

**ECHO IDAHO**

Diabetes and Metabolic Conditions

# Helping Patients Overcome Coverage and Cost Barriers in Diabetes Care

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Shelby Lancaster, PharmD

Clinical Pharmacist

Family Health Services

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



**University of Idaho**  
School of Health and Medical  
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# Disclosures

- No Disclosures
- Due to the nature of the material, I will be using manufacturer names in conjunction with the generic names of the medications they provide.

# Learning Objectives

- Identify seven different strategies to overcome cost barriers
- Review public assistance options and who may qualify
- Explain the BALANCE Model and Medicare GLP-1 Bridge program
- Provide information on patient assistance programs, copayment cards, pharmacy coupons and where to find them
- List programs that provide direct-to-consumer options
- Discuss ways medical teams can help

# Barriers to Medication Access

- Approximately 14-18% of adult patients with diabetes report cost-related medication non-adherence (CRN)
  - Skip doses, take less medication, delay filling meds
- ADA cites a 2021 national survey reported insulin rationing
  - 18.6% adults w/ T1D
  - 15.8% adults w/insulin-treated T2D
- Cohort study published in JAMA Intern Med (4/26)
  - Assessed the impact of cost-sharing caps on outcomes
  - Inflation Reduction Act of 2022 = Cap insulin at \$35/month Medicare beneficiaries
  - 4.8 Million Medicare beneficiaries w/T2D
    - Reduced out-of-pocket (OOP) spending (mean savings: \$106/quarter)
    - Increased daily insulin use
    - Reduced HbA1c ~ 0.06% reduction
  - Reduced costs translates to increased adherence and measurable glycemic improvement
- All people with diabetes should be screened for financial hardship/cost related barriers to medication use on a regular basis

Drug Class	Representative Agent	Median Monthly NADAC
Biguanides	Metformin 1,000 mg IR	\$1
Sulfonylureas	Glipizide 10 mg XL	\$9
Thiazolidinediones	Pioglitazone 45 mg	\$4
DPP-4 inhibitors	Sitagliptin 100 mg	\$303
SGLT2 inhibitors	Empagliflozin 25 mg	\$604
GLP-1 RAs	Semaglutide 2 mg pen	\$966
Dual GIP/GLP-1 RA	Tirzepatide 15 mg pen	\$1,041



Compound	Dosage Form	Median NADAC
Degludec	U-100 prefilled pen	\$114
Degludec	U-200 prefilled pen	\$114
Glargine	U-100 vial / prefilled pen	\$62
Glargine	U-300 prefilled pen	\$122
Glargine biosimilar/follow-on	U-100 prefilled pen	\$59 (\$59–\$209)

Compound	Dosage Form	Median NADAC
Aspart	U-100 prefilled pen	\$90
Aspart (faster acting)	U-100 prefilled pen	\$358
Glulisine	U-100 prefilled pen	\$105
Inhaled insulin	Inhalation cartridges	\$1,265
Lispro	U-100 prefilled pen	\$102
Lispro	U-200 prefilled pen	\$339
Lispro follow-on	U-100 prefilled pen	\$121

Compound	Dosage Form	Median NADAC
Human regular	U-100 vial	\$44 (\$43–\$46)
Human regular	U-100 prefilled pen	\$58
Human NPH	U-100 vial	\$45 (\$43–\$46)
Human NPH	U-100 prefilled pen	\$74 (\$58–\$91)
U-500 human regular	U-500 prefilled pen	\$183

**Table 1. Seven Strategies to Help Patients Overcome Cost-Related Barriers to Prescription Drugs**

	Co-payment cards	Patient assistance programs	Pharmacy coupons	Direct-to-consumer pharmacies	Public assistance programs	International online pharmacies	Real-time prescription benefit tools
Description	Discount provided by brand-name drug manufacturers to lower patient out-of-pocket costs for a specific medication	Programs sponsored by drug manufacturer provide brand-name prescription drugs for free or very low cost while nonprofit organizations and foundations provide financial assistance for co-payments or insurance premiums	Coupon that provides discounts on medicines purchased at local pharmacies without health insurance	Online or in-person pharmacies that sell prescription drugs directly to patients without health insurance <sup>a</sup>	Programs that provide medications to low-income patients at reduced costs	Pharmacies that sell and ship prescription drugs directly to patients without health insurance	Tool that provides clinicians with cost and coverage information at the time of prescribing a prescription drug
Benefits for patients	<ul style="list-style-type: none"> <li>Reduces brand-name drug costs, often to less than \$30 per month</li> <li>Easy to obtain from manufacturer websites</li> <li>Available to patients of all income levels</li> </ul>	Available to all patients, regardless of health insurance	<ul style="list-style-type: none"> <li>Available to all patients, regardless of health insurance</li> <li>Provide access to generic drugs that are expensive or not covered by health insurance</li> <li>Easily accessible for patients and clinicians</li> </ul>	<ul style="list-style-type: none"> <li>Available to all patients, regardless of health insurance</li> <li>Provide access to generic drugs that are expensive or not covered by health insurance</li> </ul>	Provide access to generic or brand-name prescriptions drugs for free or at very low cost	<ul style="list-style-type: none"> <li>Available to all patients, regardless of health insurance</li> <li>Provide access to brand-name drugs that are expensive in the US</li> </ul>	<ul style="list-style-type: none"> <li>Increases drug cost transparency for patients</li> <li>Increases medication fill rates and can lower out-of-pocket costs for some patients</li> <li>Increasingly incorporated into electronic health records</li> </ul>
Limitations for patients	<ul style="list-style-type: none"> <li>Only patients with private health insurance are eligible</li> <li>Patients with public insurance coverage (eg, Medicare, Medicaid, Veterans Affairs) are excluded</li> <li>Cards often have limits on monthly and annual benefits</li> <li>Manufacturers may discontinue programs at any time</li> </ul>	<ul style="list-style-type: none"> <li>Patients must meet strict program and financial eligibility criteria based on income or assets</li> <li>Time-consuming application process that often requires proof of income and signature from prescribing clinician</li> <li>Nonprofit organizations and foundations have a limited amount of annual funding from manufacturers to assist patients</li> </ul>	<ul style="list-style-type: none"> <li>Coupon prices change frequently and vary by pharmacy and zip code</li> <li>Typically most useful for generic, not brand-name, drugs</li> <li>The amount paid does not count toward health insurance deductible or annual maximum</li> </ul>	<ul style="list-style-type: none"> <li>Typically most useful for generic, not brand-name, drugs</li> <li>Patients have to shop around for the lowest price</li> <li>Some pharmacies provide only online mail-order services</li> <li>The amount paid does not count toward health insurance deductible or annual maximum</li> </ul>	<ul style="list-style-type: none"> <li>Patients must meet strict financial eligibility criteria based on income or assets</li> <li>Time-consuming application process</li> </ul>	<ul style="list-style-type: none"> <li>Drug quality can be questionable if purchasing from a nonreputable pharmacy</li> <li>Must follow US Food and Drug Administration policy on personal importation of prescription drugs and purchase no more than 90-d supply for oneself</li> </ul>	<ul style="list-style-type: none"> <li>Cost and coverage information may be inaccurate or unavailable for some prescription drugs</li> <li>Tools do not provide information about the other 6 strategies listed in this table</li> </ul>
Recommended use	Patients with private health insurance taking a brand-name prescription drug without a clinically appropriate alternative	Patients with financial hardship in affording brand-name prescription drug without a clinically appropriate alternative	Any patient with difficulty affording a generic prescription drug, including drugs that are not covered by insurance	Any patient with difficulty affording a generic prescription drug, including drugs that are not covered by insurance	Any patient with financial hardship who is eligible for a local, state, or federal program	Patients taking a brand-name drug for a serious condition without any affordable options in the US, including medically appropriate generic alternatives	Every time a clinician prescribes a prescription drug electronically
Resources	<ul style="list-style-type: none"> <li>Search drug name and "co-payment card" in an online search engine</li> <li>Alternatively, NeedyMeds is a nonprofit organization that aggregates co-payment cards from drug manufacturer websites</li> </ul>	<ul style="list-style-type: none"> <li>NeedyMeds (<a href="http://www.needymeds.org">www.needymeds.org</a>) and RxAssist (<a href="http://www.rxassist.org">www.rxassist.org</a>) aggregate manufacturer patient assistance program information</li> <li>HealthWell Foundation (<a href="http://www.healthwellfoundation.org">www.healthwellfoundation.org</a>) and Patient Access Network Foundation (<a href="http://www.panfoundation.org">www.panfoundation.org</a>) are among the foundations that provide patient assistance</li> </ul>	<ul style="list-style-type: none"> <li>GoodRx (<a href="http://www.goodrx.com">www.goodrx.com</a>), RxSaver (<a href="https://www.rxsaver.com/">https://www.rxsaver.com/</a>), and SingleCare (<a href="http://www.singlecare.com">www.singlecare.com</a>) are among the third-party organizations that offer pharmacy coupons</li> </ul>	<ul style="list-style-type: none"> <li>Example direct-to-consumer pharmacies include Amazon (<a href="http://pharmacy.amazon.com">pharmacy.amazon.com</a>), Costco (<a href="http://www.costco.com/cmpp">www.costco.com/cmpp</a>), Health Warehouse (<a href="http://www.healthwarehouse.com">www.healthwarehouse.com</a>), Mark Cuban Cost Plus (<a href="http://costplusdrugs.com">costplusdrugs.com</a>), and Walmart (<a href="http://www.walmart.com/cp/4-prescriptions/1078664">www.walmart.com/cp/4-prescriptions/1078664</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Programs include Medicare Extra Help (<a href="http://www.ssa.gov/medicare/part-d-extra-help">www.ssa.gov/medicare/part-d-extra-help</a>), Medicaid (<a href="http://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html#statemenu">www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html#statemenu</a>), and state-sponsored programs (<a href="http://www.needymeds.org/state-programs">www.needymeds.org/state-programs</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Use PharmacyChecker to find a reputable online pharmacy that can supply high-quality prescription drugs (<a href="http://www.pharmacychecker.com">www.pharmacychecker.com</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Check with electronic health record provider</li> </ul>

<sup>a</sup> Table 3 describes the characteristics of 5 direct-to-consumer pharmacies.

# Public Assistance Programs

## Medicare Part D

- Open Enrollment
  - October 15<sup>th</sup> to December 7<sup>th</sup>
  - 65 y/o after: January-December following year
- Who Qualifies?
  - 65 or older
  - US Citizen or permanent legal resident
  - Under 65 with disability
  - ASL (atrophic lateral sclerosis) or ESRD
- Medicare Prescription Payment Plan
  - OOP Cap: \$2,100/year
  - “Opt-in” January = \$175/month

## Extra Help

- Low Income Subsidy (LIS)
  - Helps pay for prescription costs
  - Individual:
    - Annual income limit: \$23,940
    - Resource limit: \$18,090
  - Married couple:
    - Annual income limit: \$32,460
    - Resource limit: \$36,100
- Many programs require application and proof of denial
- Apply through Social Security Administration

# CMS GLP-1 Affordability Strategies

## **BALANCE Model**

- Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth
  - Increases access to GLP-1 RA/GIP meds for weight loss
  - Weight management = lifestyle and pharmacologic support to combat chronic metabolic diseases

## **Medicare GLP-1 Bridge**

- Short demonstration of the BALANCE Model
  - Starts July 2026
  - Bridge to the BALANCE Model
- Part D Beneficiaries access to certain GLP-1 RA/GIP
  - July 1<sup>st</sup> 2026 – December 31<sup>st</sup> 2027
  - Operates outside of Part D – using central processor and prior auths
  - \$50 per month
    - Weight loss marketed oral and injectable GLP-1 RA/GIP
    - Not subject to LIS pricing

# Public Assistance Programs

## Medicaid

- Qualifications (Idaho)
  - US Citizen or legal immigrant
  - Resident of the state of Idaho
  - FPL <138% ~ \$1,836/month
    - Add \$654 per additional household member
- Work Requirements: 80+ hrs/mon 2026
  - Exemptions: pregnant, medically frail, student, caregiver for child <13 y/o, over age 64
- Apply through Idaho Department of Health and Welfare
- Many programs require application and proof of denial
- Your Health Idaho
  - Savings on premiums

# Patient Assistance Programs (PAP)

- Manufacturer sponsored programs for brand-name meds or financial assistance for copays or insurance premiums provided by nonprofit organizations/foundations
  - May or may not have insurance – varies per program
  - Free or very low cost
  - Strict financial program criteria (income and assets)
  - Time-consuming
  - Foundations have limited funding from manufacturers
- Needymeds
- HealthWell Foundation, Patient Access Network Foundation

# Ex: NovoCare PAP

## Semaglutide

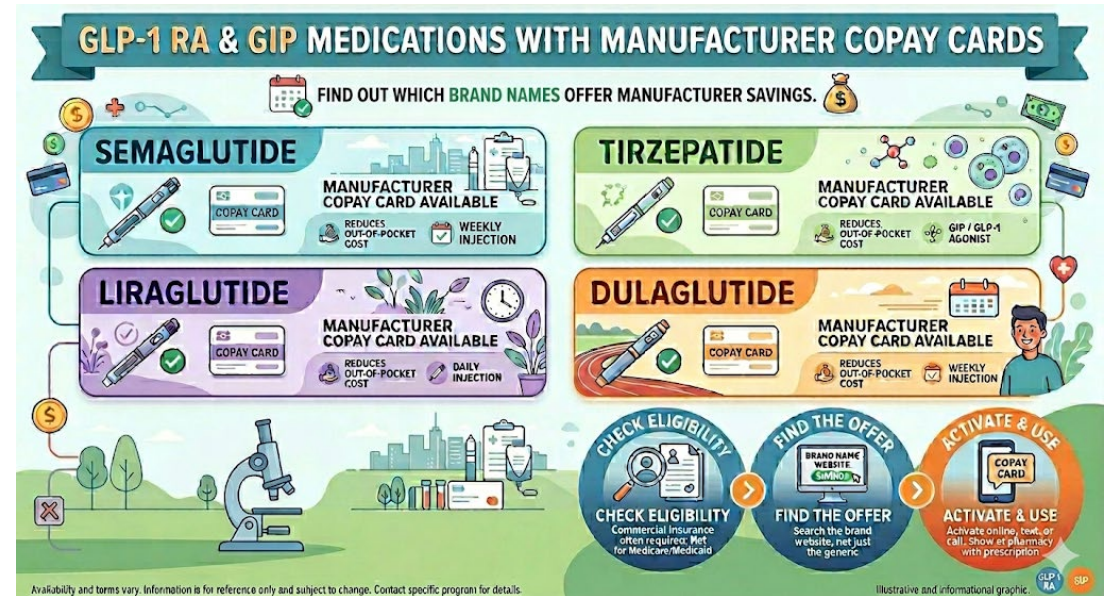
- Eligibility requirements
  - US citizen or legal resident
  - Total household income  $\leq$  200% FPL
  - Uninsured w/proof of Medicaid denial
    - Medicare Part D no longer eligible, Medicare Prescription Payment Plan (MPPP); Part D Extra Help
- Online application
- Mailed directly to patients

## Insulin Degludec

- Eligibility requirements
  - US citizen or legal resident
  - Total household income  $\leq$  400% FPL
  - Uninsured or have Medicare
    - Ineligible if LIS ( $<$ 150% FPL)
    - Denial letter required for LIS or Medicaid
  - Online application
  - Mailed directly to patients
- Immediate Supply: one-time free, short-term supply of insulin

# Copayment Cards

- Manufacturer provided discounts for all income levels
  - Privately ensured patients
  - Medicare/Medicaid not eligible
- Increase affordability of brand name medications
  - May help with deductible
- Limits on monthly or annual benefits
- May be discontinued at any time
  - Re-evaluated annually
- Needymeds.org
  - Aggregate copayment cards in one location



# Ex: Tirzepatide

- Commercially insured could pay as little as \$25 for up to a 3-month prescription
- Card Eligibility
  - Have Rx for an FDA approved indication
  - Enrolled in commercial plan
  - Not enrolled in fed/state/gov insurance plan (Medicaid, Medicare/PartD/Advantage/Medigap, DoD, VA, Tricare, state prescription drug assistance program)
  - Resident of the US
  - 18y+

# Ex: Tirzepatide

## Commercial w/coverage

- Card savings are subject to a maximum monthly savings
  - 1-month: \$150
  - 2-months: \$300
  - 3-months: \$450
- Max annual savings: \$1,950
- Max 13 Rx/yr

## Commercial w/o coverage

- Commercial plan does not cover tirzepatide + FDA indication
  - Max monthly savings: \$647
  - Max OOP: \$499/month
- Max annual savings: \$8,411
- Max 13 Rx/year

# Ex: Insulins



## NovoCare: MyInsulinRx

- \$35/month supply, up to 3 vials or 2 packs of pens; any combo
  - Pen needles \$25/box
- Uninsured, or commercially insured
  - Bypasses insurance
- Products:
  - Insulin aspart, degludec, insulin aspart protamine/insulin aspart 70/30, insulin isophane human, insulin human, (70/30 combos human insulin)

## Lilly Insulin Value Program

- \$35/month supply (30 days)
- Uninsured, or commercially insured
  - Helps deductible
- US resident; 18y+
- Products:
  - Insulin glargine, insulin lispro (+/- insulin lispro protamine 50/50, 75/25), insulin isophane human (+/- insulin human 70/30), U-500 insulin human, insulin lispro (75/25), U-200 insulin lispro-aabc, insulin glargine-aglr

# Pharmacy Coupons/Discount Cards

- Cards providing discounts at local pharmacies
- All patients regardless of health insurance
  - Bypasses insurance/deductible
- Prices vary by location
  - Price comparisons by pharmacy
- Mostly useful for generics
- GoodRx, RxSaver, SingleCare, TrumpRx
  - Organizations that offer discount cards to bring down med costs



# Direct-to-Consumer

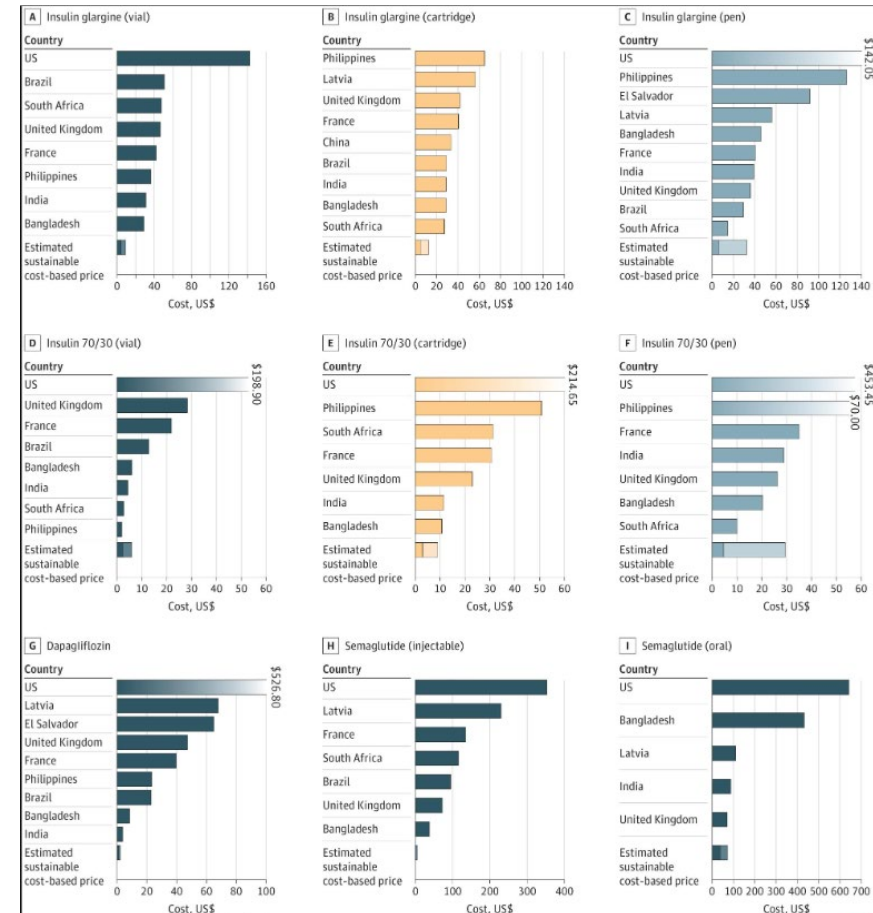
- Multiple players partnering to bring drug price down
  - Pharmacies, manufacturers and the government
    - TrumpRx
    - GoodRx
  - Bypass insurance/deductible
  - Taxes, shipping, delivery or payment processing fees may apply
  - Generic or brand-name drugs
- Manufacturers Direct
    - AstraZeneca Direct
      - Dapagliflozin: \$35/60 tabs
      - Dapagliflozin/metformin: \$45/60 tabs
    - Boehringer Ingelheim Direct
      - Linagliptin/metformin: \$55/60 tabs
    - LillyDirect
      - Orforglipron: Dose dependent, starts \$149/month 0.8 mg dose (starter) – increase \$50-100/dose increase
    - NovoNordisk – ‘All Retailers’
      - Oral semaglutide: \$149/30 tabs
      - Injectable semaglutide: \$199/mon x 2 fills, then \$349/mon

# Real Time Prescription Benefit Tools

- EHR-Integrated Real-Time Benefit Tools
  - Submit information to Pharmacy Benefits Manager (PBM)
  - Real-time estimation of OOP expenses
    - Deductible status
    - Co-insurance
  - Prior authorization required
  - Limited information
  - Examples: Surescripts and Arrive Health
- Patient specific
  - Health insurance application – “Medication Pricing” tool

# International Pharmacies – Last Resort

- Lower cost brand name Rx meds shipped directly to patients regardless of insurance
- US FDA policy permits:
  - FDA approved drugs
  - Personal use for serious condition
  - Non-controlled
  - $\leq 90$  day supply
- Pharmacy not reputable = questionable quality
- PharmacyChecker.com



# Key Points

- Medications for diabetes management can be expensive
- There are options for helping with OOP costs
- Use the resources that you have integrated in your EHR
- Direct patients to check with their insurance about OOP cost
- Designate a team member to help sort through options

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# Questions?