



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

**Part D Senior Savings Model
Preferred Brand Tier—Select Insulins**

RXCUI	RXNORM DESCRIPTION
351926	INSULIN ASPART, HUMAN 100 UNT/ML INJECTABLE SOLUTION [NOVOLOG]
1653204	3 ML INSULIN ASPART, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLOG]
1653198	3 ML INSULIN ASPART, HUMAN 100 UNT/ML CARTRIDGE [NOVOLOG]
1986354	INSULIN ASPART, HUMAN 100 UNT/ML INJECTABLE SOLUTION [FIASP]
1986356	3 ML INSULIN ASPART, HUMAN 100 UNT/ML PEN INJECTOR [FIASP]
2205454	3 ML INSULIN ASPART, HUMAN 100 UNT/ML CARTRIDGE [FIASP]
1736863	3 ML INSULIN GLARGINE 100 UNT/ML PEN INJECTOR [BASAGLAR]
616238	INSULIN DETEMIR 100 UNT/ML INJECTABLE SOLUTION [LEVEMIR]
847241	3 ML INSULIN DETEMIR 100 UNT/ML PEN INJECTOR [LEVEMIR]
2107522	INSULIN DEGLUDEC 100 UNT/ML INJECTABLE SOLUTION [TRESIBA]
1670016	3 ML INSULIN DEGLUDEC 100 UNT/ML PEN INJECTOR [TRESIBA]
1670023	3 ML INSULIN DEGLUDEC 200 UNT/ML PEN INJECTOR [TRESIBA]
311033	INSULIN, REGULAR, HUMAN 100 UNT/ML INJECTABLE SOLUTION [NOVOLIN R]
2206092	3 ML INSULIN, REGULAR, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN R]
311027	INSULIN ISOPHANE, HUMAN 100 UNT/ML INJECTABLE SUSPENSION [NOVOLIN N]
2206099	3 ML INSULIN ISOPHANE, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN N]
977842	INSULIN ASPART PROTAMINE, HUMAN 70 UNT/ML / INSULIN ASPART, HUMAN 30 UNT/ML INJECTABLE SUSPENSION [NOVOLOG MIX]
977840	3 ML INSULIN ASPART PROTAMINE, HUMAN 70 UNT/ML / INSULIN ASPART, HUMAN 30 UNT/ML PEN INJECTOR [NOVOLOG MIX]
213442	INSULIN ISOPHANE, HUMAN 70 UNT/ML / INSULIN, REGULAR, HUMAN 30 UNT/ML INJECTABLE SUSPENSION [NOVOLIN]
2049380	3 ML INSULIN ISOPHANE, HUMAN 70 UNT/ML / INSULIN, REGULAR, HUMAN 30 UNT/ML PEN INJECTOR [NOVOLIN]
1860172	3 ML INSULIN DEGLUDEC 100 UNT/ML / LIRAGLUTIDE 3.6 MG/ML PEN INJECTOR [XULTOPHY]
1859000	3 ML INSULIN GLARGINE 100 UNT/ML / LIXISENATIDE 0.033 MG/ML PEN INJECTOR [SOLIQUA]
285018	INSULIN GLARGINE 100 UNT/ML INJECTABLE SOLUTION [LANTUS]
847232	3 ML INSULIN GLARGINE 100 UNT/ML PEN INJECTOR [LANTUS]
1604544	1.5 ML INSULIN GLARGINE 300 UNT/ML PEN INJECTOR [TOUJEO]
2002420	3 ML INSULIN GLARGINE 300 UNT/ML PEN INJECTOR [TOUJEO]

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 1.844.425.4280 (TTY: 711). Y0150_MC0140_C