

ENDOCRINOLOGY

Updated 2-4-22

Drug Name • Brand bolded if generic not available	Cost	Copay Card • Commercial insurance or cash payers • Government insurance not eligible, i.e. Medicaid, Medicare, VA, Tricare (exclusions apply)	Alternative Access • Cost savings through alternative pharmacy	Patient Assistance Program (PAP) * ** • Fill out patient and provider sections and submit • Patient may need assistance in determining financial information needed • Brand name medications ONLY	Manufacturer Website • Coupons
BIGUANIDES					
Metformin (Glucophage)	< \$10	N/A	GoodRx.com Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	
Metformin ER (Glucophage ER)	\$10 - \$25	N/A	GoodRx.com Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	
DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS					
Alogliptin (Nesina)	\$100 - \$120	Takeda Savings Program • Eligibility requirements • Savings card covers out-of-pocket expenses greater than \$35 • Maximum benefit of \$100 for 30-day or \$300 for 90-day prescription	GoodRx.com	Takeda Patient Assistance Program COVID-19 Job Loss Provision • Commercially insured, eligible patients who lost job and are experiencing financial hardship • Eligible patients may receive 6 months of free Takeda medication. (Apply at Takeda.com > What We Do > Patient Services & Assistance > Help at Hand) Non-COVID • Specific eligibility requirements (see Takeda.com for details) • No prescription coverage or with commercial insurance	Takeda.com What We Do > Patient Services & Assistance > Help at Hand
Linagliptin (Tradjenta)	~\$420	Tradjenta Savings Card • Commercially insured • 18 years or older • As little as \$10/month • Maximum savings of \$150 per 30-day supply • Card valid for 12 consecutive months from activation date	GoodRx.com	Boehringer Ingelheim Patient Assistance Program • Unknown income requirement • Must be U.S. resident • Insured patients eligible if they have coverage of requested medication (must submit denial letter)	Boehringer Ingelheim (PAP) Responsibility > Patient Assistance Program

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Saxagliptin (Onglyza)	~\$440	Onglyza Savings Card • Eligible commercially insured and cash payers • As low as \$0 per 30-day supply • Maximum savings of \$150 per 30-day supply	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program Onglyza.com Savings Card Savings and Support Info > Savings Card
Sitagliptin (Januvia)	~\$500-530	Januvia Savings Card • Savings limited to out-of-pocket costs over \$5 • Maximum of \$150 per prescription for up to 12 prescriptions	GoodRx.com	MerckHelps PAP • Income requirement (see MerckHelps.com for details) • Must be U.S. resident • No insurance or other prescription medicine coverage • Household income of: \$54,360 or less for individuals \$73,240 or less for couples \$111,000 or less for a family of 4	MerckHelps.com "Products" tab Januvia.com Savings Offer
GLUCAGON LIKE PEPTIDE-1 RECEPTOR (GLP1) AGONISTS					
Dulaglutide (Trulicity)	~\$500-530	Trulicity Savings Card • Eligible commercially insured • Eligible to pay as little as \$25 for 12 Trulicity pens	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D • Household income < 400% of FPL	LillyCares.com Trulicity.com Savings & Resources > Savings & Resources
Exenatide (Byetta)	~\$775-820	Byetta Savings Card no longer available	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca • AZ&Me Prescription Savings Program

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Exenatide ER (Bydureon)	~\$750	Bydureon Savings Card • Eligible commercially insured and cash payers • As low as \$0 per 28-day supply • Maximum savings of \$150 per 28-day supply	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program
Liraglutide (Victoza)	~\$1,000	NovoCare Savings Card • Eligible patients • As little as \$25 per prescription up to 24 months • Maximum savings of \$100 per fill	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program”
Semaglutide (Rybelsus)	~\$800- 850	NovoCare Savings Card • Eligible commercially insured • As little as \$10 per 30-day supply	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program”

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Semaglutide (Ozempic)	~\$800-850	Ozempic Savings Card • Eligible commercially insured • As little as \$25 for 1- or 3-month (28 days) supply • Maximum savings of \$150 for 1-month or \$450 for 3-month supply • Offer valid for up to 24 months	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program” Ozempic.com Getting Patients Started > Savings & Coverage
GLUCOSE MONITORING SUPPLIES					
Glucagon	~\$250	LillyCare Savings Card • Enrolled in commercial insurance • Maximum savings \$100 monthly or \$1200 yearly • Maximum of 3 Lilly Glucagon emergency kits per prescription fill	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D • Household income < 400% of FPL	LillyCares.com
Glucagon Nasal Spray (Baqsimi)		Baqsimi Savings Card • Enrolled in commercial insurance • Maximum 12 fills per year	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D • Household income < 400% of FPL	LillyCares.com
One Touch Ultra Test Strips	\$25 - \$50	OneTouch Savings Card • Government insured not eligible • 100 ct of OneTouch test strips for \$25 • One-time savings	GoodRx.com	N/A	OneTouch.com Scroll to page footer > Coverage > Savings Program (Automatic)
One Touch Delica lancets	\$25 - \$50	N/A	N/A	N/A	

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NovoFine 32G pen needles	\$50 - \$75	N/A	GoodRx.com	NovoCare PAP • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program”
INSULINS					
Insulin degludec (Tresiba)	~\$510-540	<ul style="list-style-type: none"> • Eligible commercially insured • As little as \$5 per 30-day supply up to 24 months • Free box of Novo Nordisk needles (if eligible) 	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID: • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program”
Insulin glargine (Basaglar)	~\$250	<ul style="list-style-type: none"> • Eligible commercially insured • As little as \$5 per prescription • Monthly cap of \$150 and separate \$1800 maximum annual cap 	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D • Household income < 400% of FPL	LillyCares.com
Insulin glargine (Toujeo)	~\$325	TeamingUp Savings Card <ul style="list-style-type: none"> • Eligible patients • As low as \$0 up to \$99 for 30-day supply • Maximum savings apply • Valid up to 10 packs per fill • Offer valid for one fill per month per 30-day supply 	GoodRx.com	Sanofi PAP • 400% FPL income requirement • Must reside in U.S. • If eligible for Medicaid must provide documentation of Medicaid denial • Medicare part D patients eligible if they spend 2% or more of household gross annual income on prescription medications	Sanofi Patient Connection Program

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Insulin glargine (Lantus)	~\$182	TeamingUp Savings Card • Eligible patients • As low as \$0 up to \$99 for 30-day supply • Maximum savings apply • Valid up to 10 packs per fill • Offer valid for one fill per month per 30-day supply	GoodRx.com	Sanofi PAP • 400% FPL income requirement • Must reside in U.S. • If eligible for Medicaid must provide documentation of Medicaid denial • Medicare part D patients eligible if they spend 2% or more of household gross annual income on prescription medications	Sanofi Patient Connection Program
Insulin glulisine (Apidra)	~\$500	Apidra Savings Card • Uninsured pay \$99 for up to 10 vials or packs of pens per fill • Insured pay as low as \$0 for maximum benefit of \$100/month	GoodRx.com	Sanofi PAP • 400% FPL income requirement • Must reside in U.S. • If eligible for Medicaid must provide documentation of Medicaid denial • Medicare part D patients eligible if they spend 2% or more of household gross annual income on prescription medications	Sanofi Patient Connection Program
Insulin lispro (Admelog)	> \$140	Admelog Savings Card • Uninsured pay \$99 for up to 10 vials or packs of pens per fill	GoodRx.com	Sanofi PAP • 400% FPL income requirement • Must reside in U.S. • If eligible for Medicaid must provide documentation of Medicaid denial • Medicare part D patients eligible if they spend 2% or more of household gross annual income on prescription medications	Sanofi Patient Connection Program Admelog.com Savings tab
Insulin lispro (Humalog)	~\$50	N/A	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D • Household income < 400% of FPL	LillyCares.com
Insulin isophene/insulin regular (Humulin 70/30)	> \$182	N/A	GoodRx.com	N/A	LillyCares.com

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Insulin NPH (Humulin N)	> \$182	N/A	GoodRx.com	N/A	LillyCares.com
Insulin regular (Humulin R)	> \$182	Only for Humulin R U-500 • Eligible patients • As little as \$25 per prescription (not including syringes) • For U-500	GoodRx.com	LillyCares PAP Covid-19 Job Loss Exception • Eligibility must be met Non-COVID • Eligible uninsured or Medicare part D patients whose household income is < 400% of FPL	LillyCares.com
Insulin lispro (Novolog)	~\$250	Novo Nordisk Savings Card • Eligible commercially insured • \$25 per 30-day, \$50 per 60-day or \$75 per 90-day supply for first brand up to 24 months from date of card activation • Maximum savings of \$100 per 30-day, \$200 per 60-day or \$300 per 90-day supply	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program” Novo Nordisk Diabetes Savings Card Program
Insuli isophene/insulin regular (Novolin 70/30)	\$25	NovoCare Savings Card • Eligible commercially insured • \$25 per 30-day supply of NovoLog® Mix 70/30 for up to 24 months • Maximum savings of \$100 per 30-day supply	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com “Learn About the Patient Assistance Program”) Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com “Learn About the Patient Assistance Program”

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Insulin NPH (Novolin N)	\$26	N/A	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com "Learn About the Patient Assistance Program") Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com "Learn About the Patient Assistance Program"
Insulin regular (Novolin R)	\$26	N/A	GoodRx.com	NovoCare PAP COVID-19 Job Loss Exception • Eligible for free 90-day supply (NovoCare.com "Learn About the Patient Assistance Program") Non-COVID • 400% FPL income requirement • Must be U.S. citizen • Cannot have private prescription coverage • Medicare part D patients eligible if patient spends \$1000 on prescription medicine in current calendar year	NovoCare.com "Learn About the Patient Assistance Program"
SODIUM GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS					
Canagliflozin (Invokana)	~\$500-550	Invokana Savings Card • Eligible commercially insured • \$0 for first month, then \$200 limit each month thereafter • Maximum \$3,000 per calendar year	GoodRx.com	J&J PAP • 300% FPL income requirement • Must reside in U.S. • Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs	Johnson & Johnson Patient Assistance Foundation How to Apply) InvokanaHCP.com Access & Support > Support > Janssen CarePath Savings Program

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Dapagliflozin (Farxiga)	~\$525	Farxiga Savings Card • Eligible commercially insured • As low as \$0 per 30-day supply • Maximum of \$378 per 30-day supply	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program Farxiga.com Savings and Support > Farxiga SavingsRX Card
Empagliflozin (Jardiance)	~\$530	Jardiance Savings Card • Eligible commercially insured • 18 years or older • As little as \$0/month • Maximum of \$250 per 30-day supply • Card valid for 12 consecutive months from activation date	GoodRx.com	Boehringer Ingelheim (PAP) • Unknown income requirement • Must be U.S. resident • Insured patients eligible if they have coverage of requested medication (must submit denial letter)	Boehringer Ingelheim (PAP) Responsibility > Patient Assistance Program Jardiance.com Support tab
Ertugliflozin (Steglatro)	~\$330	Steglatro Savings Card • Eligible commercially insured • As little as \$0 per prescription on each of up to 12 qualifying prescriptions • Maximum \$583 per prescription	GoodRx.com	MerckHelps PAP • Income requirement (see MerckHelps.com for details) • Must be U.S. resident • No insurance or other prescription medicine coverage • If patient does not meet specified criteria but there are special circumstances of financial or medical hardship, a request for exception can be made	MerckHelps.com "Products" tab Steglatro.com Savings Offer tab
SULFONYLUREAS					
Glimepiride (Amaryl)	< \$10	N/A	• GoodRx.com • Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	
Glipizide (Glucotrol)	< \$10	N/A	• GoodRx.com • Walmart.com \$4 for 30-day supply \$10 for 90-day supply	Pfizer PAP • 400% FPL income requirement • Must reside in U.S. • No prescription coverage or not enough coverage to pay for medication	Pfizer (PAP) Learn About Programs

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Glipizide ER (Glucotrol ER)	\$10 - \$25	N/A	<ul style="list-style-type: none"> • GoodRx.com • Walmart.com \$9 for 30-day supply \$24 for 90-day supply	N/A	
Glyburide (Glynase)	\$10 - \$25	N/A	GoodRx.com	Pfizer PAP <ul style="list-style-type: none"> • 400% FPL income requirement • Must reside in U.S. • No prescription coverage or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs
THIAZOLIDINEDIONES (TZD)					
Pioglitazone (Actos)	\$10 - \$25	N/A	GoodRx.com Walmart.com \$9 for 30-day supply \$24 for 90-day supply	N/A	
Rosiglitazone (Avandia)	~\$175	N/A	GoodRx.com	GSK For You PAP <ul style="list-style-type: none"> • Specific income requirements exist (see GSKForYou.com) • Must reside in U.S. • Medicare part D eligible if patient spent at least \$600 on prescription medicines through Medicare Part D plan calendar year 	GSKForYou.com
THYROID MEDICATIONS					
Levothyroxine (Synthroid)	\$10 - \$25	<ul style="list-style-type: none"> • Eligible commercially insured • 90% pay no more than \$25 for 30-day prescription and 94% pay no more than \$75 for 90-day • Uninsured may receive \$3 off 30-day prescription or \$10 off 90-day 	GoodRx.com Walmart.com \$4 for 30-day supply \$10 for 90-day supply	Abbvie PAP <ul style="list-style-type: none"> • Income requirements (see Abbvie.com for details) • Must be U.S. resident • Limited or no health insurance coverage 	Abbvie.com Patient > myAbbVie Assist > Patient Assistance > Program Qualification

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COMBINATION PRODUCTS					
Canagliflozin/metformin (Invokamet)	~500	N/A	GoodRx.com	J&J PAP • 300% FPL income requirement • Must reside in U.S. • Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs	Johnson & Johnson Patient Assistance Foundation How to Apply)
Dapagliflozin/saxagliptin (Qtern)	~500	Qtern Savings Card • Eligible patients • \$0 per 30-day supply • Maximum of \$378 per 30-day supply • For cash payers, first \$150 paid per month	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program Qtern.com Qtern Savings and Support
Dapagliflozin/metformin ER (Xigduo XR)	~\$500	Xigduo XR Savings Card • Eligible patients • As low as \$0 per 30-day supply • Maximum of \$378 per 30-day supply • For cash payers, first \$150 paid per month	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program
Glyburide/metformin (Glucovance)	\$10 - \$25	N/A	• GoodRx.com • Walmart.com \$9 for 30-day supply \$24 for 90-day supply	N/A	
Saxagliptin and metformin (Kombiglyze XR)	~\$450	Kombiglyze XR Savings Card • Eligible patients • As low as \$0 per 30-day supply • Maximum of \$150 per 30-day supply • For cash payers, first \$150 paid per month	GoodRx.com	AstraZeneca AZ&Me PAP • 300% FPL income requirement • Must be U.S. citizen, Green Card or Work Visa holder • Medicare part D patients eligible if patient spends 3% or more of total household income on prescription drugs	AstraZeneca AZ&Me Prescription Savings Program Kombiglyzexr.com Savings and Support Info > Savings Card

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<ul style="list-style-type: none"> • Brand bolded if generic not available 		<ul style="list-style-type: none"> • Commercial insurance or cash payers • Government insurance not eligible, i.e. Medicaid, Medicare, VA, Tricare (exclusions apply) 	<ul style="list-style-type: none"> • Cost savings through alternative pharmacy 	<ul style="list-style-type: none"> • Fill out patient and provider sections and submit • Patient may need assistance in determining financial information needed • Brand name medications ONLY 	<ul style="list-style-type: none"> • Coupons

* Most patient assistance programs require income verification by submission of W2 (1040 or 1040Z) federal tax forms, pay stubs or social security

** Medication received through patient assistance programs may be sent to patient's home or physician's office depending on program requirements

If patient's income or household income is \$0, many patient assistance programs require letter explaining the financial situation and that the patient does not have income.