

Type 2 Diabetes (DM2) Medication Cost Support

OZEMPIC® (Semaglutide)

Indication: Type 2 Diabetes Management

Savings Card (Commercial Insurance Only)

- May reduce copay to **as low as \$25 per prescription**
- Prescription can be sent to **any pharmacy**
- Patient must bring savings card information to the pharmacy
- **Not eligible** for patients with:
 - Medicare
 - Medicaid
 - Other federal or state insurance

Sign up here:

<https://www.ozempic.com/savings-and-resources/save-on-ozempic.html>

Patient Assistance Program (PAP) – NovoCare

- Provides **FREE medication**
- Medication is **shipped directly to the office**
- Patient must complete an application

Apply here:

<https://www.novocare.com/diabetes/help-with-costs/pap.html>

Eligibility Requirements

Patients must:

- Be a **U.S. citizen or legal resident**
- Have household income **≤ 400% of Federal Poverty Level (FPL)**
 - (See NeedyMeds website for current guidelines)
- Have:
 - **Medicare OR**
 - **No insurance**
- **NOT have:**

Prescribing/Payment options for GLP1 RAs

- Commercial/private insurance
- Medicaid
- Low Income Subsidy (LIS)
- Veterans Affairs (VA) benefits

Additional Requirement

- If eligible for Medicaid, patient must:
 - Sign declaration stating they are **not enrolled and will not enroll**
 - Provide proof of denial if requested

MOUNJARO® (Tirzepatide)

Indication: Type 2 Diabetes Management

Savings Card (Commercial Insurance Only)

- May reduce copay to **as low as \$25 per prescription**
- Prescription can be sent to **any pharmacy**
- Patient must bring savings card information to the pharmacy
- **Not eligible** for:
 - Medicare
 - Medicaid
 - Other federal or state insurance

Sign up here:

<https://enrollment.mounjaro.lilly.com/enroll/welcomePage>

Patient Assistance Program – Lilly Cares

- **Mounjaro is NOT currently included in this program**

Quick Comparison

	Medication Savings Card	PAP Available	Key Limitation
Ozempic	Yes (\$25)	Yes (NovoCare)	PAP excludes commercial insurance
Mounjaro	Yes (\$25)	No	No PAP currently available

Prescribing/Payment options for GLP1 RAs

Obesity Management - Medication Cost Support

ZEPBOUND		
Single dose pen/Autoinjectors	Sig: 0.5 ml subcut weekly 28 days: 2 mL OR 4 pens 84 days: 6 mL OR 12 pens	<ul style="list-style-type: none"> - Insurance Only - Maintenance doses: 5, 10, 15 mg - Direct patient to Eli Lilly Savings Resource website if copay high (not for state/federal insurance)
Single dose vial	Sig: 0.5 mL subcut weekly 28 days: 2 ML OR 4 vials 84 days: 6 mL or 12 vials	<ul style="list-style-type: none"> - Self pay only: LillyDirect Pharmacy - 2.5 mg - \$299/mth - 5 mg - \$399/mth - 7.5-15 mg - \$449/mth
Kwik Pen (4 dose pen)	Sig: 0.6 mL subcut weekly 28 days: 2.4 mL OR 1 pen 84 days: 7.2 mL OR 3 pens	<ul style="list-style-type: none"> - Self pay only: LillyDirect Pharmacy - 2.5 mg - \$299/mth - 5 mg - \$399/mth - 7.5-15 mg - \$449/mth
WEGOVY		
Wegovy – pen	Sig: ___mg/week 28 days: 3 ml OR 1 pen 84 days: 9 ml OR 3 pens	<ul style="list-style-type: none"> - Insurance OR - Self pay: - 0.25, 0.5 mg - \$199/mth - 1, 1.7, 2.4 mg - \$349/mth - Direct patient to NovoCare Savings Resource website if copay high (not for state/federal insurance)
Oral Wegovy	Sig: 1 tab orally on empty stomach upon rising with 4 ounces of plain water; NPO x 30 minutes after taking, then eat first meal #30/30 days #90/90 days	<ul style="list-style-type: none"> - Insurance OR - Self pay: - 1.4, 4 mg - \$149/mth - 9, 25 mg - \$299/ mth - Direct patient to NovoCare Savings Resource website if copay high (not for state/federal insurance)

Prescribing/Payment options for GLP1 RAs

Step 1 Choose the delivery device of Zepbound®

Exclusively available through *Lilly Direct*®

Zepbound 4 dose single-patient-use KwikPen®



Possible names in the EHR system:
ZEPBOUND KWIKPEN

Dose Options* & NDC:
2.5 mg: **0002-3566-11**
5 mg: **0002-3555-11**
7.5 mg: **0002-3544-11**
10 mg: **0002-3533-11**
12.5 mg: **0002-3522-11**
15 mg: **0002-3511-11**

*Some EHR systems may list the total KwikPen multidose mg rather than the weekly injection dose.

Zepbound single-dose Vial



Possible names in the EHR system:
ZEPBOUND or Zepbound Subcutaneous Solutions

Dose Options and NDC:
2.5 mg: **0002-0152-04**
5 mg: **0002-0243-04**
7.5 mg: **0002-1214-04**
10 mg: **0002-1340-04**
12.5 mg: **0002-1423-04**
15 mg: **0002-2002-04**

Patients will have the choice of free home delivery or retail pick up. If retail pick up is chosen, an Rx may be needed for injection supplies in certain states

Available through *Lilly Direct*® and other pharmacies options

Zepbound single-dose Pen



Possible names in the EHR system:
ZEPBOUND PEN or Zepbound Auto Injector

Dose Options and NDC:
2.5 mg: **0002-2506-80**
5 mg: **0002-2495-80**
7.5 mg: **0002-2484-80**
10 mg: **0002-2471-80**
12.5 mg: **0002-2460-80**
15 mg: **0002-2457-80**

Step 2 Send the prescription to the LillyDirect Pharmacy

LillyDirect Pharmacy

NPI: 1912889320 | **NCPDP:** 1574056

1555 S Harding St, Ste 171-B68, Indianapolis, IN 46221

[LillyDirect Prescribing Guide](#)

Self pay

Pricing is available for local pharmacy pickup with a savings offer or home delivery.

Wegovy® pill		Wegovy® pen	
	Limited time offer New patients only		Limited time offer First 2 months (new patients only)
1.5 mg		0.25 mg/0.5 mL	\$199/mo^{b,c}
4.0 mg	\$149/mo^{a,b}	0.5 mg/0.5 mL	\$199/mo^{b,c}
9 mg		1 mg/0.5 mL	
25 mg		1.7 mg/0.75 mL	
		2.4 mg/0.75 mL	
	Standard offer		Standard offer
	\$149/mo		\$349/mo
	\$199/mo		\$349/mo
	\$299/mo		\$349/mo
	\$299/mo		\$349/mo

[Wegovy Price Guide](#)