



## Insulin Syringes and Pen Needles

This is a list of insulin syringes and pen needles that are covered by your insurance. If you are on insulin, please ask your doctor to prescribe one of these insulin syringes or needles. You can receive these covered items at your local pharmacy with a prescription.

NDC	Insulin Syringes	Limit
08290-3284-11	BD INS SYRN UF 1 ML 12.7MMX30G	200/month
08290-3284-18	BD INSULIN SYR UF 1 ML 8MMX31G	200/month
08290-3284-31	BD INS SYR UF 0.3ML 12.7MMX30G	200/month
08290-3284-38	BD INS SYRNG UF 0.3 ML 8MMX31G	200/month
08290-3284-40	BD INS SYR 0.3 ML 8MMX31G(1/2)	200/month
08290-3284-66	BD INS SYR UF 0.5ML 12.7MMX30G	200/month
08290-3284-68	BD INS SYRNG UF 0.5 ML 8MMX31G	200/month
08290-3249-12	BD ULTRAFINE INS SYR 1ml 31Gx6mm	200/month
08290-3249-11	BD ULTRAFINE INS SYR 0.5ml 31Gx6mm	200/month
08290-3249-09	BD ULTRAFINE INS SYR 0.3ml 31Gx6mm	200/month
08290-3249-10	BD ULTRAFINE INS SYR 0.3ml 31Gx6mm 1/2 unit	200/month
08290-3267-30	BD ULTRAFINE U-500 INS SYR 0.5ml 31Gx6mm	200/month

NDC	Pen Needles	Limit
08290-3295-15	BD AUTOSHIELD DUO NDL 5MMX30G	200/month
08290-3201-22	BD UF NANO PEN NEEDLE 4MMX32G	200/month
08290-3205-50	BD NANO 2 GEN PEN NDL 32GX4MM	200/month
08290-3282-03	BD UF ORIG PEN NDL 12.7MMX29G	200/month
08290-3201-19	BD UF MINI PEN NEEDLE 5MMX31G	200/month
08290-3207-49	BD UF MICRO PEN NEEDLE 6MMX32G	200/month
08290-3201-09	BD UF SHORT PEN NEEDLE 8MMX31G	200/month

\*If you are injecting more than 6 times per day and you need a supply that is greater than the limit listed, your doctor can submit a prior authorization for you.



## Nondiscrimination Notice and Language Services

### Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**  
P.O. Box 41789  
North Charleston, SC 29423  
**1-800-228-8554**  
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019**  
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

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[mibluccrosscomplete.com](https://mibluccrosscomplete.com)

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