



# SGLT2i & GLP-1 RA PATIENT ASSISTANCE PROGRAMS



## BYDUREON BCISE & BYETTA **EXENATIDE XR**

AstraZeneca

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

*Must have no prescription coverage for needed medication*

[azandmeapp.com](http://azandmeapp.com)  
Print Application: [michmed.org/mVDX2](http://michmed.org/mVDX2)  
**Application can be completed online**  
**Rx mailed to home**

**Annual Household Income Guidelines<sup>1</sup>**

Under \$43,740  
 Under \$59,160  
300% of FPL



MBI number on front of Medicare card is required

**How is income verified?**

"Soft" credit inquiry occurs via Date of Birth

**ONLINE, MAIL or doctor's office can FAX to 800-961-8323**

## **FARXIGA** **DAPAGLIFLOZIN**

AstraZeneca

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## **INVOKANA** **CANAGLIFLOZIN**

Janssen

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

*No insurance coverage (as of Jan 2023)*

[jjpaf.org](http://jjpaf.org)  
Print Application: [michmed.org/JyD9P](http://michmed.org/JyD9P)

**Annual Household Income Guidelines<sup>1</sup>**

Under \$40,770  
 Under \$54,930  
(FPL guidelines not available)



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

*Must be uninsured or underinsured*

[boehringer-ingelheim.us/our-responsibility/patient-assistance-program](http://boehringer-ingelheim.us/our-responsibility/patient-assistance-program)  
Print Application: [michmed.org/GzQ3K](http://michmed.org/GzQ3K)  
**Rx mailed to home**

**Annual Household Income Guidelines<sup>1</sup>**

Under \$36,450  
 Under \$49,300



**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**



SGLT2i & GLP-1 RA  
**PATIENT ASSISTANCE PROGRAMS**  
 FOR MEDICARE PART D



**OZEMPIC & RYBELSUS**      **SEMAGLUTIDE**

**VICTOZA**      **LIRAGLUTIDE**

NovoNordisk



NovoCare<sup>®</sup>  
 Patient Affordability and Access Support

**NOVO NORDISK PATIENT ASSISTANCE PROGRAM**

**1-866-310-7549**

*Must be uninsured*

[novocare.com/diabetes-overview/let-us-help/pap.html](http://novocare.com/diabetes-overview/let-us-help/pap.html)

Print Application: [michmed.org/7VK4d](http://michmed.org/7VK4d)

**Annual Household Income Guidelines<sup>1</sup>**



Under \$58,320



Under \$78,880

400% of FPL

**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<sup>®</sup> Foundation

**LILLY CARES FOUNDATION PATIENT ASSISTANCE PROGRAM**

**1-800-545-6962**

*No insurance or Medicare Part D*

[lillycares.com](http://lillycares.com)

Print Application: [michmed.org/vVQWx](http://michmed.org/vVQWx)

**Application can be completed online**

**Rx mailed to home**

**Annual Household Income Guidelines<sup>1</sup>**



Under \$58,320



Under \$78,880

400% of FPL For Group 2 Meds

**How is income verified?**

Lilly Cares may contact you to request income documentation.

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

**MOUNJARO**      **TIRZEPATIDE**

**NO PATIENT ASSISTANCE PROGRAMS PER MOUNJARO.COM**

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



# 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 program. **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](http://bydureon.com/bydureon-bcise/savings-and-support)



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](http://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](http://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](http://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](http://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)

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# MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

## MOUNJARO TIRZEPATIDE

MOUNJARO SAVINGS CARD  
1-866-255-8661

[mounjaro.com/savings-resources](https://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](https://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](https://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

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# MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY



## STEGLATRO ERTUGLIFLOZIN

SAVINGS COUPON FOR STEGLATRO

1-877-264-2454

[steglatro.com/savings-offers](https://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](https://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](https://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 information. Email [ccteam@mct2d.org](mailto:ccteam@mct2d.org) or submit feedback online at [michmed.org/ZYx5q](https://michmed.org/ZYx5q)

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