Type 2 Diabetes Care

# 2027 Medication Patient Assistance Programs (PAPs)

## Change Log

**Last Updated:** DRAFT 13 Nov 2026

**Farxiga & Xigduo XR (AZ&Me):** AZ&Me assistance **ended December 31, 2026**. The last day to request a refill was **December 15, 2026**. No exceptions or extensions. New options for patients in financial hardship are on the Farxiga page.

**Jardiance (BI Cares):** As of **October 15, 2026**, BI Cares no longer accepts **new** patients with Medicare Part D or Medicare Advantage for Jardiance and other BI primary care medicines. Medicare patients already enrolled may continue in 2027 only if they re-enroll. Uninsured patients can still apply (250% of FPL or less).

**Ozempic (NovoCare):**

1. Application is **online only**. Fax applications are not accepted.
2. Medication ships to the patient's **home only**, not the HCP office.
3. Medicare Part D patients remain *not* eligible (since January 2026).
4. Income limit remains 200% or less of the FPL.

**Trulicity (Lilly Cares):** Continues to accept applications from uninsured and Medicare Part D patients.

**Rybelsus and Victoza (NovoCare):** No longer available through the NovoCare patient assistance program.

**Income tables:** Tables in this guide use the 2026 Federal Poverty Guidelines. They will be updated when the 2027 guidelines are released (mid-January 2027): aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

### What PAPs are open to Medicare Part D patients?

**SGLT2i: INVOKANA** only (J&J, page 4). Income at or below 300% of FPL. At or below 150% of FPL: must show you don't qualify for Extra Help (Low-Income Subsidy).

**GLP-1 RA: TRULICITY** only (Lilly Cares, page 7). Income at or below 300% of FPL. Not eligible if enrolled in full Extra Help.

*Not open to new Medicare patients: Farxiga, Jardiance, Ozempic.*

## Common Patient Questions

**What is a Patient Assistance Program?** Patient assistance programs (PAPs) help people with no health insurance and those who are underinsured (including some with Medicare or Medicaid) afford medications. These programs are offered by the medication or device manufacturer, or sometimes by nonprofits or government agencies.

PAPs may cover the full cost of medications or provide a discount. Most PAPs in this guide are manufacturer programs that send free medication to your doctor's office or home for up to one year.

**Am I eligible?** Check each program page in this guide and the program's website. Typically, you must:

- Be a U.S. citizen or legal resident
- Be uninsured, underinsured (you have coverage but still cannot get the 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 if my program has ended?** Non-profit foundations may help people with insurance pay copays or deductibles. Search open funds at fundsupport.reassist.app ("Type 2 Diabetes," then "Michigan").

**Gross income vs. adjusted gross income (AGI)**

**Annual gross household income:** all money you and your household receive in one year ***before taxes***, including wages, retirement funds, Social Security, disability, unemployment, child support, and investment income.

**Adjusted gross income (AGI):** gross income *minus* certain IRS deductions (such as retirement contributions or student loan interest). It is listed on your federal tax return (Form 1040) and is usually lower than gross income.

**Which one does each program use?** Jardiance and Invokana: gross. Trulicity: adjusted (the application asks for income before taxes). Ozempic: "total household income" (not specified).

**ACRONYMS**

**FPL:** Federal Poverty Level · **HCP:** Health Care Provider · **MBI:** Medicare Beneficiary Identifier (see page 2)

# 2027 Medication Patient Assistance Programs

## Step 1: Gather Information Before Applying

### About Me

**My Email Address**

**My Health Care Provider's Email Address**

*Valid email addresses are needed for online applications.*

**My annual gross household income**

$

*All income before taxes.*

**My adjusted gross income (AGI)**

$

*From your most recent federal tax return (Form 1040). Programs use different income measures; see page 1.*

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

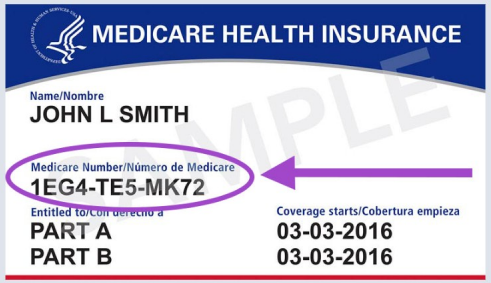
### My Insurance Info

**What kind of health insurance do I have?**

- ◯ ***No insurance***
- ◯ ***Commercial plan*** *– including an employer-based or Healthcare.gov Marketplace plan*
- ◯ ***Medicare*** *– including Medicare Part D (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.

# 2027 Medication Patient Assistance Programs

## SGLT2i Tablet – FARXIGA (*dapagliflozin*)

OPTIONS AFTER AZ&ME · FOR FINANCIAL HARDSHIP

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

### AZ&Me patient assistance for FARXIGA and XIGDUO XR ended December 31, 2026

The last day to request a refill was December 15, 2026. There are no exceptions or extensions. For patients in financial hardship (uninsured, or with commercial insurance or Medicare), consider the options below.

### OPTION 1 · Talk With Your Health Care Provider

**Ask about generic dapagliflozin.** Generic versions of FARXIGA and XIGDUO XR became available in April 2026. Ask your pharmacist about the cost.

**Average cash price comparison (checked 10/15/2026)[4]**

| Generic dapagliflozin 10 mg | BRENZAVVY (bexagliflozin) |
|---|---|
| **~$19** / 30 days **~$33** / 90 days | **~$136** / 90 days |

Averages include shipping: generic from GoodRx (Kroger, Sam's Club), Cost Plus Drugs and HealthWarehouse; BRENZAVVY from GoodRx (with Companion enrollment) and Cost Plus Drugs. Prices change often.

**Ask about another SGLT2i with a patient assistance program:**

- JARDIANCE (empagliflozin): BI Cares, **uninsured only**. Not accepting new Medicare patients as of October 15, 2026 (see page 5)
- INVOKANA (canagliflozin): J&J Patient Assistance Foundation, uninsured or Medicare (see page 4)

**Have Medicare?** Compare Part D plans each year during Open Enrollment (October 15–December 7). In 2027, Part D out-of-pocket costs are capped at $2,400 per year. **Limited income with Medicare?** Ask about Extra Help (Low-Income Subsidy) to lower Part D costs.

### OPTION 2 · Independent Non-Profit Organizations

**WHO:** Patients **with insurance** (commercial or Medicare) who cannot afford their copay.

**WHAT:** Foundations may help pay copays, coinsurance, or deductibles. Funds open and close during the year.

**How to search for an open fund:**

1. Go to fundsupport.reassist.app
2. Select "Type 2 Diabetes"
3. Select "Michigan"
4. Apply to a fund that is open

Scan to search open funds

**Examples of Type 2 Diabetes funds:**

- **PAN Foundation:** Medicare patients, 400% of FPL or less, up to $3,100 per year. panfoundation.org
- **HealthWell Foundation:** Currently closed to new patients. Sign up for fund alerts at healthwellfoundation.org

### OPTION 3

### AstraZeneca Direct

Launched October 1, 2025, with home delivery.

**WHO:** Patients who prefer to use a **direct cash pay** option: you pay AstraZeneca directly for the medication instead of billing your insurance.

FARXIGA: azpatientdirect.com/farxiga
XIGDUO XR: azpatientdirect.com/xigduo
or AstraZenecaDirect.com
**PHONE** 1-844-MYAZMED (1-844-692-9633)

Scan to go to AZ Direct

[1] AZ&Me Important Program Updates and FAQs (accessed 10/30/2026): azandmeapp.com/important-program-updates
[2] Options shared at MCT2D Fall 2026 Regional Meetings. Fund availability changes often; check before referring patients.
[3] AstraZeneca press release, September 26, 2025: "AstraZeneca launches direct-to-consumer platform…" (astrazeneca-us.com)
[4] MCT2D Fall 2026 Regional Meeting slides (H. Diez, 10/15/2026), from goodrx.com, costplusdrugs.com and healthwarehouse.com, accessed 10/15/2026.

# 2027 Medication Patient Assistance Programs

## SGLT2i Tablet – INVOKANA (*canagliflozin*)

J&J PAP · FOR UNINSURED OR UNDERINSURED

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

## ELIGIBILITY

**INSURANCE STATUS**

Uninsured, commercial (employer), Medicare, Medicaid, VA, TRICARE, or DoD

Coverage must be inadequate for the medicine. Not eligible if your insurance would cover it if this application is denied, or if your plan requires you to apply first (alternative funding programs).

**INCOME**

**At or Below**

**300% of the FPL**

**Annual gross household income**

*Income verified via credit check (does not affect credit score)*

**For Medicare Part D only:**

- If household income is at or below 150% of FPL, you must show you are **not eligible** for the Low-Income Subsidy (LIS, also called Extra Help)

| Household / Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| J&J 2026 limit | $46,950 | $63,450 | $79,950 | $96,450 | $112,950 | $129,450 | $145,950 |

*Based on J&J's 2026 program limits. 2027 FPL guidance will be published in mid-January 2027, so these numbers will change.*

**DOCUMENTS NEEDED**

- ☐ Copy of front and back of all insurance cards (medical, pharmacy)
- ☐ Proof of income (copy of 1040 or 1040-SR federal tax return)
- ☐ Insurance denial for the medicine, if you have one
- ☐ Medicare Part D with income ≤150% FPL: LIS screening result from SSA.gov/extrahelp ("Find Out If You Qualify"), printed or screenshot

## HOW TO APPLY

Online · Fax · Mail

**ONLINE APPLICATION** – *Fastest option*

1. Complete online application at jjpatientassistance.com, including health care provider (HCP) information, and sign the Patient Consent and Patient Authorization forms online.
2. HCP will be notified for additional information. HCPs can also enroll patients at Portal.JNJwithMe.com/patient-assistance/enroll

**IF SUBMITTING A PAPER APPLICATION (FAX, MAIL, OR UPLOAD)** – *Slower option*

**Patient:**

1. Download and print the application: michmed.org/JyD9P
2. Complete the patient sections and sign page 4.
3. Gather all documents needed.
4. Bring to your HCP's office.

**Health care provider (HCP):**

1. Complete pages 5–6 of the enrollment form (includes prescription) and sign page 6.
2. Fax (1-833-512-0497), mail, or upload as a PDF or image at account1.jnjwithme.com/patient-assistance/upload, with any documentation requested.

## FEATURES

| | |
|---|---|
| **Application Languages** | EN ES — English application only. Spanish Quick Reference Guide: michmed.org/KD8en |
| **Where are meds shipped?** | Directly to your home, or to the prescriber's office if chosen on the form. |
| **Automatic RX refills?** | Not confirmed. The Rx allows up to 11 refills; you may need to contact J&J to request them. |
| **When does enrollment expire?** | 2027 — Assistance lasts up to one year; program terms expire at the end of each calendar year. J&J may ask you to re-verify eligibility. |

**MEDICATION**

**INVOKANA**

Maker: Johnson & Johnson

Also covers: INVOKAMET, INVOKAMET XR

**PHONE**

1-833-742-0791

M-F, 8 am – 8 pm ET

**FAX**

1-833-512-0497

**MAIL**

J&J withMe, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560

**WEB**

jjpatientassistance.com

Scan to go to PDF app

[1] J&J PAP Quick Reference Guide cp-350342v16 (08/26) and Enrollment Form cp-352620v17 (07/26). Income limits are J&J's published 2026 program limits (300% FPL); Alaska/Hawaii differ.

# 2027 Medication Patient Assistance Programs

## SGLT2i Tablet – JARDIANCE (*empagliflozin*)

BI CARES PATIENT ASSISTANCE · FOR UNINSURED

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

## ELIGIBILITY

**INSURANCE STATUS**

Uninsured only

**Medicare Part D or Medicare Advantage:** No new patients accepted as of October 15, 2026. Patients already enrolled may continue in **2027 only** if they re-enroll and still qualify.

**Insurance that covers the medication:** Not eligible.

**INCOME**

**At or Below**

**250% of the FPL**

**Annual gross household income (before taxes)**

*Application asks for household size and total yearly income. Proof of income may be requested.*

Household = you, plus a spouse and children under 19 who live with you.

| Household / Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 250% of FPL | $39,900 | $54,100 | $68,300 | $82,500 | $96,700 | $110,900 | $125,100 |

*Based on the 2026 Federal Poverty Guidelines (FPL). 2027 FPL guidance will be published in mid-January 2027, so these numbers will change.*

**DOCUMENTS NEEDED**

You may be asked for proof of income, such as:

- ☐ Federal tax return
- ☐ W-2 or 1099
- ☐ Pay stubs
- ☐ Pension or Social Security statement

**Medicare (already enrolled):** attach a Low-Income Subsidy (Extra Help) denial letter if you have one.

*Missing documents may delay review of your application.*

## HOW TO APPLY

Online | Fax | ~~No mail~~

**ONLINE APPLICATION** must be completed by a **HEALTH CARE PROVIDER**.

**Health care provider (HCP):**

1. Register for an account at boehringercares.rxlightning.com
2. Use the welcome email to start the online application.

**IF SUBMITTING BY FAX –** *Slower option*

**Patient:** Complete Sections 1–5 in blue or black ink. Download the English or Spanish form from: michmed.org/GzQ3K. Bring to your HCP's office.

**Health care provider (HCP):** Complete Section 6 and sign Section 7. Send a prescription (Section 8, e-prescription, or a separate faxed Rx). Complete Section 9 if the patient has drug coverage. Fax to 1-866-851-2827.

### FEATURES

| | |
|---|---|
| **Application Languages** | EN ES — English and Spanish paper applications (for fax): michmed.org/GzQ3K. Online application is completed by the HCP. |
| **Where are meds shipped?** | Directly to your home. |
| **Automatic RX refills?** | No. Request each refill online at least 10 business days before your next refill date: fillmyrefills.com/Knipperx/OrderRefills.aspx |
| **When does enrollment expire?** | 2027 — Uninsured: Must reapply every 12 months. Medicare (already enrolled): Must complete annual re-enrollment for 2027. Assistance ends after 2027. |

**MEDICATION**
**JARDIANCE**
Maker: Boehringer Ingelheim
Also covers: Glyxambi, Synjardy / XR, Trijardy XR, Tradjenta, Jentadueto / XR

**PHONE**
1-800-556-8317
M-F, 8:30 am – 6 pm ET

**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

Scan to go to PDF app

[1] Boehringer Cares, "Can I apply for support?" NP-US-100242 (09/2026), "Important Program Changes" PC-US-152078 (09/26), and Application Form PC-US-151169 (07/2026). Rules may change at any time.

[2] Denied Medicare Part D or Medicare Advantage patients: educational resources at bipatientassistance.com

# 2027 Medication Patient Assistance Programs

## GLP-1 RA Injectable – OZEMPIC (*semaglutide*) NOVOCARE · FOR UNINSURED

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

## ELIGIBILITY

**INSURANCE STATUS**

Uninsured

Medicare Part D patients are not eligible for Ozempic. If your household income is within Michigan's Medicaid limit, you must provide proof of a Medicaid denial. In Michigan, the Healthy Michigan Plan covers adults 19–64 with income at or below 133% of the federal poverty level (Modified Adjusted Gross Income, or MAGI, method).

**INCOME**

At or Below

**200% of the FPL**

Total annual household income (NovoCare does not specify gross or adjusted)

***Income verified via soft credit inquiry or by submitting proof of income (see below)***

| Household / Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 200% of FPL | $31,920 | $43,280 | $54,640 | $66,000 | $77,360 | $88,720 | $100,080 |

*Based on the 2026 Federal Poverty Guidelines (FPL). 2027 FPL guidance will be published in mid-January 2027, so these numbers will change.*

**DOCUMENTS NEEDED**

- ☐ Your proof of income (W-2, 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 ~~No fax~~ ~~No mail~~

**ONLINE APPLICATION** – *Only option for Ozempic. Fax applications are not accepted.*

**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," 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. Missing or incomplete information may cause a delay. If approved, Novo Nordisk contacts your health care provider for a prescription.

**Delivery:** Once approved, medicine ships to your home, usually within 5 business days. Expect a call from Neovance™ Specialty Pharmacy at 1-800-488-5908 to set up delivery.

### FEATURES

| | | |
|---|---|---|
| **Application Languages** | EN ES | Online application is in English. Spanish version "coming soon." |
| **Where are meds shipped?** | | Directly to your home, free shipping. Not to the HCP office or a local pharmacy. Fulfilled by Neovance Specialty Pharmacy (1-800-488-5908). |
| **Automatic RX refills?** | | Not automatic. The pharmacy will text or call when a refill is due and confirm your shipping address. |
| **When does enrollment expire?** | 2027 | Must reapply every 12 months. You can submit a new application 30 days before enrollment ends. |

**MEDICATION**
**OZEMPIC**
Maker: Novo Nordisk

**PHONE**
1-866-310-7549

**MAIL**
Novo Nordisk, Inc. PO Box 370
Somerville, NJ 08876

**WEB**
novocare.com/diabetes/help-with-costs/pap.html

Scan to go to NovoCare page

# 2027 Medication Patient Assistance Programs

## GLP-1 RA Injectable – TRULICITY (*dulaglutide*) LILLY CARES · FOR UNINSURED OR MEDICARE PART D

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

## ELIGIBILITY

**INSURANCE STATUS**

Uninsured or Medicare Part D *only*

Also eligible: Medicare Part B *without* supplemental or secondary insurance (e.g., Medigap, Medicare Advantage, former-employer coverage).

**Not eligible:** enrolled in Medicaid, **full Low-Income Subsidy (Extra Help)**, or VA benefits; any private commercial insurance; or a plan that requires you to apply to Lilly Cares to get coverage (alternative funding programs).

Note: Mounjaro is not available through Lilly Cares.

**INCOME**

At or Below

**300% of the FPL**

Annual adjusted household income (application asks for income before taxes)

*Income verified via soft credit check (does not affect credit score)*

Households of 5+: call 1-800-545-6962 to confirm the limit.

| Household / Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 300% of FPL | $47,880 | $64,920 | $81,960 | $99,000 | $116,040 | $133,080 | $150,120 |

*Based on the 2026 Federal Poverty Guidelines (FPL). 2027 FPL guidance will be published in mid-January 2027, so these numbers will change.*

**DOCUMENTS NEEDED**

- ☐ Copy of the front and back of your Medicare **Part D** prescription drug card
- ☐ Proof of income, if Lilly Cares asks for it
- ☐ Correct email address for health care provider (HCP) and patient
- ☐ A signed hard copy prescription

## HOW TO APPLY

Online · Fax · Mail

**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 the online application.

Submit documents (see left). Lilly Cares may contact you for proof of income.

**HCP:** A signed hard copy prescription must be submitted as an attachment with the eApplication. See diabetes prescription fax form: lillycares.com/resources#healthcare-provider

**IF SUBMITTING BY FAX/MAIL** – *Slower option*

- Download the latest PDF application from lillycares.com. **Outdated applications are not accepted.** You may have an application mailed to you by calling 1-800-545-6962.
- **Patient:** complete the patient pages and sign the Certification Agreement and HIPAA Authorization. Include documents (see left).
- **HCP:** sign the Prescriber Section; fax 1-844-431-6650 or mail.

Lilly Cares never charges a fee to apply or refill.

### FEATURES

| | |
|---|---|
| **Application Languages** | EN / ES Spanish application available (PDF/paper only): michmed.org/BA8Ag |
| **Where are meds shipped?** | Directly to your home or to your HCP's office (you choose on the application). |
| **Automatic RX refills?** | Optional (check "Yes" on application). Text when shipped. Lilly Cares asks your HCP for a new Rx when refills run out. |
| **When does enrollment expire?** | 2027 Medicare Part D: Must reapply each calendar year. Uninsured: Must reapply every 12 months. |

**MEDICATION**
**TRULICITY**
Maker: Eli Lilly

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

**FAX**
1-844-431-6650

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

**WEB**
lillycares.com

Scan to go to PDF app

[1] Lilly Cares Application CMAT-02998 (12/2025) and eligibility terms PP-AP-US-0674 (03/2025). More info: lillycares.com/how-to-apply