



Minnesota Insulin Safety Net Program: Eligibility Review Form Instructions

In 2020, the Minnesota Legislature passed the **Alec Smith Insulin Affordability Act**, which Governor Tim Walz signed into law on April 15, 2020. The Act creates an Insulin Safety Net Program that will aid patients who can't afford insulin. You can find additional information about the Program on www.MNinsulin.org.

The continuing need part of the program requires manufacturers to provide insulin to eligible patients up to one year, with the option to renew annually. **If you have applied through a manufacturer for the *Minnesota Insulin Safety Net continuing need program* and the manufacturer has denied your application, you can ask the Minnesota Board of Pharmacy to review your eligibility.** *Please note that if you applied for some other assistance program offered by a manufacturer and were denied enrollment, the Board cannot review the denial.*

Purpose of Form: Use this form **ONLY** after you have applied to a manufacturer for the Minnesota Insulin Safety Net continuing need program and the manufacturer has denied your application request. To ask for a review, complete and submit the second page of this Eligibility Review Form to the Board's office along with copies of all documents you submitted to the manufacturer and copies of all documents that the manufacturer sent to you. Requests should be received within 60 days of the manufacturer's denial.

By mail

Minnesota Board of Pharmacy
Insulin Program Eligibility Review
Panel 335 Randolph Avenue
Saint Paul, MN 55102

By fax

651-215-0951

Or scan documents and email to
pharmacy.board@state.mn.us

The Board will contact you within 3-5 business days of your initial request if you have not supplied all of the necessary information and documents. Once all the necessary information and documents have been received, allow ten business days to receive a response from the Board.

Minnesota Insulin Safety Net Program: Eligibility Review Form

Use this form **ONLY** after you have applied to a manufacturer for the [Minnesota Insulin Safety Net continuing need program](#) and the manufacturer has denied your application request.

Tennessee Notice: The Board is collecting this data in order to complete an eligibility review for the Minnesota Insulin Safety Net continuing need program. Minnesota Statutes Section 151.74 requires that all documents that were submitted to the manufacturer be provided to the Board. The law does not require that the other requested data be supplied. However, the Board will not be able to complete the eligibility review without all of the data that is requested. Normally, only members of the Board’s Review Panel and Board staff will have access to the data that is provided. However, there is a possibility that data may be shared upon court order or provided to the legislative auditor.

Contact Information of Patient

Patient’s First and Last Name	Adjusted Gross Income	Email Address		
Street Address	City	State	Zip	Phone

Please answer the questions below.

- 1) Have you have applied to for a manufacturer’s affordability program, or insulin assistance program?
 YES I have applied to the Lily MN Patient Assistance Program, Novo Nordisk, or Sanofi’s MN Safety Net Program.
 NO I have not applied for an assistance program. If you have **not applied** for one of the manufacturer’s insulin assistance programs, **STOP HERE** and visit our website for links to the manufacturer's websites.

- 2) Have you received notice from one of the manufacturers above indicating you were not eligible for their Program?
 YES NO If you answer no, **STOP HERE**, you must have documentation stating you are not eligible for their program.

- 3) Manufacturer to which you applied: _____.

- 4) Number of people in patient’s household, including patient, patient’s spouse, and patient’s dependents. If the patient is under 18, include the patient, the patient’s parents or guardians, and dependents of the patient’s parents or guardians:
 _____.

- 5) Are you a resident of the State of Minnesota? YES NO

- 6) Are you currently enrolled in Medical Assistance or MinnesotaCare? YES NO

- 7) Do you receive health benefits from any federally funded program other than Medicare? YES NO

- 8) If enrolled in Medicare, have you spent at least \$1,000 out-of-pocket this calendar year for medications? YES NO

- 9) Do you have other health insurance that requires you to pay more than \$75 out-of-pocket for a 30-day supply of insulin?
 YES NO

Attestation: By signing this form I attest that the information provided above is accurate and that the information that I submitted to the manufacturer was accurate.

Patient’s Signature Date

The signature of a parent or guardian is required on requests from patients under the age of 18.

Name of Parent/Guardian: _____
Parent/Guardian Signature Date