

Affording Your Type 2 Diabetes Care

Patient Cost Assistance Toolkit



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Affording your Type 2 Diabetes Treatments and Technologies

**Tips Addressing Common Concerns about
affording Diabetes Care**





AFFORDING YOUR TYPE 2 DIABETES TREATMENTS & TECHNOLOGIES

We hear your concerns!

Diabetes treatments can be costly. Patients, clinicians, health insurance programs, and drug makers can all take steps to reduce costs. Below we have listed some common concerns about affording diabetes care and recommended ways to address them.

FOR MEDICARE PLANS ONLY

INSULIN

My insulin is too expensive.

During open enrollment, select a plan offering the **Part D Senior Savings Program**. This program offers insulin for a maximum monthly cost of \$35 for most of the year.

Call 1-800-MEDICARE or go to www.medicare.gov/plan-compare to find a plan.

FOR MEDICARE & COMMERCIAL PLANS

MEDS

How do I find a lower cost GLP-1 RA or SGLT2i medication?

Your clinician may have recommended a GLP-1RA or SGLT-2i medication to help with weight loss and heart and kidney complications of diabetes.

If your medication is too expensive, call your insurance and use the medication questions on the Diabetes Therapies Insurance Coverage Worksheet to specifically ask about alternative medications. **Tell your clinician if there is a less expensive option.**

FOR MEDICARE & COMMERCIAL PLANS

TECH

I need help affording a glucometer and test strips.

Each insurance company has a preferred glucometer company.

Call your insurance company and use the Diabetes Therapies Insurance Coverage Worksheet to see if there is a preferred option. **Tell your clinician if there is a less expensive option.** You can also ask your clinician if it is necessary for you to check your blood sugar every day. Many people with Type 2 Diabetes only need to check their blood sugar if they are feeling ill or have low blood sugars.

FOR MEDICARE & COMMERCIAL PLANS

MEDS

How do I select the 'Preferred' medication for my insurance plan?

For most classes of medications, there is usually one that is 'preferred' by your insurance plan and less expensive.

Your clinician does not always have access to your preferred list. You may have a lower price at a preferred local or mail-away pharmacy, and/or for a 90-day supply of the medication.

Contact your insurance company and ask the medication questions on the Diabetes Therapies Insurance Coverage Worksheet. Bring the answers to your clinician so they can help you switch to a less expensive medication.

FOR MEDICARE & COMMERCIAL PLANS

TECH

My clinician recommended a continuous glucose monitor (CGM) but it is too expensive.

Patients with diabetes on Medicare **must be on three or more insulin injections per day** to qualify for a CGM. Private insurance company requirements vary. Currently, Medicaid does not cover CGMs.

Ask your clinician if you can use your smartphone to monitor your CGM or if you need a prescription for a 'reader device.' If your phone is compatible and can serve as your reader, **you can save money by not having to buy the separate, stand-alone reader.**

Contact your insurance company and use the Diabetes Therapies Insurance Coverage Worksheet to identify your associated costs and therapy requirements. Bring the answers to your clinician so they can help send your CGM prescription to the lowest cost supplier.

How do I use a Patient Assistance Program (PAP)?

Each drug manufacturer has a PAP to help people who cannot afford medications to get free or discounted medications.

Each brand has their own PAP with their own eligibility criteria. Some PAPs are available for patients with Medicare. Ask your clinician for information specific to your medication.

- Go to www.needymeds.org and find your medication.
- Call your clinician's office for help filling out and submitting the application.

How do I find a manufacturer coupon or discount card?

For most patients with commercial insurance, a coupon card can help reduce the cost of your medication. Unfortunately, individuals with Medicare are not eligible for these types of discounts.

- Go to www.goodrx.com to look for general discounts.
- Go to the drug website and look for a 'copay card,' 'savings card,' or 'discount card.'
- For more information, visit the link or scan the QR code to find a helpful article from the DiaTribe website michmed.org/mV4zZ



What if I have very high blood sugar or concerning symptoms?

Always contact your healthcare provider if you have very high BS or concerning symptoms including feeling very thirsty excessive urination or nausea. You may need emergency care or urgent changes in your treatment. Always let your healthcare clinician know if you have had to stop a medication because you cannot afford it.



What to Ask Your Insurance Company?

Insurance Coverage Worksheet





TYPE 2 DIABETES THERAPIES INSURANCE COVERAGE WORKSHEET

PROVIDER SECTION (have your healthcare provider complete this section)

Provider Name: _____

I am recommending the patient check their insurance coverage for the following (check all that apply):

- ☐ GLP-1 RA ☐ SGLT2i ☐ Continuous Glucose Monitor (CGM) ☐ Glucose Meter & Test Strips

PATIENT SECTION (call your insurance company to complete this section)

Find your insurance company contact information on the back of your insurance card.

If you cannot locate your card, you can search the web for your insurance company's phone number.

EXAMPLE CARD FRONT

		Plan Name Here	
Subscriber Name: JOHN DOE		Group No.: 00	123456789
Subscriber ID: YPP123456789		Effective Date: 01/01/22	
Members: JANE SAM		Member Responsibility: DEDUCTIBLE: \$2,000/\$10,000 OOP MAX/INNOON: \$8,700/No Max Primary: INN Specialist: INN URO Care: INN Drug Tier: 1 Drug Tier 2 & 3: 10% after Rx ded Rx Deductible: \$2,800	

EXAMPLE CARD BACK

	Customer Service: TTY/ADA: 1-800-388-6867 Phone: 1-800-442-7056 Toll Free: 1-800-274-5190 Member Helpline: 1-800-330-5422 Local Helpline: 1-800-615-5264 Provider Service: 1-800-615-5864 Prior Review/Certification: 1-800-615-7887 Pharmacy Help Desk: 1-800-274-5190 TeleDoc: 1-800-435-2362
Providers should send claims to their local BlueCross BlueShield Plan.	
CONTACT INFO	

BASIC INFORMATION

Name of representative at insurance company: _____

Do I have prescription drug coverage? ☐ Yes ☐ No

Do I have a deductible? ☐ Yes ☐ No

If yes: What is my deductible? \$ _____

How much of my deductible has been met? \$ _____

MEDICATIONS (complete this section if you were prescribed a GLP-1 RA or SGLT2i)

What is my deductible for medications, and have I met it?

Deductible: \$ _____ Currently met: \$ _____

What is my preferred local pharmacy? _____

What is my preferred mail order pharmacy? _____

Are the medications I am on currently preferred? ☐ Yes ☐ No

What is/are my plans preferred SGLT2is?

- ☐ Dapagliflozin (Farxiga)
☐ Canagliflozin (Invokana)
☐ Empagliflozin (Jardiance)
☐ Ertugliflozin (Steglatro)

How much is my copay for this medication?
\$ _____

Is a 90-day supply available? ☐ Yes ☐ No

If yes: ☐ By Local Pharmacy
☐ By Mail Order Pharmacy

What is/are my plans preferred GLP-1 RAs?

- ☐ Dulaglutide (Trulicity) ☐ Exenatide (Byetta)
☐ Liraglutide (Victoza) ☐ Exenatide XR
☐ Semaglutide (Ozempic) (Bydureon BCise)
☐ Semaglutide (Rybelsus)

How much is my copay for this medication?
\$ _____

Is a 90-day supply available? ☐ Yes ☐ No

If yes: ☐ By Local Pharmacy
☐ By Mail Order Pharmacy

COMPLETE
FOR GLP-1 RA
OR SGLT2i

PATIENT SECTION CONT. (call your insurance company to complete this section)

CONTINUOUS GLUCOSE MONITOR (complete this section if you were prescribed a CGM)

Does my plan cover a Continuous Glucose Monitor for my type 2 diabetes? ☐ Yes ☐ No

If yes, is it covered as a pharmacy benefit or a durable medical equipment (DME) benefit?

☐ Pharmacy: If yes, what brand is preferred: _____

☐ DME: If yes, what brand is preferred: _____

Does it require prior authorization? ☐ Yes ☐ No

Do I have to be on a certain number of insulin doses or test my blood sugar a certain number of times per day?

☐ Insulin doses: If yes, how many? _____

☐ Blood sugar tests: If yes, how many? _____

COMPLETE
FOR CGM

What is my out-of-pocket cost for Freestyle Libre 2?

Sensors? \$ _____

Reader? \$ _____

What is my out-of-pocket cost for Dexcom G6?

Sensor? \$ _____

Transmitter? \$ _____

Reader: \$ _____

GLUCOSE METER & TEST STRIPS

What is/are my preferred glucometer(s)? _____

Is the meter covered as a pharmacy benefit or a durable medical equipment (DME) benefit?


☐ Pharmacy: If yes, what brand is preferred: _____

☐ DME: If yes, what brand is preferred: _____

What is my cost for a box of 100 test strips? \$ _____

COMPLETE
FOR GLUCOSE
METER & TEST
STRIPS

LEARN THE LINGO (common insurance terms and their definitions)

	Deductible	Predetermined amount that must be paid annually before insurance pays for anything.
	Copayment	Set amounts paid for a particular service (e.g., \$10 for a visit to the primary care clinician or \$15 per medication prescription filled).
	Coinsurance	Amount you pay after your deductible is met and your insurance pays their portion; only applies to prescriptions and services that are covered under your health plan.
	Medication Tiers	Levels of insurance medication coverage; you pay a smaller amount in lower tiers and a larger amount in higher tiers.
	Out-of-pocket maximum	Annual limit on what you pay before your insurance pays 100% of covered services; deductibles, copayments, and coinsurance all apply toward the out-of-pocket maximum.
	Prior Authorization	Request made by your provider to your insurance company for coverage of a medication or service.
	Quantity Limit	Limitation on the number of medications or services covered for a period of time.
	Step Therapy	Medication(s) that you must have tried prior to approval of the requested medication. For example, step therapy with metformin is often required prior to approval of non-insulin diabetes medications.



Medication Copay Savings Cards

For Private / Commercial Insurance Plans



MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY



Getting Started

Find the medication you have been prescribed in the list below. Go to the listed manufacturer's website where you will be asked to fill out a simple form that checks your eligibility and may require an email address in order to send the electronic copay coupon. Copay savings programs do not have income specifications. Instead, there are maximum copay savings caps, which may impact those with high deductibles.

Patients with Medicare, Medicaid, or VA/Tricare coverage are NOT eligible to use these programs.

Medicare Part D patients may be eligible for free supply via manufacturer Patient Assistance Programs—See our Handout.

BYDUREON BCISE EXENATIDE XR

BYDUREON BCISE SAVINGS CARD

1-866-680-9081

bydureon.com/bydureon-bcise/savings-and-support.html



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

\$150 per month

CARD EXPIRATION

Not provided

NOTES

Mail-in rebate is available if mail-order pharmacy does not accept Savings Card and your insurance does not cover.

BYETTA EXENATIDE XR

AZ & ME PRESCRIPTION SAVINGS PROGRAM

1-800-292-6363

azandmeapp.com



MONTHLY COPAY
AS LITTLE AS

\$0

CARD EXPIRATION

None provided

NOTES

Only available for those with NO prescription coverage

Last Updated: 2023-February

H.Diez, PharmD. Programs are subject to change, check manufacturer websites for most up-to-date eligibility.

MCT2D.ORG

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

FARXIGA **DAPAGLIFLOZIN**

FARXIGA SAVINGSRX CARD

1-844-631-3978

farxiga.com/savings-support



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

Up to \$175 per 30-day supply

CARD EXPIRATION

None Provided

INVOKANA **CANAGLIFLOZIN**

JANSSEN CAREPATH SAVINGS PROGRAM

1-877-468-6526

invokana.com/savings-and-cost-support



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

Up to \$175 per 30-day supply until
12/2022

CARD EXPIRATION

End of each calendar year

NOTES

Included combination products =
Invokamet (canagliflozin/metformin
IR) and Invokamet XR
(canagliflozin/metformin XR).

JARDIANCE **EMPAGLIFLOZIN**

JARDIANCE SAVINGS CARD

1-866-279-8990

jardiance.com/heart-failure/savings-support



MONTHLY COPAY
AS LITTLE AS

\$10

MAXIMUM SAVINGS

Up to \$175 per 30-day supply until
12/2022

CARD EXPIRATION

12/31/2023

NOTES

Included combination products =
Glyxambi (empagliflozin/lineagliptin)

Last Updated: 2023-February

H.Diez, PharmD. Programs are subject
to change, check manufacturer
websites for most up-to-date eligibility.

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

MOUNJARO **TIRZEPATIDE**

MOUNJARO SAVINGS CARD
1-866-255-8661

mounjaro.com/savings-resources



MONTHLY COPAY
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
12/31/2023

NOTES

For a 1-month (4 pens) or 3-month (12 pens) prescription of Mounjaro

OZEMPIC **SEMAGLUTIDE**

NOVOCARES OZEMPIC SAVINGS CARD
1-877-304-6855

ozempicsavings.com



COPAY PER FILL
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
Good for up to 24 months

NOTES

If RX written for 3-month supply AND insurance coverage for 3-month fill, maximum savings is \$450

RYBELSUS **SEMAGLUTIDE**

NOVOCARES RYBELSUS SAVINGS AND SUPPORT
1-877-304-6855

rybelsussavings.com



COPAY PER FILL
AS LITTLE AS
\$10

MAXIMUM SAVINGS
\$300 per month

CARD EXPIRATION
Good for up to 24 months

NOTES

Some Prescription Insurance GROUP numbers are no longer eligible. See website listed above for specifics. If RX written for 3 month supply AND insurance coverage for 3 supply, maximum savings is \$900

Last Updated: 2023-February

H.Diez, PharmD. Programs are subject to change, check manufacturer websites for most up-to-date eligibility.

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

STEGLATRO ERTUGLIFLOZIN

SAVINGS COUPON FOR STEGLATRO
1-877-264-2454

steglatro.com/savings-offers



MONTHLY COPAY
AS LITTLE AS
\$0

MAXIMUM SAVINGS
\$583 per prescription

CARD EXPIRATION
02/28/2024

NOTES

The coupon is valid for use 12 times only. Savings are limited to the amount of your actual out-of-pocket cost, up to a maximum per prescription savings of \$583

TRULICITY DULAGLUTIDE

TRULICITY SAVINGS CARD
1-844-878-4636

trulicity.com/savings-resources



MONTHLY COPAY
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
02/28/2024

VICTOZA LIRAGLUTIDE

NOVOCARES
1-877-304-6855

victozasavings.com

Program discontinued to new enrollees as of April 9, 2021. If you currently have a Victoza® Savings Card, you may continue to take advantage of its benefits until April 30, 2023.



REPORT A PROBLEM

Help us improve this tool by reporting out-of-date or incorrect information. Email ccteam@mct2d.org or submit feedback online at michmed.org/ZYx5q

Last Updated: 2023-February

H.Diez, PharmD. Programs are subject to change, check manufacturer websites for most up-to-date eligibility.



Patient Assistance Programs

For Medicare Part D





SGLT2i & GLP-1 RA PATIENT ASSISTANCE PROGRAMS



BYDUREON BCISE & BYETTA EXENATIDE XR

AstraZeneca



AZ & ME PRESCRIPTION SAVINGS PROGRAM 1-800-292-6363

Must have no prescription coverage for needed medication



azandmeapp.com

Print Application: michmed.org/mVDX2

Application can be completed online

Rx mailed to home

Annual
Household
Income
Guidelines¹

 Under \$43,740
 Under \$59,160
300% of FPL



MBI number on front
of Medicare card is
required

**How is
income
verified?**

"Soft" credit
inquiry occurs
via Date of
Birth

**ONLINE, MAIL
or doctor's
office can FAX
to
800-961-8323**

FARXIGA DAPAGLIFLOZIN

AstraZeneca



AZ & ME PRESCRIPTION SAVINGS PROGRAM 1-800-292-6363

Must have no prescription coverage for needed medication



azandmeapp.com

Print Application: michmed.org/mVDX2

Application can be completed online

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Annual
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 Under \$43,740
 Under \$59,160
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MBI number on front
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**How is
income
verified?**

"Soft" credit
inquiry occurs
via Date of
Birth

**ONLINE, MAIL
or doctor's
office can FAX
to
800-961-8323**

INVOKANA CANAGLIFLOZIN

Janssen





JOHNSON & JOHNSON PATIENT ASSISTANCE FOUNDATION, INC. 1-800-652-6227

No insurance coverage (as of Jan 2023)

jjpaf.org

Print Application: michmed.org/JyD9P

Annual
Household
Income
Guidelines¹

 Under \$40,770
 Under \$54,930
(FPL guidelines
not available)



Must spend 4% or
more of gross
income on Rx drugs

**How is
income
verified?**

Credit report
or copy of
1040 tax
return

**MAIL or FAX to
888-526-5168**

JARDIANCE EMPAGLIFLOZIN

Boehringer Ingelheim & Eli Lilly



BI CARES PATIENT ASSISTANCE PROGRAM 1-800-556-8317



Must be uninsured or underinsured

boehringer-ingelheim.us/our-responsibility/patient-assistance-program

Print Application: michmed.org/GzQ3K

Rx mailed to home

Annual
Household
Income
Guidelines¹

 Under \$36,450
 Under \$49,300



PLUS certain assets like
retirement and second
home

**How is
income
verified?**

Automatically
using
Experian,
must provide
last 4 digits of
SSN

**FAX
completed
form to
866-851-2827**



SGLT2i & GLP-1 RA PATIENT ASSISTANCE PROGRAMS FOR MEDICARE PART D



OZEMPIC & RYBELSUS

SEMAGLUTIDE

VICTOZA

LIRAGLUTIDE

NovoNordisk



NovoCare[®]
Patient Affordability and Access Support

NOVO NORDISK PATIENT ASSISTANCE PROGRAM

1-866-310-7549

Must be uninsured

novocare.com/diabetes-overview/let-us-help/pap.html

Print Application: michmed.org/7VK4d

Annual
Household
Income
Guidelines¹



Under \$58,320



Under \$78,880

400% of FPL

**How is
income
verified?**

Must provide copy
of document like;
paystubs, 1040,
W-2, or SSI,
pension

**Doctor's office
must MAIL or
FAX
866-441-4190**

TRULICITY

DULAGLUTIDE

Eli Lilly

Lilly Cares[®]
Foundation

LILLY CARES FOUNDATION PATIENT ASSISTANCE PROGRAM

1-800-545-6962

No insurance or Medicare Part D

lillycares.com

Print Application: michmed.org/vVQWx

Application can be completed online

Rx mailed to home

Annual
Household
Income
Guidelines¹



Under \$58,320



Under \$78,880

400% of FPL For Group 2 Meds

**How is
income
verified?**

Lilly Cares may
contact you to
request income
documentation.

**ONLINE, MAIL
or FAX to
844-431-6650**

MOUNJARO

TIRZEPATIDE

NO PATIENT ASSISTANCE PROGRAMS PER MOUNJARO.COM

[1] Income guidelines are estimates. For personalized referrals based on your income, insurance provider, and other factors, try mat.org or or contact manufacturer program directly.



Last Updated: 2023-February

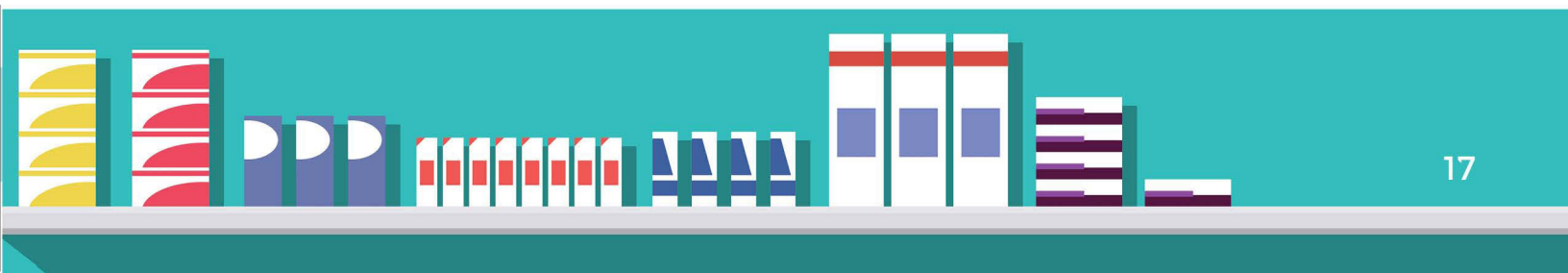
H.Diez, PharmD. - Sourced via Needymeds.org, manufacturer websites and mat.org.

MCT2D.ORG



Senior Savings Program

For Medicare Part D





Medicare Part D Senior Savings Model

What is the Senior Savings Model?

The Part D Senior Savings Model is a program that offers insulin for a **maximum monthly cost of \$35**.

How do I enroll in the program?



Call **1-800-MEDICARE**
(1-800-633-4227)

OR



Visit **medicare.gov/plan-compare**

Why is this important to me?

By switching to the Senior Savings Model, you can **save money on your insulin** and may be able to **afford other diabetes medications** that can lower your weight and protect your heart and kidneys.

Additional Information

Which medications does this apply to?

Insulin only.

Are all insulins covered?

No, each program has preferred insulins including at least one brand of vial and pen and long-acting (basal) and mealtime (prandial).

How do I find out if my plan offers the Senior Savings Model?

Call your plan's customer service number (on the back of your card) and ask.

Can I change my Medicare Part D plan to one that has the Senior Savings Model?

You can change from one Part D plan to another during the Medicare open enrollment period, which runs from October 15 to December 7 each year.

