

THE

EMGALITY® SAVINGS CARD

Emgality®
(galcanezumab-gnlm) injection

Pay as little as

\$0

for up to 12 months
with the Emgality®
Savings Card*

Lilly

Activate your Emgality Savings Card by visiting www.Emgality.com/savings or call 1-833-EMGALITY (1-833-364-2548) or text "activate" to 55900. Msg & data rates may apply.

Once activated, present this Savings Card to the pharmacist when you pick up your prescription.

Rx BIN: **018844**

PCN: **3F**

GRP: **FCEM3HCP**

ID#: **HC6361735**

This card expires on 12/31/2022.

**THIS OFFER IS INVALID FOR PATIENTS WHOSE PRESCRIPTION CLAIMS ARE ELIGIBLE TO BE REIMBURSED, IN WHOLE OR IN PART, BY ANY GOVERNMENTAL PROGRAM.
*SEE BACK OF CARD FOR TERMS AND CONDITIONS AND PHARMACIST INSTRUCTIONS.**

If you have additional questions, call your doctor or call the Emgality Answers Center at 1-833-EMGALITY (1-833-364-2548), Monday through Friday from 9 AM to 8 PM ET. Our healthcare professionals are ready to walk you through the injection process and answer any questions you may have as you get started on Emgality.

*Terms and Conditions:

By using the Emgality Savings Card ("Card"), you attest that you meet the eligibility criteria, agree to, and will comply with the Terms and Conditions described below:

Offer good until 12/31/2022 for up to 12 months of Emgality. Patients that have commercial drug insurance but do not have coverage for Emgality may be able to pay as little as \$0 for their first fill of Emgality. Patients that have commercial drug insurance and have coverage for Emgality may be able to pay as little as \$0 per fill. Offer subject to a monthly cap and a separate annual cap. Monthly and annual caps are set at Lilly's absolute discretion and may be changed by Lilly with or without notice. Participation in the program requires a valid patient HIPAA authorization. Offer void where prohibited by law. Patient is responsible for any applicable taxes, fees, or amounts exceeding monthly or annual caps. **This offer is invalid for patients without commercial drug insurance or whose prescription claims for Emgality are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state patient or pharmaceutical assistance program.** This offer is not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA-approved therapeutic equivalent is available.

Available only in the US and Puerto Rico for residents of the US and Puerto Rico. By accepting this offer, 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 should notify your insurance carrier of your redemption of this Card. This offer cannot be combined or utilized with any other program, discount, discount card, cash discount card, coupon, incentive, or similar offer involving Emgality. It is prohibited for any person to sell, purchase or trade; or to offer to sell, purchase or trade, or to counterfeit this Card. This offer may be terminated, rescinded, revoked, or amended by Lilly USA, LLC at any time without notice. Card activation required. This Card is not health insurance. This Card expires on 12/31/2022.

TO THE PHARMACIST:

- This card must be accompanied by a valid prescription for Emgality and can only be used by one patient. By accepting this offer, you certify that you understand and agree to comply with the offer terms set forth herein.
- If you are required to do so under the terms of your third-party payer contracts or as otherwise required by law, you should notify the affected third-party payer of your redemption of this offer
- This offer is valid for commercially insured patients only. **Offer is not valid for patients who are eligible to have their prescriptions reimbursed in whole or part by any governmental program.**
- Please return card to patient after claim is processed
- Transmit claim online to RxBIN 018844. Processor requires valid Prescriber ID#, PCN, Patient Name, and DOB for claim adjudication.
- Card may be used for up to 12 months of Emgality
- Patients with commercial drug insurance may be able to pay as little as \$0 for their first fill of Emgality. For the 2nd and subsequent fills, patients must have coverage for Emgality through their commercial drug insurance plan to continue to pay as little as \$0 per fill.
- **Pharmacist Instructions for a Patient with an Eligible Third Party Payer:**
- **For Insured/Covered Patients:** Submit this claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid Other Coverage Code of 8. This will reduce the eligible patient's out-of-pocket costs to as low as \$0 on a 30-day supply, subject to a maximum savings limit for the program. Reimbursement will be received from CHANGE HEALTHCARE.
- **For Insured/Not Covered Patients:** Submit the claim to the primary Third-Party Payer first. If the primary claim submission shows a managed care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid Other Coverage Code of 3. This will reduce the eligible patient's out-of-pocket cost to as low as \$0 per 30-day supply, subject to a maximum savings limit for the program. Reimbursement will be received from CHANGE HEALTHCARE. OCC-3 code will only work on the patient's first fill using the savings card.
- Pharmacists with questions, please call the Help Desk at 1-855-282-4888

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