IT’S EASY TO GET YOUR PATIENT STARTED ON INPEN™

Whether they have commercial insurance, Medicare, Medicaid or other government plans, we can help your patients confirm coverage for InPen™. And for those patients with commercial coverage, they will pay no more than $35* with our user access program.

Eligibility Requirements for InPen™ Patient Access Program: Open to uninsured patients and patients with commercial prescription insurance who are not enrolled in any government-funded program that pays for prescription devices or treatments. Excluded participants include patients enrolled in any federal, state, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medgap, Veterans Affairs (VA), the Department of Defense (DoD) or TRICARE that provide coverage for InPen™, or whose prohibited by law. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If at any time a patient becomes enrolled under any such federal, state, or government-funded healthcare program, he/she will no longer be able to use this program and must call 1-844-774-7703 to stop participation. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance.

Commercial Insurance

Send directly to pharmacy. You can ecribe everything through your EMR. Reminder: Include prescriptions for InPen™, insulin cartridges and standard pen needles.

For patients on Novolog® or Fiasp®
1. Select InPen™ Novolog® (Qty 2 – 1 for work/school, 1 for home)
   - InPen™ Novolog® Blue | NDC 62088000034
   - InPen™ Novolog® Grey | NDC 62088000035
   - InPen™ Novolog® Pink | NDC 62088000036

2. Insulin cartridges:
   - Novolog® U100 Penfills® | NDC 00169330312
   - Fiasp® U100 Penfills® | NDC 00169320515

3. Prescription for standard pen needles

For patients on Humalog®
1. Select InPen™ Humalog® (Qty 2 – 1 for work/school, 1 for home)
   - InPen™ Humalog® Blue | NDC 62088000031
   - InPen™ Humalog® Grey | NDC 62088000032
   - InPen™ Humalog® Pink | NDC 62088000033

2. Insulin cartridges:
   - Humalog® U100 Cartridges | NDC 00002751659

3. Prescription for standard pen needles
Government Funded Plans
(Medicare, Medicaid or Tricare) Send directly to Compani
Medical Reminder: Send the InPen™ Start Order Form
directly to Compani Medical.

Email: rx@companionmedical.com
Fax: 877-444-2373

Major Retail Pharmacies
E-scribe to the Local Pharmacy
Name:

Phone:

Fax:

Example EMR

After Visit:

Insulin pen needles (ULTICARE MICRO PEN NEEDLES) 32G X 4 MM
- 4 times daily
- Dose: <300 units, In-Pen, Normal

Insulin aspart (NOVOLOG) 100 UNIT/ML PENFILLS® cartridge
- Inject 10 U/kg subcutaneously every meal
- Dose: 30 mL, 95 units, Normal

Injection Device for Insulin (INPEN 100-
BLUE-NOVO)
- Use: up to 4 times daily
- Dose: 20 units, Normal

Example of e-scribe within your EMR

After Visit Summary

For Additional Support:
Contact your local rep

To learn more visit: www.companionmedical.com

PAY AS LITTLE AS $35* PER PRESCRIBED INPEN™

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*Offer available to eligible patients with commercial insurance. Terms and conditions apply. See below for details.

*Terms and Conditions: Eligibility Requirements for InPen™ Patient Access Program: Open to uninsured patients and patients with commercial prescription insurance who are not enrolled in any government-funded program that pays for prescription devices or treatments. Excluded participants include patients enrolled in any federal, state, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medicaid, Veterans Affairs (VA), the Department of Defense (DoD) or TRICARE® that provides coverage for InPen™, or where prohibited by law. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If at any time a patient becomes enrolled under any such federal, state, or government-funded healthcare program, he/she will no longer be able to use this program and must call 844-844-7003 to stop participation. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance. Offer applies to a maximum of 2 prescribed InPens per Patient per benefit year. Offer good only in the USA at participating pharmacies and cannot be redeemed at government-subsidized clinics.

Important Safety Information: The InPen™ is a home-use reusable pen injector for single-patient use by people with diabetes under the supervision of an adult caregiver, or by a patient age 7 and older for the self-injection of a desired dose of insulin and for calculating an insulin dose or carbohydrate intake based on user entered data. A healthcare professional must assist in dosage programming of the device prior to use, based on various patient-specific criteria and targets. The InPen™ requires a prescription. For additional product and safety information, please consult the Instructions for Use and by InPen Safety.

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