



SGLT2i PATIENT ASSISTANCE PROGRAMS FOR MEDICARE PART D


FARXIGA
DAPAGLIFLOZIN

AstraZeneca


AZ & ME PRESCRIPTION SAVINGS PROGRAM
1-800-292-6363

azandmeapp.com

Print Application: michmed.org/mVDX2
Annual Household Income Guidelines¹


Under about \$40K



Under about \$54K



MBI number on front of Medicare card is required

How is income verified?

“Soft” credit inquiry occurs via Date of Birth

Individual can MAIL or Doctor's Office can FAX to 1-800-961-8323
INVOKANA
CANAGLIFLOZIN

Janssen

Johnson & Johnson PATIENT ASSISTANCE FOUNDATION, INC.

JOHNSON & JOHNSON PATIENT ASSISTANCE FOUNDATION, INC.
1-800-652-6227

jjpaf.org

Print Application: michmed.org/JyD9P
Annual Household Income Guidelines¹


Under about \$38K



Under about \$52K



Must spend 4% or more of gross income on Rx drugs

How is income verified?

Credit report or copy of 1040 tax return

MAIL or FAX to 888-526-5168
JARDIANCE
EMPAGLIFLOZIN

Boehringer Ingelheim & Eli Lilly


BI CARES PATIENT ASSISTANCE PROGRAM
1-800-556-8317

boehringer-ingelheim.us/our-responsibility/patient-assistance-program

Print Application: michmed.org/GzQ3K
Annual Household Income Guidelines¹


Under about \$33K



Under about \$45K


PLUS certain assets like retirement and second home

How is income verified?

Automatically using Experian, must provide last 4 digits of SSN

Fax completed form to 866-851-2827
STEGLATRO
ERTUGLIFLOZIN

Merck

MERCK COUPON PROGRAM ONLY FOR COMMERCIAL/PRIVATE PLAN PATIENTS

[1] Income guidelines are estimates. For personalized referrals based on your income, insurance provider, and other factors, try mat.org or or contact manufacturer program directly.



Last Updated: 2022-March 10

H.Diez, PharmD. - Sourced via Needymeds.org, manufacturer websites and mat.org.

MCT2D.ORG



GLP-1 RA PATIENT ASSISTANCE PROGRAMS FOR MEDICARE PART D



ADLYXIN

LIXISENATIDE



Sanofi



SANOFI PATIENT CONNECTION
1-888-847-4877

sanofipatientconnection.com/
Print Application: michmed.org/3AGzx

Annual
Household
Income
Guidelines¹

 Under about \$52K
 Under about \$73K

How is
income
verified?

"Soft" credit
inquiry occurs
via Date of
Birth or SSN

**MAIL or Doctor's
Office can
submit ONLINE
or
FAX to
888-847-1797**

BYDUREON BCISE & BYETTA

EXENATIDE XR



AstraZeneca



AZ & ME PRESCRIPTION SAVINGS PROGRAM
1-800-292-6363

azandmeapp.com
Print Application: michmed.org/mVDX2

Annual
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 Under about \$54K



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inquiry occurs
via Date of
Birth

**Individual can
MAIL or
Doctor's Office
can FAX to
800-961-8323**

OZEMPIC & RYBELSUS

SEMAGLUTIDE

VICTOZA

LIRAGLUTIDE



NovoNordisk



NOVO NORDISK PATIENT ASSISTANCE PROGRAM
1-866-310-7549

novocare.com/diabetes-overview/let-us-help/pap.html
Print Application: michmed.org/7VK4d

Annual
Household
Income
Guidelines¹

 Under about \$54K
 Under about \$73K

How is
income
verified?

Must provide copy
of document like;
paystubs, 1040,
W-2, or SSI,
pension

**Doctor's Office
must MAIL or
FAX
866-441-4190**

TRULICITY

DULAGLUTIDE



Eli Lilly

Lilly Cares®
Foundation

LILLY CARES FOUNDATION PATIENT ASSISTANCE PROGRAM
1-800-545-6962

lillycares.com
Print Application: michmed.org/vVQWx

Annual
Household
Income
Guidelines¹

 Under about \$52K
 Under about \$73K

How is
income
verified?

Lilly Cares may
contact you to
request income
documentation.

**ONLINE, MAIL
or FAX to
844-431-6650**

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Last Updated: 2022-January 20

H.Diez, PharmD. - Sourced via Needymeds.org, manufacturer websites and mat.org.

MCT2D.ORG