

## Navitus Cost-Share Changes

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Posted Date: **7/18/2016**  
Effective Date: **8/1/2016**  
Products: **Group Health Cooperative of Eau Claire State of Wisconsin (ETF)**

### Preferred Insulin Products Moved to Level One

Effective August 1, 2016 the insulin products listed below will be moved to cost-share Level 1 (\$5 copayment) on the Navitus commercial formulary and Navitus MedicareRx formulary. These insulin products are currently covered at cost-share Level 2 (20% coinsurance with \$50 maximum).

- LANTUS (10mL vial; 3mL SoloStar pen)
- LEVEMIR (10mL vial; 3mL FlexPen; 3mL FlexTouch pen)
- NOVOLIN 70/30 (10mL vial)
- NOVOLIN N (10mL vial)
- NOVOLIN R (U-100/10mL vial)
- NOVOLOG (10mL vial; 3mL PenFill Cartridge; 3mL FlexPen pen; 3mL FlexTouch pen)
- NOVOLOG Mix 70/30 (10mL vial; 3mL FlexPen)
- TRESIBA (U-100/3mL FlexTouch pen; U-200/3mL FlexTouch pen)

This cost-share change only applies to Group Health Cooperative of Eau Claire members who have coverage through the State and Wisconsin Public Employers Group Health Insurance Programs. If you have any questions about prior authorization guidelines, please visit [group-health.com](http://group-health.com) or contact the Cooperative at (715) 552-4300 or (888) 203-7770.

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