

Non-Insulin Diabetes Medication Cost-Saving Resources

Drug Class	Manufacturer Patient Assistance Program	Product	Copay Card Website
Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RA) Or GLP-1/GIP RA Or Combination (GLP-1 RA with insulin)	Lilly Cares Program <ul style="list-style-type: none"> • Products: Trulicity® • For people with Medicare or no prescription coverage. • Must be a permanent U.S. resident (inclusive of Puerto Rico and the Virgin Island), and have a household annual adjusted gross income ≤ 300% federal poverty level (FPL). • 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. • For more information on eligibility visit: www.lillycares.com 	Trulicity® (dulaglutide)	https://trulicity.lilly.com/savings-resources - savings-card
	Lilly Direct Program <ul style="list-style-type: none"> • Product: Zepbound® • Self-Pay Pharmacy • 1 vial 2.5mg = \$399/month • 1 vial 5mg = \$549/month • Available at: https://lillydirect.lilly.com/pharmacy 	Mounjaro® (Tirzepatide) Zepbound® (Tirzepatide)	https://www.mounjaro.com/savings-resources#savings https://zepbound.lilly.com/coverage-savings
	Sanofi Patient Connection Program <ul style="list-style-type: none"> • Products: Soliqua® • Must be a resident of the U.S. or U.S. territories, household income ≤ 400% of federal poverty level (FPL). • Have commercial insurance but no coverage or access to the prescribed product or treatment. • Has Medicare Part D insurance and meets the FPL criteria. • For people with no prescription coverage, not enrolled in Medicaid (if eligible for Medicaid, will need to submit 	Soliqua® (insulin glargine/ lixisenatide)	www.soliqua100-33.com/soliqua-100-33-copay-card

	<p>documentation of Medicaid denial), or in select cases, if insurance does not cover the medication.</p> <ul style="list-style-type: none"> For more information on eligibility visit: www.sanofipatientconnection.com/patient-assistance-connection 		
	<p>Novo Nordisk Patient Assistance Program (PAP)</p> <ul style="list-style-type: none"> Products: Victoza[®], Xultophy[®], Ozempic[®], Rybelsus[®] Must be a U.S. citizen or legal resident, household income ≤ 400% of federal poverty level. For people who are not enrolled in and don't qualify for Medicaid, Low Income Subsidy or VA benefits. For people who have no insurance or have Medicare. Patients with private or commercial insurance are not eligible People who are eligible for Medicaid must sign the Patient Declaration section of the latest version of the PAP application stating they are not enrolled in, plan to enroll in, or are eligible for Medicaid or Medicare Extra Help/LIS (proof of denial must be submitted if requested). Colorado, Maine, and Minnesota residents may have additional requirements. For more information on eligibility visit: www.novocare.com/hcp/diabetes/let-us-help/pap.html 	<p>Ozempic[®] Injectable Semaglutide</p>	<p>www.ozempicsavings.com</p>
		<p>Wegovy[®] (injectable semaglutide)</p>	<p>https://www.wegovy.com/</p>
		<p>Rybelsus[®] (oral semaglutide)</p>	<p>https://www.novocare.com/diabetes/products/rybelsus/savings-offer.html</p>

	<p>Astra Zeneca AZ&Me Prescription Savings Programs</p> <ul style="list-style-type: none"> • Products: Byetta[®], Bydureon BCise[®] • No longer accepting new patients for Byetta[®] • Must be a resident of the U.S. & Puerto Rico, 18 years or older, and have a household income ≤ 300% of federal poverty level. • For people with Medicare or no prescription coverage • Not enrolled in Medicaid, Medicare Part D (including patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees), Medigap, VA benefits, DOD programs or Tricare. • 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. • For more information on eligibility visit: https://www.astrazeneca-us.com/medicines/Affordability.html - pap https://www.azandmeapp.com/ 	<p>Bydureon BCise[®], (exenatide ER)</p> <p>Byetta[®] (Exenatide IR)</p>	<p>https://www.azmedcoupons.com/</p> <p>https://www.azmedcoupons.com/</p>
<p>Sodium-Glucose Cotransporter-1 and 2 Inhibitor</p>	<p>Lexicon Pharmaceuticals, Inc.</p> <ul style="list-style-type: none"> • Products: Inpefa[®] • No patient assistance program available 	<p>Inpefa[®] (Sotagliflozin)</p>	<p>https://www.inpefahcp.com/pdfs/inpefa-together-patient-flashcard.pdf</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[®] • See above for program specifics • For more information on eligibility visit: www.azandmeapp.com <p>Boehringer Ingelheim Cares Foundation</p> <ul style="list-style-type: none"> • Products: Jardiance[®], Glyxambi[®], Synjardy[®], Synjardy[®] XR, and Trijardy[®] XR • Must be a resident with a physical address within the U.S. or U.S. Territory, household income before taxes and deductions is at or below the 250% FPL. 	<p>Farxiga[®] (dapagliflozin)</p> <p>Xigduo[®] (dapagliflozin/metformin ER)</p> <p>Jardiance[®] (empagliflozin)</p> <p>Glyxambi[®] (empagliflozin/linagliptin)</p>	<p>https://www.farxiga.com/savings-support/register</p> <p>https://www.azmedcoupons.com/content/dam/open-digital/azmedcoupons/en/pdf/xigduoxr-qtern-us-savings-card.pdf</p> <p>https://patient.boehringer-ingelheim.com/us/products/jardiance/type-2-diabetes/savings</p> <p>https://patient.boehringer-ingelheim.com/us/glyxambi/savings</p>

	<ul style="list-style-type: none"> For people with no prescription coverage, Medicare Part D eligible or enrolled, insured with or without coverage for Boehringer Ingelheim medication that have no health coverage or without enough coverage or funding for medications. For more information on eligibility visit: https://www.boehringer-ingelheim.com/us/about-us/sustainable-development/our-commitment/boehringer-cares-patient-assistance-portal 		
		Synjardy® and Synjardy® XR (empagliflozin/metformin)	https://patient.boehringer-ingelheim.com/us/products/synjardy/savings-and-support
		Trijardy® XR (empagliflozin/linagliptin/metformin HCl extended release)	https://patient.boehringer-ingelheim.com/us/trijardy/savings
	<p>Johnson & Johnson Patient Assistance Program</p> <ul style="list-style-type: none"> Products: Invokana®, Invokamet®, Invokamet® XR Must be a resident of the U.S. or U.S. territories. For people who are uninsured or have a commercial or employer-sponsored insurance plan. For people with Medicare, Medicaid, Tricare, DOD, and VA healthcare. For Medicare Part D patients, must be not eligible for low-income subsidy (LIS) and must spend more than 4% of their gross annual household income on prescription drugs. For more information on eligibility visit: https://www.myjanssencarepath.com/patient-assistance 	Invokana® (canagliflozin)	www.invokana.com/savings-and-cost-support
		Invokamet®, Invokamet® XR (canagliflozin/metformin)	www.invokana.com/savings-and-cost-support
	<p>TheracosBio</p> <ul style="list-style-type: none"> Products: Brenzavvy® No patient assistance programs or co-pay card Available at multiple pharmacies for under \$50/month See availability/pricing: https://brenzavvy.com/for-patients-how-to-get-brenzavvy/ 	Brenzavvy® (Bexagliflozin)	None
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	<p>Merck Helps</p> <ul style="list-style-type: none"> Products: Januvia®, Janumet®, Janumet® XR 	Januvia® (sitagliptin)	https://www.activatethecard.com/8194/

	<ul style="list-style-type: none"> • Must download and print the enrollment form, and have your PCP fill out Section 4 & 5. Then mail the completed enrollment form. • Must be a resident of the U.S. or U.S. territories. • 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. • For more information on eligibility visit: https://www.merckhelps.com/programs.aspx 	Janumet [®] , Janumet [®] XR (sitagliptin/ metformin)	www.janumetxr.com/special-offers/
	<p>Boehringer Ingelheim Cares Foundation</p> <ul style="list-style-type: none"> • Products: Tradjenta[®], Jentadueto[®], Jentadueto[®] XR, Glyxambi[®] • See above for program specifics • For more information on eligibility visit: https://www.boehringer-ingelheim.com/us/about-us/sustainable-development/our-commitment/boehringer-cares-patient-assistance-portal 	Tradjenta [®] (linagliptin)	https://patient.boehringer-ingelheim.com/us/products/tradjenta/savings-and-support - no-back
		Jentadueto [®] and Jentadueto [®] XR (linagliptin/ metformin)	https://patient.boehringer-ingelheim.com/us/products/jentadueto/savings-card-eligibility#no-back
		Glyxambi [®] (empagliflozin/ linagliptin)	https://patient.boehringer-ingelheim.com/us/glyxambi/savings
Amylin Analog	<p>Astra Zeneca AZ&Me Prescription Savings Program</p> <ul style="list-style-type: none"> • Products: SymlinPen[®] • See above for program specifics • For more information on eligibility visit: www.azandmeapp.com (Website is currently undergoing redesign) https://www.astrazeneca-us.com/medicines/Affordability.html#pap 	SymlinPen [®] (pramlintide)	https://www.reusethiscard.com/content/dam/open-digital/reusethiscard/en/pdf/symlinpen-sc.pdf
Glucagon	<p>Amphastar Pharmaceuticals</p> <ul style="list-style-type: none"> • Products: Baqsimi[®] (nasal glucagon) No patient assistance programs 	Baqsimi [®] (nasal glucagon)	http://www.baqsimi.com/savings-resources/

	<p>Novo Nordisk Patient Assistance Program (PAP)</p> <ul style="list-style-type: none"> • Products: Zegalogue® • See above for program specifics • For more information on eligibility visit: www.novocare.com/hcp/diabetes/let-us-help/pap.html 	Zegalogue® (dasiglucagon)	https://www.zegalogue.com/
	<p>Xeris Pharmaceuticals</p> <ul style="list-style-type: none"> • Products: Gvoke® • 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 • For more information on eligibility visit: www.gvokeglucagon.com/savings-and-support 	Gvoke (glucagon injection)	https://www.gvokeglucagon.com/getting-gvoke/-patient-assistance

GIP: Glucose Dependent Insulinotropic Polypeptide

Free Trial Offer	Products	Website
Astra Zeneca AZ&Me	Farxiga® (dapagliflozin) Xigduo® (dapagliflozin/metformin ER)	www.azmedcoupons.com
Janssen CarePath	Invokana® (canagliflozin) Invokamet®, Invokamet® XR (canagliflozin/metformin)	https://asset.janssencarepath.com/document/invokana-invokamet-patient-resources.pdf

Generic Agents that may be Lower Cost

- Metformin
- Thiazolidinedione (TZD)
 - o Pioglitazone
- Sulfonylureas
 - o Glipizide
 - o Glimepiride
 - o Glyburide
- Alpha glucosidase inhibitors
 - o Acarbose
 - o Miglitol
- Meglitinides
 - o Nateglinide
 - o Repaglinide
- DPP4 inhibitors
 - o Alogliptin
 - o Saxagliptin
- GLP1 agonists
 - o Liraglutide

Discount Card Programs

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SingleCare	https://www.singlecare.com/prescription-discount-card-fw	<ul style="list-style-type: none"> • All FDA approved brand and generic prescription medications.
GoodRx	www.goodrx.com/discount-card	<ul style="list-style-type: none"> • All prescription medications.
RxSaver	https://www.rxsaver.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.

Other Resources	Website	Comments
Tools for Healthcare Savings from ADCES	https://www.adces.org/practice/dsmes-insurance-reimbursement	<ul style="list-style-type: none"> Provides patient assistance programs, advice on navigating insurance and Medicare.
AACE Prescription Affordability Resource Center	https://www.aace.com/prescription-help	<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"> Locates low-cost or no-cost prescription assistance 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 helps people get their medicines at little or no cost.
BenefitsCheckup	www.benefitscheckup.org	<ul style="list-style-type: none"> For people >55 years. Assistance program run by the National Council on Aging (NCOA).
Cost Plus Drug Company	https://costplusdrugs.com/	<ul style="list-style-type: none"> Brenzavvy (bexagliflozin) available for \$50/month, several other lower cost drugs
Amazon Pharmacy	https://pharmacy.amazon.com/pricing	<ul style="list-style-type: none"> Mounjaro® (tirzepatide), Wegovy® (semaglutide), Soliqua® (insulin glargine/lixisenatide), and Steglatro® (ertugliflozin) are available for a lower price with insurance

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

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