

# OMVOH SAVINGS PROGRAM

**omvoh**<sup>®</sup>  
(mirikizumab-mrkz)

HELP YOUR PATIENTS ACCESS AND SAVE ON  
OMVOH WITH THE OMVOH SAVINGS PROGRAM

A Lilly Medicine

**PRESCRIBE OMVOH WITH CONFIDENCE THAT SAVINGS MAY BE AVAILABLE  
FOR ELIGIBLE, COMMERCIALLY INSURED PATIENTS**

**\$5**  
per treatment<sup>a</sup>

If your patients have **commercial drug insurance that covers Omvoh**, they may be eligible to pay as little as \$5 per treatment.

**\$0**  
per treatment<sup>a</sup>

If your patients have **commercial drug insurance that does not cover Omvoh**, they may be eligible to pay as little as \$0 per treatment.

Treatment is defined as one infusion or one 28-day supply of injections.

<sup>a</sup>Governmental beneficiaries excluded; terms and conditions apply.

## STARTING YOUR PATIENTS ON OMVOH



**Download** and complete the Lilly Support Services™ for Omvoh Enrollment Form and the Patient HIPAA Authorization

- Select *Lilly Conducted Benefits Investigation* on the enrollment form to authorize Lilly to research the patient's insurance coverage for Omvoh



**Submit via** one of the following methods:

**The Lilly Patient Support  
Provider Portal**



Upload to **Patientsupportnow.org**  
using code 8444660006



Fax the enrollment  
form to **1-844-731-2697**



**Take appropriate action** based on the coverage determination:

- If Omvoh **is covered** by the patient's commercial insurance, submit the claim based on Omvoh route of administration:
  - Intravenous → If the patient's commercial insurance allows buy-and-bill, make sure to bill and submit the EOB through the **Medical Claims Portal** for reimbursement for patient cost sharing
  - Subcutaneous → Send Omvoh prescription to the specialty pharmacy
- If Omvoh **is NOT covered** by the patient's commercial insurance, the coverage decision outcome letter should be faxed to Lilly Support Services at **1-844-731-2697**. Lilly Support Services will coordinate with the noncommercial specialty pharmacy to dispense Omvoh to the infusion site (if IV) or to ship Omvoh to the patient's home (if SC)<sup>a</sup>

**NOTE: ELIGIBLE, COMMERCIALLY INSURED PATIENTS CAN SELF-ENROLL  
IN THE OMVOH SAVINGS PROGRAM TO ACCESS THE SAVINGS CARD**

See the **User Guide** to learn how to get started.

Coverage request may include any of the following: prior authorization, appeals request, formulary exception, medical exception, etc.

Benefits investigation can be completed by HCP, specialty pharmacy, or by Lilly Support Services. HCPs can elect for Lilly Support Services to perform a benefits investigation via the enrollment form.

<sup>a</sup>To remain eligible, an appeal must be submitted prior to the 5th SC fill. A new coverage request must be submitted prior to the 13th SC fill. Lilly Support Services will send a reminder.

EOB=explanation of benefits; HCP=healthcare provider; HIPAA=Health Insurance Portability and Accountability Act;  
IV=intravenous; SC=subcutaneous

Please see **Prescribing Information** and **Medication Guide** for Omvoh.  
Please see **Instructions for Use** included with the device.

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## TERMS AND CONDITIONS:

Subject to Lilly USA, LLC's ("Lilly's") right to terminate, rescind, revoke, or amend the Omvoh (mirikizumab-mrkz) Savings Card Program ("Program") and the Omvoh Savings Card ("Card") eligibility criteria, and terms and conditions, the Program expires and savings end on 06/30/2028 or for up to 30 months whichever comes first. **Program savings are not available to patients without commercial drug insurance or whose claims for Omvoh are eligible to be reimbursed, in whole or in part, by any state, federal, or government funded healthcare program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any prescription drug assistance program.**

### Program savings for Omvoh infusion

Card savings are subject to monthly and annual maximum savings, outlined below. With coverage for Omvoh: You must have commercial drug insurance that covers Omvoh and 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. 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. To receive Program savings, your healthcare provider must submit a claim for coverage to your medical insurance provider. Without coverage for Omvoh: You must have commercial drug insurance without coverage for Omvoh, a prescription for an approved use consistent with FDA-approved product labeling and be enrolled in the Program on or before the date of the infusion to pay as little as \$0 for each infusion. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider before initiating treatment with Omvoh and provide the results of the PA demonstrating your insurance provider has denied coverage. 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.

### Program savings for Omvoh injections

Card savings are subject to a monthly and annual maximum savings, outlined below. With coverage for Omvoh: You must have commercial drug insurance that covers Omvoh and a prescription for an approved use 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. Without coverage for Omvoh: You must have commercial drug insurance without coverage for Omvoh and a prescription for an approved use 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. To receive Program savings, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider prior to your 1<sup>st</sup> fill, an appeal prior to your 5<sup>th</sup> fill, and a PA prior to your 13<sup>th</sup> fill and provide the results of each demonstrating your insurance provider has denied coverage.

### MONTHLY AND ANNUAL MAXIMUM SAVINGS: 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 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 separate maximum 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 up to 3 infusions over the lifetime of the Program and up to 14 injection fills for each 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 TERMS AND CONDITIONS:** You are responsible for any applicable taxes, fees, and any amount that exceeds the monthly or annual maximum savings. Participation in the Program requires a valid patient HIPAA authorization. Card activation is required. This Program may be terminated, rescinded, revoked, or amended by Lilly USA, LLC at any time without notice and for any reason. Subject to additional terms and conditions. Eligibility criteria and terms and conditions for the Omvoh Savings Card may change from time to time at Lilly's sole discretion and for any reason; the most current version can be found <https://www.omvoh.lilly.com/savings-support>. Program benefits void where prohibited by law. **THIS CARD IS NOT INSURANCE.**



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DoD=U.S. Department of Defense; FDA=U.S. Food and Drug Administration; VA=U.S. Department of Veterans Affairs

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