

Lilly Cares Foundation Insurance Verification Requirements

The following information applies to patients who meet any of the following criteria:

- Insured and applying for a Group 4 medication.
(Note: This requirement does not apply to Medicare Part D patients applying for a Group 4 self-administered product.)
- Reevaluation of a previously denied application due to loss of insurance or limited Medicaid coverage.

Please read carefully and submit ALL documents listed that apply to the patient's situation. These documents are required to verify eligibility and avoid processing delays. Submission of the requested documentation does not guarantee approval.

Group 4 Medications: Medication Isn't Covered by Insurance (e.g., excluded, non-formulary, or cost cap)

The plan does not cover the medication for any members or coverage is not provided above an identified dollar amount.

Required:

- ☐ Copy of the front and back of both prescription and medical insurance cards.
- ☐ Prescription and/or Medical Summary Plan Description (SPD)* or Evidence of Coverage (EOC)*, signed by plan sponsor, describing either self-administered or HCP-administered drug coverage details.
- ☐ Drug formulary specific to the plan.

Please Read:

- **Self-administered Medications:** Signed SPD or EOC with self-administered drug coverage details and the prescription drug formulary specific to the plan. If the prescription SPD refers to a separate medical plan, also send the medical SPD/EOC.
- **HCP-administered Medications:** Signed SPD or EOC with HCP-administered drug coverage details and the medical drug formulary specific to the plan. If the medical SPD refers to a separate pharmacy plan, also send the pharmacy SPD/EOC.
- The SPD/EOC* provides detailed plan information, unlike the plan Summary of Benefits, which only provides an overview of benefits. Contact the plan sponsor (often the employer) to quickly obtain the SPD/EOC.
- Third-party administrator or supplemental pharmacy documents are not accepted unless included with the above.

Group 4 Medications: Medication Is Covered by Insurance (e.g., denial is not related to drug exclusion or formulary placement)

Required:

- ☐ Copy of the front and back of both prescription and medical insurance cards
- ☐ Coverage denial and denied appeal letter from the insurance company.

All Medications: Insurance Coverage Ended in the Last 60 Days or Limited Medicaid Coverage

Required (submit ONE of the following, including date):

- ☐ Letter from the insurance company confirming termination
- ☐ Employer letter confirming loss of coverage
- ☐ COBRA offer letter and if COBRA insurance will be maintained
- ☐ Medicaid emergency/limited services documentation

Document Guidelines and Submission Instructions

All documents must:

- Include the patient's full name and date of birth on the first page
- Be official documentation, on organizational letterhead when available

Submit by fax or mail with the initial application, or within 14 days of receiving a denial letter. Include the first page of the denial letter, if applicable, for prompt review.

Eligibility will be evaluated once all required documentation is received. If exact documents are not submitted, the application will be denied or delayed. Patients will receive a mailed notification of the eligibility decision, and healthcare providers will receive a faxed copy.

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