

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.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

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

Effective 2.5.24 - The drug list is subject to change at any time.

*Does not apply to (2950) 2023 3-Tier State Mandate Formulary - product remains Tier 3 and not program eligible

** Does not apply to (2981) 2023 Formulary - product remains Tier 3 and not program eligible