



## Select Insulin Savings Program

### Select Insulin List

This list can also be found in the [Prescription Drug Formulary \(List of Covered Drugs\)](#).

Insulin Name
<b>Fiasp Flextouch U-100 Insulin Subcutaneous Insulin Pen 100 Unit/mL (3 mL)</b>
<b>Fiasp Penfill U-100 Insulin Subcutaneous Cartridge 100 Unit/mL (3 mL)</b>
<b>Fiasp U-100 Insulin Subcutaneous Solution 100 Unit/mL</b>
<b>Humulin R U-500 (Conc.) Insulin Subcutaneous Solution 500 Unit/mL</b>
<b>Humulin R U-500 (Conc.) Kwikpen Subcutaneous Insulin Pen 500 Unit/mL (3 mL)</b>
<b>Lantus Solostar U-100 Insulin Subcutaneous Insulin Pen 100 Unit/mL (3 mL)</b>
<b>Lantus U-100 Insulin Subcutaneous Solution 100 Unit/mL</b>
<b>Novolin 70/30 U-100 Insulin Subcutaneous Suspension 100 Unit/mL (70-30)</b>
<b>Novolin 70-30 Flexpen U-100 Subcutaneous Insulin Pen 100 Unit/mL (70-30)</b>
<b>Novolin N Flexpen Subcutaneous Insulin Pen 100 Unit/mL (3 mL)</b>
<b>Novolin N NPH U-100 Insulin Subcutaneous Suspension 100 Unit/mL</b>
<b>Novolin R Flexpen Subcutaneous Insulin Pen 100 Unit/mL (3 mL)</b>
<b>Novolin R Regular U-100 Insulin Injection Solution 100 Unit/mL</b>
<b>Novolog Flexpen U-100 Insulin Subcutaneous Insulin Pen 100 Unit/mL (3 mL)</b>
<b>Novolog Mix 70-30 U-100 Insulin Subcutaneous Solution 100 Unit/mL (70-30)</b>
<b>Novolog Mix 70-30 Flexpen U-100 Subcutaneous Insulin Pen 100 Unit/mL (70-30)</b>
<b>Novolog Penfill U-100 Insulin Subcutaneous Cartridge 100 Unit/mL</b>
<b>Novolog U-100 Insulin Aspart Subcutaneous Solution 100 Unit/mL</b>

**Toujeo Max U-300 Solostar Subcutaneous Insulin Pen 300 Unit/mL (3 mL)**

**Toujeo Solostar U-300 Insulin Subcutaneous Insulin Pen 300 Unit/mL (1.5 mL)**

Part D Senior Savings Model,” Centers for Medicare and Medicaid Services, last accessed 01/17/2022, <https://www.cms.gov/newsroom/fact-sheets/part-d-senior-savings-model>