

Non-Insulin Diabetes Medication Cost-Saving Resources

	Manufacturer patient assistance program	Product	Copay as low as	Copay card	Copay card website
Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RA)	Lilly Cares Program <ul style="list-style-type: none"> • Products: Trulicity® • For people with no insurance, or have Medicare Part D. • 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. 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. 	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 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-\$15 per month	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance. • Maximum savings \$700 per prescription. 	www.adlyxin.com/copy-savings
		Soliqua® (insulin glargine/lixisenatide)	\$9 per month	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance. • Maximum savings \$365 per 5-pen pack. 	www.soliqua100-33.com/savings-and-support

<p>Novo Nordisk Patient Assistance Program (PAP)</p> <ul style="list-style-type: none"> • Products: Victoza[®], Xultophy[®], Ozempic[®], Rybelsus[®] • People also qualify for NovoFine[®], NovoTwist[®] pen needles (will not be sent as part of PAP order if they are not requested). • For people who have no insurance and who are not enrolled in and don't qualify for Medicaid, Low Income Subsidy or VA benefits. • For people with Medicare 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). • Must be a U.S. citizen or legal resident, household income ≤ 400% of federal poverty level. • Minnesota residents may have additional requirements. www.novocare.com/hcp/diabetes/let-us-help/pap.html 	<p>Victoza[®] (liraglutide)</p>	<p>\$25 per month</p>	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance. • Maximum savings \$100 per prescription (30-day supply). • Free box of Novo Nordisk needles. • Automatically enrolled in Victoza[®] support program. 	<p>www.novocare.com/victoza/savings-card.html</p>
	<p>Ozempic[®] (injectable semaglutide)</p>	<p>\$25 per month</p> <p>\$50 per 2 months</p> <p>\$25 per 3 months (if written for a 3-month supply)</p>	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance. • Maximum savings \$150 per 28-day supply. • Automatically enrolled in Cornerstones4Care[®] support program. 	<p>www.ozempic.com/support-and-savings/save-on-ozempic.html</p>
	<p>Rybelsus[®] (oral semaglutide)</p>	<p>\$10 per month</p>	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance. • Maximum savings \$300 per 30-day supply. • Automatically enrolled in Cornerstones4Care[®] support program. 	<p>www.novocare.com/rybelsus/savings-card.html</p>

	<p>Astra Zeneca AZ&Me Prescription Savings Programs</p> <ul style="list-style-type: none"> • Products: Byetta[®], Bydureon[®], Bydureon BCise[®] • For people with no prescription coverage, not enrolled in Medicaid or VA benefits. • Must be a resident of the US, household income ≤ 300% of federal poverty level. • Medicare beneficiaries not be eligible for or enrolled in Low Income Subsidy for Medicare Part D. • 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). • People who have experienced a life changing event in the past year and whose financial documentation does not accurately reflect the current situation may also qualify. <p>www.azandmeapp.com</p>	<p>Bydureon BCise[®], Bydureon[®] (exenatide ER)</p>	<p>\$0 per 28 days for Bydureon BCise[®]</p> <p>\$25 per 28 days for Bydureon[®]</p>	<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 and \$300 per 28-day supply for commercial insurance. 	<p>www.bydureon.com/bydureon-bcise/savings-and-support.html</p>
<p>Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors</p>	<p>Astra Zeneca AZ&Me Prescription Savings Program</p> <ul style="list-style-type: none"> • Products: Farxiga[®], Xigduo[®], Qtern[®] • See above for program specifics <p>www.azandmeapp.com</p>	<p>Farxiga[®] (dapagliflozin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> • For people with no prescription coverage or with commercial insurance. • Maximum savings \$270 per 30-day supply for commercial insurance and \$150 per 30-day supply for cash paying. 	<p>www.farxiga.com/savings-support.html</p>
		<p>Xigduo[®] (dapagliflozin/metformin ER)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> • For people with no prescription coverage or with commercial insurance. • Maximum savings \$270 per prescription for commercial insurance for \$150 for cash paying. 	<p>www.xigduoxr.com/savings-and-support/rx-savings.html</p>

		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 or \$150 per prescription for cash paying. 	www.qtern.com/savings-coupon.html
<p>Boehringer Ingelheim Cares Foundation</p> <ul style="list-style-type: none"> Products: Jardiance[®], Glyxambi[®], Synjardy[®] and Synjardy[®] XR, Trijardy[®] 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. For 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)	\$10 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. Maximum savings \$175 per prescription (30-day supply). 	www.jardiance.com/support-and-savings/	
	Glyxambi [®] (empagliflozin/ linagliptin)	\$10 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. Maximum savings \$175 per prescription (30-day supply). 	www.glyxambi.com/support-and-savings	
	Synjardy [®] and Synjardy [®] XR (empagliflozin/ metformin)	\$10 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. Maximum savings \$175 per prescription (30-day supply). 	www.synjardy.com/support-and-savings	
	Trijardy [®] XR (empagliflozin/ linagliptin/ metformin HCl extended release)	\$10 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. Maximum savings \$175 per prescription (30-day supply). 	www.trijardyxr.com/support-and-savings	
<p>Johnson & Johnson Patient Assistance Program</p> <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). 	Invokana [®] (canagliflozin)	\$0 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. No limit for first month, then limited to \$200 per prescription (30-day supply). 	www.invokana.com/savings-and-cost-support	

	<ul style="list-style-type: none"> • 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. • For people with Medicare Part D who spent at least 4% of their annual household income on prescription medications covered through Part D plan within the calendar year. Must attach a report from the pharmacy or an explanation of benefits from the insurer to the program application. www.ijpaf.org 	Invokamet [®] , Invokamet [®] XR (canagliflozin/ metformin)	\$0 per month	<ul style="list-style-type: none"> • Maximum savings \$3000 per calendar year. • Must be enrolled in commercial insurance. • No limit for first month, then limited to \$200 per prescription (30-day supply). • Maximum savings \$3000 per calendar year. 	www.invokana.com/savings-and-cost-support
	<p>Merck Connect</p> <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	<p>Merck Helps</p> <ul style="list-style-type: none"> • Products: Januvia[®], Janumet[®], Janumet[®] XR • Must mail original application. • For people with no prescription coverage, who are 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. • Individuals must complete attestation letter mailed to them by Merck and 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. https://www.merckhelps.com/programs.aspx 	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/

<p>Takeda Patient Assistance Program</p> <ul style="list-style-type: none"> • Products: Nesina[®], Kazano[®], Oseni[®] • For people with no prescription coverage or those who do not have enough coverage for prescribed medication, or without alternate coverage or funding for medications, or recently lost job and experiencing financial hardship. • Must be a resident of the US, household income ≤500% of federal poverty level. • 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 	<p>Nesina[®] (alogliptin)</p>	<p>Copay amount variable</p>	<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. 	<p>www.nesinafamily.com/savingscard or text SAVINGS to 36395</p>
	<p>Kazano[®] (alogliptin/metformin)</p>	<p>Copay amount variable</p>	<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. 	<p>www.nesinafamily.com/savingscard or text SAVINGS to 36395</p>
	<p>Oseni[®] (alogliptin/pioglitazone)</p>	<p>Copay amount variable</p>	<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 	<p>www.nesinafamily.com/savingscard or text SAVINGS to 36395</p>
<p>Boehringer Ingelheim Cares Foundation</p> <ul style="list-style-type: none"> • Products: Tradjenta[®], Jentaduetto[®], Jentaduetto[®] XR, Glyxambi[®] • See above for program specifics • www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program 	<p>Tradjenta[®] (linagliptin)</p>	<p>\$10 per month</p>	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance • Maximum savings \$250 per prescription (30-day supply) 	<p>www.tradjenta.com/savings-and-support</p>
	<p>Jentaduetto[®] and Jentaduetto[®] XR</p>	<p>\$10 per month</p>	<ul style="list-style-type: none"> • Must be enrolled in commercial insurance 	<p>www.jentaduetto.com/savings-card</p>

		(linagliptin/ metformin)		<ul style="list-style-type: none"> Maximum savings \$150 per prescription (30-day supply). 	
		Glyxambi® (empagliflozin/ linagliptin)	\$10 per month	<ul style="list-style-type: none"> Must be enrolled in commercial insurance. Maximum savings \$175 per prescription (30-day supply). 	www.glyxambi.com/support-and-savings
	Astra Zeneca AZ&Me Prescription Savings Program <ul style="list-style-type: none"> Products: Onglyza®, Kombiglyze® XR See above for program specifics www.azandmeapp.com 	Onglyza® (saxagliptin)	\$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.onglyza.com/savings-support/onglyza-coupon.html
		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.kombiglyzexr.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). 	https://www.symlinhcp.com/access-and-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®	\$25 for up to two devices	<ul style="list-style-type: none"> Must be enrolled in commercial insurance 	www.baqsimi.com/patient-support

		(nasal glucagon)		with insurance provider coverage for Baqsimi.®	
	Fresenius Kabi	Glucagon Emergency Kit	\$5 per kit with commercial insurance \$25 cash discount per kit without insurance	<ul style="list-style-type: none"> Maximum of 12 fills per year. For people with no prescription coverage or with commercial insurance. Maximum savings \$125 per month. Maximum annual savings \$1500. 	https://glucagonemergencykit.com/
	Novo Nordisk Patient Assistance Program (PAP)	GlucaGen® HypoKit® (glucagon injection)	N/A	<ul style="list-style-type: none"> None available for GlucaGen® HypoKit.® 	N/A
	Xeris Pharmaceuticals	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
	<ul style="list-style-type: none"> Product: Glucagon Emergency Kit www.GlucagonEmergencyKit.com 				
	<ul style="list-style-type: none"> Products: GlucaGen® HypoKit® See above for program specifics www.novocare.com/hcp/diabetes/let-us-help/pap.html 				
	<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 				

Free Trial Offer	Products	Website
Astra Zeneca AZ&Me	Bydureon BCise® 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-cost-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 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

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	http://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	http://www.insulinaffordability.com	<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
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.

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