



## Diabetes Drug and Supply Co-Pay Reimbursement Program

**Instructions:** Complete this page, the Co-Pay Reimbursement Form (next page) and provide a copy of your drug claim to Teresa Kemp with your request for co-pay reimbursement for your diabetes drug co-pays and supplies. **Your drug claim must include the National Drug Code number. Both pages and your receipt including NDC number are needed to process your reimbursement and mail your check.** You may send Teresa this information by using fax, email, in-district mail, or regular mail. See contact information below.

**In-District mail:** Send to Teresa Kemp at BOE

**Fax#:** 217-228-7699

**Email:** [kempte@qps.org](mailto:kempte@qps.org)

### Quincy Public School Participant Information:

Date Drug / Supplies Purchased: \_\_\_\_\_

Date Claim sent to Teresa Kemp: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

2017 DIABETIC PRESCRIPTION COPAY REIMBURSEMENT FORM

Formulary Tier	Retail 30 Day Copay / Reimbursement	Mail Order 90 Day Copay / Reimbursement	Retail 90 Day Copay / Reimbursement
Generic	\$12 / \$12	\$30 / \$30	\$36 / \$36
Preferred Brand	\$25 / \$25	\$55 / \$55	\$85 / \$85
Non-Preferred	\$40 / \$20	\$100 / \$50	\$130 / \$65

# Scripts Filled	Drug Name	Formulary Tier	Retail Reimbursement 30 Day Supply	Mail Order Reimbursement 90 Day Supply	Retail Reimbursement 90 Day Supply	TOTAL Co-pay Reimbursement
	acarbose(Precose – brand is NF)	Generic	\$12	\$30	\$36	
	Actoplus Met XR	Non-Preferred	\$20	\$50	\$65	
	Amaryl	Non-Preferred	\$20	\$50	\$65	
	FARXIGA	Preferred Brand	\$25	\$55	\$85	
	gllmepiride(Amaryl – brand is NF)	Generic	\$12	\$30	\$36	
	glipizide ext-release(Glucotrol XL –brand is NF)	Generic	\$12	\$30	\$36	
	glipizide(Glucotrol – brand is NF)	Generic	\$12	\$30	\$36	
	Glipizide/Metformin(Metaglip – brand is NF)	Preferred Brand	\$25	\$55	\$85	
	GLUCAGON EMERGENCY KIT	Non-Preferred	\$20	\$50	\$65	
	Glucophage	Non-Preferred	\$20	\$50	\$65	
	GlucophageXR	Non-Preferred	\$20	\$50	\$65	
	Glucotrol	Non-Preferred	\$20	\$50	\$65	
	Glucotrol XL	Non-Preferred	\$20	\$50	\$65	
	Glucoavance	Non-Preferred	\$20	\$50	\$65	
	glyburide	Generic	\$12	\$30	\$36	
	glyburide micronized(Glynase –brand is NF)	Generic	\$12	\$30	\$36	
	glyburide/metformin(Glucoavance – brand is NF)	Generic	\$12	\$30	\$36	
	Glynase	Non-Preferred	\$20	\$50	\$65	
	INVOKANA	Preferred Brand	\$25	\$55	\$85	
	JANUMET	Preferred Brand	\$25	\$55	\$85	
	JANUMET XR	Preferred Brand	\$25	\$55	\$85	
	JANUVIA	Preferred Brand	\$25	\$55	\$85	
	JARDIANCE	Preferred Brand	\$25	\$55	\$85	
	KOMBIGLYZE XR	Non-Preferred	\$20	\$50	\$65	
	Metaglip	Non-Preferred	\$20	\$50	\$65	
	metformin ext-release(GlucophageXR – brand is NF)	Generic	\$12	\$30	\$36	
	metformin(Glucophage – brand is NF)	Generic	\$12	\$30	\$36	
	Nateglinide(Starlix – brand is NF)	Preferred Brand	\$25	\$55	\$85	
	ONGLYZA	Non-Preferred	\$20	\$50	\$65	
	pioglitazone(Actos – brand is NF)	Generic	\$12	\$30	\$36	
	Pioglitazone/Metformin(Actoplus Met– brand is NF)	Preferred Brand	\$25	\$55	\$85	
	PRANDIN	Non-Preferred	\$20	\$50	\$65	
	Precose	Non-Preferred	\$20	\$50	\$65	
	repaglinide (Prandin)	Generic	\$12	\$30	\$36	
	Starlix	Non-Preferred	\$20	\$50	\$65	
	Tradjenta	Preferred Brand	\$25	\$55	\$85	
	VICTOZA	2-Pak: Preferred 3-Pak: 3Non-Preferred	\$25/\$20	\$55/\$50	\$85/\$65	

DIABETES - INSULINS / TEST STRIPS

<b>Rapid-Acting Insulins</b>						
	HUMALOG	KwikPen: Non-Preferred	\$20	\$50	\$65	
	NOVOLOG	FlexPen: Preferred	\$25	\$55	\$85	
<b>Short-Acting Insulins</b>						
	HUMULIN R	Non-Preferred	\$20	\$50	\$65	
	NOVOLIN R	Non-Preferred	\$20	\$50	\$65	
<b>Intermediate-Acting Insulins</b>						
	HUMALOG MIX 50/50, 75/25	Preferred Brand	\$25	\$55	\$85	
	HUMULIN N	KwikPen / Vial: Non-Preferred	\$20	\$50	\$65	
	HUMULIN 70/30	KwikPen / Vial: Non-Preferred	\$20	\$50	\$65	
	NOVOLIN N	Preferred Brand	\$25	\$55	\$85	
	NOVOLIN 70/30	Non-Preferred	\$20	\$50	\$65	
	NOVOLOG MIX 70/30	FlexPen / Vial: Preferred	\$25	\$55	\$85	
<b>Basal Insulins</b>						
	LANTUS	Non-Preferred	\$20	\$50	\$65	
	LEVEMIR	Preferred Brand	\$25	\$55	\$85	
<b>Test Strips / Testing Supplies</b>						
	BD Pen Needle	Preferred Brand	\$25	\$55	\$85	
	OneTouch Verio	Preferred Brand	\$25	\$55	\$85	
	One Touch Ultra Blue test strip	Preferred Brand	\$25	\$55	\$85	
	One Touch lancets	Preferred Brand	\$25	\$55	\$85	

Total RX count - # of receipts \$

Generic drugs are shown in lower-case boldface type

Most generic drugs are followed by a reference brand drug in (parentheses).  
The reference brand drug is a non-formulary (NF) brand and is only included as a reference to the brand. Some generic products have no reference brand.  
Example: budesonide ext-release (Entocort EC- brand is NF)

Formulary brand drugs are listed in all CAPITAL letters.  
Example: ZYTIGA