

### 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

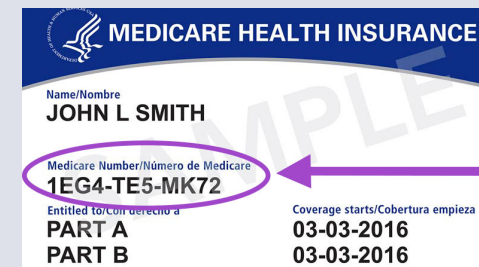
### My Insurance Info

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																											
<b>BYDUREON BCISE</b>  <b>FARXIGA</b>  <b>Maker</b> AstraZeneca  <b>FAX</b> 1-877-239-0867  <b>MAIL</b> AZ&MeTM Prescription Savings Program, One MedImmune Way, Gaithersburg, MD 20878  <b>WEB</b> <a href="http://azandmeapp.com/">azandmeapp.com/</a>  <b>PHONE</b> 1-800-292-6363  Scan to go to PDF app 	<b>INSURANCE STATUS</b> Uninsured or Medicare  <b>INCOME</b> At or Below <b>300% of the FPL</b> <b>Annual adjusted gross household</b> <i>Income verified via soft credit inquiry</i>  <b>2023 Federal Poverty Guidelines [1]</b> <i>Yearly household income</i>  <table border="1"> <thead> <tr> <th>Household Size</th> <th>300%</th> <th>400%</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$43,740</td><td>\$58,320</td></tr> <tr><td>2</td><td>\$59,160</td><td>\$78,880</td></tr> <tr><td>3</td><td>\$74,580</td><td>\$99,440</td></tr> <tr><td>4</td><td>\$90,000</td><td>\$120,000</td></tr> <tr><td>5</td><td>\$105,420</td><td>\$140,560</td></tr> <tr><td>6</td><td>\$120,840</td><td>\$161,120</td></tr> <tr><td>7</td><td>\$136,260</td><td>\$181,680</td></tr> <tr><td>8</td><td>\$151,680</td><td>\$202,240</td></tr> </tbody> </table>	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	<b>ONLINE APPLICATION - Fastest option</b> <ol style="list-style-type: none"> <li><b>Patients:</b> Submit your online application <a href="http://azandmeapp.com">azandmeapp.com</a>. If eligible, you will become enrolled in AZ&amp;Me.</li> <li>AZ&amp;Me will contact your health care provider's office to get your prescription.</li> <li><b>HCPs:</b> Submit ePrescription or fax <a href="http://azandmeapp.com/prescriptionsavings/?screenName=showHCPPage">azandmeapp.com/prescriptionsavings/?screenName=showHCPPage</a></li> <li>Your medication will be shipped directly to your home address.</li> <li>If eligible, you can request a refill of your medication.</li> </ol> <b>IF SUBMITTING BY FAX/MAIL - Slower option</b> <ul style="list-style-type: none"> <li>Complete application in blue or black ink.</li> <li><b>HCP:</b> Wet signature is required.</li> <li><b>Must fax both patient and provider application from the provider's office.</b></li> </ul> 
	Household Size	300%	400%																										
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<b>FEATURES</b>																													
<b>Application Languages</b>		 Spanish application available (PDF only): <a href="https://michmed.org/vJnqj">https://michmed.org/vJnqj</a>																											
<b>Where are meds shipped?</b>		 Directly to your home.																											
<b>Automatic RX refills?</b>		 Not available. You must request a refill using the program website or calling. You can request after taking two-thirds of med.																											
<b>When does enrollment expire?</b>		 Medicare: Must reapply each calendar year. Uninsured: Must reapply every 12 months																											

**If you were enrolled in 2023 and have Medicare**  
 You must re-enroll in 2024.

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

[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>



MEDICATION

JJPAF ELIGIBILITY

HOW TO APPLY

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](http://jjpaf.org)

**PHONE**  
1-800-652-6227

Scan to go to PDF app



**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.

**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

INVOKANA CANAGLIFLOZIN

JOHNSON AND JOHNSON PAP FOR UNINSURED

[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																		
<b>JARDIANCE</b>  <b>Makers</b> Boehringer Ingelheim and Eli Lilly  <b>FAX</b> 1-866-851-2827  <b>MAIL</b> BI Cares Foundation Patient Assistance Program, PO Box 5520, Louisville, KY 40255  <b>WEB</b> <a href="http://boehringer-ingelheim.com/us/our-responsibility/patient-assistance-program">boehringer-ingelheim.com/us/our-responsibility/patient-assistance-program</a>  <b>PHONE</b> 1-800-556-8317  	<b>INSURANCE STATUS</b> Uninsured or not enough coverage (includes some commercial and Medicare plans)	<b>ONLINE APPLICATION is NOT available at this time.</b>  <b>SUBMIT BY FAX</b> 1. <b>Patient:</b> Complete section 1-4 in blue or black ink. 2. <b>Health care provider (HCP):</b> Complete Section 5-6, with a wet signature. 3. <b>HCP:</b> Attach a separate prescription to the paper application.																		
	<b>INCOME</b> At or Below <b>250% of the FPL</b> Annual household income before taxes <i>Income verified via "third party assessment" using last 4 digits of SSN or by submitting a copy of 1040 tax return</i>		<b>FEATURES</b>  <b>Application Languages</b>  Spanish application available (PDF only): <a href="https://michmed.org/N23nW">https://michmed.org/N23nW</a>  <b>Where are meds shipped?</b>  Directly to your home.  <b>Automatic RX refills?</b>  No. You must request refill online at least 10 business days prior to next refill date: <a href="http://boehringer-ingelheim.com/us/bi_cares_patient_assistance_program">boehringer-ingelheim.com/us/bi_cares_patient_assistance_program</a>  <b>When does enrollment expire?</b>  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																	
<b>2023 Federal Poverty Guidelines [2]</b> Yearly household income																				
<table border="1"> <thead> <tr> <th>Household Size</th> <th>250%</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$36,450</td></tr> <tr><td>2</td><td>\$49,300</td></tr> <tr><td>3</td><td>\$62,150</td></tr> <tr><td>4</td><td>\$75,000</td></tr> <tr><td>5</td><td>\$87,850</td></tr> <tr><td>6</td><td>\$100,700</td></tr> <tr><td>7</td><td>\$113,550</td></tr> <tr><td>8</td><td>\$126,400</td></tr> </tbody> </table>		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	
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6	\$100,700																			
7	\$113,550																			
8	\$126,400																			
<b>DOCUMENTS NEEDED</b> <input type="checkbox"/> If you do not want a "third party income assessment," you must submit a copy of your most recent 1040 tax return. <input type="checkbox"/> You will be asked to disclose the total dollar amount of your household assets (e.g. 401(k) retirement, IRA, second home, etc)																				

[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>



OZEMPIC & RYBELSUS VICTOZA SEMAGLUTIDE 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](http://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 FPL**  
Annual 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

<b>Application Languages</b>	EN ES	Spanish application available (PDF only): <a href="https://michmed.org/KqJxX">https://michmed.org/KqJxX</a>
<b>Automatic RX refills?</b>		New applicants are auto-enrolled in automatic refills for most meds.
<b>Where are meds shipped?</b>		Health care provider's office only. No PO Box. 120-day supply unless otherwise noted.
<b>Enrollment expiration?</b>	2024	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](https://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
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7	\$136,260	\$181,680
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**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>