

Novel Medications for Diabetic Kidney Disease

SGLT2i's & GLP-1 RA's



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GLP-1 Receptor Agonists Precautions (Numbered in order from high to low frequency)



Gastrointestinal Symptoms

(nausea, vomiting, diarrhea>constipation, abdominal pain, etc.)

Dose-dependent

May be worse in patients with gastroparesis or GERD

Often improves with time



Hypoglycemia

Typically only occurs when used with insulin or sulfonylurea therapy

In patients already achieving target HbA1c, preemptively lower insulin / sulfonylurea dose



Injection Site Reactions

Typically mild



Acute kidney injury

Attributed to pre-renal factors from GI side effects in patients with AKI risk factors

Rare instances of allergic interstitial nephritis have also been reported



Pancreatitis

Inconsistent finding in clinical studies

Consider avoiding in patients with risk factors for OR history of pancreatitis



Contraindications

Contraindicated in patients with:

- Personal or family hx of medullary thyroid cancer or multiple endocrine neoplasia type 2 (based on findings from animal studies, not observed in clinical trials)
- Pregnancy or breastfeeding
- Allergy to GLP-1 RAs

Severity of Precaution:



Low



Moderate



Severe [Severe side effects are rare]



SGLT2 Inhibitors

Precautions (Numbered in order from high to low frequency)

Severity of Precaution:

- Low
- Moderate
- Severe

¹canagliflozin
²dapagliflozin
 TDD = total daily dose;
 SU – sulfonylurea;
^aHeyward, 2020
^bDicembrini, 2019
^cQiu, 2021

1

Genital Mycotic Infections

Avoid if high risk, severe hx

- Treat severe hyperglycemia first, then start SGLT2
- Treat if mild, stop if recurrent

2

Low Blood Sugar

If HbA1c < 8.5%

- reduce TDD insulin 20%
- reduce SU 50% or hold

If HbA1c > 8.5%

adjust as needed

3

Low Blood Pressure

Consider holding diuretic and other anti-HTN med **if BP well controlled or age > 65**

4

Risk of Dehydration

Treat severe hyperglycemia prior to starting SGLT2i

Drink water!

5

Diabetic Ketoacidosis

Euglycemic Ketoacidosis

Avoid use with ketogenic (<50g carbs/day) diet

Hold for sick days, dehydration or with fasting such as pre-procedures (i.e. colonoscopy or surgery).

6

Low Renal Function

eGFR<45

Closely monitor GFR

Early fall in eGFR is expected (less than 10%)

Hold SGLT2i on sick days

Hold SGLT2i 24-48H preop

7

Necrotizing Fasciitis of Perineum

Anticipatory guidance

Monitor closely

*

Bladder Cancer^{2,b}

Screen for high risk or history of bladder cancer

*

Bone fracture^{1,c}

Screen for fall risk. Manage low blood pressure

*

Lower Limb / Toe Amputation^{1,a,c}

Avoid in prior amputation, severe PVD or high risk. Monitor foot health

These risks have been reported in some clinical trials. Recent meta-analyses show no statistically significant risk. Use caution.

COVERAGE GUIDE

APPENDIX: FORMULARY, STEP THERAPY, PRIOR

AUTHORIZATION, DME POLICY LINKS *Last updated 4 March 2024*

PAYOR	2024 FORMULARY	ST/PA GUIDELINES	CGM POLICY	PROVIDER PHONE
Medicare	See MA plans	See MA plans	michmed.org/dJ8z3	800-633-4227
MA: Aetna	michmed.org/8NQrk	michmed.org/KqrMw	See Medicare/CMS policy listed above	800-624-0756
MA: BCBSM	michmed.org/DymRY	michmed.org/yqVYZ	See Medicare/CMS policy listed above	800-344-8525 DME: 1-800-447-9599
MA: HAP	michmed.org/WAZqQ	michmed.org/vJV3A	See Medicare/CMS policy listed above	800-292-2550
MA: Humana	michmed.org/kQ894	michmed.org/kQkYr	See Medicare/CMS policy listed above	800-523-0023
MA: Priority	michmed.org/7NVGN	PA: michmed.org/MMxnk ST: michmed.org/QkZxq	See Medicare/CMS policy listed above	800-942-4765
MA: United	michmed.org/YkDR3	n/a	See Medicare/CMS policy listed above	800-711-4555
MA: Wellcare	michmed.org/gRWDV	n/a	See Medicare/CMS policy listed above	855-538-0454
Aetna	michmed.org/97Ay9	michmed.org/KqrMw Wegovy: michmed.org/QRQMm	michmed.org/3xAqb	PA 800-414-2386
BCBSM	michmed.org/nmxVD	michmed.org/zRQZB	michmed.org/w8nMW	800-344-8525 DME: 1-800-447-9599
Express Scripts	michmed.org/Dyq2x	michmed.org/3xAey	n/a	888-327-9791
HAP	michmed.org/qdV9P	Use Provider Portal hap.org/providers/provider-resources	n/a	888-427-6464
Priority Traditional	michmed.org/yq299	michmed.org/jm85Q	michmed.org/dJzPq	800-942-4765
Priority Optimized	michmed.org/BA4Kb	michmed.org/jm85Q	michmed.org/dJzPq	800-942-4765
United	michmed.org/7NJrY	SGLT2i: michmed.org/Yk9Yb GLP-1 RA: michmed.org/vJmge	michmed.org/nmxYW	800-711-4555
Medicaid	michmed.org/N2wn8	michmed.org/2VP94	michmed.org/Dyeme	800-292-2550
Blue Cross Complete	michmed.org/xNX5W	michmed.org/xNX5W	michmed.org/PJGPA	See region specific #
McLaren	michmed.org/QRr9A	n/a	n/a	888-327-0671
Molina	michmed.org/vJ4rz	n/a	michmed.org/gRWVY	855-326-5059

Type 2 Diabetes Care Medication Financial Assistance Programs



Step 1: Gather Information Before Applying

About Me

My Email Address

My Health Care Provider (HCP)'s email address

If completing an online app, valid emails are needed.

My annual gross household income

\$

Number of people living in my home, including myself as 1

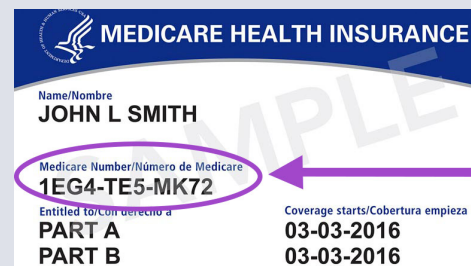
My Insurance Info

What kind of health insurance do I have?

- No insurance**
- Commercial plan** - including employer-based plan or Healthcare.gov Marketplace plan
- Medicaid** - including Medicare Part D for Prescription Drugs or Medicare Advantage
- Medicare** - like Medicare Part D for Prescription Drugs or Medicare Advantage

My Medicare Beneficiary Identifier (MBI)

What is an MBI? This is your unique ID number for Medicare. Many patient assistance programs require you to list your MBI. You can find it on the front of your Medicare card. If you don't have your card, create a Medicare online account to find a digital version of your card to print.



Not sure if you have Medicare RX coverage? Look for "Medicare Rx" on your Medicare Part D or Medicare Advantage ID card.

Type 2 Diabetes Care

Medication Patient Assistance Programs

BYDUREON BCISE (exenatide), FARXIGA (dapagliflozin)



BYDUREON BCISE EXENATIDE
FARXIGA DAPAGLIFLOZIN
AZ & ME FOR MEDICARE OR UNINSURED

MEDICATION

BYDUREON BCISE

FARXIGA

Maker
AstraZeneca


FAX
1-877-239-0867

MAIL
AZ&MeTM
Prescription Savings Program, One MedImmune Way, Gaithersburg, MD 20878

WEB
azandmeapp.com/

PHONE
1-800-292-6363

Scan to go to PDF app



AZ & ME ELIGIBILITY

INSURANCE STATUS Uninsured or Medicare

INCOME At or Below **300% of the FPL**
Annual adjusted gross household
Income verified via soft credit inquiry

2023 Federal Poverty Guidelines [1]
Yearly household income

Household Size	300%	400%
1	\$43,740	\$58,320
2	\$59,160	\$78,880
3	\$74,580	\$99,440
4	\$90,000	\$120,000
5	\$105,420	\$140,560
6	\$120,840	\$161,120
7	\$136,260	\$181,680
8	\$151,680	\$202,240

If you were enrolled in 2023 and have Medicare
You must re-enroll in 2024.

- AZ&Me will conduct electronic income verification.
- Provider will receive fax regarding status of re-enrollment beginning Oct 9, 2023.
- Patient will receive approval or denial via US mail by Nov 15, 2023 with directions.[2]


HOW TO APPLY

ONLINE APPLICATION - Fastest option


- Patients:** Submit your online application azandmeapp.com. If eligible, you will become enrolled in AZ&Me.
- AZ&Me will contact your health care provider's office to get your prescription.
- HCPs:** Submit ePrescription or fax azandmeapp.com/prescriptionsavings/?screenName=showHCPPage
- Your medication will be shipped directly to your home address.
- If eligible, you can request a refill of your medication.


IF SUBMITTING BY FAX/MAIL - Slower option


- Complete application in blue or black ink.
- HCP:** Wet signature is required.
- Must fax both patient and provider application from the provider's office.**




FEATURES

Application Languages  Spanish application available (PDF only): <https://michmed.org/vJnqj>

Where are meds shipped?  Directly to your home.

Automatic RX refills?  Not available. You must request a refill using the program website or calling. You can request after taking two-thirds of med.

When does enrollment expire?  Medicare: Must reapply each calendar year.
Uninsured: Must reapply every 12 months

[1] U.S. Federal Poverty Guidelines are revised every year, around mid-January. Check: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
[2] More info on 2024 AZ&Me income requirements and Medicare re-enrollment <https://michmed.org/N2mqW>



MEDICATION

JJPAF ELIGIBILITY

HOW TO APPLY

INVOKANA

Maker
Johnson & Johnson

FAX
1-740-966-1797
(direct dial) or
1-888-526-5168 (toll free)

MAIL
Johnson & Johnson
Patient Assistance
Foundation, Inc.
Patient Assistance
Program PO Box
0367, Chesterfield,
MO 63006

WEB
jjpaf.org

PHONE
1-800-652-6227

Scan to go to PDF app



INSURANCE STATUS

Uninsured *only*

INCOME

At or Below
300% of the FPL
Annual adjusted gross household
Income verified via credit report

2023 Federal Poverty Guidelines [1]
Yearly household income

Household Size	300%	400%
1	\$43,740	\$58,320
2	\$59,160	\$78,880
3	\$74,580	\$99,440
4	\$90,000	\$120,000
5	\$105,420	\$140,560
6	\$120,840	\$161,120
7	\$136,260	\$181,680
8	\$151,680	\$202,240

DOCUMENTS NEEDED

- If you do not want a credit check, you must submit a copy of your most recent 1040 tax return.
- JJPAF may ask for documentation confirming that you have no health insurance and cannot get assistance from other sources, including Medicaid.

ONLINE APPLICATION is NOT available at this time.

SUBMIT BY FAX/MAIL

- 1. Patient:** Download and print the application: <https://michmed.org/JyD9P> or call 1-800-652-6227 to have one mailed or faxed to you.
- 2. Health care provider (HCP):** Complete and sign Page 3.
- Fax or mail the completed application and any documentation requested.
- Once JJPAF receives your application, "it will take about three days to review," according to their website. Once it has been reviewed, you will receive a letter to let you know whether you are approved.

FEATURES

Where are meds shipped?



Health care provider's office only

Automatic RX refills?



New applicants are auto-enrolled in automatic refills for most meds

When does enrollment expire?



Medicare: Must reapply each calendar year.
Uninsured: Must reapply every 12 months

INVOKANA CANAGLIFLOZIN

JOHNSON AND JOHNSON PAP FOR UNINSURED

[1] U.S. Federal Poverty Guidelines are revised every year, around mid-January. Check: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>






Type 2 Diabetes Care

Medication Financial Assistance Programs

JARDIANCE (empagliflozin)



BI CARES PATIENT ASSISTANCE FOR UNINSURED AND UNDER INSURED
 JARDIANCE EMPAGLIFLOZIN

MEDICATION	BI CARES ELIGIBILITY	HOW TO APPLY																		
JARDIANCE Makers Boehringer Ingelheim and Eli Lilly FAX 1-866-851-2827 MAIL BI Cares Foundation Patient Assistance Program, PO Box 5520, Louisville, KY 40255 WEB boehringer-ingelheim.com/us/our-responsibility/patient-assistance-program PHONE 1-800-556-8317 	INSURANCE STATUS Uninsured or not enough coverage (includes some commercial and Medicare plans)	ONLINE APPLICATION is NOT available at this time. SUBMIT BY FAX 1. Patient: Complete section 1-4 in blue or black ink. 2. Health care provider (HCP): Complete Section 5-6, with a wet signature. 3. HCP: Attach a separate prescription to the paper application.																		
	INCOME At or Below 250% of the FPL Annual household income before taxes <i>Income verified via "third party assessment" using last 4 digits of SSN or by submitting a copy of 1040 tax return</i>		FEATURES Application Languages  Spanish application available (PDF only): https://michmed.org/N23nW Where are meds shipped?  Directly to your home. Automatic RX refills?  No. You must request refill online at least 10 business days prior to next refill date: boehringer-ingelheim.com/us/bi_cares_patient_assistance_program When does enrollment expire?  Medicare or commercially insured: Must re-apply every calendar year, unless enrolled between Oct 15 - Dec 31, then approved through Dec 31 of the following year, for a maximum of 15 months. Uninsured: Must re apply every 12 months																	
2023 Federal Poverty Guidelines [2] Yearly household income																				
<table border="1"> <thead> <tr> <th>Household Size</th> <th>250%</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$36,450</td></tr> <tr><td>2</td><td>\$49,300</td></tr> <tr><td>3</td><td>\$62,150</td></tr> <tr><td>4</td><td>\$75,000</td></tr> <tr><td>5</td><td>\$87,850</td></tr> <tr><td>6</td><td>\$100,700</td></tr> <tr><td>7</td><td>\$113,550</td></tr> <tr><td>8</td><td>\$126,400</td></tr> </tbody> </table>		Household Size	250%	1	\$36,450	2	\$49,300	3	\$62,150	4	\$75,000	5	\$87,850	6	\$100,700	7	\$113,550	8	\$126,400	
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3	\$62,150																			
4	\$75,000																			
5	\$87,850																			
6	\$100,700																			
7	\$113,550																			
8	\$126,400																			
DOCUMENTS NEEDED <input type="checkbox"/> If you do not want a "third party income assessment," you must submit a copy of your most recent 1040 tax return. <input type="checkbox"/> You will be asked to disclose the total dollar amount of your household assets (e.g. 401(k) retirement, IRA, second home, etc)																				

[1] BI Cares Eligibility Requirements PDF - last accessed 10/25/2023 <https://michmed.org/2VrM2>

[2] U.S. Federal Poverty Guidelines are revised every year, around mid-January. Check: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>



OZEMPIC & RYBELSUS VICTOZA SEMAGLUTIDE LIRAGLUTIDE
 NOVOCARE FOR MEDICARE OR UNINSURED

MEDICATION

OZEMPIC
RYBELSUS
VICTOZA

Maker
NovoNordisk

FAX
1-866-441-4190

MAIL
Novo Nordisk, Inc.
PO Box 370
Somerville, NJ 08876

WEB
novocare.com/diabetes/help-with-costs/pap.html

PHONE
1-866-310-7549



NOVO CARE ELIGIBILITY

INSURANCE STATUS Uninsured or Medicare

INCOME At or Below
400% of the FPL
Annual adjusted gross household
Income verified via soft credit inquiry OR by submitting proof of income (see below)

2023 Federal Poverty Guidelines [1]
Yearly household income

Household Size	300%	400%
1	\$43,740	\$58,320
2	\$59,160	\$78,880
3	\$74,580	\$99,440
4	\$90,000	\$120,000
5	\$105,420	\$140,560
6	\$120,840	\$161,120
7	\$136,260	\$181,680
8	\$151,680	\$202,240

DOCUMENTS NEEDED

- Front and back of Medicare Part D (RX) Card
- If you do not want a soft credit check, you must submit proof of income, one of the following: 2 most current paycheck stubs or earning statements for all working members of your household; Last year's federal Individual Income Tax Return (1040); Social Security income, pension, and other income statements; W-2 or 1099 forms; Unemployment benefit statements

HOW TO APPLY

ONLINE APPLICATION - *Faster option*

1. You will need your health care provider's correct email address. HCP will be notified by email to complete their section of online application.
2. Allow 2 days for processing. Enrollment decision will be sent via mail/fax to patients and healthcare providers. Patients who opted in to autodialed/prerecorded phone calls will also receive enrollment decisions via phone.
3. Once approved, allow an additional 10-14 business days for delivery to HCP office.

IF SUBMITTING BY FAX/MAIL - *Slower option*

1. **Patient:** Complete paper application and gather documents needed. Bring to your HCP's office.
2. **HCP:** Complete the Prescriber and Rx sections of the application.
3. Mail completed application or fax. **Faxes must be sent from your health care provider's office.**

FEATURES

Application Languages	EN ES	Spanish application available (PDF only): https://michmed.org/KqJxX
Automatic RX refills?		New applicants are auto-enrolled in automatic refills for most meds.
Where are meds shipped?		Health care provider's office only. No PO Box. 120-day supply unless otherwise noted.
Enrollment expiration?	2024	Medicare: Must reapply each calendar year Uninsured: Must reapply every 12 months

[1] U.S. Federal Poverty Guidelines are revised every year, around mid-January. Check: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Type 2 Diabetes Care

Medication Financial Assistance Programs

TRULICITY (dulaglutide)



TRULICITY DULAGLUTIDE

LILLY CARES FOR MEDICARE OR UNINSURED

MEDICATION

TRULICITY

Maker
Eli Lilly

FAX
1-844-431-6650

MAIL
Lilly Cares Patient Assistance Program,
PO Box 501847, San Diego, CA 92150

WEB
lillycares.com

PHONE
1-800-545-6962

Scan to go to PDF app



LILLY CARES ELIGIBILITY

Starting 2024: Not taking new Trulicity applicants. Only those who are currently enrolled in 2023 may re-apply.

INSURANCE STATUS Uninsured or Medicare

INCOME At or Below
400% of the FPL
Annual adjusted gross household
Income verified via soft credit inquiry

2023 Federal Poverty Guidelines [2]
Yearly household income

Household Size	300%	400%
1	\$43,740	\$58,320
2	\$59,160	\$78,880
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5	\$105,420	\$140,560
6	\$120,840	\$161,120
7	\$136,260	\$181,680
8	\$151,680	\$202,240

DOCUMENTS NEEDED

- Copy of the front and back of your Medicare prescription drug card
- Proof of income document (see Page 1)
- Correct email address for health care provider (HCP) and patient
- A signed hard copy prescription

HOW TO APPLY


ONLINE APPLICATION - *Faster option*

- You will need your personal email address and your health care provider's correct email address.** HCP will be notified by email to complete their section of online application.
- Submit documents (see left) or Lilly Cares will contact you to get proof of income.
- HCP:** A signed hard copy prescription must be submitted as an attachment with eApplication. See diabetes prescription fax form: <https://www.lillycares.com/resources#healthcare-provider>


IF SUBMITTING BY FAX/MAIL - *Slower option*


- Include documents needed (see left)

FEATURES

Application Languages  Spanish application available (PDF/Paper only): <https://michmed.org/BA8Ag>

Where are meds shipped?  Directly to your home.

Automatic RX refills?  Patients have the option to sign up for automatic refills. Text message when shipped.

Enrollment expiration?  **2024**
Medicare: Must reapply each calendar year
Uninsured: Must reapply every 12 months

[1] More info on Lilly Cares eligibility <https://www.lillycares.com/how-to-apply>

[2] U.S. Federal Poverty Guidelines are revised every year, around mid-January. Check: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

MEDICATION COPAY SAVINGS CARDS

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 maximum copay savings caps, which may impact those with high deductibles.

Patients with Medicare, Medicaid, or VA/Tricare coverage are NOT eligible to use these programs.

Medicare Part D patients may be eligible for free supply via manufacturer Patient Assistance Programs—See our Handout.

BYDUREON BCISE EXENATIDE XR

BYDUREON BCISE SAVINGS CARD

1-866-680-9081

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



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

\$150 per month

CARD EXPIRATION

Not provided

NOTES

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

BYETTA EXENATIDE XR

AZ & ME PRESCRIPTION SAVINGS PROGRAM

1-800-292-6363

azandmeapp.com



MONTHLY COPAY
AS LITTLE AS

\$0

CARD EXPIRATION

None provided

NOTES

Only available for those with NO prescription coverage

Last Updated: 2023-February

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

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY



FARXIGA DAPAGLIFLOZIN

FARXIGA SAVINGSRX CARD

1-844-631-3978

farxiga.com/savings-support



MONTHLY COPAY
AS LITTLE AS

\$0

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



MONTHLY COPAY
AS LITTLE AS

\$0

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).

JARDIANCE EMPAGLIFLOZIN

JARDIANCE SAVINGS CARD

1-866-279-8990

jardiance.com/heart-failure/savings-support



MONTHLY COPAY
AS LITTLE AS

\$10

MAXIMUM SAVINGS

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

CARD EXPIRATION

12/31/2023

NOTES

Included combination products = Glyxambi (empagliflozin/lineagliptin)

Last Updated: 2023-February

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

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

MOUNJARO TIRZEPATIDE

MOUNJARO SAVINGS CARD
1-866-255-8661

mounjaro.com/savings-resources



MONTHLY COPAY
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
12/31/2023

NOTES

For a 1-month (4 pens) or 3-month (12 pens) prescription of Mounjaro

OZEMPIC SEMAGLUTIDE

NOVOCARES OZEMPIC SAVINGS CARD
1-877-304-6855

ozempicsavings.com



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

RYBELSUS SEMAGLUTIDE

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

rybelsussavings.com



COPAY PER FILL
AS LITTLE AS
\$10

MAXIMUM SAVINGS
\$300 per month

CARD EXPIRATION
Good for up to 24 months

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: 2023-February

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

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

STEGLATRO ERTUGLIFLOZIN

SAVINGS COUPON FOR STEGLATRO

1-877-264-2454

steglatro.com/savings-offers



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS
\$583 per prescription

CARD EXPIRATION
02/28/2024

NOTES

The coupon is valid for use 12 times only. Savings are limited to the amount of your actual out-of-pocket cost, up to a maximum per prescription savings of \$583

TRULICITY DULAGLUTIDE

TRULICITY SAVINGS CARD

1-844-878-4636

trulicity.com/savings-resources



MONTHLY COPAY
AS LITTLE AS

\$25

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. If you currently have a Victoza® Savings Card, you may continue to take advantage of its benefits until April 30, 2023.



REPORT A PROBLEM

Help us improve this tool by reporting out-of-date or incorrect information. Email ccteam@mct2d.org or submit feedback online at michmed.org/ZYx5q

Last Updated: 2023-February

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



Find these resources and more at MCT2D.org >>

Resource Library

Search by title, topic, or type of resource, then hit ENTER

Can't find a resource in our library? [Let us know!](#) We offer design and discovery services for MCT2D members.

