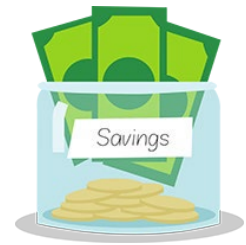


# Patient Assurance Program

The **Patient Assurance Program** is intended to counteract the escalating costs of diabetic and cardiovascular drug therapy. This program is for Excellus BlueCross BlueShield commercial and individual exchange members\* starting **January 1, 2021**.

*\*If you are part of a group health plan, please contact your health plan representative to see if your employer group is participating in this program.*



Members will pay no more than \$25 per 30 days for eligible Tier 2 diabetic and cardiovascular drugs. Up to \$50 is provided by manufacturer assistance and, in some instances, a discount by Excellus BCBS.

## Q: What are some examples of how the program works?

### If you have a flat copayment benefit:

- John has a flat copayment of \$75 per month
  - \$50 manufacturer assistance is provided, and John pays only \$25

### If you have a co-insurance benefit

- Anne has a 20% co-insurance and drug cost is \$500
  - Normal cost share would be \$100
  - \$50 manufacturer assistance is provided
  - \$25 Excellus BCBS assistance is provided
  - Anne pays only \$25

### If you have a deductible benefit

- Susan has a \$300 deductible and a Tier 2-diabetic drug copay of \$50, and is still in her deductible phase
  - Deductible is bypassed
  - \$25 manufacturer assistance is provided, and Susan pays only \$25
- Steve has a \$300 deductible and a Tier 2-diabetic drug copay of \$50, and is out of his deductible phase
  - \$25 manufacturer assistance is provided, and Steve pays only \$25

## Q: What are some exclusions from the program?

- Health Savings Account-qualified High Deductible Health Plans
- Benefit plans where a member has a flat diabetic copay of less than or equal to \$25



**Please see the chart below for the drugs\* included in the program.**



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<b>Patient Assurance Program Included Drugs</b>				
<b>Category</b>	<b>3-Tier Formulary</b>	<b>Preferred Value Formulary</b>	<b>National Preferred Formulary</b>	<b>Small Employer Group Plans, Direct Pay Metal Plans and College Blue Plan Formulary</b>
<b>Cardiovascular</b>	Brilinta Eliquis	Brilinta Eliquis	Brilinta Eliquis	Brilinta Eliquis
<b>GLP1</b>	Trulicity Mounjaro	Trulicity Mounjaro	Trulicity Mounjaro	Trulicity Mounjaro
<b>SGLT2</b>	Jardiance Synjardy/XR Farxiga Xigduo XR	Jardiance Synjardy/XR Farxiga Xigduo XR	Jardiance Synjardy/XR Farxiga Xigduo XR	Jardiance Synjardy/XR Farxiga Xigduo XR
<b>DPP4</b>	Tradjenta Jentadueto/XR	Tradjenta Jentadueto/XR		Tradjenta Jentadueto/XR
<b>SGLT2/DPP4 combo</b>	Glyxambi Trijardy XR	Glyxambi Trijardy XR	Glyxambi Trijardy XR	Glyxambi Trijardy XR
<b>Basal Insulin</b>	Lantus Insulin Glargine - YFGN	Lantus Insulin Glargine - YFGN	Semglee-YGFN	Lantus Insulin Glargine - YFGN
<b>Rapid Acting Insulin</b>	Humalog Insulin Lispro Pen Lyumjev	Humalog Insulin Lispro Pen Lyumjev	Humalog Insulin Lispro Pen Lyumjev	Humalog Insulin Lispro Pen Lyumjev
<b>Miscellaneous Insulin</b>	Humulin	Humulin	Humulin	Humulin

Effective 1.1.25 - The drug list is subject to change at any time.