

omvoh together™
(mirikizumab-mrkz)
infusion/injection

INITIATION GUIDE

Please click for [Prescribing Information](#) and [Medication Guide](#) for Omvoh.
Please see Instructions for Use included with the device.

Lilly



OmvoH Together is a customer support program designed to help patients start treatment and feel supported along the way. Field Reimbursement Managers (FRMs) are your conduit to OmvoH Together and work with healthcare providers (HCPs) on navigating patient access and exploring savings options.

OMVOH TOGETHER ASSISTS PATIENTS WITH:



ACCESS SUPPORT

- Managing both medical and pharmacy benefits investigation and providing next steps navigating the insurance process
- Identifying payer requirements for in-network infusion site and in-network specialty pharmacies
- Determining out-of-pocket costs if benefits investigation is requested
- Initiating the Savings Program^a for eligible, commercially insured patients



ONGOING SUPPORT

- Confirming continued eligibility for the Savings Program^a
- Suggesting useful resources that may help patients understand their condition
- Offering injection training and sharps disposal container

OmvoH Together will work with your patients to help navigate access and evaluate potential savings.

To enroll patients or for more information, please visit [OmvoH.com/hcp/support-for-your-patients](https://omvoh.com/hcp/support-for-your-patients) or call OmvoH Together at **1-844-4-OMVOH4 (1-844-466-8644)**.

^aGovernmental beneficiaries excluded, terms and conditions apply.

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FIELD REIMBURSEMENT MANAGERS

FRMs are non-promotional professionals focused on educating customers about Lilly patient support. FRMs are:



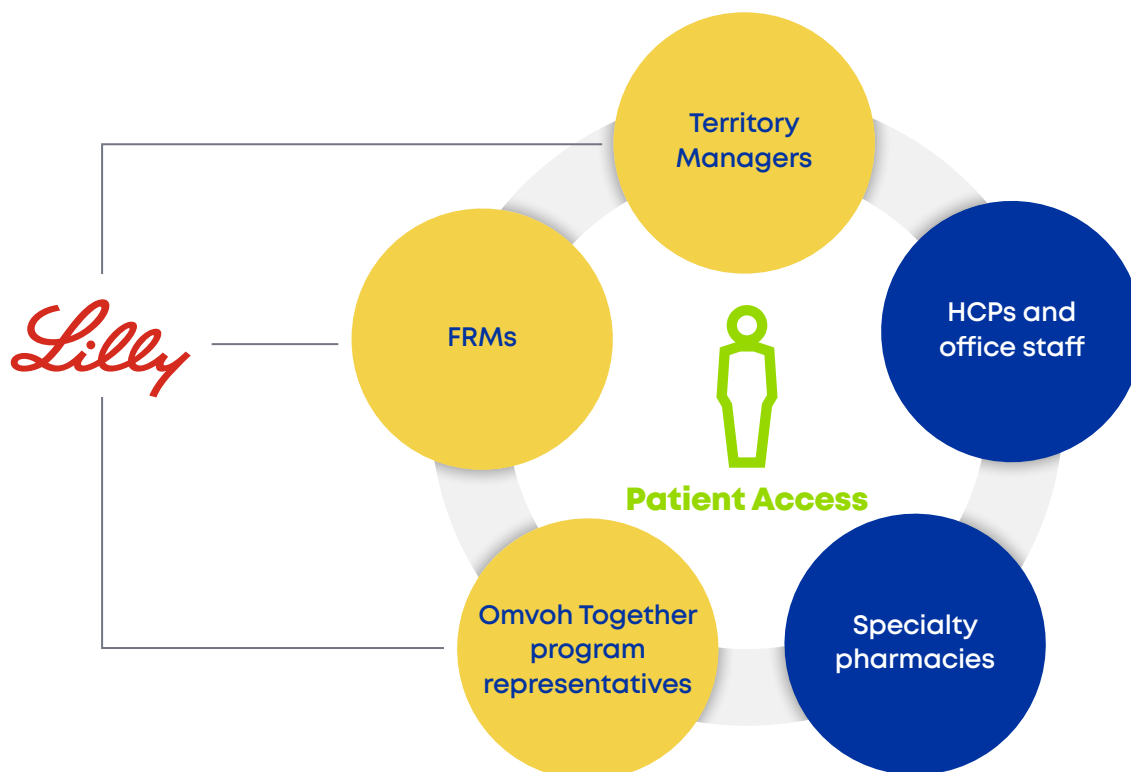
KNOWLEDGEABLE

- Problem-solve access challenges to Lilly medicines
- Educate customers on access and reimbursement environments for Lilly medicines



CONNECTED

- Integrated with the Omvoh Together customer support program and understand the Omvoh infusion site and specialty pharmacy options
- Navigate the dispensing environment for Lilly specialty products
- Collaborate with other team members to help provide patient access



To access the Omvoh Together Enrollment Form, please visit Omvoh.com/hcp/support-for-your-patients and click the [Omvoh Together Enrollment Form](#) button to download and print the form.

COMPLETE AN ENROLLMENT FORM FOR EVERY PATIENT

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COMPLETE all relevant sections of the form as instructed below, with patient's signature confirming HIPAA consent.

SECTIONS 1 & 2	PATIENT INFORMATION and INSURANCE INFORMATION	Include phone number, address, date of birth, and patient's medical and pharmacy benefit information
SECTION 3	SERVICE SELECTION	Patient selects services, provides required consents, and reads all terms of participation and program disclosures
	PATIENT HIPAA AUTHORIZATION	Please have patients read HIPAA disclosures and related information then sign and print their name to consent to enrollment on page 2. Additional privacy information is included on page 4
SECTIONS 4 & 5	PRESCRIBER INFO & INFUSION INFORMATION	Include prescriber office contact, selection of treatment site, treatment site office contact
SECTION 6	SERVICE SELECTION	Complete this section to opt in or out for benefits investigation support corresponding to the prescription for Omvoh. For more information on Omvoh, please see Prescribing Information and Medication Guide
SECTION 7	CLINICAL INFORMATION	Include the primary diagnosis and all prior therapies used in the treatment of listed diagnosis
SECTION 8	PRESCRIPTION	Select induction dosing, maintenance dosing, or both. This information is required if benefits investigation support is selected



DOWNLOAD the Omvoh Together Enrollment Form at Omvoh.com/hcp/support-for-your-patients and submit via 1 of the following:

- UPLOAD at Patientsupportnow.org and code 8444660006
- FAX to 1-844-466-0006

OR

COMPLETE enrollment via Patientsupport.lilly.com.



SAVE the prescription information and/or a copy of the Omvoh Together Enrollment Form and supporting documents in the patient's file for future reference.

HIPAA=Health Insurance Portability and Accountability Act

For more information or assistance, please visit Omvoh.com/hcp/support-for-your-patients or call **1-844-4-OMVOH4 (1-844-466-8644)**, Monday-Friday, 8 AM-10 PM ET.

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Help your patients access and save on Omvoh™ (mirikizumab-mrkz) with the Omvoh Savings Program^o

\$5

per treatment^o

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

\$0

per treatment^o

If your patients have **commercial 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 subcutaneous injections.

^oGovernmental beneficiaries excluded; terms and conditions apply.

OmvoH Together will assist patients with the Savings Program.

If you have questions, please call OmvoH Together
at **1-844-4-OMVOH4 (1-844-466-8644)**
or go to [Omvoh.com/hcp/support-for-your-patients](https://www.omvoh.com/hcp/support-for-your-patients).

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's ("Program" or "Card") eligibility criteria, and terms and conditions, the Program expires and savings end on 06/30/2027 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. You must have commercial insurance that covers Omvoh and a prescription consistent with FDA-approved product labeling to pay as little as \$5 for each infusion up to a maximum of 3 infusions. For enrolled patients with coverage for Omvoh, the 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 for the \$5 Program, your healthcare provider must submit a claim for coverage to your medical insurance provider. You must have commercial insurance without coverage for Omvoh and a prescription consistent with FDA-approved product labeling to pay as little as \$0 for each infusion up to a maximum of 3 infusions and be enrolled in the Program on or before the date of service. To receive Program savings for the \$0 Program, 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 06/30/2027 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 12/31/2024.

Program savings for Omvoh injections

Card savings are subject to a monthly and annual maximum savings, outlined below. You must have commercial insurance that covers Omvoh and a

prescription consistent with FDA-approved product labeling to pay as little as \$5 per fill. You must have commercial insurance without coverage for Omvoh and a prescription consistent with FDA-approved product labeling to pay as little as \$0 for each 28-day supply of Omvoh. To receive Program savings for the \$0 Program, your healthcare provider must submit a prior authorization (PA) request for Omvoh to your insurance provider prior to your 1st fill, an appeal prior to your 5th fill, and a PA prior to your 13th fill and provide the results of each demonstrating your insurance provider has denied coverage.

MONTHLY AND ANNUAL MAXIMUM SAVINGS: For patients with commercial 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 total 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 fees and separate maximum annual savings of \$9,450 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 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 total lifetime of the Program and up to 14 injection fills for each calendar year, subject to a combined (injection and infusion) maximum monthly savings 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 at <https://www.omvoh.com/savings-support>. Program benefits void where prohibited by law.

**For more information on
buy-and-bill or reimbursement,
please visit our portal at
MedicalClaimsPortal.opushealth.com**

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