

Pay as little as

\$**25**

for a 1-month or 3-month prescription
of Mounjaro*

*If you're eligible and commercially insured with Mounjaro coverage.
One month is defined as 28 days and 4 pens. Three months is defined
as 84 days and up to 12 pens.



If you have questions, we're here to help. Call The Lilly Answers Center at 1-800-LillyRx (1-800-545-5979). Please call 1-844-805-5807 if you filled your prescription through mail order and need reimbursement information. Your card expires for redemption refills on December 31, 2023.

THIS OFFER IS INVALID FOR PATIENTS WHOSE PRESCRIPTION CLAIMS ARE ELIGIBLE TO BE REIMBURSED, IN WHOLE OR IN PART, BY ANY GOVERNMENTAL PROGRAM.

See below for Terms and Conditions and Pharmacist Instructions.

Please see Prescribing Information and Medication Guide, including Boxed Warning.

RxBIN: 018844

PCN: 3F

Group: FCMJ2DWB

ID#: MRWB2698391

Expiration Date: 12/31/2023

Terms and Conditions

By using the Mounjaro Savings Card "Card", you attest that you meet the eligibility criteria, agree to, and will comply with the terms and conditions described below:

For patients with commercial drug insurance coverage for Mounjaro: Offer good until 12/31/2023 for up to 24 fills or whichever comes first. Patients must have coverage for Mounjaro through their commercial drug insurance coverage and a prescription consistent with FDA-approved product labeling to pay as little as \$25 for up to 12 pens of Mounjaro. Offer subject to a monthly cap of \$250 and a separate annual cap of \$3,000.

For patients with commercial drug insurance who do not have coverage for Mounjaro through their commercial drug insurance: Offer good until 06/30/2023 for up to 12 fills or whichever comes first. Patients must have commercial drug insurance without Mounjaro coverage and a prescription consistent with FDA-approved product labeling to obtain savings of up to \$500 off your monthly fill for 4 pens of Mounjaro. Offer subject to a monthly cap of up to \$500 and a separate annual cap of up to \$3,000.

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 Mounjaro are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medicaid, DoD, VA, TRICARE/CHAMPUS, or in 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 who are 18 years of age or older. 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 Mounjaro. 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. Card expires at the end of each calendar year.

TO THE PHARMACIST

- This Card must be accompanied by a valid prescription for Mounjaro 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 24 fills on the covered benefit and 12 fills on the non-covered benefit of Mounjaro.
- For Insured/Covered Patients – Submit the co-pay authorized by the Patient's primary insurance as a secondary claim to Eversana using BIN 018844 and using the Coordination of Benefits fields with Coverage Code type 08. This will reduce the eligible Patient's out-of-pocket costs to \$25, subject to monthly and annual savings caps for the program.
- For Insured/Not Covered Patients – If Mounjaro is Not Covered by the Patient's insurance, continue to process the Card along with the Patient's insurance card using the Coordination of Benefits fields with Coverage Code type 03. This will reduce the eligible patient's out-of-pocket costs by up to \$500 off their monthly fill for 4 pens of Mounjaro, subject to monthly cap of up to \$500 and a separate annual cap of up to \$3,000.
- Pharmacists with questions, please call the Pharmacy Benefit Manager 1-855-282-4888.

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once weekly
mounjaro
(tirzepatide) injection 0.5 mL
2.5mg | 5mg | 7.5mg | 10mg | 12.5mg | 15mg