

SGLT2i PATIENT ASSISTANCE PROGRAMS FOR MEDICARE PART D



FARXIGA

DAPAGLIFLOZIN

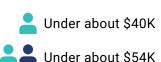
AstraZeneca



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

azandmeapp.com Print Application: michmed.org/mVDX2

Annual Household Income Guidelines 1





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

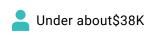
Janssen

Johnson Johnson PATIENT ASSISTANCE

JOHNSON & JOHNSON PATIENT ASSISTANCE FOUNDATION, INC.

1-800-652-6227

Annual Household Income Guidelines 1



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

Print Application: michmed.org/JyD9P

MAIL or FAX 888-526-51 68

jipaf.org

JARDIANCE

EMPAGLIFLOZIN

Boehringer Ingelheim & Eli Lilly

Boehringer Ingelheim Cares Foundation

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 Guidelines 1



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.





GLP-1 RA PATIENT ASSISTANCE PROGRAMS FOR MEDICARE PART D



ADLYXIN

LIXISENATIDE

Sanofi

Print Application: michmed.org/3AGzx

sanofipatientconnection.com/



SANOFI PATIENT CONNECTION 1-888-847-4877

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

Print Application: michmed.org/mVDX2



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

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 800-961-8323

azandmeapp.com

OZEMPIC & RYBELSUS

US SEMAGLUTIDE

VICTOZA

LIRAGLUTIDE

NovoNordisk

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



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

1-800-310-7349

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

Print Application: michmed.org/vVQWx

Lilly Cares® Foundation

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

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

<u>lillycares.com</u>

[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.

