

Affording Your Type 2 Diabetes Care

Patient Cost Assistance Toolkit



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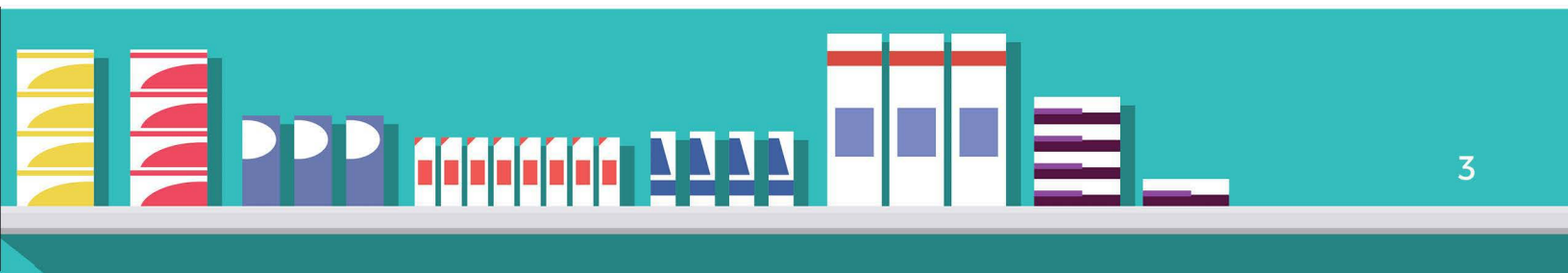
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Affording your Type 2 Diabetes Treatments and Technologies

**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 '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



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: YYP123456789		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 50% after Rx ded	
		Drug Tier 2-6 60% after Rx ded	
		Rx Deductible \$2,800	

EXAMPLE CARD BACK

Customer Service: 1-800-206-4887	
TTY/TDD: 1-800-442-7028	
Phone Mail: 1-800-274-6188	
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: 1-800-274-6188	
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



MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY



Getting Started

Find the medication you have been prescribed in the list below. Go to the listed manufacturer's website where you will be asked to fill out a simple form that checks your eligibility and may require an email address in order to send the electronic copay coupon. Copay savings programs do not have income specifications. Instead, there are maximum copay savings caps, which may impact those with high deductibles.

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

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

BYDUREON BCISE EXENATIDE XR

BYDUREON BCISE SAVINGS CARD

1-866-680-9081

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



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

\$150 per month

CARD EXPIRATION

Not provided

NOTES

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

BYETTA EXENATIDE XR

AZ & ME PRESCRIPTION SAVINGS PROGRAM

1-800-292-6363

azandmeapp.com



MONTHLY COPAY
AS LITTLE AS

\$0

CARD EXPIRATION

None provided

NOTES

Only available for those with NO prescription coverage

Last Updated: 2023-February

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

MCT2D.ORG

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

FARXIGA **DAPAGLIFLOZIN**

FARXIGA SAVINGSRX CARD

1-844-631-3978

farxiga.com/savings-support



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

Up to \$175 per 30-day supply

CARD EXPIRATION

None Provided

INVOKANA **CANAGLIFLOZIN**

JANSSEN CAREPATH SAVINGS PROGRAM

1-877-468-6526

invokana.com/savings-and-cost-support



MONTHLY COPAY
AS LITTLE AS

\$0

MAXIMUM SAVINGS

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

CARD EXPIRATION

End of each calendar year

NOTES

Included combination products =
Invokamet (canagliflozin/metformin
IR) and Invokamet XR
(canagliflozin/metformin XR).

JARDIANCE **EMPAGLIFLOZIN**

JARDIANCE SAVINGS CARD

1-866-279-8990

jardiance.com/heart-failure/savings-support



MONTHLY COPAY
AS LITTLE AS

\$10

MAXIMUM SAVINGS

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

CARD EXPIRATION

12/31/2023

NOTES

Included combination products =
Glyxambi (empagliflozin/lineagliptin)

Last Updated: 2023-February

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

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

MOUNJARO **TIRZEPATIDE**

MOUNJARO SAVINGS CARD
1-866-255-8661

mounjaro.com/savings-resources



MONTHLY COPAY
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
12/31/2023

NOTES

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

OZEMPIC **SEMAGLUTIDE**

NOVOCARES OZEMPIC SAVINGS CARD
1-877-304-6855

ozempicsavings.com



COPAY PER FILL
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
Good for up to 24 months

NOTES

If RX written for 3-month supply AND insurance coverage for 3-month fill, maximum savings is \$450

RYBELSUS **SEMAGLUTIDE**

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

rybelsussavings.com



COPAY PER FILL
AS LITTLE AS
\$10

MAXIMUM SAVINGS
\$300 per month

CARD EXPIRATION
Good for up to 24 months

NOTES

Some Prescription Insurance GROUP numbers are no longer eligible. See website listed above for specifics. If RX written for 3 month supply AND insurance coverage for 3 supply, maximum savings is \$900

Last Updated: 2023-February

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

MEDICATION COPAY SAVINGS CARDS

For Private/Commercial Insurance ONLY

STEGLATRO ERTUGLIFLOZIN

SAVINGS COUPON FOR STEGLATRO
1-877-264-2454

steglatro.com/savings-offers



MONTHLY COPAY
AS LITTLE AS
\$0

MAXIMUM SAVINGS
\$583 per prescription

CARD EXPIRATION
02/28/2024

NOTES

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

TRULICITY DULAGLUTIDE

TRULICITY SAVINGS CARD
1-844-878-4636

trulicity.com/savings-resources



MONTHLY COPAY
AS LITTLE AS
\$25

MAXIMUM SAVINGS
\$150 per month

CARD EXPIRATION
02/28/2024

VICTOZA LIRAGLUTIDE

NOVOCARES
1-877-304-6855

victozasavings.com

Program discontinued to new enrollees as of April 9, 2021. If you currently have a Victoza® Savings Card, you may continue to take advantage of its benefits until April 30, 2023.



REPORT A PROBLEM

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

Last Updated: 2023-February

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



Patient Assistance Programs

For Medicare Part D



Type 2 Diabetes Care

Medication Financial Assistance Programs



Change Log

Last Updated 11/28/2023

What's New

Bydureon BCise & Farxiga: AZ&Me no longer auto-enrolls current Medicare users from 2023 to 2024. Medicare enrollees must re-enroll to the program after passing an electronic income verification. Notes with eligibility status will be sent to both prescriber and patient in late 2023.

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

Trulicity (dulaglutide): Starting 2024, Lilly Cares is no longer taking new Trulicity applicants. Only those who are currently enrolled in 2023 may re-apply.

New look and feel for 2024 guide, with expanded information for each patient assistance program. Pages are organized by drug/manufacturer program. Each program's page includes relevant information like:

- Program website, fax, phone, mailing address, and a new QR code that directs to the paper application
- Eligibility requirements including an integrated income table from the 2023 Federal Poverty Guidelines
- A list of supplementary documents needed
- Steps to complete enrollment for both patient and their health care provider (HCP)
- Key features of the program.

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 Financial Assistance Programs

Step 1: Gather Information Before Applying

About Me

My Email
Address

My Health
Care Provider
(HCP)'s
email address

If completing an online app, valid emails are needed.

My annual gross
household income

\$

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

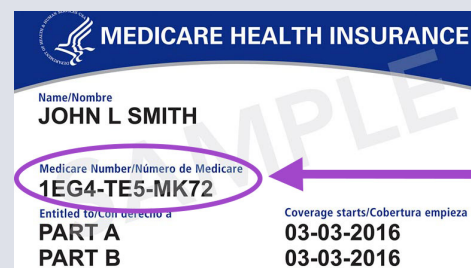
My Insurance Info

What kind of health insurance do I have?

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

My Medicare Beneficiary
Identifier (MBI)

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



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

Type 2 Diabetes Care

Medication Patient Assistance Programs

BYDUREON BCISE (exenatide), FARXIGA (dapagliflozin)

BYDUREON BCISE EXENATIDE
FARXIGA DAPAGLIFLOZIN

AZ & ME
FOR MEDICARE OR UNINSURED

MEDICATION

AZ & ME ELIGIBILITY

HOW TO APPLY



BYDUREON BCISE

FARXIGA

Maker
AstraZeneca

FAX
1-877-239-0867

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

WEB
azandmeapp.com/

PHONE
1-800-292-6363

Scan to go to PDF app



INSURANCE STATUS

Uninsured or Medicare

INCOME

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

2023 Federal Poverty Guidelines [1]
Yearly household income

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

If you were enrolled in 2023 and have Medicare

You must re-enroll in 2024.

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

ONLINE APPLICATION - Fastest option

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

IF SUBMITTING BY FAX/MAIL - Slower option

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



FEATURES

Application Languages



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

Where are meds shipped?



Directly to your home.

Automatic RX refills?



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

When does enrollment expire?



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

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

[2] More info on 2024 AZ&Me income requirements and Medicare re-enrollment <https://michmed.org/N2mqW>

Type 2 Diabetes Care

Medication Financial Assistance Programs

INVOKANA (canagliflozin)



MEDICATION

INVOKANA

Maker
Johnson & Johnson

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

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

WEB
jjpaf.org

PHONE
1-800-652-6227

Scan to go to PDF app



JJPAF ELIGIBILITY

INSURANCE STATUS

Uninsured *only*

INCOME

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

2023 Federal Poverty Guidelines [1]
Yearly household income

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

DOCUMENTS NEEDED

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

HOW TO APPLY

ONLINE APPLICATION is NOT available at this time.

SUBMIT BY FAX/MAIL

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

FEATURES

Where are meds shipped?



Health care provider's office only

Automatic RX refills?



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

When does enrollment expire?



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

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

Type 2 Diabetes Care

Medication Financial Assistance Programs

JARDIANCE (empagliflozin)

BI CARES PATIENT ASSISTANCE
FOR UNINSURED AND UNDER INSURED

JARDIANCE EMPAGLIFLOZIN

MEDICATION

BI CARES ELIGIBILITY

HOW TO APPLY



JARDIANCE

Makers

Boehringer
Ingelheim and Eli
Lilly

FAX

1-866-851-2827

MAIL

BI Cares Foundation
Patient Assistance
Program, PO Box
5520, Louisville, KY
40255

WEB

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

PHONE

1-800-556-8317



INSURANCE STATUS

Uninsured or not enough coverage (includes some commercial and Medicare plans)

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

2023 Federal Poverty Guidelines [2]
Yearly household income

Household Size	250%
1	\$36,450
2	\$49,300
3	\$62,150
4	\$75,000
5	\$87,850
6	\$100,700
7	\$113,550
8	\$126,400

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)

ONLINE APPLICATION is NOT available at this time.

SUBMIT BY FAX

- Patient:** Complete section 1-4 in blue or black ink.
- Health care provider (HCP):** Complete Section 5-6, with a wet signature.
- HCP:** Attach a separate prescription to the paper application.

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>

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


NOVO CARE ELIGIBILITY

INSURANCE
STATUS

Uninsured or Medicare

INCOME

At or Below

400% of the FPLAnnual adjusted gross household
**Income verified via soft credit inquiry OR by
submitting proof of income (see below)**
2023 Federal Poverty Guidelines [1]
Yearly household income

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

DOCUMENTS NEEDED

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

HOW TO APPLY

ONLINE APPLICATION - *Faster option*

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

FEATURES

Application Languages


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

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

Type 2 Diabetes Care

Medication Financial Assistance Programs

TRULICITY (dulaglutide)

TRULICITY DULAGLUTIDE

LILLY CARES
FOR MEDICARE OR UNINSURED

MEDICATION

TRULICITY

Maker
Eli Lilly

FAX
1-844-431-6650

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

WEB
lillycares.com

PHONE
1-800-545-6962

Scan to go to PDF app



LILLY CARES ELIGIBILITY

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

INSURANCE STATUS Uninsured or Medicare

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

2023 Federal Poverty Guidelines [2]
Yearly household income

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

DOCUMENTS NEEDED

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

HOW TO APPLY



ONLINE APPLICATION - Faster option

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

IF SUBMITTING BY FAX/MAIL - Slower option

- Include documents needed (see left)

FEATURES

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

Where are meds shipped? Directly to your home.

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

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

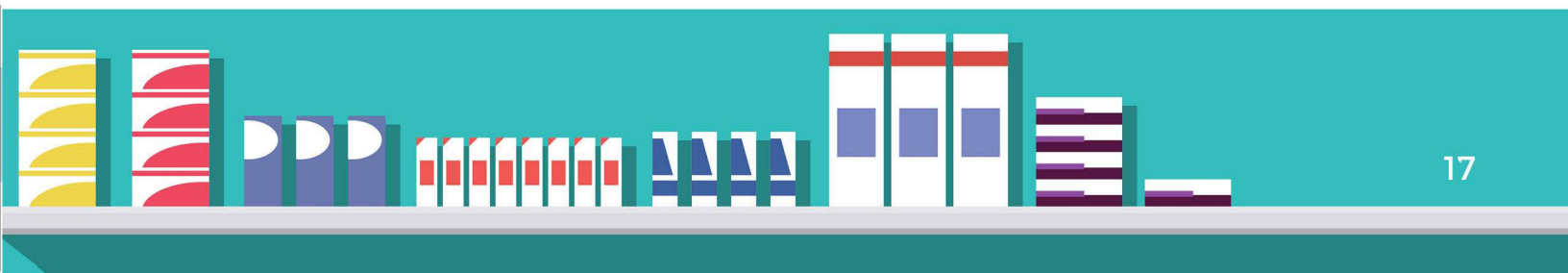
[1] More info on Lilly Cares eligibility <https://www.lillycares.com/how-to-apply>

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



Senior Savings Program

For Medicare Part D





Medicare Part D Senior Savings Model

What is the Senior Savings Model?

The Part D Senior Savings Model is a program that offers insulin for a **maximum monthly cost of \$35**.

How do I enroll in the program?



Call **1-800-MEDICARE**
(1-800-633-4227)

OR



Visit **medicare.gov/plan-compare**

Why is this important to me?

By switching to the Senior Savings Model, you can **save money on your insulin** and may be able to **afford other diabetes medications** that can lower your weight and protect your heart and kidneys.

Additional Information

Which medications does this apply to?

Insulin only.

Are all insulins covered?

No, each program has preferred insulins including at least one brand of vial and pen and long-acting (basal) and mealtime (prandial).

How do I find out if my plan offers the Senior Savings Model?

Call your plan's customer service number (on the back of your card) and ask.

Can I change my Medicare Part D plan to one that has the Senior Savings Model?

You can change from one Part D plan to another during the Medicare open enrollment period, which runs from October 15 to December 7 each year.

