

Blue Cross and Blue Shield of Minnesota FlexRx Insulin Member Cost-Share Drug List

Large Group

Effective January 1, 2025



Below is the list of FlexRx Tier 1 and Tier 2 Insulin Drugs. Tier 1 and Tier 2 are generally defined as or consist of preferred generic and brand drugs. If offered by your plan, the actual cost of the insulin drug will be covered at no more than \$25 per prescription per month allowing you to receive coverage even if you have not met your deductible. This update will be in effect upon plan renewal. This list will be reviewed at least annually and is subject to change at any time. Your benefit may include this insulin member cost-share update. 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) soln pen-inj 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml
HUMALOG - insulin lispro inj soln 100 unit/ml
HUMALOG - insulin lispro soln cartridge 100 unit/ml
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml
HUMULIN R – insulin regular (human) inj 100 unit/ml
HUMULIN R U-500 (CONCENTRATE) – insulin regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
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 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
LYUMJEV – insulin lispro-aabc inj 100 unit/ml
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 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

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Insulin only (continued)

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 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)
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
SEMGLEE – 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

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Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

Email: Civil.Rights.Coord@bluecrossmn.com

Telephone: 1-800-509-5312

Mail: Blue Cross and Blue Shield of Minnesota ATTN:
Civil Rights Coordinator P3-2
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at bluecrossmn.com/NDL, or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

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

Civil rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

<p>ENGLISH ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).</p>	<p>廣東話 (Cantonese – Traditional Chinese) 請注意：如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。</p>
<p>ESPAÑOL (Spanish) ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).</p>	<p>العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).</p>
<p>አማርኛ (Amharic) ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።</p>	<p>FRANÇAIS (French) ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).</p>
<p>LUS HMOOB (Hmong) LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).</p>	<p>SOOMALI (Somali) XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).</p>
<p>ខ្មែរ (Khmer) ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងៗដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំ ឬអក្សរស្តាប់ ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។</p>	<p>한국어 (Korean) 주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711)번으로 전화하십시오.</p>

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<p>ကညီကျိန် (Karen) ဟ်သုာ်ဟ်သး- နမုာ်ကတိာ် ကညီကျိန် နုာ်, နယုကျိန်ဂုာ်တိတိာ်တိစါမေၤစါလောတလက်ဘူးလဲ သုနုာ်လီၤ နမုာ်အိၣ်ဒီးတိတလါတပုၤလါ မိာ်တိာ်ထံာ်, တါနုာ်ဟူ, မုတမုာ် တါစံးကတိာ်တါနုာ် ပဆဲးကျးဆဲးကျိးတါလါ ကျဲကဲထီၣ်လီၤထီၣ်အဂုၤကတိာ်လါနုာ်သုနုာ်လီၤ တါအံၤ ပုာ်သုာ်ဒီး တါစူးကါ နီၤခိကုာ်ဂီၤကျိန်အပုၤကျိန်ထံာ်တဖၣ်, တါဟ့ၣ်လီၤလါတဖၣ်လါ အလံာ်ဖျါးဒိၣ်, မုတမုာ် ပုၤမိာ်ဘျီၣ်အလံာ်, တါကလုာ်, မုတမုာ် တါမေၤစါလောတဖၣ် လါတလက်ဘူးလဲနုာ်လီၤ ကိးလီတဲစိဆူ 1-855-903-2583 (TTY 711) တက့ၢ်</p>	<p>မြန်မာဘာသာ (Burmese) သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ် အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။ 1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p>OROMOO (Oromo) Xiyeeffannoon haa kennamu:- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeesu. Rakkoo ilaaluu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeyilii, waraabbiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.</p>	<p>РУССКИЙ (Russian) ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).</p>
<p>ພາສາລາວ (Lao) ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານມີຄວາມບໍ່ກວ້າງໃຈດ້ານສາຍຕາ, ການໂຕ້ຍິນ ຫຼື ການປາກເວົ້າ, ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ. ອັນນີ້ອາດຈະວາມເຖິງການໃຊ້ນ້ຳພາສາລາວ, ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນຸນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-855-903-2583 (TTY 711).</p>	<p>Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).</p>
<p>VIETNAMESE (Vietnamese) LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).</p>	<p>简体中文 (Chinese Simplified) 注意: 如果您说普通话, 则可以免费申请语言协助服务。 如果您有视力、听力或语言障碍, 我们可以用最适合您的方式 与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、 录音或其他辅助工具。请致电 1-855-903-2583 (文字电话 711)。</p>

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