



Patient Support and Prior Authorization (PA) Resource Guide

**Steps to help patients start and stay
on treatment with EBGLYSS**

INDICATION

EBGLYSS is indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. EBGlySS can be used with or without topical corticosteroids.

SELECT IMPORTANT SAFETY INFORMATION

Contraindication

EBGLYSS is contraindicated in patients with prior serious hypersensitivity to lebrikizumab-lbkz or any excipients of EBGlySS.

Please see Indication and Important Safety Information on page 8, and click to access [Prescribing Information](#) and [Patient Information](#). Please see [Instructions for Use](#) included with the device.

Relevant information to be included in the PA Request Form for EBGLYSS™



It is important to check coverage requirements for each individual plan to ensure all requirements and documentation needs are satisfied.

MEDICAL INFORMATION

Medication Name EBGLYSS (lebrikizumab-lbkz)

Indication EBGLYSS is indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. EBGLYSS can be used with or without topical corticosteroids.

Recommended Dosing The recommended dosage of EBGLYSS is an initial dose of 500 mg (two 250-mg injections) at week 0 and week 2, followed by 250 mg every 2 weeks until week 16 or later, when adequate clinical response is achieved. The maintenance dose is 250 mg every 4 weeks.
Please see **Prescribing Information** for additional information.

Continuation of Therapy If the patient has already received EBGLYSS, request continuation of therapy and document treatment history.



Don't forget to include chart notes detailing the patient's severity of disease, including scoring tool used, in the Attachments section of the PA. In the initial PA, consider including chart notes from the patient's past and most recent visits to demonstrate the patient's treatment history.

CLINICAL INFORMATION

Diagnosis Moderate-to-severe atopic dermatitis



Don't forget to include an ICD-10 code directly on your PA

ICD-10 Codes Physicians should select appropriate disease-specific code(s) based on the individual patient's diagnosis*:
L20: Atopic Dermatitis
L20.89: Other Atopic Dermatitis

Prior Medications List all therapies the patient has tried and not achieved an adequate response with, include the patient's current treatment, discontinued treatments, reasons for discontinuation, and start/stop dates.

Additional Information Include information on the patient's condition, including:

- Percentage of body surface area (BSA) affected
- Body areas affected
- Other symptoms

ICD-10=International Statistical Classification of Diseases, Tenth Revision
BSA=body surface area.

NO PRE-INITIATION LABORATORY TESTING IS REQUIRED

*Other digits may be required. Please see **CMS.gov** for more details.

The above information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be as current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies.

SELECT IMPORTANT SAFETY INFORMATION

Vaccinations

EBGLYSS may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to therapy with EBGLYSS, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines immediately prior to or during treatment with EBGLYSS. No data are available on the response to live vaccines.

Please see Indication and Important Safety Information on **page 8**, and click to access **Prescribing Information** and **Patient Information**. Please see **Instructions for Use** included with the device.

Before submitting the prior authorization, consider checking that the following information has been included



Prior Authorization Checklist

Ensure the following is documented in the patient's chart notes, and attached to the PA:

- Patient diagnosis and associated ICD-10 code
- Patient's severity of disease and scoring tool utilized for assessment (check plan information for specific requirements)
- Patient's BSA score (greater than or less than 10%)
- Current and previous treatments—ensure that the treatment name, dose, and start/stop dates are documented

Ensure all fields on the PA are completed and the appropriate signatures have been obtained

If the plan requires separate PAs for the loading/induction doses and the maintenance phase, be sure to select "Initiation" for loading and induction and "Continuation" for maintenance

If the patient filled out a Doctor Discussion Guide detailing the impact of their atopic dermatitis, consider adding this to the PA attachments as supporting documentation

Reference re-authorization checklist on [page 7](#), when required

Prior authorizations may be denied because they did not include the patient's chart notes, step edits were not detailed, or there was missing information on the sheet. Double check all requirements prior to submitting the patient's PA.

Lilly Support Services™ for EBGLYSS™ (lebrikizumab-lbkz) offers the support patients need



Click the buttons below to access Lilly Support Services coverage resources

Letter of Medical Necessity



Letter of Appeal



Lilly Support Services is a customer support program designed to help patients start treatment and feel supported along their treatment journey. Field Reimbursement Managers (FRMs) are your conduit to Lilly Support Services and work with healthcare providers (HCPs) to navigate patient access and explore savings options.

Lilly Support Services can assist patients and caregivers with:



Insurance Benefits Investigation and Appeals Resources

- Provides assistance with insurance benefits investigation to help determine coverage status and offers resources for coverage authorization requests and appeals



Injection Training

- Provides additional support to help patients feel more prepared using their EBGLYSS device
- Provides injection training videos which patients can view at any time and optional injection training with a registered nurse over a live video call or the phone



Sharps Disposal Containers

- Provides patients with free sharps disposal containers to safely and conveniently dispose of their used injection devices



Ongoing Treatment Support

Provides one-on-one support with a Companion in Care™* representative who can help answer questions and offer personalized support along the patient's treatment journey

Field Reimbursement Manager Support

The FRM is an experienced access professional who can help navigate the access and reimbursement environment to help eligible patients get access to EBGLYSS. FRMs:

- Understand Lilly Support Services for EBGLYSS savings options for eligible, commercially insured patients and support offerings†
- Help remove barriers to access
- Offer resources for Coverage Authorization Requests and Appeals
- Are integrated with the Lilly Support Services call center
- Provide information to support patient access to EBGLYSS

Your contact will be consistent across other Lilly dermatology products

Please refer patients to Instructions for Use that come with the device.

*A Companion in Care provided by Lilly Support Services is not a medical professional. Your HCP is your source for medical advice.

†Governmental beneficiaries excluded, terms and conditions apply.

Please see Indication and Important Safety Information on [page 8](#), and click to access [Prescribing Information](#) and [Patient Information](#). Please see [Instructions for Use](#) included with the device.

For more information, visit ebglyss.lilly.com or call Lilly Support Services for EBGLYSS at **1-800-LillyRx (1-800-545-5979)** from Monday to Friday between 8 am and 10 pm ET

EBGLYSS™ (lebrikizumab-lbkz) Savings Program

**Eligible, commercially insured patients
can access savings for EBGLYSS**



Pay as little as



**\$5 if EBGLYSS
is covered by
commercial
insurance**

If the patient has a **commercial insurance plan that covers EBGLYSS**, they may be eligible to pay as little as \$5 for up to 4 pens per 28-day supply.

Pay as little as



**\$25 if EBGLYSS
is not covered
by commercial
insurance**

If the patient has a **commercial insurance plan that does not cover EBGLYSS**, they may be eligible to pay as little as \$25 for up to 4 pens per 28-day supply.

Governmental beneficiaries excluded, terms and conditions apply.

Terms and Conditions

By enrolling in the EBGLYSS Savings Card Program ("Program") and using the EBGLYSS Savings Card ("Card"), you attest that you meet the eligibility criteria, agree to, and will comply with the terms and conditions described below:

Card Eligibility:

- (1.) You have been prescribed EBGLYSS™ (lebrikizumab-lbkz) for an approved use consistent with FDA-approved product labeling;
- (2.) You are enrolled in a commercial drug insurance plan;
- (3.) **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;**
- (4.) You are a resident of the United States or Puerto Rico; and
- (5.) You are 18 years of age or older.

Card Terms and Conditions:

For patients with commercial drug insurance coverage for EBGLYSS: You must have commercial drug insurance that covers EBGLYSS™ and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as \$5 for a 1-month prescription fill of EBGLYSS™. Month is defined as 28 days and up to 4 pens. Card must be first used by no later than 12/31/2025. Card savings are subject to a maximum monthly savings of wholesale acquisition cost plus usual and customary

pharmacy charges and a separate maximum annual savings of up to \$9,450 per calendar year. Card may be used for a maximum of up to 14 prescription fills per calendar year and a separate maximum of up to 24 prescription fills over the lifetime of the Program, subject to the previously stated maximum monthly and annual savings limits. Participation in the Program requires a valid patient HIPAA authorization upon enrollment into the Program. Subject to Lilly USA, LLC'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 12/31/2027 or 24 months after you first use the Card, whichever comes first.

For patients with commercial drug insurance who do not have coverage for EBGLYSS: You must have commercial drug insurance that does not cover EBGLYSS™ and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as \$25 for a 1-month supply of EBGLYSS™. Month is defined as 28 days and up to 4 pens. Card must be first used by no later than 12/31/2025. Participation in the \$25 Program requires submission of a prior authorization (PA) and a coverage denial outcome prior to first prescription fill. For patients who enrolled in the \$25 Program on or before May 31, 2025, to remain eligible for continued enrollment in the \$25 Program, a new PA must be submitted with a denial outcome received by August 1, 2025, and by each August 1st thereafter and as required by Lilly at its sole discretion. For patients who enrolled in the \$25 Program on or after June 1, 2025, to remain eligible for continued enrollment

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Terms and Conditions (continued)

in the \$25 Program, a new PA must be submitted with a denial outcome received by August 1, 2026, and by each August 1st thereafter and as required by Lilly at its sole discretion. Card savings are subject to a maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges, up to a maximum of 14 prescription fills per calendar year and a separate maximum of up to 24 prescription fills over the lifetime of the Program. Participation in the Program requires a valid patient HIPAA authorization to remain in the Program. Subject to Lilly USA, LLC'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 12/31/2027 or 24 months after you first use the Card, whichever comes first.

If you have an insurance plan that is participating in an alternate funding program (AFP) that requires you to apply to the EBGLYSS™ 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 EBGLYSS™, you are not eligible for and are prohibited from using the EBGLYSS™ 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 EBGLYSS™ Savings Card Program. You agree to inform EBGLYSS™ 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 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 EBGLYSS™, only allows partial coverage for EBGLYSS™, removes coverage for EBGLYSS™ and requires you to utilize the Card, does not provide a material level of financial assistance for the cost of EBGLYSS™, or does not apply Card payments to satisfy your co-payment, deductible, or coinsurance for EBGLYSS™. 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. If at any time you begin receiving drug coverage under any state, federal, or government funded healthcare program, you understand that you will no longer be eligible for the EBGLYSS™ Savings Card and agree to call the EBGLYSS™ Savings Card Program at 1-800-545-5979 to stop participation. 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 EBGLYSS™. 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 EBGLYSS™ Savings Card Program may change from time to time; the most current version can be found at <https://www.EBGLYSS.lilly.com/savings-support#termsandconditions>. 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 12/31/2027 or 24 months after you first use the Card, whichever comes first.

Relevant information to be included in EBGLYSS Re-Authorization Forms



Most plans will require a re-authorization form to be submitted 4-6 months following the initial PA.

The following criteria should be considered:

Patient chart notes detailing response to EBGLYSS at their follow-up appointment(s).

The chart notes should reference:

- Change in IGA or EASI score
- Length of time on therapy
- Improvement in other AD-related signs and symptoms (erythema, pruritus, induration, excoriations, lichenification, etc.)
- Change in BSA
- If appropriate, change in use of prescription topical medications for their AD

Confirmation that the patient is not receiving EBGLYSS in combination with another biologic medication

Consider including a Letter of Medical Necessity with the re-authorization submission if the patient is not seeing improvement on product but the prescriber believes EBGLYSS is the right choice.

If the patient was denied coverage during the initial PA, a re-authorization will not be required. However, the Field Reimbursement Manager or Specialty Pharmacy may reach out to you periodically to initiate a coverage attempt.

To learn more about how to get patients started on EBGLYSS, visit ebglyss.lilly.com/hcp/savings-support

Typically, if a re-authorization is submitted and approved, the product will be covered for 6 months or 1 year before another re-authorization is required.

IGA=Investigator Global Assessment for Atopic Dermatitis; EASI=Eczema Area and Severity Index.

SELECT IMPORTANT SAFETY INFORMATION

Hypersensitivity

Hypersensitivity reactions, including angioedema and urticaria, have been reported with use of EBGLYSS. If a serious hypersensitivity reaction occurs, discontinue EBGLYSS and institute appropriate therapy.

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Indication and Important Safety Information



EBGLYSS is **indicated** for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. EBGLYSS can be used with or without topical corticosteroids.

CONTRAINDICATION: EBGLYSS is contraindicated in patients with prior serious hypersensitivity to lebrikizumab-lbkz or any excipients of EBGLYSS.

WARNINGS AND PRECAUTIONS

Hypersensitivity

Hypersensitivity reactions, including angioedema and urticaria, have been reported with use of EBGLYSS. If a serious hypersensitivity reaction occurs, discontinue EBGLYSS and institute appropriate therapy.

Conjunctivitis and Keratitis

Conjunctivitis and keratitis adverse reactions have been reported in clinical trials. Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received EBGLYSS compared to those who received placebo. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered during the treatment period. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

Parasitic (Helminth) Infections

Patients with known helminth infections were excluded from participation in clinical studies. It is unknown if EBGLYSS will influence the immune response against helminth infections by inhibiting IL-13 signaling. Treat patients with pre-existing helminth infections before initiating treatment with EBGLYSS. If patients become infected while receiving EBGLYSS and do not respond to antihelminth treatment, discontinue treatment with EBGLYSS until the infection resolves.

Vaccinations

EBGLYSS may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to therapy with EBGLYSS, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines immediately prior to or during treatment with EBGLYSS. No data are available on the response to live vaccines.

ADVERSE REACTIONS

The most common ($\geq 1\%$) adverse reactions are conjunctivitis, injection site reactions, and herpes zoster.

EBGLYSS is available as a 250mg/2mL subcutaneous injection prefilled pen or prefilled syringe.

Please click to access [Prescribing Information](#) and [Patient Information](#).
Please see [Instructions for Use](#) included with the device.

LK HCP ISI AD APP

REFERENCE: EBGLYSS (lebrikizumab-lbkz). Prescribing Information. Lilly USA, LLC.

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