

2025 Full Terms and Conditions

once weekly
zepbound[®]
(tirzepatide) injection 0.5 mL
2.5 mg | 5 mg | 7.5 mg | 10 mg | 12.5 mg | 15 mg

[Click here](#) to See Indications and Safety Summary including Warnings

A Lilly Medicine

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

Card Eligibility:

- (1.) You have been prescribed Zepbound 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 Zepbound: You must have commercial drug insurance that covers Zepbound[®] (tirzepatide) and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as \$25 for a 1-month, 2-month, or 3-month prescription fill of Zepbound. Month is defined as 28-days and up to 4 pens; 2 months is defined as 56 days and up to 8 pens; 3 months is defined as 84 days and up to 12 pens. Card savings are subject to a maximum monthly savings of up to \$150 per 1-month prescription, \$300 per 2-month prescription, or \$450 per 3-month prescription fill and a separate maximum annual savings of up to \$1,950 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. Subject to Lilly USA, LLC’s (“Lilly”) 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 12/31/2025.

For patients with commercial drug insurance who do not have coverage for Zepbound: You must have commercial drug insurance that does not cover Zepbound and a prescription for an approved use consistent with FDA-approved product labeling to obtain savings of up to \$569 off your 1-month prescription fill of Zepbound. Month is defined as 28-days and up to 4 pens. Card savings are subject to a maximum monthly savings of up to \$569 and a separate maximum annual savings of up to \$7,397 per calendar year. Card may be used for a maximum of up to 13 prescription fills per calendar year. Participation in the Program requires a valid patient HIPAA authorization. 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 12/31/2025.

Additional Terms and Conditions

If you have an insurance plan that is participating in an alternate funding program (“AFP”) that requires you to apply to the Zepbound 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 Zepbound, you are not eligible for and are prohibited from using the Zepbound 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 Zepbound Savings Card Program. You agree to inform the Zepbound 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 applicable 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 Zepbound, only allows partial coverage for Zepbound, removes coverage for Zepbound and requires you to utilize the Card, does not provide a material level of financial assistance for the cost of Zepbound, or does not apply Card payments to satisfy your co-payment, deductible, or coinsurance for Zepbound. 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 you will no longer be eligible for the Zepbound Savings Card and agree to call the Zepbound Savings Card Program at 1-866-923-1953. 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 Zepbound. 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 Zepbound Savings Card Program may change from time to time; the most current version can be found at <https://zepbound.lilly.com/coverage-savings>. 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 12/31/2025.

