

LEQVIO® (inclisiran) Specialty Pharmacy Claim Reimbursement Request Form

LEQVIO Co-pay Program, IQVIA Inc., Claims Processing Department, 430 Mountain Avenue, Suite 105, New Providence, NJ 07974 Telephone: 1-833-277-7542 Fax: 1-908-548-9364

Please complete this form and submit with all required information and attachments to be considered for reimbursement. Subject to a combined annual limit of **\$3600** and per-treatment limit of **\$3000**. Reimbursement not available (i) for patients covered under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care programs, (ii) where patient is not using insurance coverage at all, (iii) where patient's insurance plan reimburses for the entire cost of the drug, or (iv) where prohibited by law. Please see below for full program Terms and Conditions.

Step 1: To receive payment for the benefit of, and on behalf of, your patient in an amount equal to your eligible patient's out-of-pocket expenses for medication covered under the medical benefit as "buy-and-bill," the **following patient and specialty pharmacy information in BOLD is REQUIRED:**

PATIENT INFORMATION			
Patient Last Name:		Patient First Name:	
Patient Date of Birth:		Patient ZIP Code:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Patient Paid Amount (\$):
Co-pay Group #:		Patient Co-pay ID #:	

SPECIALTY PHARMACY INFORMATION			
Pharmacy Name:		Pharmacy Address:	
Pharmacy City:		Pharmacy State and ZIP Code:	
Pharmacy Phone #:		Pharmacy NABP/NPI:	

Step 2: Please **fax** the following documents to **1-908-548-9364** to complete the process. Payments will **not** be processed without the following items.

- Provide the Explanation of Benefits (EOB), which must include:
 - Patient name
 - J-code (J1306) or drug name
 - Date of service

If the above is not included in the EOB, please additionally submit a copy of the CMS-1500 or CMS-1450/UB-04 form.

LEQVIO Co-pay Program Terms & Conditions

Limitations apply. Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate, with a per-treatment benefit maximum of \$3000 and an annual benefit limit of \$3600. For patients covered under the medical benefit, rebate for out-of-pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Certification Statement

I certify that the information provided herein is accurate; I also certify that the above-referenced patient (i) is not insured under Medicare, Medicaid, TRICARE, any other government (state or federally funded) program; and (ii) meets the other eligibility criteria specified under Step 1 above. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

Acknowledged and agreed (Pharmacist signature required): _____ **Date:** _____

Please allow 4-6 weeks for processing claims. Successful claims will be processed and paid in the subsequent billing cycle.

LEQVIO and the LEQVIO logo are registered trademarks of Novartis AG.

Licensed from Alnylam Pharmaceuticals, Inc.

