



Verzenio Prescription and Continuous Care Enrollment Form

OFFICE STAFF:

- Please fax all pages with **PRESCRIBER AND PATIENT SIGNATURE** to 1-855-545-5957
- For questions or concerns, please call Verzenio Continuous Care™ at **1-844-VERZENIO** (1-844-837-9364)

1. Patient Information

Name (First, Middle, Last) _____ Gender M F DOB (MM/DD/YYYY) ____/____/____

Address _____ City _____ State _____ ZIP Code _____

Email _____ Preferred Language English Spanish

Primary Phone Number* _____ Secondary Phone Number* _____

*By providing my mobile telephone number and signing this form, I agree to receive automated calls and texts about Verzenio Continuous Care, and I understand that no purchase is necessary to receive these calls or texts.

2. Ongoing Support for Verzenio

We created the Verzenio Continuous Care program to give you personalized support while taking Verzenio. Through 1-on-1 check-ins, your Verzenio Continuous Care Team will serve as your dedicated partner throughout every stage of your treatment by:

- Identifying savings opportunities
- Answering questions you may have
- Helping you understand what to expect with treatment
- Connecting you with information and resources about your treatment and disease

By selecting this service, I agree to the Ongoing Support Enrollment Consent described on the last page.

I have read and agree to the Patient HIPAA Authorization on the last page.

SIGNATURE OF PATIENT _____

PRINT PATIENT'S NAME _____

DATE (MM/DD/YYYY) _____

3. Primary Insurance Information

Complete the following insurance information

OR

Attach a copy of the policyholder's prescription insurance card (front and back)

No insurance coverage

Primary Insurance Company _____ Cardholder _____

Insurance Company Phone _____ Policy # _____ Group # _____

Prescription Insurance Plan _____

Rx BIN _____ PCN _____

4. Additional Support Requested for This Patient

Choose only one

- Benefits Investigation**
Includes Field Reimbursement Support
Verzenio Continuous Care will research the Patient's insurance and in-network specialty pharmacy options to identify the lowest out-of-pocket cost available for Verzenio. A Field Reimbursement Manager will help triage and troubleshoot access issues on the Patient's behalf.
- OR
- Field Reimbursement Support Only**
The Patient's prescription will be sent to the specialty pharmacy or institution/in-office dispenser listed below for a benefits investigation. A Field Reimbursement Manager will intervene if help is needed resolving access issues on the Patient's behalf.

Specialty pharmacy or institution/in-office dispenser where prescription was sent: _____
(Find a specialty pharmacy that dispenses Verzenio at www.verzenio.com)

5. Prescriber Information

Name (First, Last) _____ Practice Name _____

Address _____

City _____ State _____ ZIP Code _____ Phone _____ Fax _____

NPI # _____ Group Tax ID # _____

Office Contact Name _____ Office Contact Phone _____

What to Know About Verzenio Continuous Care

Your healthcare provider has talked with you about using Verzenio, an Eli Lilly and Company medicine. Verzenio Continuous Care was created to help you have a positive experience as you get started with and use this medicine. Verzenio Continuous Care offers personalized support to patients at no charge. For the rest of this form, “Lilly” and “we” or “us” will stand for Eli Lilly and Company and Lilly USA, LLC, their affiliates, agents, representatives, business partners, and service providers.

Patient HIPAA Authorization

Before Verzenio Continuous Care 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, but Verzenio Continuous Care 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 change your mind about taking part in the program:

- You can stop sharing your information with us or change what you share by calling us at **1-844-VERZENIO** (1-844-837-9364) or by writing us at PO Box 12307, La Jolla, CA 92039
- We will follow your wishes after we hear from you

Ongoing Support Enrollment Consent

As part of your participation in the Ongoing Support Services, Lilly may use, disclose, and/or transfer the personal information you supply to provide services related to your condition and treatment to administer the program. Services include:

1. Contacting you by email, mail, or telephone to provide personalized services, delivered by your Verzenio Continuous Care Team, such as informational and marketing materials.
2. Responding to customer service requests and/or questions about your treatment.
3. Requesting feedback on your experience with the related products, services, and programs, including market research.
4. Disclosing your enrollment and use of these services to your doctors and insurers.
5. Analyzing and/or measuring program performance for future enhancements.
6. Other opportunities and activities related to your condition and therapy that are not part of Verzenio Continuous Care. These activities include opportunities to share your story and participating in studies about products and services.

By checking the corresponding box on the first page under Section 2: Ongoing Support for Verzenio, I consent to my enrollment in the Verzenio Continuous Care Ongoing Support as described in this Consent.