#### For Private/Commercial Insurance ONLY



#### **Getting Started**

Find the medication you have been prescribed in the list below. Go to the listed manufacturer's website where you will be asked to fill out a simple form that checks your eligibility and may require an email address in order to send the electronic copay coupon. Copay savings programs do not have income specifications. Instead, there are maxmum copay savings caps, which may impact those with high deductables.

Patients with Medicare, Medicaid, or VA/Tricare coverage are NOT eligible to use these program. **Medicare Part D patients may be eligible for free supply via manufacturer <u>Patient Assistance</u> <u>Programs</u>—See our Handout.** 

#### ADLYXIN

#### **LIXISENATIDE**

SANOFI RX SAVINGS PROGRAM 1-866-255-8661

MONTHLY COPAY
AS LITTLE AS
\$0 to \$15

**MAXIMUM SAVINGS** 

\$700 of "copay balance"

**CARD EXPIRATION** 

Up to 12 months

adlyxin.com/copay-savings

**NOTES** 

Zero copay for Lixisenatide if concurrently on Toujeo or Lantus

#### BYDUREON BCISE EXENATIDE XR

# BYDUREON BCISE SAVINGS CARD 1-866-680-9081



**MAXIMUM SAVINGS** 

\$300 per month IF insured and drug is NOT covered. \$150 per month IF uninsured.

CARD EXPIRATION

Not provided

bydureon.com/bydureon-bcise/ savings-and-support

#### **NOTES**

Mail-in rebate is available if mail-order pharmacy does not accept Savings Card and your insurance does not cover.

For Private/Commercial Insurance ONLY



## BYETTA EXENATIDE XR

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

azandmeapp.com



**CARD EXPIRATION**None provided

**NOTES** 

Only availble for those with NO prescription coverage

## FARXIGA DAPAGLIFLOZIN

FARXIGA SAVINGSRX CARD 1-844-631-3978

farxiga.com/savings-support



**MAXIMUM SAVINGS** 

Up to \$175 per 30-day supply

**CARD EXPIRATION** 

None Provided

#### INVOKANA CANAGLIFLOZIN

JANSSEN CAREPATH SAVINGS PROGRAM

1-877-468-6526

invokana.com/savings-and-cost-support



**MAXIMUM SAVINGS** 

Up to \$175 per 30-day supply until 12/2022

**CARD EXPIRATION** 

End of each calendar year

**NOTES** 

Included combination products = Invokamet (canagliflozin/metformin IR) and Invokamet XR (canagliflozin/metformin XR).

**Last Updated: 2022-January 20** H.Diez, PharmD. Programs are

H.Diez, PharmD. Programs are subject to change, check manufacturer websites for most up-to-date eligibility.

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#### JARDIANCE EMPAGLIFLOZIN

JARDIANCE SAVINGS CARD 1-866-279-8990

jardiance.com/type-2-diabetes/support-and-saving



**MAXIMUM SAVINGS** 

Up to \$175 per 30-day supply until 12/2022

CARD EXPIRATION 12/31/2022

NOTES

Included combination products =
Glyxambi (empagliflozin/linegliptin)

## OZEMPIC SEMAGLUTIDE

NOVOCARES OZEMPIC SAVINGS CARD 1-877-304-6855

COPAY PER FILL
AS LITTLE AS
\$25

**MAXIMUM SAVINGS** 

\$150 per month

**CARD EXPIRATION**Good for up to 24 months

NOTES

If RX written for 3-month supply AND insurance coverage for 3-month fill, maximum savings is \$450

ozempicsavings.com

rybelsussavings.com

#### RYBELSUS SEMAGLUTIDE

NOVOCARES RYBELSUS SAVINGS AND SUPPORT 1-877-304-6855

COPAY PER FILL
AS LITTLE AS
\$10

**MAXIMUM SAVINGS** 

\$300 per month

**CARD EXPIRATION**Good for up to 24 months

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NOTES

Some Prescription Insurance GROUP numbers are no longer eligible. See website listed above for specifics. If RX written for 3 month supply AND insurance coverage for 3 supply, maximum savings is \$900

Last Updated: 2022-January 20

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#### STEGLATRO ERTUGLIFLOZIN

SAVINGS COUPON FOR STEGLATRO 1-877-264-2454

steglatro.com/savings-offers



#### **MAXIMUM SAVINGS**

Up to \$583 per fill, up to a 90-day supply per prescription fill. May be redeemed only once every 21 days. Can only be used 12 times.

CARD EXPIRATION 02/28/2024

#### TRULICITY DULAGLUTIDE

TRULICITY SAVINGS CARD 1-844-878-4636

trulicity.com/savings-resources



**MAXIMUM SAVINGS** 

\$150 per month

**CARD EXPIRATION** 02/28/2024

#### **VICTOZA**

**LIRAGLUTIDE** 

NOVOCARES 1-877-304-6855

victozasavings.com

Program discontinued to new enrollees as of April 9, 2021.



#### REPORT A PROBLEM

Help us improve this tool by reporting out-of-date or incorrect informatiom. Email <a href="mailto:ccteam@mct2d.org">ccteam@mct2d.org</a> or submit feedback online at <a href="mailto:michmed.org/ZYx5q">michmed.org/ZYx5q</a>

Last Updated: 2022-January 20 H.Diez, PharmD. Programs are subject to change, check manufacturer websites for most up-to-date eligibility.

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