

# Blue Cross and Blue Shield of Minnesota KeyRx \$0 Insulin Member Cost-Share Drug List

Large Group

Effective January 1, 2024



Below is the list of KeyRx Tier 1 and Tier 3 Insulin Drugs. Tier 1 and Tier 3 are generally defined as or consist of preferred generic and brand drugs. If offered by your plan, the actual cost of the insulin medication will be covered at \$0 Member Cost-Share allowing you to receive coverage even if you have not met your deductible. This list will be reviewed at least annually and is subject to change at any time. Your benefit may include the \$0 Insulin Member Cost-Share. Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement. Or, call the number on the back of your member ID card if you have questions about your coverage.

## - Insulin only -

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml  
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml  
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml  
HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml  
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml  
INSULIN ASPART – insulin aspart inj soln 100 unit/ml  
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml  
INSULIN ASPART PROTAMINE/INSULIN ASPART – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml  
INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
LEVEMIR – insulin detemir inj 100 unit/ml  
LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml  
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml  
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml  
NOVOLIN R – insulin regular (human) inj 100 unit/ml  
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml  
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml  
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml  
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLOG – insulin aspart inj soln 100 unit/ml  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml  
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
SEMGLÉE – insulin glargine-yfgn inj 100 unit/ml  
SEMGLÉE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)  
TRESIBA – insulin degludec inj 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

## - Insulin Combinations -

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

All brand names are the property of their respective owners.

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**NOTICE OF NONDISCRIMINATION PRACTICES**  
**Effective July 18, 2016**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

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بصنلا فتاهلل 9123-569-866-1 مۆرلاب لصتا، تينا جملا تيوزغلا دوعاسملا تامدخ كل رفرتت، تيبرعلا ثنحتت تنك اذا  
مقرلاب لصتا 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖາວອນພາສາລາວໄດ, ມາການບວການຊວຍເຫອພາສາໃຫວເຈາພຣ. ໃຫໂທຫາ 1-866-356-2423 ສາວບ. TTY, ໃຫໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

បសនេបអកនយាយភាសាខ្មែរមន អកអាចរកបានេសវាជនយភាសាភកភតតែថ។ ទរេសពមកេនខ 1-855-906-2583។ សរេហប TTY សមទរេសពមកេនខ 711។

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