



## Application Form Instructions

The Lilly Cares Foundation, Inc. ("Lilly Cares"), a nonprofit organization, offers a patient assistance program to assist qualifying patients in obtaining certain Lilly medications at no cost.

### What products are included?

**Group A:** For patients who are eligible for and have enrolled in Medicare Part D **OR** have no insurance.

- Basaglar® (insulin glargine injection)
- Cialis® (tadalafil)
- Cymbalta® (duloxetine delayed-release capsules)
- Evista® (raloxifene hydrochloride)
- Forteo® (teriparatide [rDNA origin] injection)
- Glucagon (glucagon for injection [rDNA origin])
- Humalog® (insulin lispro injection)
- Humulin® (human insulin [rDNA origin])
- Prozac® (fluoxetine)
- Strattera® (atomoxetine)
- Symbyax® (olanzapine and fluoxetine)
- Trulicity® (dulaglutide)
- Zyprexa® (olanzapine) tablets / Zyprexa® Relprevv™ (olanzapine for extended release injectable suspension) / Zyprexa® Zydis® (olanzapine) tablets, orally disintegrating

**Group B:** For patients who are eligible for and have enrolled in Medicare Part D **OR** have no insurance **OR** in some circumstances those whose insurance does not cover the Lilly medication.

- Humatrope® (somatropin) for injection
- Olumiant® (baricitinib)
- Taltz® (ixekizumab)

### Group C:

- Lilly oncology medications

Patients may apply by completing a separate application available by calling 1-800-545-6962 or visiting the resources tab of [www.lillycares.com](http://www.lillycares.com)

### Who qualifies for Lilly Cares?

To qualify, you must meet ALL of the requirements listed below:

- My healthcare provider has prescribed a Lilly medication for me.
- I am a permanent, legal resident of the United States or Puerto Rico.
- I am NOT enrolled in or eligible for Medicaid or Veterans Affairs (VA) Benefits. (Humatrope patients may be eligible.)
- If I am Medicare Part D eligible, I have enrolled in a Medicare Part D program.

- If I am a Medicare Part D patient (except Forteo, Olumiant, and Taltz patients), I have spent \$1,100 on prescription medication this calendar year in which I am applying. Documentation is required [this can be an Explanation of Benefits (EOB) statement or summary from your pharmacy].
- My healthcare provider prescribed a Lilly medication in Group A and I have Medicare Part D **OR** no insurance.
- My healthcare provider prescribed a Lilly medication in Group B and I have Medicare Part D **OR** no insurance **OR** in some circumstances my insurance does not cover the Lilly medication.
- **Humatrope Patients** - Patients with Medicaid or VA Benefits may apply. Patients must submit a “no funding letter” from Humatrope DirectConnect which states they have no insurance benefits for their Humatrope therapy. Contact Humatrope DirectConnect at 1-84Humatrope (1-844-862-8767) if you need this letter. A “no funding letter” is not required for Medicare Part D patients.
- My yearly household income is less than the Annual Adjusted Gross Income Limit listed below:

Number of Persons in your Household	Annual Adjusted Gross Income Limit*	
	Group A Products	Group B Products
1	\$36,420	\$60,700
2	\$49,380	\$82,300
3	\$62,340	\$103,900
4	\$75,300	\$125,500
5	\$88,260	\$147,100
6	\$101,220	\$168,700

\*Note: These income limits are 300% (Group A Products) and 500% (Group B Products) of 2018 Federal Poverty Guidelines. Visit [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty) for information on the Federal Poverty Level. Federal Poverty guidelines may change yearly and are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Completing this form is the first step in the application process. Lilly Cares may need additional information to make sure a patient is eligible.

## How do I apply?

### To apply to Lilly Cares, complete the following 6 steps:

1. Complete and **sign** the Patient Section (page 4-5), **sign** the Patient Certification (page 7), and return.
2. Have your healthcare provider complete and **sign** the Healthcare Provider/Prescriber Section (page 8), **sign** the Healthcare Provider’s/Prescriber’s Confirmations and Agreements (page 9), and return along with a prescription for your medication.
3. If you have Medicare, attach a copy of the **front** of your Medicare Part D card.
4. Some US residents with limited income (approximately less than \$16,389 individual, or less than \$22,221 married couple living together) may be able to get Extra Help, known as Low Income Subsidy (LIS), to assist with costs related to a Medicare prescription drug plan. For assistance in determining if you qualify for LIS, please call the Social Security Administration at 1-800-772-1213. If your gross income is equal to or less than the income described, please submit a copy of a Low Income Subsidy (LIS) denial letter. Medicare Part D patients who qualify for full LIS are not eligible for Lilly Cares. LIS denial letter is not required for residents of Puerto Rico.
5. Select and copy appropriate proof-of-income documents as noted on page 4. Provide copies and keep original documents for your records. Your personal information, including Social Security Number, will also be used to obtain your credit information for purposes of confirming income.

6. Fax or mail the completed, signed application, prescription, copies of proof-of-income, and copy of Medicare Part D card and LIS denial letter (if applicable) to Lilly Cares. The fax number and mailing address are at the top of page 1.

## What happens next?

**When we receive your application, we will review it to see if you qualify for Lilly Cares.**

- **If you are a Medicare Part D patient and you qualify for Lilly Cares:**
  1. You and your healthcare provider will receive a letter notifying you of enrollment.
  2. You will be enrolled until the end of the calendar year and must apply again next year upon reaching your out-of-pocket pharmacy spend for the next calendar year. Forteo, Olumiant, and Taltz patients who have an out-of-pocket pharmacy spend exception are enrolled until the end of the calendar year and must also apply again next year.
  3. You will pick up your medication from your healthcare provider in 2-3 weeks. (Forteo, Humatrope, Olumiant, and Taltz, generally require home delivery due to medication handling, and the patient will be contacted to schedule home delivery.)
- **If you are under the age of 65 and NOT a Medicare Part D patient and you qualify for Lilly Cares:**
  1. You and your healthcare provider will receive a letter notifying you of enrollment.
  2. You will be enrolled for 12 months. After 12 months, you must apply again.
  3. You will pick up your medication from your healthcare provider in 2-3 weeks. (Forteo, Humatrope, Olumiant, and Taltz, generally require home delivery due to medication handling, and the patient will be contacted to schedule home delivery.)
- **If you do NOT qualify for Lilly Cares, we will send a notice to you and your healthcare provider.**

**If you have questions about qualifying and applying, please call Lilly Cares at 1-800-545-6962.**