Lilly Support Services™

PATIENT ENROLLMENT SECTION
Omvoh® (mirikizumab-mrkz)

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

PUBLISHED 06/2025

HAVE YOUR PATIENT SCAN to add Lilly Support Services™ for Omvoh® to their phone contacts

Upon completion of the entire form, submit pages 1-4 via fax at 1-844-466-0006 or upload online at patientsupportnow.org and code 8444660006. Items with † are required to complete enrollment.

THIS PAGE MUST BE SUBMITTED

1 Patient Information

Patient Name† (First, MI, Last) _____ **Date of Birth†** (MM/DD/YYYY) _____ **Gender** _____

Address† _____ **City†** _____

State† _____ **Zip†** _____ **Email** _____

Preferred Language ☐ English ☐ Spanish ☐ Other _____ **Phone†* (000-000-0000)** _____

☐ ***By checking the box, I agree to receive automated marketing calls and texts from and on behalf of Eli Lilly and Company. I understand that I am not required to provide my number as a condition of receiving goods and services. Message and data rates may apply.**

☐ By checking the box, I agree to be contacted to: provide feedback on my experience with the related products, services, and programs; to share my story; and, to participate in market and medical research studies about products and services.

HIPAA AUTHORIZATION NEEDED: PATIENT SIGNATURE REQUIRED AT BOTTOM OF PAGE 4 FOR ENROLLMENT

2 Insurance Information

Must select one of the following†:

☐ **No Insurance Coverage**

☐ **Copies of Policyholder's Insurance Cards (Front and Back) Are Attached**

☐ **Provide Information Below (if this box is checked, then the information below is required)**

Medical Insurance Name _____

Medical Insurance Company Phone # _____

Medical Cardholder Name _____

Medical Policy/ID _____

Medical Group # _____

Prescription Insurance Name _____

Insurance Company Phone # _____

Cardholder Name _____

Policy/ID _____

Group # _____

RX BIN _____ **PCN** _____

3 Patient Program Enrollment

Please select which options you would like to enroll in by checking the corresponding checkboxes below. By enrolling in any of these services below, you are agreeing to the Terms of Participation and consenting to the collection of your information, inclusive of health information as described under the Privacy Notice on page 7.

☐ **I am requesting enrollment in the Omvoh Savings Program**

SAVINGS PROGRAM ELIGIBILITY (must confirm the below statements in order to be eligible)

- ☐ I confirm that I am a resident of the United States or Puerto Rico who is 18 years of age or older
- ☐ I confirm that I am NOT enrolled in a government-funded healthcare program, including without limitation, Medicaid, Medicare, Medicare Part D, Medicare Advantage, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state prescription drug assistance program

☐ **I am requesting Sharps Disposal Support**

☐ **I am requesting enrollment in Omvoh Injection Training**

TERMS OF PARTICIPATION AND PROGRAM DISCLOSURES:

Your healthcare provider has talked with you about using Omvoh®, an Eli Lilly and Company medicine. Lilly Support Services™ for Omvoh® offers personalized support to Patients at no charge and was created to help you have a positive experience as you get started with and use this medicine. By checking the corresponding optional boxes above, you consent to your enrollment into Lilly Support Services™ for Omvoh®. As part of your participation in Lilly Support Services™ for Omvoh®, you understand and authorize Lilly USA, LLC to retain and use your personal information for the purposes described in this form. Eli Lilly and Company, Lilly USA, LLC and its affiliates, agents, representatives, and service providers (together "Lilly") may use, disclose, and/or transfer the personal information you supply to provide services related to your condition and treatment to administer the program. The Lilly Support Services™ for Omvoh® Support team can contact you by email, mail or telephone to provide personalized services and information and materials directly related to your condition and therapy; responding to customer service requests and/or questions about your treatment; disclosing your enrollments and use of these services to your doctors and insurers; analyzing and/or measuring program performance and program effectiveness for future enhancements; and other activities related to your condition and therapy that are part of Lilly Support Services™ for Omvoh®. Your personal information, including information that may be related to your health, is needed to fulfill your request. To cancel your participation in the program, please contact us at 1-800-LillyRx (1-800-545-5979) Monday-Friday, 8am-10pm ET. For information about Lilly's privacy practices, please see our Privacy Statement at https://privacynotice.lilly.com and the Consumer Health Privacy Notice at https://www.lillyhub.com/legal/lillyusa/CHPN.html.

Please continue to the next page.

Lilly A MEDICINE COMPANY

Lilly Support Services™

PRESCRIBER ENROLLMENT SECTION
Omvoh® (mirikizumab-mrkz)

For assistance, call 1-800-LillyRx (1-800-545-5979), Monday-Friday, 8am-10pm ET.

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

PUBLISHED 06/2025

THIS PAGE MUST BE SUBMITTED

4 Prescriber Information

Prescriber Name† _____ NPI† _____ Site Name† _____

Office Address† _____ Office City† _____ Office State† _____ Office Zip† _____

Office Phone† (000-000-0000) _____ Office Fax† (000-000-0000) _____

Office Contact Name _____ Office Contact Phone (000-000-0000) _____

Collaborating Physician _____ NPI # _____

5 Infusion Site Information

Location of Infusions: ☐ Unknown at this time ☐ In Office ☐ Alternate Location **(if this box is checked, then the information below is required†)**

Infusion Site Name _____ Site NPI # _____

Site Address _____ Site City _____ Site State _____ Site Zip _____

Site Phone (000-000-0000) _____ Site Fax (000-000-0000) _____

Site Contact Name (if known) _____ Site Contact Phone (if known 000-000-0000) _____

6 Service Selection†

☐ **Lilly Conducted Benefits Investigation** – Lilly Support Services™ for Omvoh® will research the Patient's insurance benefits

OR

☐ **No Benefits Investigation** – By completing this section, I acknowledge Lilly Support Services™ for Omvoh® will not conduct a Benefits Investigation

7 Clinical Information

Name of Patient† _____ Patient DOB† _____

Patient Address† _____ Patient City† _____ Patient State† _____ Patient Zip† _____

Last Omvoh Treatment†: ☐ Not Started ☐ Infusion 1 ☐ Infusion 2 ☐ Infusion 3 ☐ Subcutaneous

Previous Ulcerative Colitis or Crohn's Disease Treatment(s) _____

8 Prescription - Complete and sign below. Choose the applicable diagnosis code for either Ulcerative Colitis or Crohn's Disease

Ulcerative Colitis Diagnosis† ☐ K51.90 ☐ K51.80 ☐ Other _____

Dosing Phase	Omvoh Prescribing Information (PI) Adult Dosing	Quantity	Days Supply	Refills
☐ **Induction Dosing:** 300 mg / 15 mL single dose vial	300 mg by intravenous infusion at Weeks 0, 4, and 8	1 vial	28 days per vial	2
Maintenance Dosing: ☐ Omvoh 2 x **Prefilled Pen** 100 mg/mL given as two consecutive subcutaneous injections OR ☐ Omvoh 2 x **Prefilled Syringe** 100 mg/mL given as two consecutive subcutaneous injections	200 mg by subcutaneous injection, given as two consecutive injections of 100 mg each, at week 12 and every 4 weeks thereafter	2 prefilled pens/ 2 prefilled syringes	28 days	(1-11) _____

Crohn's Disease Diagnosis† ☐ K50.00 ☐ K50.10 ☐ K50.80 ☐ K50.90 ☐ Other _____

Dosing Phase	Omvoh Prescribing Information (PI) Adult Dosing	Quantity	Days Supply	Refills
☐ **Induction Dosing:** 3 x 300 mg/15mL single dose vial	900 mg by intravenous infusion at weeks 0, 4, and 8	3 vials	28 days per 3 vials	2
Maintenance Dosing: ☐ 1 x 100 mg/mL **Prefilled Pen** AND 1 x 200 mg/2mL **Prefilled Pen** given as two consecutive subcutaneous injections OR ☐ 1 x 100 mg/mL **Prefilled Syringe** AND 1 x 200 mg/2mL **Prefilled Syringe** given as two consecutive subcutaneous injections	300 mg given by subcutaneous injection, given as two consecutive injections of 100 mg and 200 mg in any order, at week 12 and every 4 weeks thereafter	2 prefilled pens or 2 prefilled syringes	28 days	(1-11) _____

By signing below, I certify: 1) The therapy is medically necessary and that this information is accurate to the best of my knowledge; 2) I am disclosing this information to Eli Lilly and Company, Lilly USA, LLC, their affiliates, agents, representatives, business partners, and service providers (together "Lilly") to help enable treatment for this Patient; 3) The Patient is aware of, has consented to, and has directed my disclosure of their information to Lilly so that Lilly may contact the Patient to further enable services for those purposes and that such consent and direction applies to disclosures made through the duration of the Patient's therapy; 4) I will not seek reimbursement from any third party for the support Lilly provides; and 5) I am licensed to prescribe the prescription medication identified in this form, the prescription complies with my state specific prescribing requirements and I appoint Lilly as my agent for the limited purposes of conveying this prescription by facsimile only to the dispensing pharmacy. I understand that by signing this form, I am requesting support from Eli Lilly and Company for Patients receiving Omvoh pursuant to an FDA approved indication. **PRESCRIBER SIGNATURE: PRESCRIBER MUST MANUALLY SIGN AND DATE.** Rubber stamps, signature by other office personnel for the Prescriber, and computer-generated signatures will not be accepted.

Prescriber Signature† _____ Dispense as Written _____ May substitute/ brand exchange permitted _____ Date Signed (MM/DD/YYYY)

Please continue to the next page.

Lilly A MEDICINE COMPANY

Lilly Support Services™

HIPAA AUTHORIZATION

PUBLISHED 06/2025

For assistance, call 1-800-LillyRx (1-800-545-5979), Monday-Friday, 8am-10pm ET.

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

THIS PAGE MUST BE SUBMITTED

You have selected Eli Lilly and Company ("Lilly") to coordinate certain services related to your health and to provide information related to your health (Lilly's "Programs and Services"). In order for Lilly to offer the Programs and Services, Lilly may need to obtain or exchange your protected health information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") from your Health Care Entities (as defined below). PHI can be inclusive of "sensitive data" as defined by applicable U.S. privacy laws. After your PHI has been released to Lilly, it is no longer covered by HIPAA. By signing this form, you understand and authorize your Health Care Entities to share your PHI with Lilly and use as explained below.

PHI includes the following individually identifiable information:

- Information about your health insurance or benefits, including how much coverage you have
- All relevant records about your treatment, including medication histories and prescriptions
- Information about your payment for treatment, including any insurance coverage
- Whether you're staying on your medicine or treatment

If you agree, your PHI may be collected from and shared by these entities (together "Health Care Entities"):

- Your doctors and other healthcare providers
- Your healthcare plan or health insurance company
- Clearinghouses or other agents
- Your pharmacy
- Others who might have your PHI on behalf of your healthcare providers, pharmacies and healthcare plans

How Your PHI Will Be Used

Your PHI will be used to enroll you in, provide you with, and operate and administer the Programs and Services, consistent with Lilly's Privacy Statement and Consumer Health Privacy Notice, including to:

- understand how much of your Lilly treatment is covered by your insurance
- help you find ways to afford such treatment
- track the shipment, receipt, and use of your Lilly treatment and Programs and Services
- share information with your Health Care Entities and communicate with them regarding Lilly Programs and Services
- contact you about Lilly Programs and Services related to your health needs
- measure Lilly Programs and Services' performance in order to make improvements and drive business decisions and metrics
- de-identify your data for analytics including reports about Health Care Entities' use of Lilly Programs and Services.

Please continue to the next page.

Lilly A MEDICINE COMPANY

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

THIS PAGE MUST BE SUBMITTED

Other things you should know about how we may use and share your PHI:

We do not ask for any PHI that we do not need, but we may receive some in the health records sent to us. Your PHI will be released to Lilly and its wholly owned subsidiaries ("Lilly" or "we") and/or entities or persons that work on behalf of, or in partnership with, Lilly but are not Lilly employees ("Third Parties").

- You don't have to give permission to share your PHI with Lilly to receive treatment from your Health Care Entities, your prescription from your pharmacy, or benefits from your healthcare plan, but Lilly Programs and Services may not be able to help you without your Authorization.
- Your Health Care Entities may receive compensation from us in exchange for sharing your PHI. They may also be paid by us to use your PHI to provide services, such as contacting you about Lilly products.
- Your signed authorization to share and use your PHI lasts for the duration of your participation in Lilly Programs and Services from the date of your signature or earlier as required by state law. In any case, you may revoke this Authorization for Lilly Programs and Services and you may request to obtain PHI from your Health Care Entities at any time by writing to PO Box 221349, Charlotte, NC 28222. Your revocation of this Authorization will not have any effect on any uses or disclosures of your PHI that occurred prior to Lilly's receipt of your revocation.
- **Your revocation of this Authorization will be effective when your Health Care Entities receive notice of your cancellation or revocation and will not apply to any information shared with Lilly prior to receipt of the notice.**

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION: I authorize my Health Care Entities to disclose my PHI and sensitive data for the purposes as described in this HIPAA Authorization. This HIPAA Authorization replaces any prior HIPAA Authorizations that I may have provided at a specific program level.

By signing this form, I attest that I have read and agree to the Patient HIPAA Authorization. I understand I am entitled to a copy of this signed Authorization.

Patient Signature†

Signature of Patient† _____

Not signing this form will result in an incomplete submission and a delay in requested services

Printed Name of Patient _____

Signature Date† (MM/DD/YYYY) _____

DOB (MM/DD/YYYY) _____

Lilly Support Services™

SAVINGS CARD TERMS AND CONDITIONS

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

PUBLISHED 06/2025

By enrolling in the Omvoh Savings Card Program ("Program") and using the Omvoh Savings Card ("Card"), you attest that you meet the eligibility criteria, agree to, and will comply with the terms and conditions described below:

Eligibility:
(1) You have been prescribed Omvoh® (mirikizumab-mrkz) for an approved use consistent with FDA approved product labeling;
(2) You are enrolled in a commercial drug insurance plan;
(3) You are not enrolled in any state, federal, or government funded healthcare program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state prescription drug assistance program;
(4) You are a resident of the United States or Puerto Rico; and
(5) You are 18 years of age or older.

Program savings for Omvoh infusions

For patients with commercial drug insurance with coverage for Omvoh: You must (a) have coverage for Omvoh through your commercial drug insurance but your insurance does not cover the full cost (i.e., you have a co-pay or coinsurance obligation) and (b) have a prescription for an approved use consistent with FDA-approved product labeling to pay as little as $5 for each infusion. The Program will cover your co-pay or coinsurance for Omvoh, less $5, up to the maximum monthly, annual, and lifetime limits outlined below. After the monthly and/or annual maximum savings are reached, you will be responsible for paying any remaining monthly/annual out-of-pocket costs. Card may be used for a maximum of up to 3 infusions over the lifetime of the Program. Program may provide support for infusions with a date of service that falls within 120 days prior to the date the enrollment form is received by the Program. Participation in the Program requires a valid patient HIPAA authorization upon enrollment into the Program. Subject to Lilly USA, LLC's ("Lilly") right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program savings no later than 12/31/2025.

For patients with commercial drug insurance without coverage for Omvoh: You must (a) have commercial drug insurance without coverage for Omvoh, (b) have a prescription for an approved use consistent with FDA-approved product labeling, and (c) be enrolled in the Program on or before the date of the infusion to pay as little as $0 for each infusion. Card may be used for a maximum of up to 3 infusions over the lifetime of the Program. Program savings are subject to maximum monthly, annual, and lifetime limits, outlined below. After the monthly and/or annual maximum savings are reached, you will be responsible for paying any remaining monthly/annual out-of-pocket costs. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request to your insurance provider before initiating treatment with Omvoh and provide the results of the PA demonstrating your insurance provider has denied coverage for non-administrative reasons to Lilly Support Services™ for Omvoh. Participation in the Program requires a valid patient HIPAA authorization to remain in the Program. Subject to Lilly's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program savings no later than 12/31/2025.

Program savings for Omvoh infusion administration costs

You must (a) have commercial drug insurance but your insurance does not cover the full cost of the infusion administration (i.e., you have a co-pay) and (b) have a prescription for an approved use consistent with product labeling to receive Program savings on your infusion administration costs. Program savings are limited to up to $500 per infusion, subject to a maximum of 3 infusions over the lifetime of the Program and a separate maximum combined (infusion, infusion administration, and injection) annual savings of $9,200.00 for each calendar year. Card savings for infusion administration costs are not valid in Massachusetts, Minnesota or Rhode Island. Participation in the Program requires a valid patient HIPAA authorization upon enrollment into the Program. Subject to Lilly's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program savings no later than 12/31/2025.

How to receive program savings for Omvoh infusions and infusion administration costs

To receive Program savings for your Omvoh infusions and/or infusion administration costs, your healthcare provider must submit a claim(s) for coverage to your medical insurance provider. If your medical insurance provider does not cover the full cost of the claim(s), you or your healthcare provider must submit a claim(s) for reimbursement, subject to the maximum reimbursement outlined herein as set forth in the instructions below.

HEALTH CARE PROVIDER SUBMISSION INSTRUCTIONS: If you have commercial drug insurance with coverage for Omvoh infusions but your insurance does not cover the full cost of the claim(s) for infusion and/or infusion administration costs, your healthcare provider must submit an Explanation of benefit (EOB) form(s) and a CMS 1450 or 1500 form to https://medicalclaimsportal.opushealth.com within 180 days of the infusion date(s) of Omvoh. The submitted form(s) must include the name of the insurer and plan and demonstrate that Omvoh was the medication administered. If you have commercial drug insurance that does not cover Omvoh infusions, your healthcare provider must submit a PA request for Omvoh infusions to your insurance provider before initiating treatment with Omvoh and provide the results of the PA demonstrating that your insurance provider has denied coverage for non-administrative reasons to Lilly Support Services™ for Omvoh. You understand and agree that Lilly will make a payment of your Program savings on your behalf to your healthcare provider for reimbursable amounts that you have not already paid out-of-pocket.

PATIENT SUBMISSION INSTRUCTIONS: You must submit all required information within 180 days of the infusion date through the Program's online patient rebate portal https://ptr.patientsavings.com or by mailing a completed claim form to IQVIA, Inc. 430 Mountain Ave. Ste 105, New Providence, NJ 07974 Attn: Claims Processing Department. For a copy of the claim form, please call IQVIA at 1-888-636-1337. Required information that must be submitted in order to receive Program savings includes your name, date of birth, address, a copy of your primary insurance card, your original activated Omvoh Savings Card information, and a copy of your Explanation of Benefits (EOB) for each claim. You understand and agree that Lilly will make a payment of your Program savings on your behalf to your healthcare provider for reimbursable amounts that you have not already paid out-of-pocket. If you have already paid for your Omvoh infusions and/or infusion administration costs, then you will also need to submit proof of payment(s) in addition to the information outlined previously in order to be eligible for reimbursement for reimbursable amounts you have paid out-of-pocket for Omvoh infusions and/or administration costs.

Lilly A MEDICINE COMPANY

Lilly Support Services™

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

PUBLISHED 06/2025

Program savings for Omvoh injections

For patients with commercial drug insurance with coverage for Omvoh: You must have commercial drug insurance that covers Omvoh and a prescription consistent with FDA-approved product labeling to pay as little as $5 per month for Omvoh injections. Month is defined as 28-days and up to 1 fill. Program savings are subject to maximum monthly, annual, and lifetime limits, outlined below. Card may be used for a maximum of up to 14 prescription fills of the injection per calendar year. Participation in the Program requires a valid patient HIPAA authorization upon enrollment in the Program. Subject to Lilly USA, LLC's ("Lilly") right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program savings no later than 12/31/2025.

For patients with commercial drug insurance without coverage for Omvoh: You must have commercial drug insurance without coverage for Omvoh and a prescription consistent with FDA-approved product labeling to pay as little as $0 per month for Omvoh injections. Month is defined as 28 days and up to 1 fill. Program savings are subject to maximum monthly, annual, and lifetime limits, outlined below. Card may be used for a maximum of up to 14 prescription fills of the injection per calendar year. Participation in the Program requires a valid patient HIPAA authorization to remain in the Program. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider prior to your 1st fill of Omvoh and provide the results of the PA demonstrating your insurance provider has denied coverage for non-administrative reasons to Lilly Support Services™ for Omvoh. To continue receiving Program savings, your healthcare provider must submit an appeal of the denial of coverage to your insurance provider prior to your 5th fill and provide the results of the appeal demonstrating your provider has denied coverage for non-administrative reasons to Lilly Support Services™ for Omvoh. To remain eligible for the Program, a new PA, appeal, or medical exception must be submitted prior to the 13th fill and as required by Lilly at its sole discretion. Subject to Lilly's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions, and you first utilize the Program benefits no later than 12/31/2025.

Monthly, annual, and lifetime maximum savings for infusions and injections

Program savings are limited to a lifetime maximum savings of 30 months.

For patients with commercial drug insurance with coverage for Omvoh: Program savings for claims covered under the medical and/or pharmacy portion of your medical insurance for Omvoh are limited to up to 3 infusions over the lifetime of the Program and up to 14 injection fills per calendar year, subject to a combined (injection and infusion) maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate maximum combined (injection, infusion, and infusion administration costs) annual savings of $9,200 for each calendar year. Monthly and annual maximums are set at Lilly's absolute discretion and may be changed by Lilly with or without notice.

For patients with commercial drug insurance without coverage for Omvoh: Program savings for claims not covered under the medical and/or pharmacy portion of your medical insurance are limited to up to 3 infusions over the lifetime of the Program and up to 14 injection fills per calendar year, subject to a combined (injection and infusion) maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate annual maximum savings. Monthly and annual maximums are set at Lilly's absolute discretion and may be changed by Lilly with or without notice.

Additional Program Terms and Conditions

If you have an insurance plan that is participating in an alternate funding program ("AFP") that requires you to apply to the Omvoh Savings Card Program or otherwise pursue specialty drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of Omvoh, you are not eligible for and are prohibited from using the Omvoh Savings Card Program. AFPs include programs where coverage, reimbursement, or patient out of pocket costs for a product in some way vary based on the availability of a manufacturer co-pay program. AFPs may modify, delay, deny, restrict, or withhold insurance benefits or coverage from patients, or exclude Lilly products from coverage contingent upon a member's use of Omvoh Savings Card Program. You agree to inform Omvoh Savings Card Program if you are or become a member of such an alternate funding program. You are responsible for any applicable taxes, fees, and any amount that exceeds the monthly or annual maximum savings. Monthly and annual maximum savings are set at Lilly's sole and absolute discretion and may be changed by Lilly with or without notice at any time for any reason. At its sole discretion and with or without notice, Lilly may reduce, eliminate, or otherwise modify the Card savings for any reason, including but not limited to if your commercial drug insurance plan imposes additional requirements which limits or prevents you from receiving coverage for Omvoh, only allows partial coverage for Omvoh, removes coverage for Omvoh and requires you to utilize the Card, does not provide a material level of financial assistance for the cost of Omvoh, or does not apply Card payments to satisfy your co-payment, deductible, or coinsurance for Omvoh.

Program savings are limited to the co-pay or coinsurance costs for Omvoh infusions and infusion administration costs only, subject to a monthly and annual maximum savings, outlined above. The Program will not cover, and shall not be applied toward, the cost of any other dosing procedure, any other healthcare provider service or supply charges or other treatment costs, or any costs associated with a hospital stay. Program will only be accepted at participating pharmacies. Patients with commercial drug insurance without coverage for Omvoh infusion must use Lilly's designated pharmacy vendor to obtain Program savings. Card savings are not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA-approved therapeutic equivalent is available. You must meet the Card eligibility criteria, terms and conditions every time you use the Card. If at any time you begin receiving drug coverage under any state, federal, or government funded healthcare program, you understand that you will no longer be eligible for the Omvoh Savings Card and agree to call Lilly Support Services™ for Omvoh at 1-800-LillyRx (1-800-545-5979) to stop participation. Card activation is required. You may not seek reimbursement from your health insurance, any third party, or any health savings, flexible spending, or other healthcare reimbursement accounts, for any amount of the savings received through the Card. By utilizing the Card, you agree that if you are required to do so under the terms of your insurance coverage for this prescription or are otherwise required to do so by law, you will notify your Insurance Carrier of your redemption of the Card. Card savings cannot be combined or utilized with any other program, discount, discount card, cash discount card, coupon, incentive, or similar offer involving Omvoh. You agree that this Card savings is intended solely for the benefit of you, the patient, and that the Card benefits are nontransferable. It is prohibited for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade, or to counterfeit the Card. **THIS CARD IS NOT INSURANCE.** Lilly has the sole right to interpret and apply Card eligibility criteria, and terms and conditions. Card eligibility, and terms and conditions may be terminated, rescinded, revoked, or amended by Lilly at any time without notice and for any reason. Lilly's sole discretion to terminate, rescind, revoke, or amend Card eligibility and/or Card terms and conditions includes the right to terminate any individual Card if Lilly determines, in its sole discretion, that a patient does not satisfy the Card's eligibility criteria or is using or has attempted to use the Card inconsistently with these terms and conditions. Eligibility criteria, and terms and conditions for the Omvoh Savings Card Program may change from time to time; the most current version can be found at https://www.omvoh.lilly.com/savings-support. You may be required to obtain a new Card, including if any Card terms and conditions have been terminated, rescinded, revoked, or amended by Lilly. Card void where prohibited by law. Subject to Lilly USA, LLC's ("Lilly") right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, savings may continue until 06/30/2028 or for up to 30 months whichever comes first, provided you continue to meet the Program's terms and conditions and you first utilize the Program benefits no later than 12/31/2025.

Lilly A MEDICINE COMPANY

Lilly Support Services™

PRIVACY NOTICE

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.

PUBLISHED 06/2025

This Privacy Notice ("Notice") is intended to supplement the Eli Lilly and Company Privacy Statement (https://privacynotice.lilly.com) and the Consumer Health Privacy Notice (https://www.lillyhub.com/legal/lillyusa/CHPN.html) that can be accessed in the footers of Lilly's websites. This Notice is to provide you with information about the personal information, including health information, we may collect, use, disclose or otherwise process, and your rights and choices with respect to your information.

The categories of health information we collect will depend on how you interact with Lilly Services and the information you choose to provide. We may collect:

- Health conditions, treatments, diseases, or diagnosis
- Social, psychological, behavioral, and medical interventions
- Health-related surgeries or procedures
- Use or purchase of prescribed medication
- Bodily functions, vital signs, symptoms, or measurements of other types of consumer health data
- Diagnoses or diagnostic testing, treatment, or medication
- Reproductive or sexual health information
- Biometric data
- Genetic data
- Data that identifies a consumer seeking health care services
- Other information that may be used to infer or derive data related to the above or other health information.

With your consent, we may use the health information we collect for the following purposes, as further described in our privacy statements:

- Providing Services and support.
- Analytics and improvement.
- Customization and personalization.
- Marketing and advertising.
- Security and protection of rights.
- Legal proceedings and obligations.
- General business and operational support.

Lilly does not sell or share your health information with third parties without your consent or authorization. We may disclose health information to our processors for our business purposes or at your direction to provide you with products and Services that you request.

We may use and save your personal information to meet legal or regulatory obligations that are in the legitimate interest of Lilly, to fulfill legitimate and lawful business purposes in accordance with Lilly's record retention policies and applicable laws and regulations, and to respond to lawful requests by public authorities, including to comply with national security or law enforcement requests.

Some of this personal information may be considered sensitive under applicable laws, such as information about your health or medical diagnosis and demographic information collected in some circumstances, such as race, ethnic origin, and sexual orientation. We may process your sensitive PI with your consent, or as otherwise permitted by law.

Upon verification, you have rights with respect to the collection, use and storage of your information. These rights may include access to your information and how it is being used or shared, the right to correct, delete or limit use of your information or to withdraw consent for us to collect and use your information. There may be certain exceptions and limitations that apply to your request including the right to have your information transmitted to another entity or person in a machine-readable format. To exercise your rights, you or your authorized representative may submit a request to datarights@lilly.com or 1-800-Lilly-Rx (1-800-545-5979). You will not be discriminated against for exercising any of your rights. You may be entitled, in accordance with applicable law, to appeal a refusal to take action on your request. To do so, please contact us by using one of the methods listed here or in How to Contact Us section of the online Privacy Statement.

If you wish to raise a complaint on how we have handled your personal information, you can contact the Global Privacy Office and Data Protection Officer at privacy@lilly.com, who will investigate the matter. If you are not satisfied with our response or have any concerns about how your data is being processed, you can register a complaint with a relevant regulatory authority (e.g., a Data Protection Authority (DPA) or Attorney General).

PP-RC-US-2614 06/2025 ©Lilly USA, LLC 2025. All rights reserved.
Omvoh®, its delivery device base, and Lilly Support Services™ are trademarks owned or licensed by Eli Lilly and Company, its subsidiaries, or affiliates.
TRICARE® is a registered trademark of the Department of Defense (DoD), DHA.

Lilly A MEDICINE COMPANY