

Urgent Need Insulin Safety Net Program Application

Use this application if you have an urgent need for insulin. An urgent need for insulin means that you have less than a 7-day supply of insulin and you will likely have significant health consequences if you run out of insulin.

Who qualifies for this urgent need program?

To be eligible for this program you must:

- Live in Minnesota.
- Have an urgent need for insulin.
- Have a current prescription for insulin.
- Pay more than \$75 each month for your insulin.
- Present identification proving Minnesota residency in the form of a valid Minnesota identification card, driver's license or permit, or tribal-issued identification. If you don't have one of these but you have an Individual Taxpayer Identification Number (ITIN), you can provide that instead. If you are a minor under the age of 18, your parent or legal guardian must provide proof of residency or an ITIN.

You can normally access an urgent need-insulin supply only once in a 12-month period. However, there are some circumstances in which you may be eligible to access a second 30-day supply. Complete the application below to see if you qualify.

If you qualify for the urgent need program, you can receive your insulin immediately, but you will need to pay up to a \$35 co-pay to receive your 30-day supply.

To get longer-term help covering your insulin costs, visit MNinsulin.org to learn about the continuing need program.

How do I apply?

You must complete page two of this document and give it to your pharmacist.

You must either:

- Fill in the form on page two electronically and then print it. Sign the form by hand.
- Print the document. Fill in the form on page two by hand. Sign the form by hand.

If you are unable to print the document, your pharmacist can provide you a paper copy to complete at the pharmacy.

Questions

If you have questions about the Minnesota Insulin Safety Net Program, contact your pharmacy, or contact the Minnesota Board of Pharmacy by visiting <https://mn.gov/boards/pharmacy/insulinsafetynetprogram/>.

Privacy Notice

The information requested on this form is needed by your pharmacy to process your request for urgent-need insulin. The information is collected, maintained and shared as permitted or required under Minnesota Statutes, section 151.74.

Alternative Formats

To request this document in an alternative format call 651-539-2099 or 855-366-7873, email AEO@MNsure.org, or mail to MNsure AEO office, PO Box 64253, St. Paul, MN 55164-0253.

