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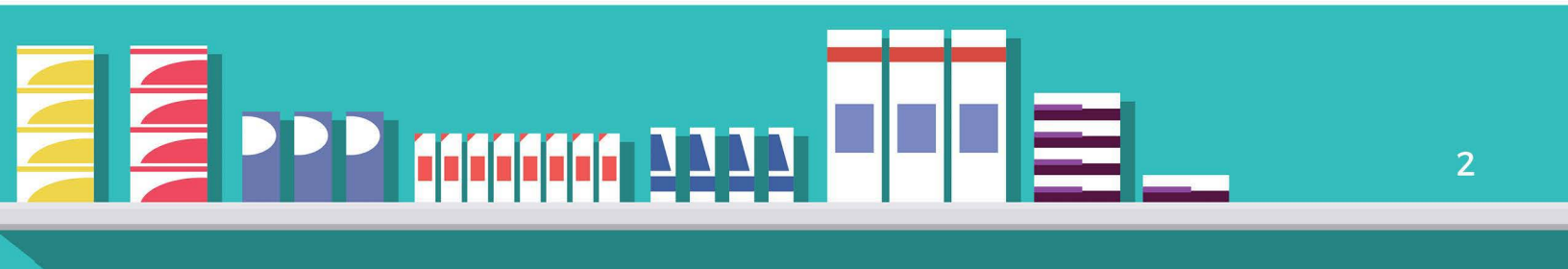
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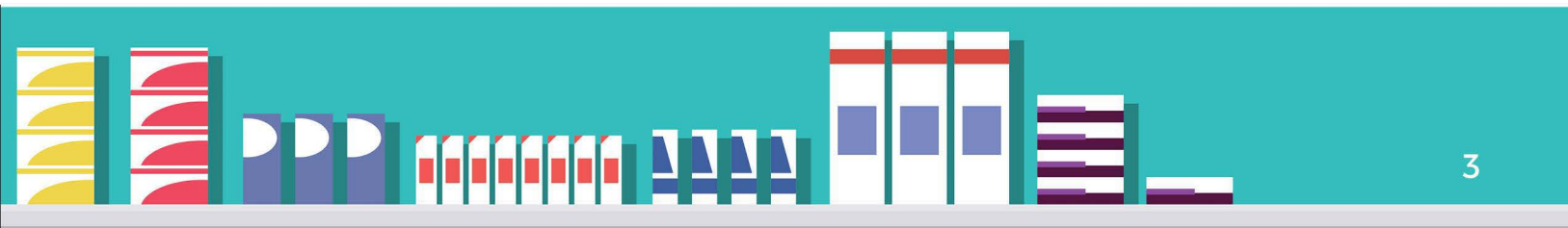
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Affording your Type 2 Diabetes Treatments and Technologies

**Tips Addressing Common Concerns about
affording Diabetes Care**





AFFORDING YOUR TYPE 2 DIABETES TREATMENTS & TECHNOLOGIES



We hear your concerns!

Diabetes treatments can be costly. Patients, clinicians, health insurance programs, and drug makers can all take steps to reduce costs. Below we have listed some common concerns about affording diabetes care and recommended ways to address them.

FOR MEDICARE PLANS ONLY

INSULIN

My insulin is too expensive.

During open enrollment, select a plan offering the **Part D Senior Savings Program**. This program offers insulin for a maximum monthly cost of \$35 for most of the year.

Call 1-800-MEDICARE or go to www.medicare.gov/plan-compare to find a plan.

FOR MEDICARE & COMMERCIAL PLANS

MEDS

How do I find a lower cost GLP-1 RA or SGLT2i medication?

Your clinician may have recommended a GLP-1RA or SGLT-2i medication to help with weight loss and heart and kidney complications of diabetes.

If your medication is too expensive, call your insurance and use the medication questions on the Diabetes Therapies Insurance Coverage Worksheet to specifically ask about alternative medications. **Tell your clinician if there is a less expensive option.**

FOR MEDICARE & COMMERCIAL PLANS

TECH

I need help affording a glucometer and test strips.

Each insurance company has a preferred glucometer company.

Call your insurance company and use the Diabetes Therapies Insurance Coverage Worksheet to see if there is a preferred option. **Tell your clinician if there is a less expensive option.** You can also ask your clinician if it is necessary for you to check your blood sugar every day. Many people with Type 2 Diabetes only need to check their blood sugar if they are feeling ill or have low blood sugars.

FOR MEDICARE & COMMERCIAL PLANS

MEDS

How do I select the 'Preferred' medication for my insurance plan?

For most classes of medications, there is usually one that is 'preferred' by your insurance plan and less expensive.

Your clinician does not always have access to your preferred list. You may have a lower price at a preferred local or mail-away pharmacy, and/or for a 90-day supply of the medication.

Contact your insurance company and ask the medication questions on the Diabetes Therapies Insurance Coverage Worksheet. Bring the answers to your clinician so they can help you switch to a less expensive medication.

FOR MEDICARE & COMMERCIAL PLANS

TECH

My clinician recommended a continuous glucose monitor (CGM) but it is too expensive.

Patients with diabetes on Medicare **must be on three or more insulin injections per day** to qualify for a CGM. Private insurance company requirements vary. Currently, Medicaid does not cover CGMs.

Ask your clinician if you can use your smartphone to monitor your CGM or if you need a prescription for a 'reader device.' If your phone is compatible and can serve as your reader, **you can save money by not having to buy the separate, stand-alone reader.**

Contact your insurance company and use the Diabetes Therapies Insurance Coverage Worksheet to identify your associated costs and therapy requirements. Bring the answers to your clinician so they can help send your CGM prescription to the lowest cost supplier.

How do I use a Patient Assistance Program (PAP)?

Each drug manufacturer has a PAP to help people who cannot afford medications to get free or discounted medications.

Each brand has their own PAP with their own eligibility criteria. Some PAPs are available for patients with Medicare. Ask your clinician for information specific to your medication.

- Go to www.needymeds.org and find your medication.
- Call your clinician's office for help filling out and submitting the application.

How do I find a manufacturer coupon or discount card?

For most patients with commercial insurance, a coupon card can help reduce the cost of your medication. Unfortunately, individuals with Medicare are not eligible for these types of discounts.

- Go to www.goodrx.com to look for general discounts.
- Go to the drug website and look for a 'copy card,' 'savings card,' or 'discount card.'
- For more information, visit the link or scan the QR code to find a helpful article from the DiaTribe website michmed.org/mV4zZ



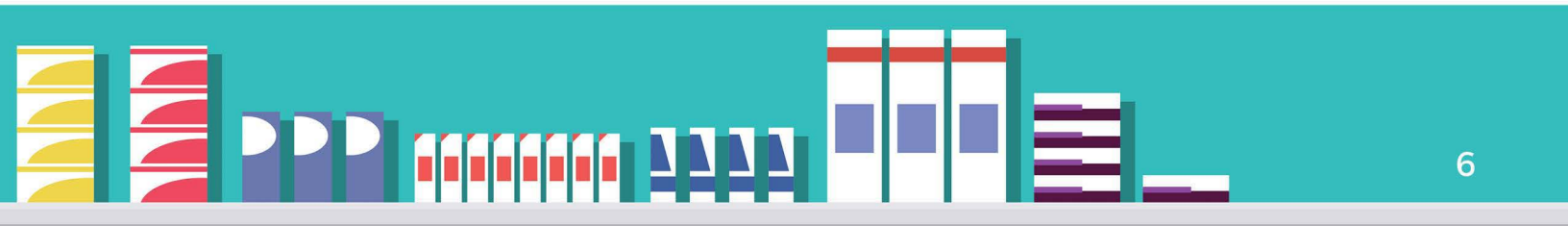
What if I have very high blood sugar or concerning symptoms?

Always contact your healthcare provider if you have very high BS or concerning symptoms including feeling very thirsty excessive urination or nausea. You may need emergency care or urgent changes in your treatment. Always let your healthcare clinician know if you have had to stop a medication because you cannot afford it.



What to Ask Your Insurance Company?

Insurance Coverage Worksheet



Type 2 Diabetes Care Insurance Coverage Worksheet



MY HEALTH CARE PROVIDER RECOMMENDS

Check insurance coverage for the following (check all that apply)

Glucometer & Test Strips

A device that measures blood sugar from fingerpoke.

Continuous Glucose Monitor (CGM)

Brand names like Libre, Dexcom. A newer device that reads blood sugar without fingerpokes.

SGLT2i

A newer type of diabetes medication (pill). Brands like Jardiance or Farxiga.

GLP-1 RA/GIP

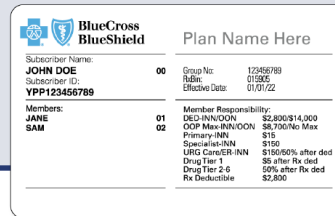
A newer type of diabetes medication (pill or shot). Brands like Ozempic, Trulicity, or Mounjaro.

MY INSURANCE INFORMATION

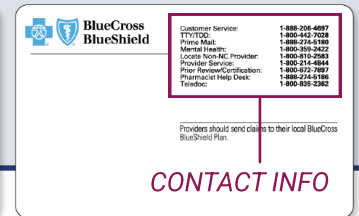
Find your insurance company's contact information on the back of your insurance card.

If you cannot locate your card, search the Internet for your insurance company's phone number.

EXAMPLE CARD FRONT



EXAMPLE CARD BACK



WHAT TO ASK

1) Do I have a deductible?

What is a deductible? The amount of money that must be paid each year before insurance pays for anything.

- Yes
 No

IF YES

What is my deductible? \$ _____

How much of my deductible is left? \$ _____

What is my out-of-pocket max? \$ _____

2) Do I have a separate prescription drug deductible?

What is a prescription drug deductible? The amount you pay for prescriptions before your insurance starts to pay. You may need to call a separate number to get this information.

- Yes
 No

IF YES

What is my deductible? \$ _____

How much of my deductible is left? \$ _____

What is my out-of-pocket max? \$ _____

If you need information about diabetes supplies or CGM, stay on the line with your insurance person and complete next section. If not, fill out the medication section on next page. You might be transferred to another insurance person.

Complete the next section if you were prescribed a glucometer or CGM

GLUCOMETER & TEST STRIPS

1) Does my insurance cover a glucometer (and test strips) for type 2 diabetes?

- Yes
 No

IF YES

Can I get a glucometer at a local pharmacy?

- Yes.**
Preferred local pharmacy: _____
Preferred brand of glucometer: _____
- No, covered by a DME supplier.**
Preferred DME supplier: _____
Preferred brand of glucometer: _____

What is DME? Durable medical equipment.

What is my cost for 100 test strips? \$ _____

CONTINUOUS GLUCOSE MONITOR (CGM)

1) Does my insurance cover a CGM for type 2 diabetes? Yes No

IF YES

Which brand is preferred? **Dexcom** **Libre** **Both**

Can I get a CGM at a local pharmacy?

Yes. What is the preferred local pharmacy?

What is my copay?

\$ \$
Sensors Reader

No, through DME supplier. What is the preferred supplier?

What is my copay?

\$ \$
Sensors Reader

2) Do I have to be taking insulin or testing my blood sugar a certain number of times per day?

IF YES

Insulin doses: If yes, how many?

Blood sugar tests: If yes, how many?

3) Does it require prior authorization? Yes No

What is prior authorization? When your health care team must get approval from your insurance.



Complete the next section if you were prescribed a medication listed below

MEDICATION

1) What are my insurance's preferred SGLT2is?

Farxiga **Jardiance**
 Invokana **Steglatro**

2) What are my insurance's preferred GLP-1 RA/GIP?

Trulicity **Rybelsus (pill)** **Mounjaro**
 Victoza **Byetta**
 Ozempic **Bydureon BCise**

What is my copay for this SGLT2i?

\$ \$
30-day supply 90-day supply

What is my copay for this GLP-1 RA/GIP?

\$ \$
30-day supply 90-day supply

Can I get a 90-day supply? Yes No

IF YES

At my local pharmacy
 By mail order

Can I get a 90-day supply? Yes No

IF YES

At my local pharmacy
 By mail order

3) What is my insurance's preferred local pharmacy?

Why does it matter if my pharmacy is "preferred"? Preferred pharmacies offer a lower copay for drugs covered by your insurance than a standard pharmacy.

Name

Phone Number

4) What is my insurance's preferred mail order pharmacy?

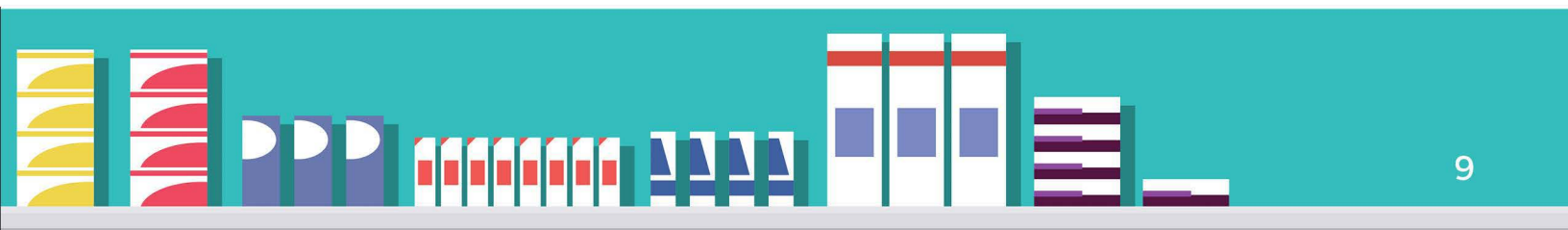
Name

Phone Number/Website



Medication Copay Savings Cards

For Private / Commercial Insurance Plans



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.

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
BRENZAVVY (<i>bexagliflozin</i>)			No copay savings card is available from the manufacturer, TheracosBio.	
BYDUREON BCISE (<i>exenatide</i>)	Up to \$150 off each 1-month (28 day) RX supply.	No See card on Page 4.		www.azmedcoupons.com/
BYETTA (<i>exenatide</i>)	Up to \$100 off 30-day RX supply.	No See card on Page 5.		www.azmedcoupons.com/
FARXIGA (<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, not generic dapagliflozin	www.azmedcoupons.com/

See box above

2025 Medication Copay Savings Cards

For Private/Commercial Insurance



MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY See box on Page 1	WEBSITE
INVOKANA <i>(canagliflozin)</i>	No max in first month. \$200 limit for each month after. \$3,000 max savings per calendar year.	Yes, must complete eligibility survey on website. 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>	www.invokana.com/savings-and-cost-support
JARDIANCE <i>(empagliflozin)</i>	Up to \$175 off 30-day RX supply.	Yes, must complete eligibility survey on website. 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>	www.patient.boehringer-ingelheim.com/us/products/jardiance/type-2-diabetes/savings
MOUNJARO <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>Yes, must complete eligibility survey on website. 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>	mounjaro.lilly.com/savings-resources

2025 Medication Copay Savings Cards

For Private/Commercial Insurance

MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY See box on Page 1	WEBSITE
OZEMPIC <i>(semaglutide)</i>	Up to \$150 off a 1-month (28-day) RX, \$200 per 2-month, or \$450 per 3-month supply	Yes, must complete eligibility survey on website. 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>	ozempicsavings.com
RYBELSUS <i>(semaglutide)</i>	Up to \$300 off a 1-month (30-day) RX, \$600 per 2-month, or \$900 per 3-month RX.	Yes, must complete eligibility survey on website. 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>	www.novocare.com/diabetes/products/rybelsus/savings-offer.html
TRULICITY <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.	Yes, must register on website. 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>	trulicity.lilly.com/savings-resources

Once-weekly 
BYDUREON BCise[®]
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[®] (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. 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[®] (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

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 COMMERCIALY INSURED PATIENTS



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® (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.

ELIGIBLE COMMERCIALY INSURED PATIENTS MAY SAVE

Powered by:
CHANGE HEALTHCARE

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

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

*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.



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Instant Savings[†]


farxiga
(dapagliflozin)

\$0* **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[†]:

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

No Activation Required

[†]Subject to eligibility. Restrictions apply.
Not available for government-insured patients.

**90% of Commercially insured patients
pay \$0 with the FARXIGA savings card¹**

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[®] (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. 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.

Program managed by ConnectiveRx on behalf of AstraZeneca.

Product dispersed pursuant to program rules and federal and state laws.

This product information is intended for US consumers only.

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


AstraZeneca

FARXIGA is a registered trademark of the AstraZeneca group of companies.
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farxiga[®]
(dapagliflozin) 10mg
tablets



Patient Assistance Programs

For Medicare Part D



Change Log

Last Updated: 1 May 2026

May 1, 2026: Farxiga: AZ&Me is no longer accepting new patients for FARXIGA(dapagliflozin) and XIGDUO XR (dapagliflozin and metformin HCl extended-release). See: <https://www.azandmeapp.com/important-program-updates#accordion-14717a8062-item-bdda46e231>

Invokana (J&J): Medication now ships directly to the patient's home address *not* the HCP office.

Jardiance (BI Cares): An online application is now available, but must be completed by a health care provider.

Ozempic (NovoCare):

1. As of 4/2026: Application is **ONLINE ONLY**, no paper option.
2. Government ID and Proof of Income are required for upload
3. Spanish language application no longer available, online Spanish version 'coming soon.'
4. Med ships directly to patient's home.
5. As of 1/2026 - Medicare Part D patients are *no longer* eligible.
6. Income guidelines are now 200% or less of the Federal Poverty Level (FPL), a decrease from previous year.
7. Auto-refills are no longer available.

Rybelsus (NovoCare): Program discontinued for 2026.

Trulicity (Lilly Cares): Now accepting new applications, after 2024-2025 suspension.

Common Patient Questions

What is a Patient Assistance Program? Patient assistance programs (PAPs) help people with no health insurance and those who are under insured (including some with Medicare or Medicaid) afford medications. These programs are offered by the medication or device manufacturer, or sometimes by nonprofits or other government agencies.

PAPs may cover the full cost of medications or provide a discount. Most PAPs covered in this guide are manufacturer programs that offer free medication, sent to your doctor's office or home, for one calendar year.

Am I eligible? Consult each program page in this guide and explore the program's website to determine eligibility. Typically, you must:

- Be a U.S. citizen or legal resident,
- Be uninsured, under insured (even with coverage, you cannot access the needed medication), or have Medicare Part D
- Make under a certain amount of money per year
- Complete an online or paper application, with a portion filled out by your health care provider (HCP).

What is annual gross income (AGI)? The total money that an individual or household receives **before taxes** in one year, includes wages, retirement funds, Social Security, disability, unemployment, child support, income from investments.

ACRONYMS

HCP: Health Care Provider

MBI: Your Medicare Beneficiary Identifier (MBI) is a 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.

Type 2 Diabetes Care Medication Patient Assistance Programs



Step 1: Gather Information Before Applying

About Me

My Email Address

My Health Care Provider'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

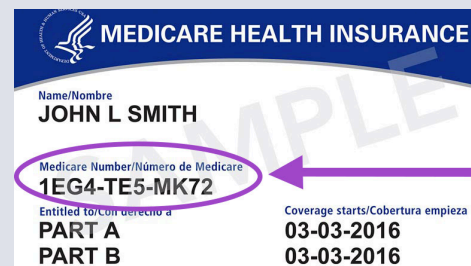
My Insurance Info

What kind of health insurance do I have?

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

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.

2026 Medication Patient Assistance Programs

SGLT2i Tablet - FARXIGA (dapagliflozin)

FARXIGA (DAPAGLIFLOZIN)

AZ & ME FOR MEDICARE OR UNINSURED

Effective May 1, 2026, the AZ&Me program will no longer accept new patients for FARXIGA and XIGDUO XR. Actively enrolled patients will continue to receive assistance for FARXIGA and XIGDUO XR until December 31, 2026. Communications regarding this change will be sent to currently enrolled patients and their providers in April 2026.

FARXIGA
Maker
 AstraZeneca

FAX
 1-877-239-0867

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

WEB
azandmeapp.com/

PHONE
 1-800-292-6363
 Scan to go to PDF app



INSURANCE STATUS Uninsured or Medicare

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

Household/ Family Size	300%
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120

If you were enrolled in 2025 and have Medicare, you must re-enroll in 2026. More information at azandmeapp.com/for-existing-patients

ONLINE APPLICATION - Fastest option

Patient: Submit your online application azandmeapp.com. If eligible, you will become enrolled in AZ&Me.

HCP: Step 1. AZ&Me will contact you to get prescription once the AZ&Me application has been approved. Step 2. Submit ePrescription or fax azandmeapp.com/for-healthcare-providers#


IF SUBMITTING BY FAX/MAIL - Slower option


Patient: Complete application in blue or black ink. Bring to your HCP's office.


HCP: Step 1. Wet signature is required. Step 2. Must fax both patient and provider application from the provider's office.



FEATURES

Where are meds shipped?  Directly to your home, up to a 90-day supply.

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 2025 AZ&Me income requirements and Medicare re-enrollment <https://michmed.org/N2mqW>

2026 Medication Patient Assistance Programs

SGLT2i Tablet - INVOKANA (*canagliflozin*)



INVOKANA (CANAGLIFLOZIN)

INVOKANA

JOHNSON AND JOHNSON PAP FOR UNINSURED, MEDICARE, MEDICAID

MEDICATION

INVOKANA

Maker
Johnson & Johnson

FAX
1-833-512-0497

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

WEB
jjpatientassistance.com

PHONE
833-742-0791

Scan to go to PDF app



ELIGIBILITY

INSURANCE STATUS Uninsured, Commercial (employer), Medicare, Medicaid, or VA/TriCare/DoD

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

For Medicare Part D only:

- Not eligible for “Low-Income Subsidy (LIS)” where household income equal to or less than 150% of FPL
- Spend more than 4% of gross annual household income on prescription

Household/ Family Size	300%
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120

DOCUMENTS NEEDED

- Copy of front and back of all insurance cards
- Medicare Part D: Must submit report from your pharmacy OR Explanation of Benefits (EOB) from insurance showing out-of-pocket costs for current year
- Proof of income (copy of 1040 or 1040-SR federal tax return)

HOW TO APPLY

ONLINE APPLICATION - Fastest option

1. Complete online application jjpatientassistance.com, including entering in health care provider (HCP) information.
2. HCP will be notified for additional information.

IF SUBMITTING BY FAX/MAIL - Slower option

Patient:

1. Download and print the application: <https://michmed.org/JyD9P>.
2. Complete all sections and sign.
3. Gather all documents needed.
4. Bring to your HCP’s office.

Health care provider (HCP):

1. Complete enrollment form PDF (includes prescription), sign, and either fax or scan to upload to patient’s online application.
2. Fax or mail the completed application and any documentation requested.

FEATURES

Application Languages English only, but Quick Reference Guide available in Spanish: michmed.org/KD8en

Where are meds shipped? Directly to your home.

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.

[1] See 2026 U.S. Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

2026 Medication Patient Assistance Programs

SGLT2i Tablet - JARDIANCE (empagliflozin)



JARDIANCE
(EMPAGLIFLOZIN)

BI CARES PATIENT ASSISTANCE
FOR UNINSURED, MEDICARE

MEDICATION

JARDIANCE

Makers
Boehringer
Ingelheim

FAX
1-866-851-2827

MAIL
Boehringer Cares
Patient Assistance
Program
PO Box 99055
Jeffersontown, KY
40296

WEB
[boehringer-
ingelheim.com/us/
our-responsibility/
patient-assistance-
program](http://boehringer-ingelheim.com/us/our-responsibility/patient-assistance-program)

PHONE
1-800-556-8317

Scan to go to PDF app



ELIGIBILITY

INSURANCE STATUS

Uninsured or not enough coverage to get medication (including some commercial and Medicare)

INCOME

At or Below
250% of the FPL
Annual household income before taxes
Income verified via "third party assessment" using last 4 digits of SSN or by submitting a copy of 1040 tax return

For Medicare patients: Must not qualify for Extra-Help Program (Low Income Subsidy)

Household/ Family Size	250%
1	\$39,900
2	\$54,100
3	\$68,300
4	\$82,500
5	\$96,700
6	\$110,900
7	\$125,100

DOCUMENTS NEEDED

- If you do not want a "third party income assessment," you must submit a copy of your most recent 1040 tax return.
- You will be asked to disclose the total dollar amount of your household assets (e.g. 401(k) retirement, IRA, second home, etc)

HOW TO APPLY



ONLINE APPLICATION is NOW available but must be completed by a HEALTHCARE PROVIDER.

Health care provider (HCP):

1. Register for an account at boehringercares.rlightning.com
2. Receive welcome email and get started on online application.

IF SUBMITTING BY FAX/MAIL - Slower option

Patient: Complete section 1-5 in blue or black ink: Download from: michmed.org/GzQ3K. Bring to your HCP's office.
Health care provider (HCP): Complete Section 6-9, including an RX. Fax.

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: fillmyrefills.com/Knipperx/OrderRefills.aspx

When does enrollment expire?



Medicare: 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.

All others: Must re apply every 12 months

[1] BI Cares Eligibility Requirements PDF - last accessed 10/14/2025 <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>

2026 Medication Patient Assistance Programs

GLP-1 RA Injectable - OZEMPIC



OZEMPIC (SEMAGLUTIDE)

NOVOCARE FOR UNINSURED

MEDICATION

OZEMPIC

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

Scan to go to NovoCare page



ELIGIBILITY

INSURANCE STATUS

Uninsured

Must provide proof of Medicaid denial if total household income meets state federal poverty limit thresholds. For Michigan, Healthy Michigan Plan are available for adults 19-64, with income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income (MAGI) methodology.

INCOME

At or Below

200% of the FPL

Annual adjusted gross household **Income verified via soft credit inquiry OR by submitting proof of income (see below)**

Household/ Family Size	200%
1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080

DOCUMENTS NEEDED

- Your proof of income (W2, 1099, last year's federal individual Income Tax Return, Social Security income, pension, unemployment benefit, or other income statement)
- Photo/copy of your Government ID

HOW TO APPLY

ONLINE APPLICATION - Only Option for Ozempic (As of 4/2026)

Before starting the online application, gather:

1. Your valid email address
2. Your health care provider's email address
3. Copy of documents (See 'Documents Needed' section, left)

Processing & Approval: If an application is submitted with all supporting documentation and all required fields completed, it will be processed within 2 business days. Any missing or incomplete information may cause a delay. If approved, patients will get a letter in the mail. If they choose automated phone alerts on the application, they will also get an automated phone or text message.

Delivery: Once the patient is approved, they'll get their medicine shipped to their home within 5 business days. The patient should expect a call from Neovance™ Specialty Pharmacy at [1-800-488-5908](tel:1-800-488-5908) to set up the delivery.

FEATURES

Application Languages



Spanish PDF is no longer available. Online application is in English, with Spanish "coming soon."

Automatic RX refills?



Not available for auto-refill.

Where are meds shipped?



Directly to your home or to HCP office. Fulfilled by Neovance Specialty Pharmacy ([1-800-488-5908](tel:1-800-488-5908)).

Enrollment expiration?



Must reapply every 12 months

[1] See 2026 U.S. Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

2026 Medication Patient Assistance Programs

GLP-1 RA Injectable - 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



ELIGIBILITY

NEW IN 2026 - Applications are now open for Truliiti patient assistance!

Patients who were denied assistance in 2024-2025 must submit a new application.

INSURANCE STATUS Uninsured or Medicare Part D *only*

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

Household/ Family Size	300%
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120

DOCUMENTS NEEDED

- Copy of the front and back of your Medicare **Part D** 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*

Patient: 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).
- Download PDF application.
- You may have an application mailed to you by calling 1-800-545-6962.

FEATURES

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

Where are meds shipped? Directly to your home or to HCP office.

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

Enrollment expiration? 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] See 2026 U.S. Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

