

# Your Personal Lilly PatientOne Summary\*

Use this sheet to talk about your options with your healthcare provider and apply for Lilly PatientOne.

**You have been prescribed:** CYRAMZA® (ramucirumab)

**Your insurance status is:** Insured

## Lilly PatientOne offers you these services if eligible:

- Benefits investigation and prior-authorization assistance
- Resources for denied claims and appeals
- Lilly PatientOne Co-pay Program for CYRAMZA to help with co-pay or coinsurance costs
  - **This offer is invalid for patients whose prescription claims are eligible to be reimbursed, in whole or in part, by any governmental program**
- Referral to charitable foundations if you can't afford your co-pay or coinsurance
- Collects information on behalf of the Lilly Cares Foundation, an independent nonprofit organization that provides CYRAMZA at no cost if you qualify

## If you are insured, your doctor's office will need:

- Signed Lilly PatientOne application and signed permission to release your health information to Lilly PatientOne so we can verify your coverage
- Social Security number
- Copies of all insurance cards (front and back)
- Primary insurance (insurance name, telephone number, and policy ID number)
- Secondary insurance (insurance name, telephone number, and policy ID number)

## If you seek assistance through the Lilly PatientOne Co-pay Program for CYRAMZA or your CYRAMZA insurance coverage is denied, additional needed information would include:

- Monthly gross household income (salary, pension, Social Security, disability, alimony, child support, interest/dividends, rental property, etc)
- Proof of income (examples include a copy of W-2, copy of prior year's tax return, copy of most recent pay stub, copy of Social Security check or award letter, or zero income letter)

## Once your Lilly PatientOne application is submitted, if you are approved, Lilly PatientOne will work with your doctor's office to:

- Verify your benefits, determine any costs you may be responsible for, and help secure prior authorizations if needed
- Enroll you in the Lilly PatientOne Co-pay Program for CYRAMZA if you qualify
- Connect you with charitable foundations that may be able to help if you have a high co-pay or coinsurance
- Provide resources and information to help with the appeals process if your claim is denied
- Screen if you are eligible for CYRAMZA at no cost through the Lilly Cares Foundation if your claim is denied after all appeals have been exhausted

## See the next page for Terms and Conditions for the Lilly PatientOne Co-pay Program for CYRAMZA.

\* The options shown here are not all of the services offered by Lilly PatientOne. This list reflects your answers to the previous questions.

# Your Personal Lilly PatientOne Summary (cont.)

## Lilly PatientOne Co-pay Program Terms and Conditions

**Eligibility:** (1) You have been prescribed the following Lilly Oncology medicine covered by the Lilly PatientOne Co-pay Program ("Program"): CYRAMZA® (ramucirumab) (hereinafter collectively referred to as "prescribed Lilly Oncology medicine"). (2) You have commercial insurance that covers your prescribed Lilly Oncology medicine, but your insurance does not cover the full cost; that is, you have a co-pay or coinsurance obligation. (3) You are not participating in any state or federal healthcare program, including, without limitation, Medicaid, Medicare, Medigap, CHAMPUS, DOD, VA, TRICARE, or any state, patient, or pharmaceutical assistance program; patients who move from commercial insurance to a state or federal healthcare program will no longer be eligible. (4) You are 18 years of age or older and are receiving your prescribed Lilly Oncology medicine for an FDA-approved use. Please see a list of approved uses in the full US Prescribing Information, available from your doctor. (5) You are a resident of the United States or Puerto Rico. (6) Your adjusted gross household income is not more than the greater of \$100,000 or 500% of the Federal Poverty Level (FPL). You must provide documented proof of your income, such as a copy of your most recent Federal Tax Return or Social Security Statement.

**Program Benefits:** (7) The patient must first pay a portion of his or her co-pay or coinsurance (\$25 for each dose of the patient's prescribed Lilly Oncology medicine). The Program will cover the remainder of the patient's co-pay or coinsurance for the prescribed Lilly Oncology medicine, up to a maximum of \$42,000 during a 12-month enrollment period. (8) In order to receive Program benefits, the patient or healthcare provider must submit an Explanation of Payment (EOP) form. The submitted form must include the name of the insurer and plan, and show that the prescribed Lilly Oncology medicine was the medication that was administered. (9) For enrolled patients, a claim for reimbursement must be submitted within 180 days of infusion to receive Program benefits. (10) Program benefits are limited to the co-pay or coinsurance costs for doses of the prescribed Lilly Oncology medicine only. The Program will not cover, and shall not be applied toward, the cost of any dosing procedure, any other healthcare provider service or supply charges or other treatment costs, or any costs associated with a hospital stay. (11) For enrolled patients, the Program may provide support for doses with a date of service that falls within 30 days prior to the date the application is received by the Program.

**Program Timing:** (12) The enrollment period is 12 months from the date of enrollment. Enrollment must be completed within 60 days of the date the application is received by the Program. (13) Patients must enroll on or before December 31, 2016, to be eligible to receive benefits. (14) Absent a change in Massachusetts law, effective July 1, 2017, Massachusetts residents will no longer be able to participate in this Program.

**Additional Program Terms and Conditions:** (15) Patients, pharmacists, and healthcare providers must not seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this Program. Patients must not seek reimbursement from any health savings, flexible spending, or other healthcare reimbursement accounts for the amount of assistance received from the Program. (16) Acceptance of this offer confirms that this offer is consistent with your insurance and that you will report the value of the co-pay assistance you receive as may be required by your insurance provider. (17) This offer is not valid with any other financial support program, patient assistance program (PAP), discount, or incentive involving the prescribed Lilly Oncology medicine. (18) Only valid in the United States and Puerto Rico; this offer is void where restricted or prohibited by law. (19) The Program benefits are nontransferable. (20) This offer is not conditioned on any past, present, or future purchase, including additional doses. (21) The Program is not insurance. (22) Lilly USA, LLC reserves the right to terminate, rescind, revoke, or amend this offer at any time without notice.