

# Affording Your Type 2 Diabetes Care

## Patient Cost Assistance Toolkit



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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](http://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](http://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](http://www.goodrx.com) to look for general discounts.
- Go to the drug website and look for a 'copay 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](http://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

		Plan Name Here	
Subscriber Name: JOHN DOE		Group No: 00	Effective Date: 12/31/22
Subscriber ID: YPP123456789		Ruin: 01/01/22	
Members: JANE, SAM		Member Responsibility: DED-INN/CON \$2,800/\$14,000	
		ODP Max-REV/CON \$8,750/No Max	
		Primary-INN \$15	
		Specialist-INN \$150	
		URG Care/ER-INN \$150/50% after ded	
		Drug Tier 1 30 after Rx ded	
		Drug Tier 2-6 50% after Rx ded	
		Rx Deductible \$2,800	

EXAMPLE CARD BACK

Customer Service: 1-800-206-4887	
TTY/TDD: 1-800-442-7028	
Phone Mail: 1-800-274-5188	
Member Helpline: 1-800-300-2422	
Local Non-NC Provider: 1-800-815-2963	
Provider Service: 1-800-214-6864	
Prior Review/Certification: 1-800-822-7887	
Pharmacy Help Desk: 1-800-274-5188	
TeleDoc: 1-800-835-2362	

Providers should send claims to their local BlueCross BlueShield Plan

CONTACT INFO

## 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

What is DME? Durable medical equipment.

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 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](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> (bexagliflozin )			No copay savings card is available from the manufacturer, TheracosBio.	
<b>BYDUREON BCISE</b> (exenatide)	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> (exenatide)	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> (dapagliflozin)	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>

# 2025 Medication Copay Savings Cards

## For Private/Commercial Insurance

MEDICATION	MAXIMUM SAVINGS	ENROLLMENT REQUIRED	ELIGIBILITY <span>See box on Page 1</span>	WEBSITE
<b>INVOKANA</b> (canagliflozin)	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> (empagliflozin)	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> (TIRZEPATIDE)	<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>See box on Page 1</span>	WEBSITE
<b>OZEMPIC</b> (semaglutide)	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> (semaglutide)	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> (dulaglutide)	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®**  
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**

**PAY AS LOW AS \$0 EVERY MONTH\***  
ELIGIBLE COMMERCIALLY INSURED PATIENTS

**BYDUREON BCise  
Savings Card**

Powered By: **CHANGE HEALTHCARE**  
BIN# 004682  
PCN# CN  
GRP# EC57014091  
ID# 414945512061

\*See reverse side for eligibility. Restrictions apply.



Please see accompanying full Prescribing Information including Boxed WARNING.

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**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](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® (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



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

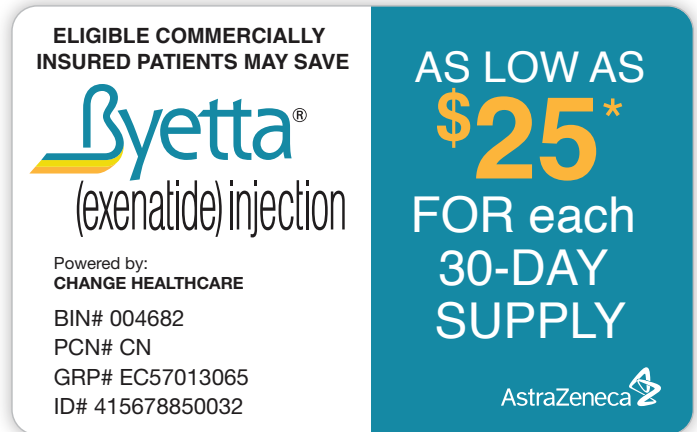
**Cash-paying patients may save up to  
\$100 per 30-day supply.\***

**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.



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\*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>



**\$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).

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.



FARXIGA is a registered trademark of the AstraZeneca group of companies.  
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**farxiga<sup>®</sup>**  
(dapagliflozin) 10mg tablets



# Patient Assistance Programs

For Medicare Part D





# Type 2 Diabetes Care

## Medication Patient Assistance Programs

### Change Log

**Last Updated** 12/31/2024

#### What's New

**Invokana/Invokamet:** Johnson and Johnson Patient Assistance Foundation (JJPAF) no longer administers PAP. Instead, Janssen CarePath is the new PAP provider. PAP available to commercially insured, uninsured, Medicare, and Medicaid and can now be completed online.

Medicare Part D patients must submit proof of total annual out-of-pocket medication costs.

**Byetta (exenatide XR):** AZ&Me no longer supports PAP for Byetta.

**Trulicity (dulaglutide):** Income eligibility narrowed to 300% of Federal Poverty Level. Lilly Cares accepts very limited new Trulicity patients who qualify as "medical exception" cases: <https://www.lillycares.com/assets/pdf/LillyCaresMedicalExceptionRequestForm.pdf>

### 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

2 | 2/12/25



## 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

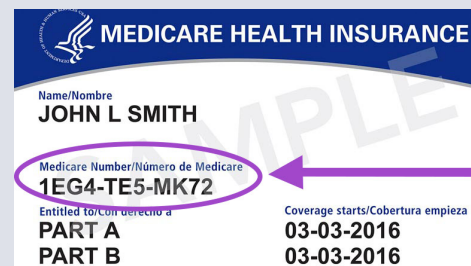
### My Insurance Info

What kind of health insurance do I have?

- ☐ **No insurance**
- ☐ **Commercial plan** - including employer-based plan or Healthcare.gov Marketplace plan
- ☐ **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.

# 2025 Medication Patient Assistance Programs

## SGLT2i Tablet - FARXIGA (dapagliflozin)

FARXIGA (DAPAGLIFLOZIN)

AZ & ME FOR MEDICARE OR UNINSURED

MEDICATION	ELIGIBILITY	HOW TO APPLY														
<div><b>BYDUREON BCISE</b></div> <div><b>FARXIGA</b></div> <div><b>Maker</b> AstraZeneca</div> <div><b>FAX</b> 1-877-239-0867</div> <div><b>MAIL</b> AZ&amp;MeTM Prescription Savings Program, One MedImmune Way, Gaithersburg, MD 20878</div> <div><b>WEB</b> <a href="https://azandmeapp.com/">azandmeapp.com/</a></div> <div><b>PHONE</b> 1-800-292-6363</div> <div>Scan to go to PDF app</div> <div></div>	<div><div><b>INSURANCE STATUS</b></div>Uninsured or Medicare</div> <div><div><b>INCOME</b></div><div>At or Below <b>300% of the FPL</b> Annual adjusted gross household Income verified via soft credit inquiry</div></div> <div><div>2024 Federal Poverty Guidelines [1]</div><div>Yearly household income</div><table><tr><th>Household/ Family Size</th><th>300%</th></tr><tr><td>1</td><td>\$45,180</td></tr><tr><td>2</td><td>\$61,320</td></tr><tr><td>3</td><td>\$77,460</td></tr><tr><td>4</td><td>\$93,600</td></tr><tr><td>5</td><td>\$109,740</td></tr><tr><td>6</td><td>\$125,880</td></tr></table></div> <div><div>If you were enrolled in 2024 and have Medicare</div><div>You must re-enroll in 2025.</div><div><div>1. AZ&amp;Me will conduct electronic income verification.</div><div>2. Provider will receive fax regarding status of re-enrollment beginning mid October 2024.</div><div>3. Patient will receive approval or denial via US mail by Nov 1, 2024. [2]</div></div></div>	Household/ Family Size	300%	1	\$45,180	2	\$61,320	3	\$77,460	4	\$93,600	5	\$109,740	6	\$125,880	<div><b>ONLINE APPLICATION - Fastest option</b></div> <div><b>Patient:</b> Submit your online application <a href="https://azandmeapp.com">azandmeapp.com</a>. If eligible, you will become enrolled in AZ&amp;Me.</div> <div><b>HCP:</b> Step 1. AZ&amp;Me will contact you to get prescription. Step 2. Submit ePrescription or fax <a href="https://azandmeapp.com/prescriptionsavings/?screenName=showHCPPage">azandmeapp.com/prescriptionsavings/?screenName=showHCPPage</a></div> <div><b>IF SUBMITTING BY FAX/MAIL - Slower option</b></div> <div><b>Patient:</b> Complete application in blue or black ink. Bring to your HCP's office.</div> <div><b>HCP:</b> Step 1. Wet signature is required. Step 2. Must fax both patient and provider application from the provider's office.</div> <div><div><b>FEATURES</b></div><div><div><div>Application Languages</div><div><div>EN</div><div>ES</div></div><div>Spanish application available (PDF only): <a href="https://michmed.org/vJnqj">https://michmed.org/vJnqj</a></div></div><div><div>Where are meds shipped?</div><div></div><div>Directly to your home.</div></div><div><div>Automatic RX refills?</div><div></div><div>Not available. You must request a refill using the program website or calling. You can request after taking two-thirds of med.</div></div><div><div>When does enrollment expire?</div><div></div><div>2026 Medicare: Must reapply each calendar year. Uninsured: Must reapply every 12 months</div></div></div></div>
Household/ Family Size	300%															
1	\$45,180															
2	\$61,320															
3	\$77,460															
4	\$93,600															
5	\$109,740															
6	\$125,880															

[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>

# 2025 Medication Patient Assistance Programs

## SGLT2i Tablet - INVOKANA (canagliflozin)

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INVOKANA (CANAGLIFLOZIN)

INVOKANA

JOHNSON AND JOHNSON PAP FOR UNINSURED

### 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](http://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

#### 2024 Federal Poverty Guidelines [1] Yearly household income

Family Size	300%
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740

#### DOCUMENTS NEEDED

- Copy of all insurance cards
- Medicare Part D report from pharmacy OR insurance Explanation of Benefits 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

- Complete online application [jjpatientassistance.com](http://jjpatientassistance.com), including entering in health care provider (HCP) information.
- HCP will be notified for additional information.

#### IF SUBMITTING BY FAX/MAIL - Slower option

##### Patient:

- Download and print the application: <https://michmed.org/JyD9P>.
- Complete all sections and sign.
- Gather all documents needed.
- Bring to your HCP's office.

##### Health care provider (HCP):

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

#### 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

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



# 2025 Medication Patient Assistance Programs

## SGLT2i Tablet - JARDIANCE (empagliflozin)

5 | 2/12/25



JARDIANCE  
(EMPAGLIFLOZIN)

BI CARES PATIENT ASSISTANCE  
FOR UNINSURED AND UNDER INSURED

### MEDICATION

#### 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](https://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)

**2024 Federal Poverty Guidelines [2]**  
*Yearly household income*

Household/ Family Size	250%
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450

#### 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 NOT available at this time.** Scan QR code or go to <https://michmed.org/GzQ3K> to download form.

#### SUBMIT BY FAX

**Patient:** Complete section 1-4 in blue or black ink. Bring to your HCP's office.

#### Health care provider (HCP):

1. Complete Section 5-6, with a wet signature.
2. Attach a separate prescription to the paper application.
3. Fax or mail the completed application and any documentation requested.

#### 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](https://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

[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>

# 2025 Medication Patient Assistance Programs

GLP-1 RA Injectable - OZEMPIC, Tablet - RYBELSUS (semaglutide),  
Injectable - VICTOZA (liraglutide)

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OZEMPIC & RYBELSUS (SEMAGLUTIDE)  
VICTOZA (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](https://novocare.com/diabetes/help-with-costs/pap.html)

**PHONE**  
1-866-310-7549

Scan to go to PDF app  
(English)



## 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)**

**2024 Federal Poverty Guidelines [1]**  
Yearly household income

Household/ Family Size	400%
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
6	\$167,840

### 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*

- Important: You will need your health care provider's correct email address.** HCP will be notified by email to complete their section of online application.
- 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.
- Once approved, allow an additional 10-14 business days for delivery to HCP office.

### IF SUBMITTING BY FAX/MAIL - *Slower option*

**Patient:** Complete paper application and gather documents needed. Bring to your HCP's office.

**HCP:** *Step 1.* Complete the Prescriber and Rx sections of the application.  
*Step 2.* Mail completed application or fax. **Faxes must be sent from your health care provider's office.**

### FEATURES

#### Application Languages



Spanish application available (online and PDF): <https://michmed.org/KqJxX>

#### Automatic RX refills?



New applicants are auto-enrolled in automatic refills for most meds. Managed by the HCP.

#### Where are meds shipped?



Health care provider's office only. No PO Box. 120-day supply unless otherwise noted.

#### Enrollment expiration?



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>

# 2025 Medication Patient Assistance Programs

## GLP-1 RA Injectable - TRULICITY (dulaglutide)

TRULICITY (DULAGLUTIDE)

LILLY CARES FOR MEDICARE OR UNINSURED

MEDICATION	ELIGIBILITY	HOW TO APPLY																												
<div><b>TRULICITY</b>  <b>Maker</b> Eli Lilly  <b>FAX</b> 1-844-431-6650  <b>MAIL</b> Lilly Cares Patient Assistance Program, PO Box 501847, San Diego, CA 92150  <b>WEB</b> <a href="https://lillycares.com">lillycares.com</a>  <b>PHONE</b> <a href="tel:1-800-545-6962">1-800-545-6962</a>  Scan to go to PDF app </div>	<div><p>Not taking new Trulicity applicants, except for “limited medical exception cases”[3]. Only those who were enrolled in 2024 may re-apply.</p><table><tr><td>INSURANCE STATUS</td><td>Uninsured or Medicare Part D only</td></tr><tr><td>INCOME</td><td>At or Below <b>300% of the FPL</b> Annual adjusted gross household <i>Income verified via soft credit inquiry</i></td></tr></table><p><b>2024 Federal Poverty Guidelines [2]</b> <i>Yearly household income</i></p><table><tr><th>Family Size</th><th>300%</th></tr><tr><td>1</td><td>\$45,180</td></tr><tr><td>2</td><td>\$61,320</td></tr><tr><td>3</td><td>\$77,460</td></tr><tr><td>4</td><td>\$93,600</td></tr><tr><td>5</td><td>\$109,740</td></tr></table><div><b>DOCUMENTS NEEDED</b><ul style="list-style-type: none"><li>Copy of the front and back of your Medicare <b>Part D</b> prescription drug card</li><li>Proof of income document (see Page 1)</li><li>Correct email address for health care provider (HCP) and patient</li><li>A signed hard copy prescription</li></ul></div></div>	INSURANCE STATUS	Uninsured or Medicare Part D only	INCOME	At or Below <b>300% of the FPL</b> Annual adjusted gross household <i>Income verified via soft credit inquiry</i>	Family Size	300%	1	\$45,180	2	\$61,320	3	\$77,460	4	\$93,600	5	\$109,740	<div><p><b>ONLINE APPLICATION - <i>Faster option</i></b></p><p><b>Patient:</b> 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.</p><p>Submit documents (see left) or Lilly Cares will contact you to get proof of income.</p><p><b>HCP:</b> A signed hard copy prescription must be submitted as an attachment with eApplication. See diabetes prescription fax form: <a href="https://www.lillycares.com/resources#healthcare-provider">https://www.lillycares.com/resources#healthcare-provider</a></p><p><b>IF SUBMITTING BY FAX/MAIL - <i>Slower option</i></b></p><ul style="list-style-type: none"><li>Include documents needed (see left).</li><li>Download PDF application.</li><li>You may have an application mailed to you by calling 1-800-545-6962.</li></ul></div> <div><p><b>FEATURES</b></p><table><tr><td>Application Languages</td><td></td><td>Spanish application available (PDF/Paper only): <a href="https://michmed.org/BA8Ag">https://michmed.org/BA8Ag</a></td></tr><tr><td>Where are meds shipped?</td><td></td><td>Directly to your home or to HCP office.</td></tr><tr><td>Automatic RX refills?</td><td></td><td>Patients have the option to sign up for automatic refills. Text message when shipped.</td></tr><tr><td>Enrollment expiration?</td><td></td><td>Medicare: Must reapply each calendar year Uninsured: Must reapply every 12 months</td></tr></table></div>	Application Languages		Spanish application available (PDF/Paper only): <a href="https://michmed.org/BA8Ag">https://michmed.org/BA8Ag</a>	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
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[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>

[3] Trulicity Medical Exception Request Form: <https://www.lillycares.com/assets/pdf/LillyCaresMedicalExceptionRequestForm.pdf>

