

Lilly Post-Transaction Reimbursement Copay Claims Process

Background:

The cyberattack on Change Healthcare has affected many aspects of the U.S. health care system, including the ability for some pharmacies to process savings cards for Lilly medicines.

To minimize disruption to accessing medicines during this time, the following outlines a process for eligible, commercially insured people to submit a copay claim for reimbursement if their copay card was not honored at their pharmacy.

Before going through the process, verify you have met the requirements:

- Lilly offers post-Transaction Reimbursement (PTR) for eligible, commercially insured patients.
- PTR allows you to pay for your medication out-of-pocket (OOP) and submit all the required information to EVERSANA to request reimbursement consistent with the program's Terms, Conditions, and Limitations, which can be found on each brand's website.

Before you complete the form, complete your transaction at the pharmacy:

- Ensure you have an activated savings card before the service date and have the savings card information (bin, group, PCN, and ID numbers printed on the card) readily available.
- Pay for your prescription out-of-pocket. Be sure to keep your original receipt.
- **NOTE:** If you are paying for your prescription with a Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA), or if your insurance provider prohibits participation in the program, your prescription is not eligible for reimbursement.
- Obtain your receipt from your pharmacy with your prescription, which must include the Patient's name, address, phone number, Rx#, fill date, drug name, strength, NDC#, and quantity, along with the out-of-pocket expense paid.

Once requirements are met, follow the steps below to submit your request for reimbursement:

- Complete the [Savings Card Post-Transaction Reimbursement Form](#)
- You must include the original pharmacy receipt, original cash register receipt, a copy of your primary insurance card and your activated Savings Card in the manner required by the form.
- Sign and date the form.
- Mail the completed form and necessary documentation (above) to:
 - Savings Card Post-Transaction Reimbursement, Attn: PTR Processing, PO BOX 42638, Cincinnati, OH 45242

Summary of what happens after you complete the form:

- After following these steps, you will be notified by mail of reimbursement approval and payment or denial.
- Please allow several business days for processing from receipt of your completed form and all required documents.
- Please complete it in its entirety to avoid reimbursement rejection.

- If your insurance requires you to report all manufacturer assistance, please notify them of your participation in Post-Transaction Reimbursement.

This program is available at Lilly's absolute discretion and may be terminated, rescinded, revoked or amended with or without notice.

For questions regarding this process, contact [The Lilly Answers Center](#).