

## Non-Insulin Diabetes Medication Cost Saving Resources

	Manufacturer patient assistance program	Product	Co-pay as low as	Co-pay card
<b>Glucagon-like peptide-1 receptor agonists (GLP-1 RA)</b>	<b>Lilly Cares Program</b> <ul style="list-style-type: none"> <li>• <b>Products:</b> Trulicity®</li> <li>• For people with no prescription coverage, not enrolled in Medicaid or VA benefits, and meet the household income guidelines</li> <li>• Must be US citizen, household income ≤400% of federal poverty level</li> <li>• Medicare exceptions include people who entered the coverage gap (donut hole) in Medicare Part D and applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and spent over \$1,100 on prescription medications within the calendar year</li> </ul> <a href="http://www.lillycares.com/">http://www.lillycares.com/</a>	Trulicity® (dulaglutide)	\$25 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.trulicity.com/diabetes-treatment-savings-card-and-support/#savings-card">https://www.trulicity.com/diabetes-treatment-savings-card-and-support/#savings-card</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Expires 12/31/20</li> <li>– May also receive a free sharps container</li> </ul>
	<b>Sanofi Patient Connection Program</b> <ul style="list-style-type: none"> <li>• <b>Products:</b> Adlyxin®, Soliqua®</li> <li>• For people with no prescription coverage, not enrolled in Medicare or Medicaid</li> <li>• Must be US citizen, household income ≤ 250% of federal poverty level</li> <li>• Medicare exceptions if no generic alternative available and at least 5% of annual household income was spent on prescription medications</li> </ul> <a href="http://www.sanofipatientconnection.com/patient-assistance-connection">http://www.sanofipatientconnection.com/patient-assistance-connection</a>	Adlyxin® (lixisenatide)	\$0 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.adlyxin.com/savings-and-support">https://www.adlyxin.com/savings-and-support</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$700 per prescription</li> <li>– Valid for 12 months</li> </ul>
		Soliqua® (insulin glargine/ lixisenatide)	\$0 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.soliqua100-33.com/savings-and-support">https://www.soliqua100-33.com/savings-and-support</a></li> <li>– Must be enrolled in commercial plan</li> <li>– Up to \$800 off per 5 pen pack for 12 months</li> </ul>

<p><b>Novo Nordisk Patient Assistance Program (PAP)</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Victoza®, Xultophy®, Ozempic®</li> <li>• People also qualify for NovoFine®, NovoTwist® pen needles</li> <li>• For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits and must meet the household income guidelines</li> <li>• Must be US citizen, household income ≤400% of federal poverty</li> <li>• Medicare exceptions include people who entered the coverage gap (donut hole) in Medicare Part D and applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and are Medicare eligible or who have a part D plan and spent \$1000 on prescription medicine in the current year</li> </ul> <p><a href="https://www.novocare.com/hcp/more-resources/PAP.html">https://www.novocare.com/hcp/more-resources/PAP.html</a></p>	<p>Victoza® (liraglutide)</p>	<p>\$25 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.victoza.com/victoza-support-and-savings/save-on-your-prescription.html">https://www.victoza.com/victoza-support-and-savings/save-on-your-prescription.html</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$100 per prescription</li> <li>– Valid for 24 months</li> <li>– Automatically enrolled in VictozaCare™ diabetes support program</li> <li>– Not valid for residents of Massachusetts</li> </ul>
	<p>Xultophy® (insulin degludec/liraglutide)</p>	<p>\$5 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.novocare.com/xultophy10036/savings-card.html">https://www.novocare.com/xultophy10036/savings-card.html</a></li> <li>– Must be enrolled in commercial plan</li> <li>– Maximum savings \$150 per month</li> <li>– Free box of Novo Nordisk needles</li> </ul>
	<p>Ozempic® (semaglutide)</p>	<p>\$25 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.ozempic.com/support-and-savings/save-on-ozempic.html">https://www.ozempic.com/support-and-savings/save-on-ozempic.html</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Valid for 24 months</li> <li>– Automatically enrolled in Cornerstones4Care® support program</li> </ul>
<p><b>Astra Zeneca Prescription Savings Programs</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Byetta®, Bydureon®</li> <li>• For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits</li> <li>• Must be US citizen or legal resident</li> <li>• Household income requirement is variable, depending on number of persons in household</li> <li>• Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and spent at least 3% of annual household income on prescription medications covered through Part D plan in the current year (need spending proof)</li> </ul> <p><a href="https://www.azandmeapp.com/">https://www.azandmeapp.com/</a> <a href="https://www.azmedcoupons.com/">https://www.azmedcoupons.com/</a></p>	<p>Byetta® (exenatide)</p>	<p>\$25 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.byetta.com/savings-and-support-information/byetta-savings-card.html">https://www.byetta.com/savings-and-support-information/byetta-savings-card.html</a></li> <li>– Maximum savings \$150 per prescription for commercial insurance</li> <li>– Maximum savings \$100 per prescription for cash-paying</li> </ul>
	<p>Bydureon BCise®, Bydureon® (exenatide)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.bydureon.com/bydureon-bcise.html">https://www.bydureon.com/bydureon-bcise.html</a></li> <li>– Maximum savings \$300 per prescription for commercial insurance</li> <li>– Maximum savings \$150 per prescription for cash-paying</li> </ul>

<b>Sodium-glucose Cotransporter-2 (SGLT2) Inhibitors</b>	<b>Astra Zeneca Prescription Savings Program</b> <b>Products:</b> Farxiga® <ul style="list-style-type: none"> <li>For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits</li> <li>Must be US citizen or legal resident</li> <li>Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and spent at least 3% of annual household income on prescription medications covered through Part D plan in the current year (need spending proof)</li> </ul> <a href="https://www.azandmeapp.com/">https://www.azandmeapp.com/</a> <a href="https://www.azmedcoupons.com/">https://www.azmedcoupons.com/</a>	Farxiga® (dapagliflozin)	\$0 per month	<ul style="list-style-type: none"> <li><a href="https://www.farxiga.com/savings-support/farxiga-savings-coupon.html.html">https://www.farxiga.com/savings-support/farxiga-savings-coupon.html.html</a></li> <li>Maximum savings \$378 per prescription for commercial insurance</li> <li>Maximum savings \$150 per prescription for cash-paying</li> </ul>
	<b>Boehringer Ingelheim Cares Foundation</b> <ul style="list-style-type: none"> <li><b>Products:</b> Jardiance®, Synjardy®, Glyxambi®</li> <li>For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits and must meet the household income guidelines</li> <li>Must be US citizen or legal resident</li> <li>Medicare exceptions include people who applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) <ul style="list-style-type: none"> <li>– Need to attach denial letter to “Medicare Extra Help” if applied and denied within the last year</li> </ul> </li> </ul> <a href="https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program">https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program</a>	Jardiance® (empagliflozin)	\$0 per month	<ul style="list-style-type: none"> <li><a href="https://www.jardiance.com/support-and-savings/">https://www.jardiance.com/support-and-savings/</a></li> <li>Must be enrolled in commercial insurance</li> <li>Maximum savings \$250 per prescription</li> <li>Not accepted in VA Pharmacies</li> <li>Expires 12/31/19</li> </ul>
		Synjardy® (empagliflozin + metformin)	\$0 per month	<ul style="list-style-type: none"> <li><a href="https://www.synjardy.com/support-and-savings">https://www.synjardy.com/support-and-savings</a></li> <li>Must be enrolled in commercial insurance</li> <li>Maximum savings \$250 per prescription</li> <li>Not accepted in VA Pharmacies</li> <li>Expires 12/31/19</li> </ul>
		Glyxambi® (empagliflozin + linagliptin)	\$0 per month	<ul style="list-style-type: none"> <li><a href="https://www.glyxambi.com/support-and-savings">https://www.glyxambi.com/support-and-savings</a></li> <li>Must be enrolled in commercial insurance</li> <li>Maximum savings \$400 per prescription</li> <li>Not accepted in VA Pharmacies</li> <li>Expires 12/31/19</li> </ul>

	<p><b>Johnson &amp; Johnson</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Invokana®, Invokamet®</li> <li>• For people with no prescription coverage</li> <li>• Must live in the US or US territories</li> <li>• Household income requirement is variable, depending on number of persons in household</li> <li>• Must include a copy of the most recent 1040 or 1040EZ federal tax return</li> <li>• Medicare exceptions include people who spend at least 4% of their annual household income on prescription medications covered through Part D plan in the current year <ul style="list-style-type: none"> <li>– Need to attach an explanation of benefits from the insurer to the program application</li> </ul> </li> </ul> <p><a href="https://www.ijpaf.org">https://www.ijpaf.org</a></p>	<p>Invokana® (canagliflozin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.invokana.com/cost-support-resources">https://www.invokana.com/cost-support-resources</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$3000 per calendar year</li> <li>– No limit for first prescription</li> <li>– Then limited to \$200 per prescription</li> <li>– Expires 12/31/19</li> </ul>
		<p>Invokamet®, Invokamet XR® (canagliflozin + metformin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.invokana.com/cost-support-resources">https://www.invokana.com/cost-support-resources</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$3000 per calendar year</li> <li>– No limit for first prescription</li> <li>– Then limited to \$200 per prescription</li> <li>– Expires 12/31/19</li> </ul>
	<p><b>Merck Connect</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Steglatro®, Segluromet®, and Steglujan®</li> <li>• <b>Must mail original application</b>, do not fax</li> <li>• For people with no prescription coverage</li> <li>• Must live in the US or US territories, household income ≤400% of federal poverty level</li> <li>• If a person has insurance coverage, he/she is not automatically denied <ul style="list-style-type: none"> <li>– Eligibility is determined case-by-case depending on insurance status</li> <li>– People must complete attestation letter mailed to them by Merck. Must mail completed letter back with attached original application</li> </ul> </li> </ul> <p><a href="https://www.merckhelps.com/">https://www.merckhelps.com/</a></p>	<p>Steglatro® (ertugliflozin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.steglatro.com/savings-offers/">https://www.steglatro.com/savings-offers/</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$583 per prescription</li> <li>– Valid for up to 12 prescriptions</li> <li>– Not valid for residents of Massachusetts</li> </ul>
	<p>Segluromet® (ertugliflozin + metformin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.segluromet.com/">https://www.segluromet.com/</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$583 per prescription</li> <li>– Valid for up to 12 prescriptions</li> <li>– Not valid for residents of Massachusetts</li> </ul>	
	<p>Steglujan® (ertugliflozin + sitagliptin)</p>	<p>\$0 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.steglujan.com/">https://www.steglujan.com/</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$583 per prescription</li> <li>– Valid for up to 12 prescriptions</li> <li>– Not valid for residents of Massachusetts</li> </ul>	
<p><b>Dipeptidyl peptidase-4 (DPP-4) inhibitors</b></p>	<p><b>Merck Connect</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Januvia®, Janumet®, Janumet XR®</li> <li>• <b>See above for program specifics</b></li> </ul> <p><a href="https://www.merckhelps.com/">https://www.merckhelps.com/</a></p>	<p>Januvia® (sitagliptin)</p>	<p>\$5 per month</p>	<ul style="list-style-type: none"> <li>– <a href="https://www.januvia.com/special-offers/">https://www.januvia.com/special-offers/</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Valid for up to 12 prescriptions</li> <li>– Not valid for residents of Massachusetts</li> </ul>

		Janumet®, Janumet XR® (sitagliptin + metformin)	\$5 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.janumetxr.com/special-offers/">https://www.janumetxr.com/special-offers/</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Valid for up to 12 prescriptions</li> <li>– Not valid for residents of Massachusetts</li> </ul>
<p><b>Takeda Patient Assistance Program</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Nesina®, Kazano®, Oseni®</li> <li>• For people with no prescription coverage, ineligible for federal and state programs, or do not have enough coverage for prescribed medication</li> <li>• Must be US citizen or legal resident, household income ≤500% of federal poverty level</li> <li>• Need proof of income, such as household income tax returns, Social Security Benefits Statement (SSA-1099) or total household income from the last month</li> </ul> <p><a href="https://www.takeda.com/en-us/corporate-responsibility/patient-assistance">https://www.takeda.com/en-us/corporate-responsibility/patient-assistance</a></p>	Nesina® (alogliptin)	Co-pay amount variable	<ul style="list-style-type: none"> <li>– <a href="https://www.nesinafamily.com/savingscard">https://www.nesinafamily.com/savingscard</a></li> <li>– Must be enrolled in commercial insurance or cash paying</li> <li>– Covers out-of-pocket expenses greater than \$35</li> <li>– Maximum savings \$100 per prescription</li> </ul>	
	Kazano® (alogliptin + metformin)	Co-pay amount variable	<ul style="list-style-type: none"> <li>– <a href="https://www.nesinafamily.com/savingscard">https://www.nesinafamily.com/savingscard</a></li> <li>– Must be enrolled in commercial insurance or cash paying</li> <li>– Covers out-of-pocket expenses greater than \$35</li> <li>– Maximum savings \$100 per prescription</li> </ul>	
	Oseni® (alogliptin + pioglitazone)	Co-pay amount variable	<ul style="list-style-type: none"> <li>– <a href="https://www.nesinafamily.com/savingscard">https://www.nesinafamily.com/savingscard</a></li> <li>– Can be enrolled in commercial insurance or cash paying</li> <li>– Covers out-of-pocket expenses greater than \$35</li> <li>– Maximum savings \$100 per prescription</li> </ul>	
<p><b>Boehringer Ingelheim Cares Foundation</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> Tradjenta®, Jentadueto®, Glyxambi®</li> <li>• <b>See above for program specifics</b></li> </ul> <p><a href="https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program">https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program</a></p>	Tradjenta® (linagliptin)	\$10 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.tradjenta.com/savings-and-support">https://www.tradjenta.com/savings-and-support</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Valid for up to 12 consecutive months from activation date</li> </ul>	

		Jentadueto® (linagliptin + metformin)	\$10 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.jentadueto.com/savings-card">https://www.jentadueto.com/savings-card</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> <li>– Valid for up to 12 consecutive months from activation date</li> </ul>
		Glyxambi® (empagliflozin + linagliptin)	\$0 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.glyxambi.com/support-and-savings">https://www.glyxambi.com/support-and-savings</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$400 per prescription</li> <li>– Expires on 12/31/19</li> <li>– Not accepted in VA Pharmacies</li> </ul>
	<b>Astra Zeneca</b> <ul style="list-style-type: none"> <li>• <b>Products:</b> Onglyza®, Kombiglyze XR®</li> <li>• <b>See above for program specifics</b></li> </ul> <a href="https://www.azandmeapp.com/">https://www.azandmeapp.com/</a>	Onglyza® (saxagliptin)	\$0 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.onglyza.com/savings-support/onglyza-coupon.html">https://www.onglyza.com/savings-support/onglyza-coupon.html</a></li> <li>– Must be uninsured or enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> </ul>
		Kombiglyze XR® (saxagliptin + metformin)	\$0 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.kombiglyzxr.com/savings-support/kombiglyze-coupon.html">https://www.kombiglyzxr.com/savings-support/kombiglyze-coupon.html</a></li> <li>– Must be uninsured or enrolled in commercial insurance</li> <li>– Maximum savings \$150 per prescription</li> </ul>
<b>Glucagon</b>	<b>Lilly Cares Program</b> <ul style="list-style-type: none"> <li>• <b>Products:</b> Glucagon (glucagon for injection), Baqsimi ® (Nasal glucagon)</li> <li>• For people with no prescription coverage, not enrolled in Medicaid or VA benefits, and meet the household income guidelines</li> <li>• Must permanent, legal US resident, household income ≤400% of federal poverty level</li> <li>• Medicare exceptions include people who entered the coverage gap (donut hole) in Medicare Part D and applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and spent over \$1,100 on prescription medications within the calendar year</li> </ul> <a href="https://www.lillycares.com/">https://www.lillycares.com/</a>	Glucagon (glucagon for injection)	\$30 per month	<ul style="list-style-type: none"> <li>– <a href="https://www.lillyglucagon.com/hcp">https://www.lillyglucagon.com/hcp</a></li> <li>– Must be enrolled in commercial insurance</li> <li>– Maximum savings \$100 monthly or \$1200 yearly</li> <li>– Card expires 12/31/2019</li> <li>– Maximum of 3 Lilly Glucagon emergency kits per prescription fill</li> </ul>
		Baqsimi ® Nasal Glucagon	TBD	<ul style="list-style-type: none"> <li>– TBD</li> </ul>

	<p><b>Novo Nordisk Patient Assistance Program (PAP)</b></p> <ul style="list-style-type: none"> <li>• <b>Products:</b> GlucaGen® HypoKit®</li> <li>• For people with no prescription coverage, not enrolled in Medicaid, Medicare or VA benefits and must meet the household income guidelines</li> <li>• Must be US citizen, household income ≤400% of federal poverty level</li> <li>• Medicare exceptions include people who entered the coverage gap (donut hole) in Medicare Part D and applied for and were denied Medicare Extra Help/Low Income Subsidy (LIS) and are Medicare eligible or who have a part D plan and spent \$1000 on prescription medicine in the current year</li> </ul> <p><a href="https://www.novocare.com/psp/PAP.html">https://www.novocare.com/psp/PAP.html</a></p>	<p>GlucaGen® HypoKit® (glucagon for injection)</p>	<p>NA</p>	<p>– None available for GlucaGen® HypoKit®</p>
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**Low Cost Alternative Agents**

**According to 2019 American Diabetes Association Standards of Medical Care in Diabetes, there are other non-insulin agents that may be alternatives if cost is a major issue.**

- 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 PA (prior authorization)
- Thiazolidinedione (TZD)
  - o Pioglitazone
- Sulfonylureas
  - o Glipizide (IR and ER)
  - o Glimepiride
  - o Glyburide
- Human insulin (see insulin cost-savings document for additional details):
  - o <https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/insulin-cost-saving-resources-3-4-19.pdf?sfvrsn>

Other low cost, less commonly used diabetes medications include alpha glucosidase inhibitors (acarbose, miglitol) and meglitinides (nateglinide, repaglinide)

Discount Card Programs (applicable to all prescription medications)		
<b>Familywize</b>	<a href="http://www.familywize.org/free-prescription-discount-card">www.familywize.org/free-prescription-discount-card</a>	<ul style="list-style-type: none"> <li>All FDA approved brand and generic prescription medications</li> <li>Cannot be used at mail-order pharmacies</li> </ul>
<b>GoodRx</b>	<a href="http://www.goodrx.com/discount-card">www.goodrx.com/discount-card</a>	<ul style="list-style-type: none"> <li>All prescription medications</li> </ul>
<b>Rx Saver</b>	<a href="https://rxsaver.retailmenot.com/">https://rxsaver.retailmenot.com/</a>	<ul style="list-style-type: none"> <li>All prescription medications</li> </ul>
<b>WellCard Savings</b>	<a href="http://www.wellcardsavings.com/public/pharmacy.aspx">www.wellcardsavings.com/public/pharmacy.aspx</a>	<ul style="list-style-type: none"> <li>All prescription medications</li> </ul>

Other Resources		
<b>Tools for Healthcare Savings from AADE</b>	<a href="https://www.diabeteseducator.org/practice/education-tools/affordability-resources">https://www.diabeteseducator.org/practice/education-tools/affordability-resources</a>	<ul style="list-style-type: none"> <li>Provides patient assistance programs, advice on navigating insurance and Medicare</li> </ul>
<b>AAACE Prescription Savings Directory</b>	<a href="http://prescriptionhelp.aaace.com/">http://prescriptionhelp.aaace.com/</a>	<ul style="list-style-type: none"> <li>Provides list of programs to assist in affordability of endocrine related medications</li> </ul>
<b>Partnership for prescription assistance</b>	<a href="https://www.pparx.org/">https://www.pparx.org/</a>	<ul style="list-style-type: none"> <li>Provide medication at no cost for patients without insurance who qualify</li> </ul>
<b>RxAssist</b>	<a href="http://www.rxassist.org/">http://www.rxassist.org/</a>	<ul style="list-style-type: none"> <li>Provides a comprehensive database of patient assistant programs</li> </ul>
<b>NeedyMeds</b>	<a href="https://www.needymeds.org/">https://www.needymeds.org/</a>	<ul style="list-style-type: none"> <li>Organization providing comprehensive resources based on medication name through search function</li> </ul>
<b>Rx Hope</b>	<a href="https://www.rxhope.com/">https://www.rxhope.com/</a>	<ul style="list-style-type: none"> <li>Prescription assistance organization that help people get their medicines at little or no cost</li> </ul>
<b>BenefitsCheckup</b>	<a href="https://www.benefitscheckup.org/">https://www.benefitscheckup.org/</a>	<ul style="list-style-type: none"> <li>For patients &gt;55 years of age. Prescription assistance program run by the National Council on Aging (NCOA)</li> </ul>
<b>CR3Diabetes</b>	<a href="https://www.cr3diabetes.org/">https://www.cr3diabetes.org/</a>	<ul style="list-style-type: none"> <li>Provides equipment and encouragement for people living with diabetes</li> </ul>

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

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