen	NC	NC	NC	NC	PA
Insulin aspart 100 U/mL vial 100 U/mL FlexPen 100 U/mL Penfill solution	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	Covered
Novolog/ReliOn (insulin aspart) 100 U/mL vial 100 U/mL FlexPen 100 U/mL Penfill solution	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	PA
Fiasp (insulin aspart) 100 U/mL vial 100 U/mL FlexTouch Pen 100 U/mL Penfill solution	NC	NC	NC	NC	PA
Apidra (insulin glulisine) 100 U/mL vial 100 U/mL SoloStar Pen	NC	NC	NC	NC	Covered
Biphasic Premixed Insulin					
75% Insulin lispro protamine, 25% insulin lispro 75/25 100 U/mL KwikPen	NC	Tier 2;3	Tier 2;3	NC	Covered
Humalog Mix 75/25 (75% insulin lispro protamine, 25% insulin lispro) 75/25 100 U/mL vial 75/25 100 U/mL KwikPen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered (PA required for pen)
Humalog Mix 50/50 (50% insulin lispro protamine, 50% insulin lispro) 50/50 100 U/mL vial 50/50 100 U/mL KwikPen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
70% insulin aspart protamine, 30% insulin aspart 70/30 100 U/mL vial 70/30 100 U/mL FlexPen	NC	Premium Formulary: NC Value Formulary: PA (Tier 3;4 once approved)	Premium Formulary: NC Value Formulary: PA (Tier 3 once approved)	NC	Covered



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Novolog Mix 70/30/ReliOn (70% insulin aspart protamine, 30% insulin aspart) 70/30 100 U/mL vial 70/30 100 U/mL FlexPen	NC	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> (Tier 3;4 once approved)	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> (Tier 3 once approved)	NC	PA
Humulin 70/30 (70% NPH, 30% regular) 70/30 100 U/mL vial 70/30 100 U/mL KwikPen	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
Novolin/ReliOn 70/30 (70% NPH, 30% regular) 70/30 100 U/mL vial 70/30 100 U/mL FlexPen	NC	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> (Tier 3;4 once approved)	<i>Premium Formulary: NC</i> <i>Value Formulary: PA</i> (Tier 3 once approved)	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>