

Trulicity[®] Medical Exception Request Form

Lilly Cares Foundation Patient Assistance Program is currently not accepting new applications for Trulicity. However, Lilly Cares will accept new applications for patients in special medical circumstances. In order to be considered for enrollment, the patient's healthcare provider must complete and fax this form along with a Lilly Cares application. The patient must meet all other Lilly Cares eligibility requirements. This form is not to be used for currently enrolled patients who are re-enrolling for Lilly Cares.

The patient **must meet ALL of the following criteria**, and prescriber **must check all boxes that apply**.

- Diagnosed with type 2 diabetes mellitus
- On Trulicity currently or within past 12 months
- Over age 10
- Within past 12 months previously tried and failed **at least one** other GLP-1 receptor agonist after at least 3 months on each therapy

AND at least one of the following:

- Has previously tried metformin and had an inadequate treatment response, intolerance, or has a contraindication to metformin
- Requires combination therapy AND has an A1C of 7.5% or greater
- Has established cardiovascular disease or multiple cardiovascular risk factors

Patient Name: _____ DOB: _____

Prescriber Name (print): _____ Office Phone: _____

I attest that the information on this form is true and correct. I understand that Lilly Cares Foundation is relying on this attestation in making its determination.

Prescriber signature: _____ Date: _____

IMPORTANT: This information is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If the reader of this information is not the intended recipient, or the authorized agent or individual responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this document in error, please notify us immediately and destroy the related document.