

Humulin® R U-500 Savings Card

Pay as little as \$25* per 12 prescription fills.

*Subject to eligibility requirements; must have commercial drug insurance coverage for your prescription.

Please print out this page and take it to the pharmacy.



FOR PHARMACY USE:			
RxBIN#	PCN#	GROUP#	IDENTIFICATION#
018844	3F	FCHUMPR	HRPR4021822

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

By using the Humulin R U-500 Savings Card, you attest that you meet the eligibility criteria, agree to and will comply with the terms and conditions described below:

Offer good until <12/31/2021> and is valid for up to 12 prescription fills with a maximum of 2 vials per fill or up to 7 packs of the U-500 KwikPen® per fill. Patient must have commercial drug insurance coverage for Humulin R U-500 to pay as little as \$25 per fill, subject to a maximum annual cap of \$8,400. 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 Humulin R U-500 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-generic equivalent is available; California residents if an FDA-approved therapeutically 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 Humulin R U-500. 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 This offer may be terminated, rescinded, revoked or amended by Lilly USA, LLC at any time without notice.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 <12/31/2021>.

If you have any questions about the Humulin R U-500 Savings Program, please call The Lilly Answers Center at 1-800-LillyRx (1-800-545-5979).

This card is not health insurance. This card expires on <12/31/2021>.

TO THE PHARMACIST

- This card must be accompanied by a valid prescription for Humulin R U-500 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 fills of Humulin R U-500.
- 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.
- Pharmacists with questions, please call the Pharmacy Benefit Manager 1-855-282-4888.

