

# 2025 Medication Copay Savings Cards

## For Private/Commercial Insurance and Uninsured



### WHAT ARE COPAY COUPONS/COPAY CARDS?

Co-pay coupons provide discounts on prescription drug copays. They are provided by the companies that make the medication and sometimes by third-party companies like GoodRX and SingleCare.

### WHO CAN USE THEM?

Typically, only patients who have private or commercial prescription drug insurance, like through an employer or purchased through the ACA Marketplace. These programs exclude patients who have government insurance coverage like Medicare, Medicaid, VA or Department of Defense.

### WHAT IF I HAVE GOVERNMENT-SPONSORED INSURANCE LIKE MEDICARE OR MEDICAID?

You will not be able to use most copay cards, but you may qualify for a patient assistance program (PAP). PAPs provide free medications for patients who have lower income. See the MCT2D guide to PAPs: [www.michmed.org/vVQ8D](http://www.michmed.org/vVQ8D).

### ARE THERE LIMITS TO HOW MUCH I CAN SAVE?

Yes, typically copay cards have a maximum dollar amount that you can save per month and per year. Check the fine print of the copay card or call the phone number on the card to learn more.

### HOW DO I USE IT?

Use the guide below to access the copay coupon. Some manufacturers require sharing your contact information, insurance status, and even HIPAA agreement in order to access the card. Print the card (or download to your digital wallet, when available). Bring it with you to the pharmacy. At the pharmacy, let the pharmacist know you have a copay card.

#### ELIGIBILITY FOR ALL COPAY CARDS

- ✔ Must have commercial insurance OR be uninsured
- ✘ Medicare or Medicare eligible enrolled in an employer-sponsored group waiver, Medicaid, VA, DoD or TriCare

MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY	WEBSITE
<b>BRENZAVVY</b> <i>(bexagliflozin)</i>			No copay savings card is available from the manufacturer, TheracosBio.	
<b>BYDUREON BCISE</b> <i>(exenatide)</i>	Up to \$150 off each 1-month (28 day) RX supply.	No See card on Page 4.		<a href="http://www.azmedcoupons.com/">www.azmedcoupons.com/</a>
<b>BYETTA</b> <i>(exenatide)</i>	Up to \$100 off 30-day RX supply.	No See card on Page 5.		<a href="http://www.azmedcoupons.com/">www.azmedcoupons.com/</a>
<b>FARXIGA</b> <i>(dapagliflozin)</i>	Up to \$150 off each 1-month (30 day) RX supply.	No See card on Page 6.	Note: Prescription must be for brand name Farxiga, <b>not</b> generic dapagliflozin	<a href="http://www.azmedcoupons.com/">www.azmedcoupons.com/</a>

See box above

# 2025 Medication Copay Savings Cards

## For Private/Commercial Insurance



MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY <span style="background-color: #e0f2f1; border-radius: 10px; padding: 2px 5px; font-size: 0.8em;">See box on Page 1</span>	WEBSITE
<b>INVOKANA</b> <i>(canagliflozin)</i>	No max in first month. \$200 limit for each month after. \$3,000 max savings per calendar year.	<b>Yes, must complete eligibility survey on website.</b> Card expires 12/31/2025. Card is nontransferable.	<p>✓ Card also includes prescriptions for Invokamet XR and Invokamet (canagliflozin and metformin combined pill)</p> <p>✗ If you enrolled in a program/benefit that “eliminates” out-of-pocket costs, you are not eligible. If you are enrolled in a program/benefit that “reduces” out-of-pocket cost, your copay card max savings may be reduced.</p>	<a href="http://www.invokana.com/savings-and-cost-support">www.invokana.com/savings-and-cost-support</a>
<b>JARDIANCE</b> <i>(empagliflozin)</i>	Up to \$175 off 30-day RX supply.	<b>Yes, must complete eligibility survey on website.</b> Expires 12/31/25, with automatic re-enrollment, as long as you still qualify. Card is nontransferable.	<p>✓ Must have type 2 diabetes, heart failure, and/or chronic kidney disease</p>	<a href="http://www.patient.boehringer-ingelheim.com/us/products/jardiance/type-2-diabetes/savings">www.patient.boehringer-ingelheim.com/us/products/jardiance/type-2-diabetes/savings</a>
<b>MOUNJARO</b> <i>(TIRZEPATIDE)</i>	<p><i>For Insured Patients:</i> Up to \$150 off a one month RX (28 day, up to 4 pens), \$300 per 2-month, or \$450 per 3-month RX. Max savings of \$1,950 per calendar year. Max of up to 13 RX per calendar year.</p> <p><i>For Uninsured Patients:</i> Up to \$463 off 1-month RX. Max annual savings \$3,241 per calendar year. Used for up to 7 RX fills per calendar year.</p>	<p><b>Yes, must complete eligibility survey on website.</b> Requires text message verification and digital signature for HIPAA authorization.</p> <p><i>For Insured Patients:</i> Card expires 12/31/2025.</p> <p><i>For Uninsured Patients:</i> Card expires 06/30/2025.</p>	<p>✗ If your insurance plan participates in an “alternate funding program (AFP)” and requires you to apply for the Mounjaro Copay Card program, you are not eligible.</p>	<a href="http://mounjaro.lilly.com/savings-resources">mounjaro.lilly.com/savings-resources</a>

# 2025 Medication Copay Savings Cards

## For Private/Commercial Insurance

MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY <span style="background-color: #e0f2f1; border-radius: 10px; padding: 2px 5px;">See box on Page 1</span>	WEBSITE
<b>OZEMPIC</b> <i>(semaglutide)</i>	Up to \$150 off a 1-month (28-day) RX, \$200 per 2-month, or \$450 per 3-month supply	<b>Yes, must complete eligibility survey on website.</b> Expires up to 48 months from the date of activation	<p>✓ To use the copay card with your mail-order pharmacy, you must download and complete a reimbursement form and mail it with related documents.</p> <p>✗ Uninsured patients are ineligible for the copay card</p>	<a href="https://ozempicsavings.com">ozempicsavings.com</a>
<b>RYBELSUS</b> <i>(semaglutide)</i>	Up to \$300 off a 1-month (30-day) RX, \$600 per 2-month, or \$900 per 3-month RX.	<b>Yes, must complete eligibility survey on website.</b> Expires 48 months after date of enrollment.	<p>⚠ 3mg dose is limited to a 1-month RX offer redemption (up to \$300). 7mg and 14mg doses are eligible for 1-, 2- or, 3-month RX savings.</p>	<a href="https://www.novocare.com/diabetes/products/rybelsus/savings-offer.html">www.novocare.com/diabetes/products/rybelsus/savings-offer.html</a>
<b>TRULICITY</b> <i>(dulaglutide)</i>	Up to \$150 off a 1-month (28-day and up to 4 pens) RX, \$300 per 2-month, or \$450 per 3-month supply. Max savings of \$1,950 per calendar year. Max of up to 13 RX per calendar year.	<b>Yes, must register on website.</b> Card will be emailed. Card expires 12/31/2025.	<p>✗ Uninsured patients (e.g. those with “no commercial drug insurance”) are ineligible for the copay card</p> <p>✗ If your insurance plan participates in an “alternate funding program (AFP)” and requires you to apply for the Mounjaro Copay Card program, you are not eligible.</p>	<a href="https://trulicity.lilly.com/savings-resources">trulicity.lilly.com/savings-resources</a>

Once-weekly   
**BYDUREON BCise**<sup>®</sup>  
exenatide extended-release  
injectable suspension 2 mg

# START SAVING TODAY

## ELIGIBLE COMMERCIALLY INSURED PATIENTS

# PAY AS LOW AS \$0 EVERY MONTH\*

## WITH YOUR PRESCRIPTION FOR BYDUREON BCise



BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

**ELIGIBILITY:** You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this savings card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age. If you use a mail-order pharmacy, please contact your pharmacy provider to confirm if this offer will be accepted.

**TERMS OF USE:** Eligible commercially insured patients with a valid prescription for BYDUREON BCise<sup>®</sup> (exenatide extended-release) injectable suspension 2 mg who present this savings card at participating pharmacies may pay as low as \$0 per 28-day supply maximum savings limit applies; patient out-of-pocket expense may vary. If you pay cash for your prescription, AstraZeneca will pay up to the first \$150, and you will be responsible for any remaining balance, for each monthly prescription. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility and terms of use at any time without notice. This offer is not conditioned on any past, present or future purchase, including refills. Offer must be presented along with a valid prescription at the time of purchase. For additional details regarding this offer, please visit [www.BYDUREONBCise.com](http://www.BYDUREONBCise.com). If you have any questions regarding this offer, please call 1-866-680-9081.

**BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**

**Pharmacist Instructions for a Patient with an Eligible Third Party:**

**For Insured/Covered Patients:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This will reduce the eligible patient's out-of-pocket costs to as low as \$0 per 28-day supply for BYDUREON BCise<sup>®</sup> (exenatide extended-release) injectable suspension 2 mg subject to a maximum savings limit for the program, patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for Insured/Not Covered Patients:** Submit the claim to the primary Third-Party Payer first, if the primary claim submission shows a managed care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient's out-of-pocket costs by \$150 per 28-day supply. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to \$150 per 28-day supply. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code Required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604.

Please click [here](#) for Medication Guide, and click [here](#) for Full Prescribing Information for BYDUREON BCise.


You may report side effects related to AstraZeneca products by clicking [here](#).

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help. If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8am to 8pm ET, excluding holidays, or visit [AstraZeneca-us.com](http://AstraZeneca-us.com)

BYDUREON BCise is a registered trademark of the AstraZeneca group of companies.

Program managed by **ConnectiveRx**, on behalf of **AstraZeneca**. Product dispersed pursuant to program rules and federal and state laws.

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 This product information is intended for US consumers only.



# FOR COMMERCIALLY INSURED PATIENTS

**Byetta**<sup>®</sup>  
(exenatide) injection

**Eligible commercially insured patients  
pay \$25 for each prescription.\***

**Cash-paying patients may save up to  
\$100 per 30-day supply.\***

**ELIGIBILITY:** You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD) programs, or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state- or federally funded prescription insurance program, you may not use this savings card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance, is restricted to residents of the United States and Puerto Rico. A valid prescription must accompany patient savings program offer.

**TERMS OF USE:** Eligible commercially insured/covered patients with no restrictions (step-edit, prior authorization, or NDC block) and a valid prescription for BYETTA<sup>®</sup> (exenatide) injection who present this savings card at participating pharmacies pay as low as \$25 for each 30-day supply, subject to a maximum savings limit of \$100 per 30-day supply. Patient out-of-pocket expenses may vary. If you are insured and your insurance does not cover or has a managed care restriction on your prescription (step-edit, prior authorization, or NDC block), AstraZeneca will pay up to the first \$100 for a 30-day supply, and you will be responsible for any remaining balance, for each monthly prescription. If you pay cash for your prescription, AstraZeneca will pay up to \$100 for a 30-day supply, and you will be responsible for any remaining balance, for each monthly prescription. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills.



BYETTA is a registered trademark of the AstraZeneca group of companies.  
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ELIGIBLE COMMERCIALY  
INSURED PATIENTS MAY SAVE

**Byetta**<sup>®</sup>  
(exenatide) injection

Powered by:  
**CHANGE HEALTHCARE**

BIN# 004682  
PCN# CN  
GRP# EC57013065  
ID# 415678850032

AS LOW AS  
**\$25\***  
FOR each  
30-DAY  
SUPPLY

AstraZeneca 

\*Subject to eligibility rules below. Restrictions apply.

**Card is ready to use; no activation required.**

Offer must be presented along with a valid prescription at the time of purchase. If you have any questions regarding this offer, please call 1-855-292-5968.

**BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**

**Pharmacist Instructions for a Patient With an Eligible Third Party:**

For Insured/Covered Patients: Submit the claim to the primary Third-Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This may reduce the eligible patient's out-of-pocket costs to as low as \$25 for a 30-day supply, subject to a maximum savings limit of \$100 per 30-day supply. Patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for Insured/Not Covered Patients:** Submit the claim to the primary Third-Party Payer first; if the primary claim submission shows a managed care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This may reduce eligible patient's out-of-pocket costs to as low as \$25, subject to a maximum savings limit of \$100 per 30-day supply. Patient out-of-pocket expenses may vary. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to a maximum of \$100 per 30-day supply. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code Required.

For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604.

Program managed by ConnectiveRx, on behalf of AstraZeneca.

You may [report side effects related to AstraZeneca products](#) .

If you would like additional information regarding AstraZeneca products, please contact AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 8 PM ET, excluding holidays, or visit [AstraZeneca-us.com](https://www.astrazeneca-us.com).

This product information is intended for US consumers only.

# Instant Savings<sup>†</sup>

  
**farxiga**  
(dapagliflozin)

**\$0<sup>\*</sup> CO-PAY  
EVERY MONTH**  
For eligible commercially insured patients

\*Subject to eligibility. Restrictions apply.  
Not available for government-insured patients.  
Program managed by ConnectiveRx,  
on behalf of AstraZeneca.

BIN# **004682**  
PCN# **CN**  
GRP# **EC57010090**  
ID# **415300199896**

If you have commercial insurance,  
here's all you need to take  
advantage of this offer<sup>†</sup>:

- ✓ The \$0 Co-Pay savings card
- ✓ A valid prescription for FARXIGA

**No Activation Required**

<sup>†</sup>Subject to eligibility. Restrictions apply.  
Not available for government-insured patients.

**90% of Commercially insured patients  
pay \$0 with the FARXIGA savings card<sup>1</sup>**

**ELIGIBILITY:** You may be eligible for this offer if you are insured by commercial insurance and your insurance does not cover the full cost of your prescription, or you are not insured and are responsible for the cost of your prescriptions. Patients who are enrolled in a state or federally funded prescription insurance program are not eligible for this offer. This includes patients enrolled in Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs or TriCare, and patients who are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. If you are enrolled in a state or federally funded prescription insurance program, you may not use this savings card even if you elect to be processed as an uninsured (cash-paying) patient. This offer is not insurance, is restricted to residents of the United States and Puerto Rico, and to patients over 18 years of age.

**TERMS OF USE:** Eligible commercially insured patients with a valid prescription for a FARXIGA<sup>®</sup> (dapagliflozin) Family product who present this savings card at participating pharmacies will pay as low as \$0 per 30-day supply maximum savings limit applies; patient out-of-pocket expense may vary. If you pay cash for your prescription, AstraZeneca will pay up to the first \$150, and you will be responsible for any remaining balance, for each monthly prescription. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed or restricted. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility and terms of use at any time without notice. This offer is not conditioned on any past, present or future purchase, including refills. Offer must be presented along with a valid prescription at the time of purchase. For additional details about this offer, please visit [www.FARXIGAsavings.com](http://www.FARXIGAsavings.com). If you have any questions regarding this offer, please call 1-844-631-3978.

**BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.**

**PHARMACIST INSTRUCTIONS FOR A PATIENT WITH AN ELIGIBLE THIRD PARTY:**

**For Insured/Covered Patients:** Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 8. This will

reduce the eligible patient's out-of-pocket costs to as low as \$0 per 30-day supply subject to a maximum savings limit for the program; patient out-of-pocket expenses may vary. Reimbursement will be received from **Change Healthcare**.

**PHARMACIST INSTRUCTIONS FOR INSURED/NOT COVERED PATIENTS:** Submit the claim to the primary Third-Party Payer first, if the primary claim submission shows a managed care restriction (step-edit, prior authorization or NDC block), continue the claim adjudication process and submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce eligible patient's out-of-pocket costs to as low as \$0 per 30-day supply subject to a maximum savings limit for the program; patient out-of-pocket expenses may vary. Reimbursement will be received from **Change Healthcare**.

**PHARMACIST INSTRUCTIONS FOR A CASH-PAYING PATIENT:** Submit this claim to **Change Healthcare**. A valid Other Coverage Code (eg, 1) is required. The card will cover up to \$150 per 30-day supply. Reimbursement will be received from **Change Healthcare**. Valid Other Coverage Code Required.

For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604.

You may [report side effects related to AstraZeneca products](#). 

If you are without prescription coverage and cannot afford your medication, AstraZeneca may be able to help.

If you would like additional information regarding AstraZeneca products, please contact the Information Center at AstraZeneca in the US at 1-800-236-9933, Monday through Friday, 8 AM to 8 PM ET, excluding holidays, or visit [AstraZeneca-us.com](http://AstraZeneca-us.com).

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References: 1. Data on File, US-82319. AstraZeneca Pharmaceuticals LP.

  
AstraZeneca

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**farxiga**<sup>®</sup>  
(dapagliflozin) 10mg  
tablets