

## 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 are a minor under the age of 18, your parent or legal guardian must provide proof of residency.

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](http://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](mailto:AEO@MNsure.org), or mail to MNsure AEO office, PO Box 64253, St. Paul, MN 55164-0253.

# Minnesota Urgent Need Insulin Safety Net Program Application Form

## Your Personal Information

Do you live in Minnesota? (If you do not live in Minnesota, you are not eligible for this program.)

Yes No

First Name Last Name Date of Birth

Phone Number Email Address (optional)

Home Street Address City State ZIP Code

Mailing Address (if same as above, leave blank)

City State ZIP Code

## Health Care Coverage / Prescription Information

1. Are you currently enrolled in Medical Assistance or MinnesotaCare coverage?

Yes No

2. Do you have insurance and pay \$75 or less each month to purchase your insulin prescriptions?

Yes No

3. In the previous 12 months, have you received an urgent-need supply of insulin through this program?

Yes No (please skip questions 4 and 5)

4. Have you applied for Medical Assistance or MinnesotaCare health care coverage but are waiting for your coverage to begin, or to find out if you qualify?

Yes (please skip question 5) No Not applicable

5. Have you been determined ineligible for a manufacturer's patient assistance program by the manufacturer, but are waiting on the Board of Pharmacy's decision on an appeal?

Yes No Not applicable

If you answered "No" to questions 1,2 and 3, OR you answered "No" to questions 1 and 2 and "Yes" to question 3 and "Yes" to question 4 or 5, you could be eligible for this program.

## Signature and Date

By signing and dating below, you agree that all information is truthful. If you are a minor under the age of 18, your parent/guardian must sign and date the application on your behalf.

Print name (of guardian if applicant is a minor)

Signature (of guardian if applicant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

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## Official Pharmacy Use

I confirm that this individual had a valid prescription and presented the following valid form of identification:

Driver's license/permit. Enter ID number \_\_\_\_\_

Minnesota identification card. Enter ID number \_\_\_\_\_

Tribal-issued identification. Enter ID number \_\_\_\_\_

Signature of pharmacist \_\_\_\_\_ Date \_\_\_\_\_

Pharmacists with questions should contact the Minnesota Board of Pharmacy.