

1. Patient Information (Must complete to activate savings card)

Name (First, Middle, Last) _____

DOB (MM/DD/YYYY) ___/___/___ US or Puerto Rico Resident Yes No Gender M F Preferred Language English Other _____

Address _____ City _____ State _____ ZIP Code _____

Email _____ Phone* _____

*By providing my mobile telephone number and signing this form, I agree to receive automated [and or prerecorded] calls and texts about the Olumiant Together program and I understand that no purchase is necessary to receive these calls or texts. By signing below, I agree and certify that I am eighteen (18) years of age.

Yes No I am enrolled in a governmental program or have government insurance. Examples include Medicaid, Medicare, Medicare Part D, and others.

I would like to request an Olumiant Savings Card and agree to the Savings Card Terms and Conditions on page 2.

I would like Olumiant Together Support and agree to the Terms and Conditions on page 2.

I have read and agree to the Patient HIPAA Authorization on the back of this form.

SIGNATURE OF PATIENT

DATE (MM/DD/YYYY)

2. Support Requested for This Patient (Choose only one)

Benefits Investigation and Field Reimbursement Support

Olumiant Together will research the Patient's insurance and in-network specialty pharmacy options to help identify the lowest out-of-pocket cost available for Olumiant and will forward the prescription to the specialty pharmacy that the Patient selects. An Olumiant Together representative will help triage and troubleshoot access issues on the Patient's behalf. **Note: MUST** fill out the "Olumiant Prescription Information" in Section 6.

Complete the following insurance information **OR** Attach a copy of the policyholder's prescription insurance card (front and back)

Primary Prescription Information No insurance coverage

Primary Prescription Company _____ Cardholder _____ Rx BIN _____ PCN _____

Insurance Company Phone _____ Policy # _____ Group # _____

Field Reimbursement Support Only Specialty pharmacy or institution where prescription was sent: _____

The Patient's prescription has been sent to the specialty pharmacy or institution listed above for a benefits investigation, so Olumiant Together will not handle the prescription. An Olumiant Together representative will intervene if help is needed resolving access issues on the patient's behalf. If Olumiant Together receives information from a Specialty Pharmacy to assess patient eligibility for the Olumiant Access Program, you approve Olumiant Together to perform a coverage assessment and program initiation on behalf of the patient.

Note: If Field Reimbursement Support Only is selected, the Specialty Pharmacy line in the header **must** be filled out.

3. PRESCRIBER INFORMATION

Name (First, Last) _____ NPI # _____ Practice Name _____

Address _____ City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Office Contact Name _____ Office Contact Phone _____

Office Contact Email _____ Group Tax ID # _____

4. Clinical Information

Moderately to Severe Active Rheumatoid Arthritis

5. Prior Treatment (include all that apply)

Methotrexate Humira® Enbrel® Other(s) _____

6. Olumiant Prescription Information (Complete this section only when requesting insurance investigation)

Olumiant 2 mg, once daily

Quantity to Be Dispensed: 30 days 90 days **Refills:** _____

Prescriber Signature

By signing below, I certify: 1) The therapy is medically necessary and that this information is accurate to the best of my knowledge; 2) I am disclosing this information to Eli Lilly and Company, its affiliates, agents, representatives, business partners, and service providers (together "Lilly") to help enable treatment for this patient; 3) The patient is aware of, has consented to, and has directed my disclosure of their information to Lilly so that Lilly may contact the patient to further enable services for those purposes and that such consent and direction applies to disclosures made through the duration of the patient's therapy; 4) I will not seek reimbursement from any third party for the support Lilly provides; and 5) I am licensed to prescribe the prescription medication identified in this form, the prescription complies with my state-specific prescribing requirements, and I appoint Lilly as my agent for the limited purpose of conveying this prescription to the dispensing pharmacy.

I understand that by signing this form, I am requesting support from Eli Lilly and Company for patients receiving Olumiant pursuant to the approved indication.

PRESCRIBER SIGNATURE: PRESCRIBER MUST MANUALLY SIGN Rubber stamps, signature by other personnel for the prescriber, and computer-generated signatures will not be accepted.

PRESCRIBER* SIGNATURE (DISPENSE AS WRITTEN)

DATE (MM/DD/YYYY)

May substitute/ brand exchange permitted

What to Know About Olumiant Together Support

We created the Olumiant Together program to give you personalized support while taking Olumiant. Through ongoing support, your Olumiant Together team will serve as your dedicated partner. They can help you navigate through insurance processes, identify savings opportunities, and answer questions you may have about Olumiant.

Olumiant Together Ongoing Support Enrollment Consent

The Ongoing Support Offerings included in Olumiant Together provides support after you've received your medication, like check-in calls to answer any questions you might have about Olumiant. As part of your participation in the Ongoing Support Offerings, Lilly may use, disclose, and/or transfer the personal information you supply to provide support related to your condition and treatment to administer the program.

Offerings include:

- Contacting you by email, mail, or telephone to provide personalized support, delivered by your Olumiant Together Team, such as informational and marketing materials
- Responding to customer support requests and/or questions about your treatment
- Requesting feedback on your experience with the related products, offerings, and programs, including market research
- Disclosing your enrollment and use of this support to your doctors and insurers
- Analyzing and/or measuring program performance for future enhancements
- Other opportunities and activities related to your condition and therapy that are not part of Olumiant Together. These activities include opportunities to share your story and participate in studies about products and offerings

By checking the corresponding box on the first page under Section 2: Ongoing Support for Olumiant, you consent to your enrollment in Olumiant Together Ongoing Support as described in this Consent.

Patient HIPAA Authorization

Before Olumiant Together can start helping you, Lilly may ask for some information about you and your health. This is known as your *Protected Health Information*, or *PHI*. By signing this form, you understand and agree that your PHI may be shared or used as explained below.

PHI includes information like:

- Your health insurance or benefits, including how much coverage you have
- All records about your treatment
- Anything that affects your health
- Whether you're staying on your medicine or treatment

If you agree, your PHI may be shared by:

- Your doctors and other healthcare providers
- Your healthcare plan or health insurance company
- Your pharmacy
- Others who might have your PHI

Your PHI is used in ways like these:

- To learn how much of your Lilly treatment is covered by your insurance
- To help you find other ways to afford your treatment
- To track your use of your Lilly treatment
- To share information with your healthcare provider
- To make sure that you receive high-quality services from the program
- To measure program performance and make program improvements
- Internal Lilly use of data to drive business decisions and metrics on hub performance
- Reports to our sales force regarding HCP use of hub services
- Conversations/messages to your HCP regarding trends and hub performance

Other things you should know about sharing and using your PHI:

- We only ask for and share the PHI that we need to provide the benefits you want. We do not ask for any PHI that we do not need, but we may receive some in the health records sent to us
- You don't have to give permission to share your PHI with Lilly to receive treatment from your healthcare providers, your prescription from your pharmacy, or benefits from your healthcare plan, but Olumiant Together may not be able to help you without it
- After your PHI has been shared, it may no longer be covered by federal and state privacy laws (such as HIPAA), and it may be shared again
- Your permission to share and use your PHI lasts for 1 year, unless you change your mind before then. You can stop allowing your PHI to be shared at any time, but this will not affect information or disclosures shared before Lilly receives your request
- Your healthcare providers (such as pharmacies) may be paid by us in exchange for sharing your PHI. They may use your information to provide services, such as contacting you about Lilly products

If you would like to opt out of the program or make changes to your enrollment:

- You can stop sharing your PHI with us or change what you share by calling us at 1-844-OLUMIANT (1-844-658-6426) or by writing us at PO Box 12307, La Jolla, CA 92039

Savings Card Terms and Conditions

Try Olumiant for as little as \$5 a month. \$5 Monthly offer subject to a monthly cap and a separate maximum annual benefit of \$12,000. \$25 Monthly offer subject to a monthly and annual cap of wholesale acquisition cost plus usual and customary pharmacy charges. If you meet program eligibility requirements, have commercial insurance, and your insurance provider covers Olumiant, you are eligible to pay \$5 monthly. If you meet program eligibility requirements, have commercial insurance, and your insurance provider denies coverage, denies a PA and an appeal submitted for Olumiant, you are eligible to pay \$25 monthly. To continue to participate in the \$25 monthly program, patients who qualify are required to initiate a benefits investigation and request for coverage within 3 months post program initiation, as well as 6 months post program initiation, to verify coverage status and potential eligibility for the \$5 monthly program. Eligible patient may be able to use the \$5 and \$25 monthly offers until 12/31/2020 provided they continue to meet program criteria.

*Eligibility Criteria: By using the Olumiant Savings Card ("Card"), you attest that you meet the eligibility criteria and will comply with the Terms and Conditions described below:

Offer void where prohibited by law. **This offer is invalid for patients without commercial insurance coverage or those whose prescription claims 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.** If you live in Massachusetts, the Card expires on the earlier of: (i) the expiration date of this card (12/31/2020); (ii) the date an AB-rated generic equivalent for Olumiant becomes available; or (iii) June 30, 2019, absent a change in Massachusetts state law. If you live in California, the card expires on the earlier of: (i) the expiration date of this card (12/31/2020) or (ii) the date an FDA-approved therapeutically equivalent for Olumiant or over-the-counter product with the same active ingredients becomes 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. The offer is not valid with any other program, discount, incentive, or similar offer involving Olumiant. 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. This Card is not health insurance. This Card expires on 12/31/2020.