

# OMVOH SAVINGS PROGRAM

**omvoh**<sup>TM</sup>  
(mirikizumab-mrkz)  
300 mg/15 mL infusion | 100 mg/mL injection

HELP YOUR PATIENTS ACCESS AND SAVE ON OMVOH WITH THE OMVOH SAVINGS PROGRAM<sup>a</sup>

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

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

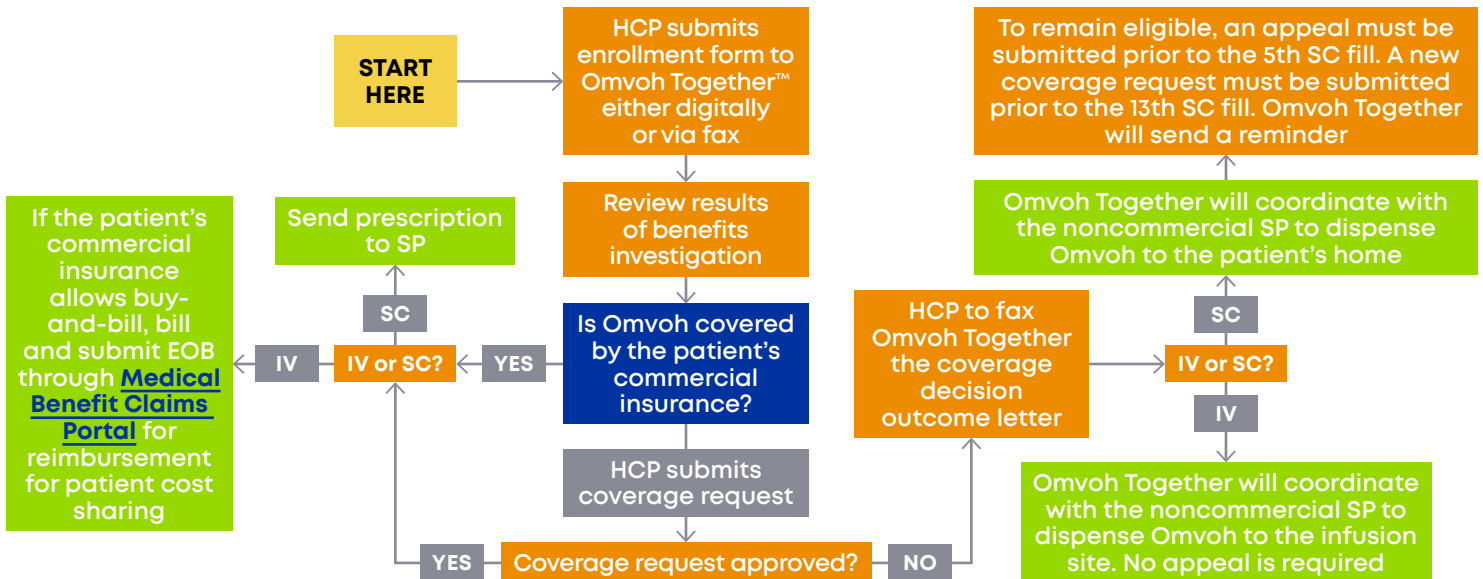
If your patients have **commercial insurance that covers Omvoh**, they may be eligible to pay as little as \$5 per treatment.

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

If your patients have **commercial 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 THE OMVOH SAVINGS PROGRAM



EOB=explanation of benefits; HCP=healthcare provider; IV=intravenous; SC=subcutaneous; SP=specialty pharmacy  
Coverage request may include any of the following: prior authorization, appeals request, formulary exception, medical exception, etc.  
Benefits investigation can be completed by HCP, SP, or by Omvoh Together. HCPs can elect for Omvoh Together to perform benefits investigation via the enrollment form.

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



**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 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 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.

DoD=U.S. Department of Defense; HIPAA=Health Insurance Portability and Accountability Act; VA=U.S. Department of Veterans Affairs

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**Please see Instructions for Use included with the device.**

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