

ENDOCRINOLOGY

Updated 1-14-21

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
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BIGUANIDES

Metformin (Glucophage)	< \$10	N/A	Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	
Metformin ER (Glucophage ER)	\$10 - \$25	N/A	Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	

DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS

Alogliptin (Nesina)	\$100 - \$120	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • COVID-19 Job Loss Provision to help 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 > Corporate Responsibility > Patient Assistance) • Non-COVID. Specific eligibility requirements (see Takeda.com for details) 	Takeda.com Corporate Responsibility > Patient Assistance NesinaFamily.com Instant Savings Card
Linagliptin (Tradjenta)	~\$420	<ul style="list-style-type: none"> • Eligible 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	<ul style="list-style-type: none"> • COVID-19 Relief. Patients who lost job and/or prescription benefits due to COVID-19 and are unable to afford medicine may be eligible to receive Boehringer Ingelheim medicine free of charge. (Apply at Boehringer Ingelheim (PAP) Responsibility > Patient Assistance Program) • Non-COVID: • 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	<ul style="list-style-type: none"> • Eligible commercially insured and cash payers • As low as \$0 per 30-day supply • Maximum savings of \$150 per 30-day supply 	GoodRx.com	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Savings limited to out-of-pocket costs over \$5 • Maximum of \$150 per prescription for up to 12 prescriptions 	GoodRx.com	<ul style="list-style-type: none"> • 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 Januvia.com Savings Offer
GLUCAGON LIKE PEPTIDE-1 RECEPTOR (GLP1) AGONISTS					
Dulaglutide (Trulicity)	~\$500-530	<ul style="list-style-type: none"> • Eligible commercially insured • Up to \$150/month 	GoodRx.com	<ul style="list-style-type: none"> • Eligible uninsured or Medicare part D • Household income < 400% of FPL 	LillyCares.com
Exenatide (Byetta)	~\$775-820	<ul style="list-style-type: none"> • Eligible commercially insured and cash payers • As low as \$0 per 28-day supply • Maximum savings of \$150 per 28-day supply 	GoodRx.com	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • AZ&Me Prescription Savings Program

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Exenatide ER (Bydureon)	~\$750	<ul style="list-style-type: none"> • Eligible commercially insured and cash payers • As low as \$0 per 28-day supply • Maximum savings of \$150 per 28-day supply 	GoodRx.com	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Eligible patients • As little as \$25 per prescription up to 24 months • Maximum savings of \$100 per fill 	GoodRx.com	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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” Victoza.com Get Support & Savings > Save on Your Victoza Prescription
Semaglutide (Rybelsus)	~\$800-850	<ul style="list-style-type: none"> • Eligible commercially insured • As little as \$10 per 30-day supply 	GoodRx.com	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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” Rybelsus.com Savings & Support

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Semaglutide (Ozempic)	~\$800-850	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> COVID-19 Job Loss Exception. May be 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	N/A	GoodRx.com	<ul style="list-style-type: none"> Eligible uninsured or Medicare part D Household income < 400% of FPL 	LillyCares.com
One Touch Ultra Test Strips	\$25 - \$50	<ul style="list-style-type: none"> Government insured not eligible 100 ct of OneTouch test strips for \$25 One time savings 	N/A	N/A	OneTouch.com Scroll to page footer > Coverage > Savings Program (Automatic)
One Touch Delica lancets	\$25 - \$50	N/A	N/A	N/A	
NovoFine 32G pen needles	\$50 - \$75	N/A	N/A	<ul style="list-style-type: none"> 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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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	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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	<ul style="list-style-type: none"> • Eligible uninsured or Medicare part D • Household income < 400% of FPL 	LillyCares.com
Insulin glargine (Toujeo)	~\$325	<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	<ul style="list-style-type: none"> • 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 glulisine (Apidra)	~\$500	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Apidra.com Savings tab
Insulin lispro (Admelog)	> \$140	<ul style="list-style-type: none"> Uninsured pay \$99 for up to 10 vials or packs of pens per fill 	GoodRx.com	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Eligible uninsured or Medicare part D Household income < 400% of FPL 	LillyCares.com
Insulin isophene/insulin regular (Humulin 70/30)	> \$182	N/A	No longer available through GoodRx	<ul style="list-style-type: none"> Eligible uninsured or Medicare part D Household income < 400% of FPL 	LillyCares.com
Insulin NPH (Humulin N)	> \$182	N/A	No longer available through GoodRx	<ul style="list-style-type: none"> Eligible uninsured or Medicare part D Household income < 400% of FPL 	LillyCares.com
Insulin regular (Humulin R)	> \$182	<ul style="list-style-type: none"> Eligible patients As little as \$25 per prescription (not including syringes) For U-500 	No longer available through GoodRx	<ul style="list-style-type: none"> Eligible uninsured or Medicare part D patients whose household income is < 400% of FPL Medicare part D patients who spent \$1,100 out of pocket expenses on prescriptions 	LillyCares.com Humulin.com Savings and Support > Pharmacy Tips

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Insulin glargine (Lantus)	~\$182	<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	<ul style="list-style-type: none"> • 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 (Novolog)	~\$250	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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	N/A	No longer available through GoodRx	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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	No longer available through GoodRx	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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	No longer available through GoodRx	<ul style="list-style-type: none"> • COVID-19 Job Loss Exception. May be 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					
Canaglifozin (Invokana)	~\$500-550	<ul style="list-style-type: none"> • Eligible commercially insured • \$0 for first month, then \$200 limit each month thereafter • Maximum \$3,000 per calendar year 	GoodRx.com	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Eligible commercially insured • As low as \$0 per 30-day supply • Maximum of \$378 per 30-day supply 	GoodRx.com	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Eligible commercially insured • As little as \$0 per prescription on each of up to 12 qualifying prescriptions • Maximum \$583 per prescription 	GoodRx.com	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • GoodRx.com • Walmart.com \$4 for 30-day supply \$10 for 90-day supply	N/A	

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Glipizide (Glucotrol)	< \$10	N/A	<ul style="list-style-type: none"> • GoodRx.com • Walmart.com \$4 for 30-day supply \$10 for 90-day supply	<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
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	<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	Walmart.com \$9 for 30-day supply \$24 for 90-day supply	N/A	
Rosiglitazone (Avandia)	~\$175	N/A	GoodRx.com	<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

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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 	Walmart.com \$4 for 30-day supply \$10 for 90-day supply	<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	<ul style="list-style-type: none"> • Eligible commercially insured • \$0 for first month, then \$200 limit each month thereafter • Maximum \$3,000 per calendar year 	GoodRx.com	<ul style="list-style-type: none"> • 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
Dapagliflozin and saxagliptin (Qtern)	~500	<ul style="list-style-type: none"> • Eligible patients • \$0 per 30-day supply • Maximum of \$378 per 30-day supply • For cash payers, first \$150 paid per month 	GoodRx.com	<ul style="list-style-type: none"> • 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

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Dapagliflozin and metformin ER (Xigduo XR)	~\$500	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • GoodRx.com • Walmart.com \$9 for 30-day supply \$24 for 90-day supply	N/A	
Saxagliptin and metformin (Kombiglyze XR)	~\$450	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

* 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.