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Description automatically generated

SilverScript Insurance Company

Empire Plan Medicare Rx

P.O. Box 30006, Pittsburgh, PA 15222-0330

<Date>

**Important Plan Information**

<<First Name>> <<Last Name>>

<<Address Line 1>>

<<Address Line 2>>

<<City>> << State>> << ZIP Code>>

**IMPORTANT MEDICAL DEVICE CORRECTION INFORMATION**

Dear <<First Name>> <<Last Name>>:

Empire Plan Medicare Rx, your Medicare prescription drug plan sponsored by the New York State Health Insurance Program (NYSHIP) and administered by SilverScript® Insurance Company, is committed to your safety and to providing you with important news about your prescriptions. As part of this commitment, we are sending important information that may be valuable to you.

On March 10, 2025, Medtronic issued a Medical Device Correction on some InPen™ Smart Insulin Pens from certain lots. **According to Medtronic, this Medical Device Correction was issued because some InPen™ Smart Insulin Pens have been identified with an issue that can cause difficulty in removing the cartridge holder or installing the insulin cartridge into the cartridge holder.**

Our records show you may have filled a prescription for one of these products recently at a network retail pharmacy.

A list of the affected products and lot numbers is provided at the end of this letter.

To see if you have an affected product, please check the lot number. The lot number is on the fold-over label that is affixed to the InPen box/carton and on the dose knob portion of the InPen. If your product has a different lot number, it is not affected. If your product is from an affected lot number or if you cannot find the lot number, please contact the pharmacy that filled your prescription for more information, including return and replacement instructions.

For more information, please call Medtronic toll-free at **1-800-646-4633**, option 1 **(TTY 711)**. You may also call the U.S. Food and Drug Administration at **1‑888‑INFO-FDA (1‑888-463-6332)** **(TTY 711)** or visit their website at www.fda.gov.

If you have questions about your prescription coverage, please call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and select option 4 for the Prescription Drug Program, **24 hours a day, 7 days a week**. TTY users dial **711**.

Sincerely,

SilverScript Insurance Company

List of Affected Products, NDCs and Lots

|  |  |  |
| --- | --- | --- |
| **Product** | **NDC** | **Lot Number** |
| INPEN (NOVOLOG OR FIASP) BLUE  MODEL/CFN: MMT-105NNBLNA | 63000-827-18 | D0020 |
| D0034 |
| D0036 |
| D0038 |
| D0045 |
| D0046 |
| D0050 |
| D0057 |
| 62088-000-34 | D0020 |
| D0034 |
| D0036 |
| D0038 |
| D0045 |
| D0046 |
| D0050 |
| D0057 |
| INPEN (NOVOLOG OR FIASP) GREY MODEL/CFN: MMT-105NNGYNA | 63000-827-19 | D0026 |
| D0037 |
| D0039 |
| D0041 |
| D0042 |
| D0043 |
| D0049 |
| 62088-000-35 | D0026 |
| D0037 |
| D0039 |
| D0041 |
| D0042 |
| D0043 |
| D0049 |
| INPEN (NOVOLOG OR FIASP) PINK  MODEL/CFN: MMF-105NNPKNA | 63000-827-20 | D0029 |
| D0030 |
| D0040 |
| D0051 |
| D0062 |
| 62088-000-36 | D0029 |
| D0030 |
| D0040 |
| D0051 |
| D0062 |

List of Affected Products, NDCs and Lots

|  |  |  |
| --- | --- | --- |
| **Product** | **NDC** | **Lot Number** |
| INPEN (FOR HUMALOG) BLUE MODEL/CFN: MMT-105ELBLNA | 63000-827-15 | D0021 |
| D0033 |
| D0035 |
| D0044 |
| D0059 |
| D0060 |
| D0061 |
| 62088-000-31 | D0021 |
| D0033 |
| D0035 |
| D0044 |
| D0059 |
| D0060 |
| D0061 |
| INPEN (FOR HUMALOG) GREY MODEL/CFN: MMT-105ELGYNA | 63000-827-16 | D0031 |
| D0032 |
| D0047 |
| D0068 |
| 62088-000-32 | D0031 |
| D0032 |
| D0047 |
| D0068 |
| INPEN (FOR HUMALOG) PINK MODEL/CFN: MMT-105ELPKNA | 63000-827-17 | D0027 |
| D0028 |
| D0048 |
| 62088-000-33 | D0027 |
| D0028 |
| D0048 |

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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