Reducing Insulin Out-of-Pocket Costs

NDVLC is committed to reducing insulin costs in the U.S. It’s encouraging to see policymakers paying attention to the problem, but policy changes take time and many people with diabetes struggle to afford insulin today.

Personal circumstances and insurance plans vary so there’s no one-size-fits-all shortcut – but if you are uninsured, underinsured or in a high deductible health plan these steps may help reduce your out-of-pocket cost for insulin and other diabetes medicine and supplies.

Check your coverage first
If you have insurance, check your plan’s website or app for a cost estimator or call the member services number on the back of your insurance card. You might save hundreds of dollars by filling your prescriptions at a different retail or mail order pharmacy. Preferred pharmacy status can change during the year so know before you go.

Enroll in patient assistance programs
Insulin manufacturers Lilly, MannKind, Novo Nordisk and Sanofi offer various patient assistance and discount programs. Consumer costs range from zero to $99 for a month’s supply of insulin, depending on the program and individual’s eligibility. AACE (American Association of Clinical Endocrinologists) and ADCES (Association of Diabetes Care & Education Specialists) assembled valuable guides to help connect people with diabetes and their health care providers to assistance programs, discount plans and other resources. Eligibility and application requirements vary but you could qualify for discounted insulin, other diabetes medications, supplies or other assistance even if you have insurance or earn a middle class income.

Take advantage of discount programs
Checking prices at GoodRx, Blink Health or InsideRx could shave hundreds of dollars from your pharmacy bill. Visit their websites or download the apps to access discount codes and coupons, and compare prices at nearby pharmacies. You may need to sign up in advance but there is no cost to use these services. If you have insurance remember to check whether cash payments count toward your deductible.

Ask for the pharmacy’s cash price
Cash prices vary so call several pharmacies – chains and independents – to compare. Even if you have insurance, the cash price could be much lower than your co-insurance or co-payment (see results of our experiment below) but your pharmacist might not realize it or in some states they might actually be prohibited from telling you if you don’t ask. Cash payments may not apply to your deductible so decide which option is best for you.

Use member warehouse pharmacies and prescription discount programs
If you are a Costco or Sam’s Club member, their mail order and retail pharmacies may save you money. Check online and talk to the local pharmacy to find the lowest price. Many states allow non-members to use warehouse pharmacies too. You won’t need a member card to enter the warehouse – just tell the door greeter you’re a pharmacy customer.

For more information on NDVLC and the Access to Insulin Initiative, visit us at ndvlc.org
For links to the resources listed here, visit ndvlc.org/reduce
Find a community health center or other low-cost health care provider
Search [here](#) or contact your state or local health agency to find a community health center nearby. These hospitals and clinics purchase discounted insulin and other medicines through a federal program so their pharmacies can dispense them at no or low cost to their patients. Wait time to see a provider can be long but community health organizations and facilities nationwide form a vital safety net for uninsured or underinsured people with diabetes.

Talk to your employer about insulin costs
NDVLC has partnered with JDRF to share with employers how health benefit plans can be structured to help people with diabetes afford the insulin they need by:
- Adding insulin to the preventive drug list, exempt from deductibles and cost-sharing
- Passing along discounts and rebates at the point of sale
- Keeping cost sharing low and predictable throughout the year
- Covering the full range of insulin delivery devices and other vital supplies and services

If your employer offers health insurance, learn more about the [NDVLC Access to Insulin Employer Initiative](#). Visit [JDRF](#) and [DPAC's Affordable Insulin Project](#) for resources to help you understand your coverage and talk to your employer about insulin costs.

Talk to your diabetes care team if insulin is unaffordable
Help is available if you or a loved one struggle with high insulin costs. Often the best place to start is with your diabetes care team – whether it’s an endocrinologist, family practitioner, physician assistant, nurse practitioner, diabetes educator, pharmacist or social worker.

They could help bridge short-term gaps with samples or temporarily transitioning to lower cost insulins. They also can help people with diabetes reduce longer term insulin costs – by navigating insurance formularies and coverage appeals; writing prescriptions to optimize insulin units available under 30- or 90-day dispensing limits and cost sharing; or documenting medical necessity to support patient assistance program enrollment.

Help Us Close the Gap
NDVLC compared costs for a vial of analog insulin using several of these steps. The result? GoodRx, InsideRx and Blink Health discounts were $100-200 lower than local retail cash prices and about $90 lower than the patient out-of-pocket share calculated in a sample high deductible health plan.

These wide gaps in out-of-pocket costs underscore why NDVLC is working with policymakers, employers and advocacy partners to reduce consumers’ exposure to full list prices for insulin.

Access to insulin is too important to rely on shopping savvy or savings programs; it is an essential, life-sustaining component of diabetes care. NDVLC encourages employers who offer health coverage to include insulin on the preventive drug list with no patient cost-sharing. Alternatively, structure health plans to ensure that patient out-of-pocket pharmacy costs reflect the estimated 60-70% in rebates and discounts that insurers and PBMs negotiate with insulin manufacturers.

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