

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

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

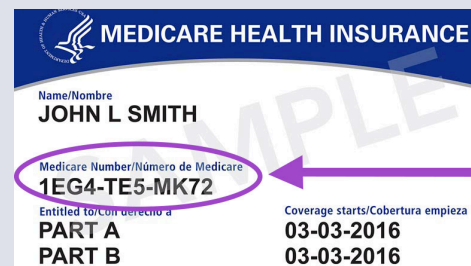
My Insurance Info

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													
BYDUREON BCISE FARXIGA Maker AstraZeneca	INSURANCE STATUS Uninsured or Medicare	ONLINE APPLICATION - Fastest option Patient: Submit your online application azandmeapp.com . If eligible, you will become enrolled in AZ&Me. HCP: Step 1. AZ&Me will contact you to get prescription. Step 2. Submit ePrescription or fax azandmeapp.com/prescriptionsavings/?screenName=showHCPPage 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.													
	INCOME At or Below 300% of the FPL Annual adjusted gross household Income verified via soft credit inquiry														
FAX 1-877-239-0867	2024 Federal Poverty Guidelines [1] Yearly household income	FEATURES													
MAIL AZ&MeTM Prescription Savings Program, One MedImmune Way, Gaithersburg, MD 20878	<table border="1"> <thead> <tr> <th>Household/ Family Size</th> <th>300%</th> </tr> </thead> <tbody> <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> </tbody> </table>		Household/ Family Size	300%	1	\$45,180	2	\$61,320	3	\$77,460	4	\$93,600	5	\$109,740	6
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WEB azandmeapp.com/	If you were enrolled in 2024 and have Medicare You must re-enroll in 2025. <ol style="list-style-type: none"> AZ&Me will conduct electronic income verification. Provider will receive fax regarding status of re-enrollment beginning mid October 2024. Patient will receive approval or denial via US mail by Nov 1, 2024. [2] 	Application Languages  Spanish application available (PDF only): https://michmed.org/vJnqj													
PHONE 1-800-292-6363 Scan to go to PDF app 		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>

2025 Medication Patient Assistance Programs

SGLT2i Tablet - INVOKANA (*canagliflozin*)



JOHNSON AND JOHNSON PAP FOR UNINSURED INVOKANA (CANAGLIFLOZIN)

MEDICATION	ELIGIBILITY	HOW TO APPLY																					
<p>INVOKANA</p> <p>Maker Johnson & Johnson</p> <p>FAX 1-833-512-0497</p> <p>MAIL Johnson & Johnson Patient Assistance Foundation, Inc. Patient Assistance Program PO Box 0367, Chesterfield, MO 63006</p> <p>WEB jjpatientassistance.com</p> <p>PHONE 833-742-0791</p> <p>Scan to go to PDF app</p>	<p>INSURANCE STATUS Uninsured, Commercial (employer), Medicare, Medicaid, or VA/TriCare/DoD</p> <p>INCOME At or Below 300% of the FPL Annual adjusted gross household Income verified via credit report</p> <p>For Medicare Part D only:</p> <ul style="list-style-type: none"> 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 <p>2024 Federal Poverty Guidelines [1] Yearly household income</p> <table border="1"> <thead> <tr> <th>Family Size</th> <th>300%</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>DOCUMENTS NEEDED</p> <ul style="list-style-type: none"> 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) 	Family Size	300%	1	\$45,180	2	\$61,320	3	\$77,460	4	\$93,600	5	\$109,740	<p>ONLINE APPLICATION - Fastest option</p> <ol style="list-style-type: none"> Complete online application jjpatientassistance.com, including entering in health care provider (HCP) information. HCP will be notified for additional information. <p>IF SUBMITTING BY FAX/MAIL - Slower option</p> <p>Patient:</p> <ol style="list-style-type: none"> Download and print the application: https://michmed.org/JyD9P. Complete all sections and sign. Gather all documents needed. Bring to your HCP's office. <p>Health care provider (HCP):</p> <ol style="list-style-type: none"> 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. <p>FEATURES</p> <table border="1"> <tr> <td>Where are meds shipped?</td> <td></td> <td>Health care provider's office only</td> </tr> <tr> <td>Automatic RX refills?</td> <td></td> <td>New applicants are auto-enrolled in automatic refills for most meds</td> </tr> <tr> <td>When does enrollment expire?</td> <td></td> <td>Medicare: Must reapply each calendar year Uninsured: Must reapply every 12 months</td> </tr> </table>	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
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[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)

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](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)

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](http://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*)

OZEMPIC & RYBELSUS (SEMAGLUTIDE)
 VICTOZA (LIRAGLUTIDE)
 NOVOCARE FOR MEDICARE OR UNINSURED



MEDICATION	NOVO CARE ELIGIBILITY	HOW TO APPLY																										
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 PHONE 1-866-310-7549 Scan to go to PDF app (English) 	INSURANCE STATUS Uninsured or Medicare INCOME At or Below 400% of the FPL Annual adjusted gross household <i>Income verified via soft credit inquiry OR by submitting proof of income (see below)</i> 2024 Federal Poverty Guidelines [1] Yearly household income <table border="1"> <thead> <tr> <th>Household/ Family Size</th> <th>400%</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$60,240</td> </tr> <tr> <td>2</td> <td>\$81,760</td> </tr> <tr> <td>3</td> <td>\$103,280</td> </tr> <tr> <td>4</td> <td>\$124,800</td> </tr> <tr> <td>5</td> <td>\$146,320</td> </tr> <tr> <td>6</td> <td>\$167,840</td> </tr> </tbody> </table> DOCUMENTS NEEDED <input type="checkbox"/> Front and back of Medicare Part D (RX) Card <input type="checkbox"/> 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	Household/ Family Size	400%	1	\$60,240	2	\$81,760	3	\$103,280	4	\$124,800	5	\$146,320	6	\$167,840	ONLINE APPLICATION - <i>Faster option</i> <ol style="list-style-type: none"> 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 - <i>Slower option</i> Patient: Complete paper application and gather documents needed. Bring to your HCP's office. HCP: <i>Step 1.</i> Complete the Prescriber and Rx sections of the application. <i>Step 2.</i> Mail completed application or fax. Faxes must be sent from your health care provider's office. FEATURES <table border="1"> <tr> <td>Application Languages</td> <td></td> <td>Spanish application available (online and PDF): https://michmed.org/KqJxX</td> </tr> <tr> <td>Automatic RX refills?</td> <td></td> <td>New applicants are auto-enrolled in automatic refills for most meds. Managed by the HCP.</td> </tr> <tr> <td>Where are meds shipped?</td> <td></td> <td>Health care provider's office only. No PO Box. 120-day supply unless otherwise noted.</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>	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
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[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*)

7 | 2/12/25



TRULICITY (DULAGLUTIDE)

LILLY CARES FOR MEDICARE OR UNINSURED

MEDICATION

TRULICITY

Maker
Eli Lilly

FAX
1-844-431-6650

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

WEB
lillycares.com

PHONE
1-800-545-6962

Scan to go to PDF app



ELIGIBILITY

Not taking new Trulicity applicants, except for "limited medical exception cases"[3]. Only those who were enrolled in 2024 may re-apply.

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

2024 Federal Poverty Guidelines [2]
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 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?  2026
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>

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