

Non-Insulin Diabetes Medication Cost-Saving Resources

| | Manufacturer patient assistance program | Product | Copay as low as | Copay card | Copay card website |
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| Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RA) | Lilly Cares Program <ul style="list-style-type: none"> • Products: Trulicity® • For people with no prescription coverage, not enrolled in Medicaid, full Low-Income Subsidy (LIS, “Extra Help”) or VA benefits, or in select cases, if insurance does not cover the medication • Must be a permanent, legal U.S. resident, household income ≤ 400% of federal poverty level • Medicare exceptions include people who spent at least \$1,100 on prescription medications within the calendar year • www.lillycares.com | Trulicity® (dulaglutide) | \$25 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$150 per prescription – May also receive a free sharps container | www.trulicity.com/diabetes-treatment-savings-card-and-support/#savings-card |
| | Sanofi Patient Connection Program <ul style="list-style-type: none"> • Products: Adlyxin®, Soliqua® • For people with no prescription coverage, not enrolled in Medicare or Medicaid (if eligible for Medicaid, will need to submit documentation of Medicaid denial), or in select cases, if insurance does not cover the medication • Must be a resident of the U.S. or U.S. territories, household income ≤ 400% of federal poverty level • Medicare exceptions include people who spent at least 2% of annual household income on prescription medications within the calendar year • www.sanofipatientconnection.com/patient-assistance-connection | Adlyxin® (lixisenatide) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$700 per prescription | www.adlyxin.com/copy-savings |
| | | <ul style="list-style-type: none"> • Must be a resident of the U.S. or U.S. territories, household income ≤ 400% of federal poverty level • Medicare exceptions include people who spent at least 2% of annual household income on prescription medications within the calendar year • www.sanofipatientconnection.com/patient-assistance-connection | Soliqua® (insulin glargine/lixisenatide) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$800 per 5-pen pack |
| Novo Nordisk Patient Assistance Program (PAP) <ul style="list-style-type: none"> • Products: Victoza®, Xultophy®, Ozempic®, Rybelsus® | Victoza® (liraglutide) | \$25 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$100 per prescription (30-day supply) | www.victoza.com/victoza-support-and-savings/save-on-your-prescription.html | |

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| <ul style="list-style-type: none"> • People also qualify for NovoFine[®], NovoTwist[®] pen needles (will not be sent as part of PAP order if they are not requested) • For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits • Must be a U.S. citizen or legal resident, household income ≤ 400% of federal poverty level • Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low-Income Subsidy (LIS) or who have spent \$1,000 on prescription medications within the calendar year (documentation required) • www.novocare.com/hcp/diabetes/let-us-help/pap.html | | | <ul style="list-style-type: none"> – Free box of Novo Nordisk needles – Automatically enrolled in VictozaCare[™] diabetes support program | |
| | Xultophy [®] (insulin degludec/liraglutide) | \$30 per month \$60 per 2 months \$90 per 3 months | <ul style="list-style-type: none"> – Must be enrolled in commercial plan – Maximum savings \$400 per 30-day supply – Free box of Novo Nordisk needles | www.novocare.com/xultophy10036/savings-card.html |
| | Ozempic [®] (injectable semaglutide) | \$25 per month \$50 per 2 months \$75 per 3 months | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$150 per 30-day supply – Free box of Novo Nordisk needles – Automatically enrolled in Cornerstones4Care[®] support program | www.ozempic.com/support-and-savings/save-on-ozempic.html |
| | Rybelsus [®] (oral semaglutide) | \$10 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$250 per 30-day supply – Automatically enrolled in Cornerstones4Care[®] support program | www.novocare.com/rybelsus/savings-card.html or text “ready” to 21848 |
| | Astra Zeneca AZ&Me Prescription Savings Programs | | | |
| <ul style="list-style-type: none"> • Products: Byetta[®], Bydureon[®], Bydureon BCise[®] • For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits | Byetta [®] (exenatide) | \$25 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$150 per prescription (30-day supply) for cash-paying | www.byetta.com/savings-and-support-information/byetta-savings-card.html |

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| | <ul style="list-style-type: none"> • Must be a U.S. citizen, legal resident or work visa holder, household income ≤ 300% of federal poverty level • Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low-Income Subsidy (LIS) or who have spent at least 3% of annual household income on prescription medications within the calendar year (documentation required) • www.azandmeapp.com | Bydureon BCise [®] , Bydureon [®] (exenatide) | \$0 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$150 per prescription (28-day supply) for cash-paying | www.bydureon.com/bydureon-bcise/savings-and-support.html |
| Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors | Astra Zeneca AZ&Me Prescription Savings Program <ul style="list-style-type: none"> • Products: Farxiga[®], Xigduo[®], Qtern[®] • See above for program specifics • www.azandmeapp.com | Farxiga [®] (dapagliflozin) | \$0 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$378 per prescription for commercial insurance – Maximum savings \$150 per prescription for cash-paying patients | www.farxiga.com/savings-support/farxiga-savings-coupon.html.html |
| | | Xigduo [®] (dapagliflozin/metformin ER) | \$0 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$378 per prescription for commercial insurance – Maximum savings \$150 per prescription for cash-paying | www.xigduoxr.com/savings-and-support/rx-savings.html |
| | | Qtern [®] (dapagliflozin/saxagliptin) | \$0 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$378 per prescription for commercial insurance | https://www.qtern.com/savings-coupon.html |

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| | | | | – Maximum savings \$150 per prescription for cash-paying patients | |
| Boehringer Ingelheim Cares Foundation <ul style="list-style-type: none"> • Products: Jardiance®, Glyxambi®, Synjardy® and Synjardy® XR • For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits, or without enough coverage or funding for medications • Must be a resident of the U.S. or U.S. territories, household income ≤ 300% of federal poverty level • Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low-Income Subsidy (LIS) (need to attach denial letter to “Medicare Extra Help” if applied and denied within the last year) • www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program | Jardiance® (empagliflozin) | \$0 per month | – Must be enrolled in commercial insurance – Maximum savings \$250 per prescription (30-day supply) | www.jardiance.com/support-and-savings/ | |
| | Glyxambi® (empagliflozin/linagliptin) | \$0 per month | – Must be enrolled in commercial insurance – Maximum savings \$400 per prescription (30-day supply) | www.glyxambi.com/support-and-savings | |
| | Synjardy® and Synjardy® XR (empagliflozin/metformin) | \$0 per month | – Must be enrolled in commercial insurance – Maximum savings \$250 per prescription (30-day supply) | www.synjardy.com/support-and-savings | |
| Johnson & Johnson Patient Assistance Program <ul style="list-style-type: none"> • Products: Invokana®, Invokamet®, Invokamet® XR • For people with no prescription coverage or if the medication is not covered by insurance (must submit copy of insurance card) • Must be a resident of the U.S. or U.S. territories, household income ≤ 300% of federal poverty level • Must include a copy of the most recent 1040 or 1040EZ federal tax return • Medicare exceptions include people who spent at least 4% of their annual household income on prescription medications covered through Part D plan within the calendar year • Need to attach a report from the pharmacy or an Explanation of Benefits (EOB) from the insurer to the program application • www.jjpaf.org | Invokana® (canagliflozin) | \$0 per month | – Must be enrolled in commercial insurance – No limit for first prescription, then limited to \$200 per prescription (30-day supply) – Maximum savings \$3000 per calendar year | www.invokana.com/savings-and-support | |
| | Invokamet®, Invokamet® XR (canagliflozin/metformin) | \$0 per month | – Must be enrolled in commercial insurance – No limit for first prescription, then limited to \$200 per prescription (30-day supply) – Maximum savings \$3000 per calendar year | www.invokana.com/savings-and-support | |

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| | Merck Connect <ul style="list-style-type: none"> • Products: Steglatro[®], Segluromet[®] and Steglujan[®] • No patient assistance programs for these products | Steglatro [®] (ertugliflozin) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$583 per prescription | www.steglatro.com/savings-offers |
| | | Segluromet [®] (ertugliflozin/ metformin) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$583 per prescription | www.segluromet.com |
| | | Steglujan [®] (ertugliflozin/ sitagliptin) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$583 per prescription | www.steglujan.com |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | Merck Helps <ul style="list-style-type: none"> • Products: Januvia[®], Janumet[®], Janumet[®] XR • Must mail original application • For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits, or in select cases, if insurance does not cover the medication, or without enough coverage or funding for medications <ul style="list-style-type: none"> – Eligibility is determined case-by-case depending on insurance status – People must complete attestation letter mailed to them by Merck. Must mail completed letter back with attached original application • Must be a resident of the U.S. or U.S. territories, household income ≤400% of federal poverty level • www.merckhelps.com | Januvia [®] (sitagliptin) | \$5 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$150 per prescription | https://www.januvia.com/special-offers/ |
| | | Janumet [®] , Janumet [®] XR (sitagliptin/ metformin) | \$5 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$150 per prescription | www.janumetxr.com/special-offers |
| | Takeda Patient Assistance Program <ul style="list-style-type: none"> • Products: Nesina[®], Kazano[®], Oseni[®] • For people with no prescription coverage or do not have enough coverage for prescribed medication, or without enough coverage or funding for medications • Must be a resident of the US, household income ≤500% of federal poverty level | Nesina [®] (alogliptin) | Copay amount variable | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Covers out-of-pocket expenses greater than \$35 – Maximum savings \$100 for 30-day supply or \$300 for 90-day supply | www.nesinafamily.com/savingscard |

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| <ul style="list-style-type: none"> Need proof of income, such as household income tax returns, Social Security Benefits Statement (SSA-1099) or total household income from the last month www.takeda.com/en-us/corporate-responsibility/patient-assistance | Kazano [®] (alogliptin/ metformin) | Copay amount variable | <ul style="list-style-type: none"> For people with no prescription coverage or with commercial insurance Covers out-of-pocket expenses greater than \$35 Maximum savings \$100 for 30-day supply or \$300 for 90-day supply | www.nesinafamily.com/savingscard |
| | Oseni [®] (alogliptin/ pioglitazone) | Copay amount variable | <ul style="list-style-type: none"> For people with no prescription coverage or with commercial insurance Covers out-of-pocket expenses greater than \$35 Maximum savings \$100 for 30-day supply or \$300 for 90-day supply | www.nesinafamily.com/savingscard |
| <p>Boehringer Ingelheim Cares Foundation</p> <ul style="list-style-type: none"> Products: Tradjenta[®], Jentadueto[®], Jentadueto[®] XR, Glyxambi[®] See above for program specifics www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program | Tradjenta [®] (linagliptin) | \$10 per month | <ul style="list-style-type: none"> Must be enrolled in commercial insurance Maximum savings \$250 per prescription (30-day supply) | www.tradjenta.com/savings-and-support |
| | Jentadueto [®] and Jentadueto [®] XR (linagliptin/ metformin) | \$10 per month | <ul style="list-style-type: none"> Must be enrolled in commercial insurance Maximum savings \$150 per prescription (30-day supply) | www.jentadueto.com/savings-card |
| | Glyxambi [®] (empagliflozin/ linagliptin) | \$0 per month | <ul style="list-style-type: none"> Must be enrolled in commercial insurance Maximum savings \$400 per prescription (30-day supply) | www.glyxambi.com/support-and-savings |
| <p>Astra Zeneca AZ&Me Prescription Savings Program</p> <ul style="list-style-type: none"> Products: Onglyza[®], Kombiglyze[®] XR | Onglyza [®] (saxagliptin) | \$0 per month | <ul style="list-style-type: none"> For people with no prescription coverage or | www.onglyza.com/savings-support/onglyza-coupon.html |

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| | <ul style="list-style-type: none"> See above for program specifics www.azandmeapp.com | | | <ul style="list-style-type: none"> with commercial insurance – Maximum savings \$150 per prescription (30-day supply) | |
| | | Kombiglyze® XR (saxagliptin/metformin) | \$0 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$150 per prescription (30-day supply) | www.kombiglyzextr.com/savings-support/kombiglyze-coupon.html |
| Amylin Analog | Astra Zeneca AZ&Me Prescription Savings Program <ul style="list-style-type: none"> Products: SymlinPen® See above for program specifics www.azandmeapp.com | SymlinPen® (pramlintide) | \$25 per month | <ul style="list-style-type: none"> – For people with no prescription coverage or with commercial insurance – Maximum savings \$100 per prescription (30-day supply) | www.symlin.com/savings-and-support-info/symlin-savings-card.html |
| Glucagon | Lilly Cares Program <ul style="list-style-type: none"> Products: Glucagon (glucagon for injection), Baqsimi® (nasal glucagon) See above for program specifics www.lillycares.com | Glucagon (glucagon for injection) | \$30 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$100 monthly or \$1200 yearly – Maximum of 3 Lilly Glucagon emergency kits per prescription fill | www.lillyglucagon.com/hcp |
| | | Baqsimi® (nasal glucagon) | \$25 for up to two devices | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance with insurance provider coverage for Baqsimi® – Maximum of 12 fills per year | www.baqsimi.com/patient-support |
| | Fresenius Kabi <ul style="list-style-type: none"> Product: Glucagon Emergency Kit www.GlucagonEmergencyKit.com | Glucagon Emergency Kit | \$5 per kit | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Maximum savings \$125 per month | https://kabicare.us/patient-assistance-copay |
| | Novo Nordisk Patient Assistance Program (PAP) <ul style="list-style-type: none"> Products: GlucaGen® HypoKit® | GlucaGen® HypoKit® | N/A | <ul style="list-style-type: none"> – None available for GlucaGen® HypoKit® | N/A |

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| <ul style="list-style-type: none"> • See above for program specifics • www.novocare.com/hcp/diabetes/let-us-help/pap.html | (glucagon injection) | | | |
| <p>Xeris Pharmaceuticals</p> <ul style="list-style-type: none"> • Products: Gvoke®PFS Pre-Filled Syringe (glucagon injection) • For people not enrolled in Medicaid, Medicare, or other federal or state health programs • Contact 1-877-myGvoke (1-877-694-8653) for more information • www.gvokeglucagon.com/savings-and-support | Gvoke®PFS (glucagon injection) | \$0 per month | <ul style="list-style-type: none"> – Must be enrolled in commercial insurance – Monthly and annual maximum caps may apply | www.gvokeglucagon.com/savings-and-support |

| Free Trial Offer | Products | Website |
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| Astra Zeneca AZ&Me | Bydureon BCise®, Bydureon® (exenatide) Farxiga® (dapagliflozin) Xigduo® (dapagliflozin/metformin ER) Qtern® (dapagliflozin/saxagliptin) SymlinPen® (pramlintide) | www.azmedcoupons.com |
| Janssen CarePath | Invokana® (canagliflozin) Invokame®, Invokamet® XR (canagliflozin/metformin) | www.invokana.com/savings-and-support |
| Merck | Steglatro® (ertugliflozin) Segluromet® (ertugliflozin/metformin) Steglujan® (ertugliflozin/ sitagliptin) | www.steglatro.com/savings-offers www.segluromet.com www.steglujan.com |

Low Cost Alternative Agents

According to 2020 American Diabetes Association Standards of Medical Care in Diabetes, there are non-insulin agents that may be alternatives if cost is a major issue. Low cost alternate agents include:

- Metformin Immediate Release (IR)
- Metformin Extended Release (ER) 500 mg tablets – *Non-OSM preferred*
 - o OSM (osmotic release formulation)
 - Associated with increased cost
 - May require PA (prior authorization)
- Thiazolidinedione (TZD)
 - o Pioglitazone
- Sulfonylureas
 - o Glipizide (IR and ER)
 - o Glimepiride
 - o Glyburide
- Human insulin
- Other low cost, less commonly used diabetes medications include alpha glucosidase inhibitors (acarbose, miglitol) and meglitinides (nateglinide, repaglinide)

Discount Card Programs

| Discount Card Programs | | |
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| Familywize | www.familywize.org/free-prescription-discount-card | <ul style="list-style-type: none"> • All FDA approved brand and generic prescription medications • Cannot be used at mail-order pharmacies |
| GoodRx | www.goodrx.com/discount-card | <ul style="list-style-type: none"> • All prescription medications |
| Rx Saver | https://rxsaver.retailmenot.com/ | <ul style="list-style-type: none"> • All prescription medications |
| WellCard Savings | www.wellcardsavings.com/public/pharmacy.aspx | <ul style="list-style-type: none"> • All prescription medications |
| Blink Health | www.blinkhealth.com/ | <ul style="list-style-type: none"> • Savings on select prescription medications • Medications are ordered and paid for online, then picked up from local pharmacies or mailed |
| Lilly Diabetes Solution Center | www.insulinaffordability.com/solutions | <ul style="list-style-type: none"> • Allows people that have lost insurance or income from COVID-19 to fill their monthly Trulicity prescription for as low as \$35 • Those with government insurance or Medicare are excluded • Call 1-833-808-1234 to speak to a representative to sign up |

| Other Resources | Website | Comments |
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| Tools for Healthcare Savings from ADCES | www.diabeteseducator.org/affordability | <ul style="list-style-type: none"> Provides patient assistance programs, advice on navigating insurance and Medicare |
| AACE Prescription Savings Directory | http://prescriptionhelp.aace.com | <ul style="list-style-type: none"> Provides list of programs to assist in affordability of endocrine related medications |
| Partnership for prescription assistance | www.pparx.org | <ul style="list-style-type: none"> Provide medication at no cost for patients without insurance who qualify |
| RxAssist | www.rxassist.org | <ul style="list-style-type: none"> Provides a comprehensive database of patient assistant programs |
| NeedyMeds | www.needymeds.org | <ul style="list-style-type: none"> Organization providing comprehensive resources based on medication name through search function |
| Rx Hope | www.rxhope.com | <ul style="list-style-type: none"> Prescription assistance organization that help people get their medicines at little or no cost |
| BenefitsCheckup | www.benefitscheckup.org | <ul style="list-style-type: none"> For patients >55 years of age, prescription assistance program run by the National Council on Aging (NCOA) |
| CR3Diabetes | www.cr3diabetes.org | <ul style="list-style-type: none"> Provides equipment and encouragement for people living with diabetes |

Disclaimer: This information changes frequently. Please check with the listed websites and manufacturers for the most current information.

Project Lead: Diana Isaacs, PharmD, BCPS, BCACP, BC-ADM, CDCES

Contributors: Diabetes Medication Affordability Task Force: Glecille Salonga, PharmD, Dan Majerczyk, PharmD, BCPS, BC-ADM, CACP, Cameron C. Lindsey, PharmD, MPH, BC-ADM, CDCES, BCACP, Diana Mercurio, RPh, CDCES, CDOE, CVDOE, Sara (Mandy) Reece, PharmD, CDCES, BC-ADM, BCACP, FADCES, Nathan A. Painter, PharmD, CDCES, FADCES, Kathryn Telek, PharmD

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