

### Change Log

Last Updated: 16 March 2026

#### What's New in 2026 PAP Programs

**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)

FARXIGA

AZ & ME FOR MEDICARE OR UNINSURED

### MEDICATION

**FARXIGA**

**Maker**  
AstraZeneca

**FAX**  
1-877-239-0867

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

**WEB**  
[azandmeapp.com/](http://azandmeapp.com/)

**PHONE**  
1-800-292-6363

Scan to go to PDF app



### ELIGIBILITY

**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](http://azandmeapp.com/for-existing-patients)

### HOW TO APPLY



#### ONLINE APPLICATION - Fastest option

**Patient:** Submit your online application [azandmeapp.com](http://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#](http://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](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

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

**PHONE**  
1-800-545-6962

Scan to go to PDF app



### ELIGIBILITY

**NEW IN 2026** - Applications are now open for Trulicity 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>