

**Eligible, commercially insured patients who are taking Taltz and are also prescribed Zepbound may be eligible to pay as little as **\$30** per month for both products.\*†**

Patients can pay as little as \$5 for Taltz and \$25 for Zepbound per month. Taltz must be covered by the patient's commercial drug insurance plan and the patient must be filling their Taltz prescription. Additional terms, conditions, and limitations apply.

\***Governmental beneficiaries excluded, terms and conditions apply.** Full terms and conditions located on page 4.

†One month is defined as 28 days and 4 pens for Zepbound.

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Please share these **key reminders** with your pharmacy staff:

- 1. Delete expired card(s)** for Zepbound from the system (e.g. from 2024).  
The new card will replace any previous Zepbound cards.
- 2.** In addition to meeting all other eligibility requirements, **patient must fill their Taltz prescription first before being eligible** to utilize the new Zepbound Savings for Taltz Patients savings card.

Patients may be required to take additional steps to obtain the applicable savings. Failure to provide required information may result in not obtaining the applicable savings. Please contact 1-833-366-7157 for assistance or questions regarding this offering.

See TO THE PHARMACIST on page 2.

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## **Prescription timing suggestions**

**Wait 3 days** after filling your Taltz prescription prior to filling the Zepbound prescription.

- If you have a **28-day supply** of Taltz, you have **45 days** to fill your Zepbound prescription
- If you have a **56-day supply** of Taltz, you have **90 days** to fill your Zepbound prescription
- If you have an **84-day supply** of Taltz, you have **110 days** to fill your Zepbound prescription

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**Call 1-833-366-7157** if additional questions arise regarding the Zepbound Savings for Taltz Patients Savings Card.

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**See accompanying Prescribing Information including Boxed Warning and Medication Guide for Zepbound. See Instructions for Use.**

**Please see Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.**

Taltz<sup>®</sup> and Zepbound<sup>®</sup> and their delivery device bases are trademarks owned or licensed by Eli Lilly and Company, its subsidiaries, or affiliates. Zepbound and Taltz are available by prescription only.

Other product/company names mentioned herein are the trademarks of their respective owners.

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**zepbound**®

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

A Lilly Medicine

# Zepbound Savings for Taltz Patients

Effective 1/1/2025

**taltz**®

(ixekizumab) injection  
80 mg/mL

A Lilly Medicine

## TO THE PHARMACIST

- This Card must be accompanied by a valid prescription for Zepbound 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 610020. Processor requires valid Prescriber ID #, PCN, Patient Name, and DOB for claim adjudication.
- Card expires and savings end on 12/31/2025.
- For Insured/Covered Patients – Submit the co-pay authorized by the Patient's primary insurance as a secondary claim to Eversana using BIN 610020 and using the Coordination of Benefits fields with Coverage Code type 08. This will reduce the eligible Patient's out-of-pocket costs to as little as \$25 for a 1-month, 2-month, or 3-month prescription fill of Zepbound, subject to a maximum monthly savings of up to \$295 per 1-month prescription, \$590 per 2-month prescription, or \$885 per 3-month prescription fill and a separate maximum annual savings of up to \$3,835 per calendar year for the Program. Card may be used for a maximum of up to 13 prescription fills per calendar year.
- For Insured/Not Covered Patients – If Zepbound 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 to as little as \$25 for one 28-day supply of Zepbound, subject to a maximum monthly savings of \$1,094 for one 28-day supply of Zepbound and a separate maximum annual savings of \$14,222 per calendar year. Card may be used for a maximum of up to 14 prescription fills per calendar year.
- For Insured/Covered Patients whose Taltz prescription was not filled within the required time frame: Submit the co-pay authorized by the Patient's primary insurance as a secondary claim to Eversana using BIN 610020 and using the Coordination of Benefits fields with Coverage Code type 08. This will reduce the eligible Patient's out-of-pocket costs to as little as \$25 for a 1-month, 2-month, or 3-month prescription fill of Zepbound, subject to a maximum monthly savings of up to \$150 per 1-month prescription, \$300 per 2-month prescription, or \$450 per 3-month prescription fill and a separate maximum annual savings of up to \$1,950 per calendar year for the Program. Card may be used for a maximum of up to 13 prescription fills per calendar year.
- For Insured/Not Covered Patients whose Taltz prescription was not filled within the required time frame – If Zepbound 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 \$469 off their monthly fill for 4 pens of Zepbound, subject to a maximum monthly savings of up to \$469 and a separate maximum annual savings of up to \$6,097 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year.
- This pharmacy must submit claim within 90 days from date of service to be reimbursed.
- Pharmacists with questions, please call the Pharmacy Benefit Administrator 1-330-259-0742.

**See accompanying Prescribing Information including Boxed Warning and Medication Guide for Zepbound. See Instructions for Use.**

**Please see Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.**

  
A MEDICINE COMPANY

# Zepbound Savings for Taltz Patients Savings Card

## General instructions for processing a non-covered (OCC3) Savings Card claim

Submit the claim to the primary Third-Party Payer first. Confirm the details of the primary claim submissions if it has a managed care restriction (e.g., a step-edit, prior authorization, or NDC block). **If the primary claim restriction shows a prior authorization is required, please initiate the appropriate prior authorization process before proceeding with next steps.** After that, continue the claim adjudication process and submit the balance to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid Other Coverage Code (OCC) of 03. The Savings Card must be adjudicated as a Secondary Payer. Each pharmacy may have its own set of practice management systems and procedures, so these instructions may not apply.

**WALGREENS** The Savings Card must be adjudicated as a Secondary Payer. If the Primary Insurance rejects the claim due to a plan restriction (e.g., drug not covered or prior authorization required), and the prescription meets the terms and conditions of the saving card program, the pharmacy team member should refer to Coordination of Benefits (COB) guide on StoreNet on how to process the prescription claim.

If the claim still rejects after following the steps in the COB guide, please open a ticket through the following pathway:

- Store Net
- 3rd Party
- Third Party Reference
- Billing and Collections
- Third Party Rejects (TPRs)
- COB Third Party Rejects
- Yes-Proceed to troubleshooting
- Yes-Open a ticket

**CVS** The Zepbound Savings for Taltz Patients Savings Card must be adjudicated as a Secondary Payer. Pharmacist should enter both the Primary and Secondary Insurance coordination of benefits. Bill the Primary Insurance first in order to get to the Secondary Insurance. If the Primary Insurance returns a Managed Care Restriction (e.g., step-edit, prior authorization, or NDC block, etc.), then:

- Click Bypass (Target/CVS has it as “BP” in their systems) and Submit
- Take the necessary steps to resolve the primary issue. If unable to resolve issue, contact the CVS help desk/insurance company and the Secondary Insurance can be applied

**RITE AID** The Zepbound Savings for Taltz Patients Savings Card must be adjudicated as a Secondary Payer. Pharmacist should enter both the Primary Insurance and Secondary Insurance.

- If Primary Insurance rejects for a Prior Authorization (PA), the pharmacist will need to contact Rite Aid’s Support Desk for an override to process the COB claim with OCC 03
- If Primary Insurance rejects for “70 NDC not covered,” click the “Continue Bill” button and submit to the Secondary Card text provided in the savings card

**WALMART** Submit Primary Insurance and Zepbound Savings for Taltz Patients Savings Card (first submission). If Primary Insurance rejects due to NDC not covered or PA required:

- Highlight the primary in the payment section of the resolution screen
- Delete the primary insurer
- Press F10
- Select OCC 03 for “Other Coverage Exists, This Claim Not Covered”
- Hit accept from the F10 screen
- Submit from the resolution screen

**See accompanying Prescribing Information including Boxed Warning and Medication Guide for Zepbound. See Instructions for Use.**

**Please see Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.**

## Terms and Conditions

By enrolling in the Zepbound Savings for Taltz Patients Savings Card Program (“Program”) and using the Zepbound Savings for Taltz Patients Savings Card (“Card”), you attest that you meet the eligibility criteria, and you agree to comply with the terms and conditions described below:

### Card Eligibility:

- (1) You have been prescribed Zepbound® (tirzepatide) for an approved use consistent with FDA approved product labeling;
- (2) **You are not enrolled in any state, federal, or government funded healthcare program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medicare Advantage, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state prescription drug assistance program;**
- (3) You are a resident of the United States or Puerto Rico; and
- (4) You are 18 years of age or older.

### Zepbound Savings for Taltz Patients - Additional Requirements:

- (1) You have been prescribed Taltz® (ixekizumab) for an approved use consistent with FDA approved product labeling;
- (2) You have commercial drug insurance that covers Taltz;
- (3) You have filled your Taltz prescription within the preceding (a) 45 days of filling your Zepbound prescription if you were prescribed a 28-day supply of Taltz, (b) 90 days of filling your Zepbound prescription if you were prescribed a 56-day supply of Taltz, or (c) 110 days if you were prescribed an 84-day supply of Taltz (“Taltz Fill Timeframe”);
- (4) You are enrolled in the Taltz Savings Card program; and
- (5) You meet all Card Eligibility requirements above.

### Card Terms and Conditions:

For patients with commercial drug insurance coverage for Zepbound whose Taltz prescription has been filled within the Taltz Fill Timeframe: In order to be eligible to pay as little as \$25 for a 1-month, 2-month, or 3-month prescription fill of Zepbound, you must meet and comply with both the Card Eligibility and Zepbound Savings for Taltz Patients - Additional Requirements above. Month is defined as 28-days and up to 4 pens. Card savings are subject to a maximum monthly savings of up to \$295 per 1-month prescription, \$590 per 2-month prescription, or \$885 per 3-month prescription fill and a separate maximum annual savings of up to \$3,835 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. If you discontinue filling your Taltz prescription for any reason, you may use this Card on or before 12/31/2025 for a maximum of one additional prescription fill, to pay as little as \$25 for a 1-month, 2-month, or 3-month supply of Zepbound. After you have utilized this one additional prescription fill of Zepbound following discontinuation of Taltz, you will no longer be eligible to use this Card. 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. Card expires and savings end on 12/31/2025.

For patients with commercial drug insurance who do not have coverage for Zepbound and whose Taltz prescription has been filled within the Taltz Fill Timeframe: In order to be eligible to pay as little as \$25 for a 1-month prescription fill of Zepbound, you must meet and comply with both the Card Eligibility and Zepbound Savings for Taltz Patients - Additional Requirements above. Month is defined as 28-days and up to 4 pens. Card savings are subject to a maximum monthly savings of \$1,094 for one 28-day supply of Zepbound and a separate maximum annual savings of \$14,222 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. If you discontinue filling your Taltz prescription for any reason, you may use this Card on or before 12/31/2025 for a maximum of one additional prescription fill, to pay as little as \$25 for a 1-month supply of Zepbound. After you have utilized this one additional prescription fill of Zepbound following discontinuation of Taltz, you will no longer be eligible to use this Card. Subject to Lilly's 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. Card expires and savings end on 12/31/2025.

For patients with commercial drug insurance coverage for Zepbound and whose Taltz prescription has not been filled within the Taltz Fill Timeframe: If your Taltz prescription cannot be verified as having been filled within the Taltz Fill Timeframe or you otherwise do not meet the Zepbound Savings for Taltz Patients - Additional Requirements outlined above, you can pay as little as \$25 for a 1-month, 2-month, or 3-month prescription fill of Zepbound. Month is defined as 28-days and up to 4 pens. Card savings are subject to a maximum monthly savings of up to \$150 per 1-month prescription, \$300 per 2-month prescription, or \$450 per 3-month prescription fill and separate maximum annual savings of up to \$1,950 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. Subject to Lilly's 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. Card expires and savings end on 12/31/2025.

For patients with commercial drug insurance who do not have coverage for Zepbound and whose Taltz prescription has not been filled within Taltz Fill Timeframe: If your Taltz prescription cannot be verified as having been filled within the Taltz Fill timeframe or you otherwise do not meet the Zepbound Savings for Taltz Patients - Additional Requirements outlined above, you can save up to \$469 off your 1-month prescription fill of Zepbound. Month is defined as 28-days and up to 4 pens. Card savings are subject to a maximum monthly savings of up to \$469 and a separate maximum annual savings of up to \$6,097 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. Subject

to Lilly's 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. Card expires and savings end on 6/30/2025.

### Post-Transaction Reimbursement

Savings may not be applied at the point of sale and may require further action from you to obtain the applicable savings. If you filled your Taltz prescription within the Taltz Fill Timeframe and otherwise meet the Card Eligibility and Zepbound Savings for Taltz Patients - Additional Requirements outlined above, but Lilly was not able to verify such at the point of sale, you may submit a claim for Post Transaction Reimbursement. A Post-Transaction Reimbursement claim may result in Lilly issuing you a reimbursement for the difference between what you paid and what you would have paid had Lilly been able to verify at the point of sale that your Taltz prescription had been filled within the Taltz Fill Timeframe. Claims for Post-Transaction Reimbursement must be submitted through the Program's online patient reimbursement portal <https://eversana-ptr.virtualrx.co> or by mailing a completed claim form to Savings Card Post-Transaction Reimbursement, PO BOX 42638 Cincinnati, OH 45242 Attn: PTR Processing. For a copy of the claim form, please call 1-866-923-1953. A valid Post-Transaction Reimbursement claim must include: your name; date of birth; address; a copy of your primary insurance card; a copy of your original activated Zepbound Savings for Taltz Patients Savings Card information; original pharmacy receipt for your Zepbound prescription; a cash register receipt or Explanation of Benefit (EOB) for your Zepbound prescription; original pharmacy receipt for your Taltz prescription; and a cash register receipt or Explanation of Benefit (EOB) for your Taltz prescription. At its sole discretion, Lilly may request additional information to validate your claim for reimbursement and is not obligated or required to reimburse any amounts if the requested additional information is not provided. Claims for reimbursement must be submitted in the patient portal or postmarked by no later than March 31, 2026. Reimbursement claims are subject to program eligibility and terms and conditions, including Lilly's right to terminate, rescind, revoke, or amend the post-transaction reimbursement program at any time in Lilly's sole discretion, without notice, and for any reason.

### Additional Terms and Conditions

If you have an insurance plan that is participating in an alternate funding program (“AFP”) that requires you to apply to the Zepbound Savings for Taltz Patients Savings Card Program or otherwise pursue specialty drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of Zepbound, you are not eligible for and are prohibited from using the Zepbound Savings for Taltz Patients Savings Card Program. AFPs include programs where coverage, reimbursement, or patient out of pocket costs for a product in some way vary based on the availability of a manufacturer co-pay program. AFPs may modify, delay, deny, restrict, or withhold insurance benefits or coverage from patients, or exclude Lilly products from coverage contingent upon a member's use of the Zepbound Savings for Taltz Patients Savings Card Program. You agree to inform the Zepbound Savings for Taltz Patients Savings Card Program if you are or become a member of such an alternative funding program. You are responsible for any applicable taxes, fees, and any amount that exceeds the applicable monthly or annual maximum Card savings. Monthly and annual maximum savings are set at Lilly's sole and absolute discretion and may be changed with or without notice at any time for any reason. At its sole discretion and with or without notice, Lilly may reduce, eliminate, or otherwise modify the Card savings for any reason, including but not limited to if your commercial drug insurance plan imposes additional requirements which limits or prevents you from receiving coverage for Zepbound, only allows partial coverage for Zepbound, removes coverage for Zepbound and requires you to utilize the Card, does not provide a material level of financial assistance for the cost of Zepbound, or does not apply Card payments to satisfy your co-payment, deductible, or coinsurance for Zepbound. Card savings are not valid for: Massachusetts residents if an AB-rated generic equivalent is available; California residents if an FDA-approved therapeutic equivalent is available. You must meet the Card eligibility criteria, terms and conditions every time you use the Card. Card activation is required. You may not seek reimbursement from your health insurance, any third party, or any health savings, flexible spending, or other healthcare reimbursement accounts, for any amount of the savings received through the Card. By utilizing the Card, 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 will notify your Insurance Carrier of your redemption of the Card. Card savings cannot be combined or utilized with any other program, discount, discount card, cash discount card, coupon, incentive, or similar offer involving Zepbound. You agree that this Card savings is intended solely for the benefit of you, the patient, and that the Card benefits are nontransferable. It is prohibited for any person to sell, purchase, or trade; or to offer to sell, purchase, or trade, or to counterfeit the Card. **THIS CARD IS NOT INSURANCE.** Lilly has the sole right to interpret and apply Card eligibility criteria, and terms and conditions. Card eligibility, and terms and conditions may be terminated, rescinded, revoked, or amended by Lilly at any time without notice and for any reason. Lilly's sole discretion to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions includes the right to terminate any individual Card if Lilly determines, in its sole discretion, that a patient does not satisfy the Card's eligibility criteria or is using or has attempted to use the Card inconsistently with these terms and conditions. Eligibility criteria, and terms and conditions for the Zepbound Savings for Taltz Patients Savings Card Program may change from time to time; the most current version can be found at <https://taltz.lilly.com/savings-support>. You may be required to obtain a new Card, including if any Card terms and conditions have been terminated, rescinded, revoked, or amended by Lilly. Card void where prohibited by law. Subject to Lilly's 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. Card expires and savings end on 12/31/2025.