



LEQVIO® Specialty Pharmacy Portal Guide



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Table of Contents

Table of Contents	2
Program Overview	3
Portal Overview	4
Specialty Pharmacy Portal Registration	5
Registration	6
Login Instructions	12
New User Setup	13
Instructions	15
Reset Password	16
Patient Search	22
Patient Search – Homepage	23
Patient Enrollment	31
Patient Account	38
Edit Patient Information	40
Edit HCP & Insurance Information	42
Claim Submission	44
Account Management	51
Specialty Pharmacy Co-pay Portal - Resources Tab	52
Admin Tab	53

Program Overview

The LEQVIO[®] Co-pay Program will provide eligible commercially insured patients, whose insurance does not cover the full cost of the drug, with a \$0 co-pay, subject to a maximum of \$3000 per treatment and a maximum annual benefit of \$3600.

- **Co-pay Eligibility***
 - Commercially insured patients only
 - Patients over 18 years of age
 - Residents of the United States or Puerto Rico
 - Excluded from this offer: Cash-paying patients, patients covered by any state or federal health program, including but not limited to Medicare, Medicaid, Medicaid Advantage, Medigap, VA, DoD, or TRICARE, as well as patients' insurance where product is not covered
 - Additional limitations may apply. See full terms and conditions below

*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 \$3,000 and an annual benefit limit of \$3,600. 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.

Portal Overview

- This guide describes the steps for a Specialty Pharmacy to provide patients a point-of-service reduction in their out-of-pocket expenses for LEQVIO[®] administered under either medical or pharmacy benefits.
- Within the LEQVIO Specialty Pharmacy Portal, users will be able to:
 - Enroll a patient and obtain a co-pay card for pharmacy claims adjudication
 - Search for previously established patients
 - Add/edit health care provider, insurance, and patient information on patient profile
 - Submit a medical claim to IQVIA for claims adjudication

Specialty Pharmacies can access the Specialty Pharmacy Portal from the LEQVIO Co-pay Portal landing page at www.LEQVIO-CopayPortal.com and directly at <https://spcopayportal.opushealth.com>

Specialty Pharmacy Portal Registration



Registration: New Specialty Pharmacy Registration

[Prescribing Information](#)[Access and Reimbursement Support](#)

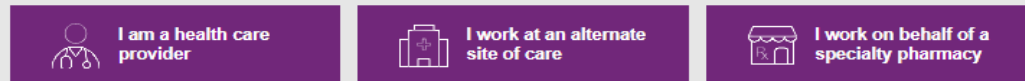
Welcome to the LEQVIO[®] Co-pay Program Portal

Your eligible patients with commercial insurance may pay as little as \$0 for LEQVIO. Subject to terms and conditions. Limitations apply.*

This portal is designed to help you enroll your eligible patients in co-pay savings, submit co-pay claims for reimbursement, and track payment status.

Get started by making a selection below.

Please note that you must register to use this service. For help registering, please call 833-277-7542.



Patients can directly enroll in co-pay services by signing up via [LEQVIO.com](https://www.leqvio.com) or by calling 833-LEQVIO2 (833-537-8462).

Specialty Pharmacies can register by selecting “I work on behalf of a specialty pharmacy”

Looking for more than co-pay support?

For additional patient access support including benefits verification, enroll your patients via our Service Center by completing and faxing the [start form](#) or signing up via [our full-service portal](#).

*Limitations apply. Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate. Per treatment maximums and an annual benefit cap apply. 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.

Registration: New Specialty Pharmacy Registration (cont)

Specialty Pharmacy Copay Portal

[Portal User Guide](#)

Sign in

Username

Password

Remember my username

[Forgot Password](#)

Sign In


or [Register](#)

- Click the “Register” button to begin the registration process
- To access the SP Co-pay Portal User Guide, select “Portal User Guide” in the upper right corner

Registration: New Specialty Pharmacy Registration (cont)

Specialty Pharmacy Copay Portal

Create Facility Account

Facility Name	Facility NPI
<input type="text"/>	<input type="text"/>
Facility NCPDP	
<input type="text"/>	
Facility Address	
<input type="text"/>	
Facility Address Line 2	
<input type="text"/>	
Facility City	
<input type="text"/>	
Facility State	Facility Zip
<input type="text"/>	<input type="text"/>
Point of Contact First Name	Point of Contact Last Name
<input type="text"/>	<input type="text"/>
Point of Contact Email	Point of Contact Number
<input type="text"/>	<input type="text"/>
Please provide applicable user list in table format*, including First and Last Name, Email, and NCPDP for portal access and submission of claims.	
<input type="button" value="Upload User List"/>	
* Files must be excel, word, csv, or txt with a maximum size of 5MB each	
<input type="checkbox"/> I'm not a robot	
<input type="button" value="Submit"/>	

Create Facility Account – each facility must create a facility account using a valid name, address, point of contact, email, and phone number.

Registration will include all information necessary to begin processing claims as well as institute users.

- Facility Name
- NPI
- NCPDP (only optional field)
- Address
- City, State, and ZIP
- Point of Contact Information
- Uploaded Requested User List

User List: Each facility should attach the user list. This list should contain all the users that need access to the portal.

Registration: New Specialty Pharmacy Registration (cont)


Specialty Pharmacy Copay Portal

Create Facility Account

Facility Name <input type="text"/> <small>The Facility Name field is required.</small>	Facility NPI <input type="text" value="#####"/> <small>The Facility NPI field is required.</small>
Facility NCPDP <input type="text"/>	
Facility Address <input type="text"/> <small>The Facility Address field is required.</small>	
Facility Address Line 2 <input type="text"/>	
Facility City <input type="text"/> <small>The Facility City field is required.</small>	
Facility State <input type="text" value=""/> <small>The Facility State field is required.</small>	Facility Zip <input type="text" value="#####"/> <small>The Facility Zip field is required.</small>
Point of Contact First Name <input type="text"/> <small>The Point of Contact First Name field is required.</small>	Point of Contact Last Name <input type="text"/> <small>The Point of Contact Last Name field is required.</small>
Point of Contact Email <input type="text"/> <small>The Point of Contact Email field is required.</small>	Point of Contact Number <input type="text" value="(###) ###-####"/> <small>The Point of Contact Number field is required.</small>

Please provide applicable user list in table format*, including First and Last Name, Email, and NCPDP for portal access and submission of claims.

* Files must be excel, word, csv, or txt with a maximum size of 5MB each

I'm not a robot 

- Create Facility Account – all fields, except NCPDP, are required to be filled before submission can proceed
- Error messages will appear if one/all fields are not completed correctly

Registration: New Specialty Pharmacy Registration (cont)

Specialty Pharmacy Copay Portal

✓ Your registration was successfully submitted.

Thank you for your submission with the Specialty Pharmacy Copay Portal, your submission will be reviewed and you will be contacted within 5 business days.

If any changes are needed please contact 1-833-277-7542.

Done

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- Upon successful completion of fields, Specialty Pharmacy user will select “Submit” (previous page) and be redirected to a confirmation page
- The Specialty Pharmacy will be evaluated based on validity and contracting with IQVIA. If they need contracting with IQVIA or further information, IQVIA Program Support will directly reach out to the Specialty Pharmacy

Registration: Registration Validation

Speciality Pharmacy Copay Portal - User [REDACTED] needs approval or reset



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

To set/reset your password please click on the following link.

For new user setup this link is valid for 7 days.

For password resets this link is valid for 24 hours.

[Please click here to set/reset your password.](#)

- Once a Specialty Pharmacy is validated, they will receive a notification email

Login Instructions



New User Setup

Speciality Pharmacy Copay Portal - User [REDACTED] needs approval or reset



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

To set/reset your password please click on the following link.

For new user setup this link is valid for 7 days.

For password resets this link is valid for 24 hours.

[Please click here to set/reset your password.](#)

- Username will be based on each requested user's email address
- Initial password will be triggered upon creation of the account by IQVIA
- "Forgot password" functionality can be utilized to change password

New User Setup (cont)

Account Verification

Your account has been verified.

Please set your password.

Password

Confirm Password

Set Password

Your password should have:

- between 8 and 25 characters
- at least one lower-case letter (a-z)
- at least one upper-case letter (A-Z)
- at least one non-alphanumeric character, such as ! @ # \$ % ^ & + =

- Hyperlink will redirect new user to password setup screen

Login Instructions – Login Homepage

Specialty Pharmacy Copay Portal

Sign in

Username

Password

Remember my username

[Forgot Password](#)

or

- Each Specialty Pharmacy user will log in under their own credentials
- Enter username and password, then click “Sign In”

Login Instructions – Reset Password

Specialty Pharmacy Copay Portal

Sign in

Username

Password

Remember my username

[Forgot Password](#)

Sign In

or

Register

“Forgot Password” will allow users to reset their passwords

- Go to portal at <https://spcopayportal.opushealth.com>
- Click on “Forgot Password” link

Login Instructions – Reset Password (cont)

Specialty Pharmacy Copay Portal

- Enter email address associated with portal
- Click “Send Email”

Forgot Password

Please enter the email address associated with your account. You will receive an email containing a link to reset your password.

Login Instructions – Reset Password (cont)

Specialty Pharmacy Copay Portal

Forgot Password

Please check your email.

Please enter the email address associated with your account. You will receive an email containing a link to reset your password.

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- If the “Please check your email.” message is displayed or you do not receive an email from IQVIA, please confirm that the email address you entered is correct

Login Instructions – Reset Password (cont)

Speciality Pharmacy Copay Portal - User [REDACTED] needs approval or reset



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

To set/reset your password please click on the following link.

For new user setup this link is valid for 7 days.

For password resets this link is valid for 24 hours.

[Please click here to set/reset your password.](#)

- An email from doNotReply@opushealth.com that contains a link to reset password will be triggered
- Click on link to set/reset password

Login Instructions – Reset Password (cont)

Specialty Pharmacy Copay Portal

Reset Password

Your validation code has been verified. Please reset your password.

New Password

Confirm Password

Reset Password

Your password should have:

- between 8 and 25 characters
- at least one lower-case letter (a-z)
- at least one upper-case letter (A-Z)
- at least one non-alphanumeric character, such as ! @ # \$ % ^ & + =

- User will be redirected to the "Reset Password" screen

Login Instructions – Reset Password (cont)

Specialty Pharmacy Copay Portal

Reset Password

Password updated

[Continue to site](#)

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- Click “Continue to site,” which will bring user to the search screen

Patient Search



Patient Search – Homepage

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#)

LEQVIO® (inclisiran) Co-pay Program

Select Action:

[View Patient Activity & Submit Medical Claim](#)

[Enroll a Patient & Obtain a Co-pay Card](#)

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Once the Specialty Pharmacy user logs in, they will have the ability to:

- View Patient Activity & Submit Medical Claim
- Enroll a Patient & Obtain a Co-pay Card

“Enroll a Patient & Obtain a Co-pay Card” link will be used for all new patients.

Patient Search – Homepage (cont)

Specialty Pharmacy Copay Portal

[Home](#)[Search](#)[GetCard](#)[Resources](#)

LEQVIO® (inclisiran) Co-pay Program

Select Action:

[View Patient Activity & Submit Medical Claim](#)

[Enroll a Patient & Obtain a Co-pay Card](#)

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- If the patient has previously been enrolled in the Specialty Pharmacy Enhanced Portal, the user can select “View Patient Activity & Submit Medical Claim” to search for the established patient

Patient Search

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip.

NOTE: First Name and Last Name uses a "starts with" search and must be at least 2 characters

1

Savings Card ID

OR

2

First Name

Last Name

Date of Birth



Zip

Search

Clear Form

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There are 2 ways to search for a patient:

1. Enter the Savings Card ID only
2. Enter First Name, Last Name, Date of Birth, and ZIP code

Patient Search (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip.

NOTE: First Name and Last Name uses a "starts with" search and must be at least 2 characters



Savings Card ID

OR

First Name

Last Name

Date of Birth

Zip

Savings Card Group	Savings Card ID	Name ^	Date of Birth	Zip
OH7142051	K88100101047	TEST 1, UAT	10/1/2000	12345

- If the Savings Card ID is available, simply enter it in the appropriate field
- Click “Search”

Patient Search (cont)

Specialty Pharmacy Copay Portal Home Search GetCard Resources Admin ▾

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip

NOTE: First Name and Last Name use only.

Savings Card ID

OR

First Name **Last Name** **Date of Birth** **Zip**

Savings Card Group	Savings Card ID	Name ^	Date of Birth	Zip
OH7142051	K88100101047	TEST 1, UAT	10/1/2000	12345

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- A pop-up message, which requires the Specialty Pharmacy user to acknowledge before they continue, will be displayed

ATTENTION ✕

This is a health care professional administered product and may be covered under medical and pharmacy benefits. If coverage exists under both benefits, bill medical first

Patient Search (cont)

Specialty Pharmacy Copay Portal

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip.

NOTE: First Name and Last Name uses a "starts with" search and must be at least 2 characters

Savings Card ID

OR

First Name

Last Name

Date of Birth

Zip

Search

Clear Form

Savings Card Group	Savings Card ID	Name ^	Date of Birth	Zip
		TEST 1, UAT	10/1/2000	12345
OH7142051	K88100101047	TEST 1, UAT	10/1/2000	12345

- If the Savings Card ID is NOT available, enter at least 2 letters of First Name and Last Name, as well as Date of Birth and ZIP code
- Click "Search"



Patient Search (cont)

Specialty Pharmacy Copay Portal Home Search GetCard Resources Admin

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip

NOTE: First Name and Last Name use only letters and numbers.

Savings Card ID

OR

First Name **Last Name** **Date of Birth** **Zip**

Savings Card Group	Savings Card ID	Name ^	Date of Birth	Zip
		TEST 1, UAT	10/1/2000	12345
OH7142051	K88100101047	TEST 1, UAT	10/1/2000	12345

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- A pop-up message, which requires the Specialty Pharmacy user to acknowledge before they continue, will be displayed

Patient Search – Details

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Patient Details

Patient		HCP		Insurance	
First Name	TEST	NPI	9999999999	Payer Name	
Last Name	TEST	First Name	test	Plan Name	
Savings Card Group	OH7142051	Last Name	test	BIN/Payer ID	
Savings Card ID	K88100101392	Address	123 faxk st	PCN	
Date of Birth	1/1/1921	Address2		Group	
Gender	Male	City	Bridgewater	ID	
Zip	08807	State, Zip	NJ, 08807	Phone	
		Phone	(999) 111-2222		

[Edit Patient](#)
[Edit HCP/Insurance](#)
[Submit Medical Claim](#)
[Close](#)

Claims

Date of Submission	Date of Service	Card Number	Group Number	Claim Status	Submitted Copay	Benefit	Resulting Copay	Submission Type	Drug Name / Strength	NCPDP
9/7/2021		K88100101392	OH7142051	Rejected	\$	\$	\$	Medical	-	0000000

- Once user selects the patient, they will be redirected to the “Patient Details” page
- Here, they can submit a new claim as they did during enrollment
- Note: Fields may be edited for any error or change in information
 - “Edit Patient” will allow all fields except Savings Card Group/ID to be edited
 - “Edit HCP/Insurance” will allow all fields to be edited
- Claims submission will follow claims submission pathway with document upload (see page 44)

Patient Enrollment



Patient Enrollment

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#)

LEQVIO® (inclisiran) Co-pay Program

Select Action:

[View Patient Activity & Submit Medical Claim](#)

[Enroll a Patient & Obtain a Co-pay Card](#)

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Once the Specialty Pharmacy user logs in, they will have the ability to:

- View Patient Activity & Submit Medical Claim
- Enroll a Patient & Obtain a Co-pay Card

“Enroll a Patient & Obtain a Co-pay Card” link will be used for all new patients.

Patient Enrollment (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Attestation

Pharmacist: Please read LEQVIO® Copay Program Terms & Conditions verbatim to patient. Pharmacist must also review and check the attestation box prior to selecting Next

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 \$3,000 and an annual benefit limit of \$3,600. For patients covered under the medical benefit, rebate for patient's 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.

I hereby attest that the following statements are true and accurate to the best of my knowledge:

- I have read and agree to the Program Terms & Conditions
- The patient has been provided and agreed to the Program Terms & Conditions
- The patient is eligible for the Program and has authorized this enrollment on their behalf

Next

Available to patients with commercial prescription insurance coverage. This program is not valid for prescriptions reimbursed under Medicare (including Part D), Medicare Advantage, Medicaid, Medigap, Veterans' Affairs, the Department of Defense, TRICARE, or similar federal, state, or government-funded insurance plans, or where prohibited by law.

Program not valid for Cash patients

Specialty Pharmacy users will contact patient before enrollment to capture patient attestation


Patient Enrollment (cont)


Specialty Pharmacy Copay Portal [Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Enter the patient's name and address: * = Required

First Name: *
Enter patient First name

Last Name: *
Enter patient Last name


Date of Birth: * 
Enter patient date of birth

Gender: * 
Enter patient gender

Address Line 1: *
Enter address

Address Line 2:

City: *
Enter city

State: * 
Select state

Zip: * XXXXX
Enter zip

INSURANCE

Payer Name:

Plan Name:

BIN/Payer ID:

PCN:

Group:

ID:

Phone:

Next

Patient health information must be entered on this screen prior to clicking “Get a Card”

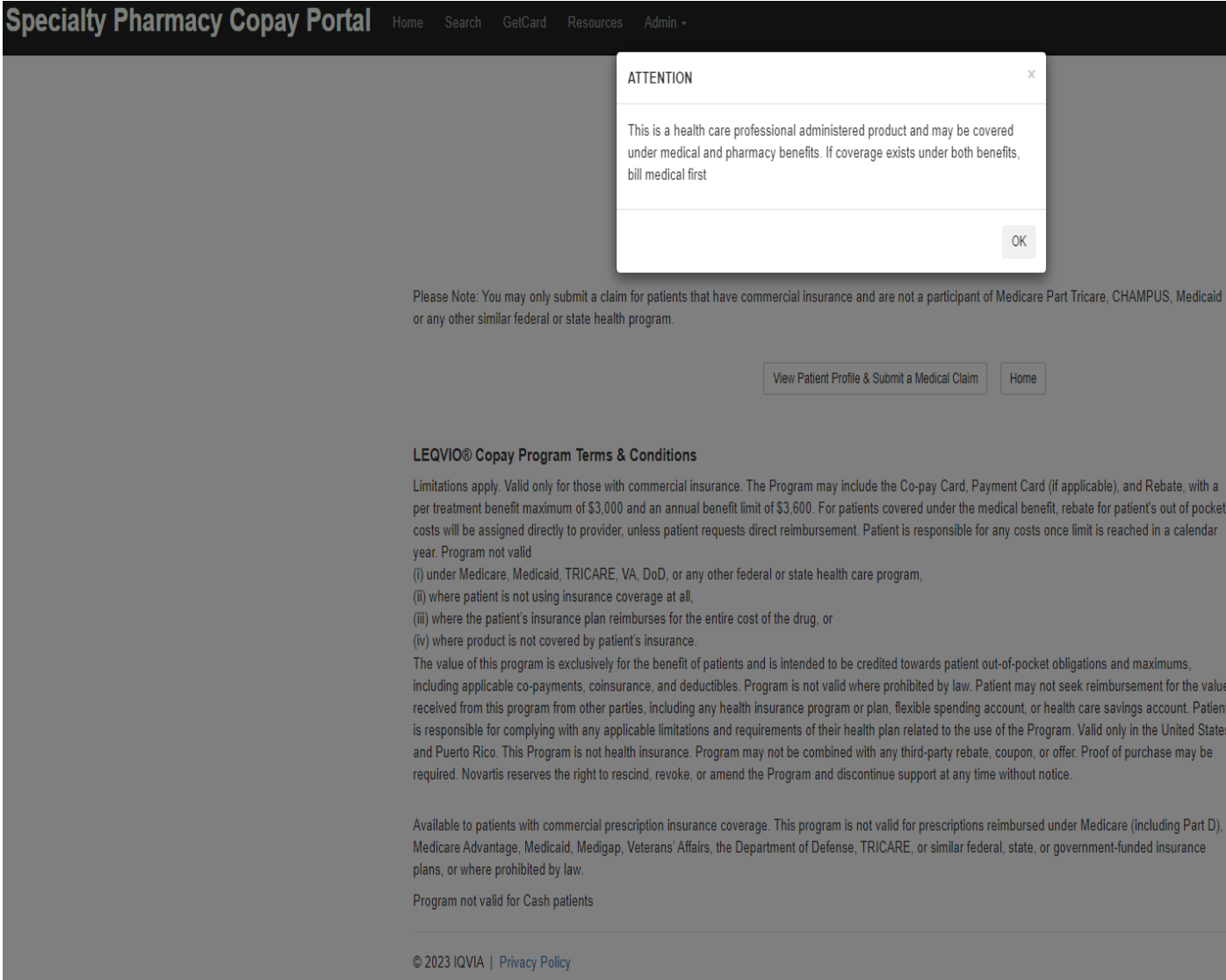
- Fields marked * are required

IQVIA Enrollment validation includes:

- Government Insurance check
- BIN, Group, and Cash
- Discount Cards - Age Validation
- Date of Birth - Age Validation check will occur during claim adjudication

Enrollment will trigger an enrollment letter with co-pay card details containing the program Terms and Conditions, which will be sent to each patient.

Patient Enrollment (cont)



The screenshot shows the 'Specialty Pharmacy Copay Portal' interface. At the top, there are navigation links: Home, Search, GetCard, Resources, and Admin. A central pop-up window titled 'ATTENTION' contains the following text: 'This is a health care professional administered product and may be covered under medical and pharmacy benefits. If coverage exists under both benefits, bill medical first'. Below the pop-up, there is a 'Please Note' section stating: 'You may only submit a claim for patients that have commercial insurance and are not a participant of Medicare Part Tricare, CHAMPUS, Medicaid or any other similar federal or state health program.' Below this note are two buttons: 'View Patient Profile & Submit a Medical Claim' and 'Home'. The main content area is titled 'LEQVIO® Copay Program Terms & Conditions' and contains detailed text about program limitations, eligibility, and reimbursement. At the bottom, there is a footer with the text '© 2023 IQVIA | Privacy Policy'.

- A pop-up message, which requires the Specialty Pharmacy user to acknowledge before the co-pay card information appears on screen, will be displayed

Patient Enrollment (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

RxBIN: 601341
 RxPCN: OHCP
 RxGRP: OH7142051
 RxID: K88100108187

For more information, please visit
www.opushealth.com or call 1-833-277-7542

Please Note: You may only submit a claim for patients that have commercial insurance and are not a participant of Medicare Part Tricare, CHAMPUS, Medicaid or any other similar federal or state health program.

[View Patient Profile & Submit a Medical Claim](#)
[Home](#)

LEQVIO® Copay 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 \$3,000 and an annual benefit limit of \$3,600. For patients covered under the medical benefit, rebate for patient's 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.

Available to patients with commercial prescription insurance coverage. This program is not valid for prescriptions reimbursed under Medicare (including Part D), Medicare Advantage, Medicaid, Medigap, Veterans' Affairs, the Department of Defense, TRICARE, or similar federal, state, or government-funded insurance plans, or where prohibited by law.

Program not valid for Cash patients

- A patient savings co-pay card will generate on screen with additional options to choose from:
 - View Patient's Profile & Submit a Medical Claim
 - Home
- Specialty Pharmacy user will select "View Patient's Profile & Submit a Medical Claim" to submit a new claim

Patient Enrollment (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Patient Details

Patient	HCP	Insurance
First Name TEST	NPI	Payer Name
Last Name IQVIA	First Name	Plan Name
Savings OH7142051	Last Name	BIN/Payer ID
Card Group	Address	PCN
Savings K88100108187	Address2	Group
Card ID	City	ID
Date of Birth 1/1/1983	State, Zip	Phone
Gender Male	Phone	
Zip 08812		

[Edit Patient](#) [Edit HCP/Insurance](#) [Submit Medical Claim](#) [Close](#)

Claims

No Claims found.

- Once the co-pay card has populated and the Specialty Pharmacy user selects “View Patient Profile & Submit a Medical Claim” (previous page), they will be redirected to the “Patient Details” page
- HCP information will be collected for claims submission

Patient Account



Patient Account

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

1 → Patient Details

Patient	HCP	Insurance
First Name TEST	NPI	Payer Name
Last Name IQVIA	First Name	Plan Name
Savings OH7142051	Last Name	BIN/Payer ID
Card Group	Address	PCN
Savings K88100108187	Address2	Group
Card ID	City	ID
Date of Birth 1/1/1983	State, Zip	Phone
Gender Male	Phone	
Zip 08812		

2 →

3 →

[Edit Patient](#) [Edit HCP/Insurance](#) [Submit Medical Claim](#) [Close](#)

Claims

No Claims found.

From this screen, you can:

- Edit patient demographics
- Edit HCP and primary insurance information
- Navigate to medical claims submission screen

Edit Patient Information

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Edit Patient

Patient

First Name Last Name Savings Card Group Savings Card ID Date of Birth Gender Zip

HCP

NPI

First Name

Last Name

Address

Address2

City

State, Zip

Phone

Insurance

Payer Name

Plan Name

BIN/Payer ID

PCN

Group

ID

Phone

- The Specialty Pharmacy user will select “Edit Patient” (previous page) to input applicable information for claims submission
- All information fields are mandatory for claims processing
- An error message will appear if all fields are not completed

Edit Patient Information - Saved

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Patient Details

Patient Edit changes have been saved.

Patient	HCP	Insurance
First Name	NPI	Payer Name
Last Name	First Name	Plan Name
Savings	Last Name	BIN/Payer ID
Card Group	Address	PCN
Savings	Address2	Group
Card ID	City	ID
Date of Birth	State, Zip	Phone
Gender	Phone	
Zip		

[Edit Patient](#) [Edit HCP/Insurance](#) [Submit Medical Claim](#) [Close](#)

Claims

No Claims found.

- Upon changes, the Specialty Pharmacy user will see a confirmation message

Edit HCP & Insurance Information

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Patient Details

Patient

First Name TEST
 Last Name IQVIA
 Savings Card Group OH7142051
 Savings Card ID K88100108187
 Date of Birth 1/1/1921
 Gender Male
 Zip 08812

HCP

NPI

First Name

Last Name

Address

Address2

City

State

Zip

Phone

Insurance

Payer Name

Plan Name

BIN/Payer ID

PCN

Group

ID

Phone

Please enter HCP NPI.
 Please enter HCP First Name.
 Please enter HCP Last Name.
 Please enter HCP Address.
 Please enter HCP City.
 Please enter HCP State.
 Please enter HCP Zip.
 Please enter HCP Phone.

- The Specialty Pharmacy user will select “Edit HCP/Insurance” (previous page) to input applicable information for claims submission
- All HCP information fields are mandatory for claims processing
- An error message will appear if all fields are not completed

Edit HCP & Insurance Information - Saved

Specialty Pharmacy Copay Portal Home Search GetCard Resources Admin ▾

Patient Details

HCP/Insurance changes have been saved.

Patient		HCP		Insurance	
First Name	TEST	NPI	000000000	Payer Name	Testing
Last Name	IQVIA	First Name	Test	Plan Name	
Savings Card Group	OH7142051	Last Name	Test	BIN/Payer ID	909090
Savings Card ID	K88100108187	Address	99 Corp Drive	PCN	OH21111
Date of Birth	1/1/1921	Address2		Group	999999
Gender	Male	City	Bridgewater	ID	123456789
Zip	08812	State, Zip	NJ, 08807	Phone	
		Phone	(908) 293-3185		

[Edit Patient](#)
[Edit HCP/Insurance](#)
[Submit Medical Claim](#)
[Close](#)

Claims

No Claims found.

- Upon changes, the Specialty Pharmacy user will see a confirmation message

Claim Submission



Medical Claim Submission

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Patient Details

Patient		HCP		Insurance	
First Name	TEST	NPI	0000000000	Payer Name	Testing
Last Name	IQVIA	First Name	Test	Plan Name	
Savings Card Group	OH7142051	Last Name	Test	BIN/Payer ID	909090
Savings Card ID	K88100108187	Address	99 Corp Drive	PCN	OH21111
Date of Birth	1/1/1921	Address2		Group	999999
Gender	Male	City	Bridgewater	ID	123456789
Zip	08812	State, Zip	NJ, 08807	Phone	
		Phone	(908) 293-3185		

[Edit Patient](#)[Edit HCP/Insurance](#)[Submit Medical Claim](#)[Close](#)

Claims

No Claims found.

- Specialty Pharmacy can submit medical claims from the “Patient Details” page by clicking “Submit Medical Claim”

Medical Claim Submission (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Please provide Patient's EOB. If EOB does not contain the following please also attach supplemental documentation (e.g. completed 1500 form, 837, or UB04 form).

- DOS
- NDC
- Quantity Dispensed
- J Code
- Drug Cost- listed as its own separate line item

Required

(Optional)

Note: If attached form(s) does not contain all information noted above then claim may be rejected and you will be contacted for supporting documentation.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 5MB each

- Pressing "Cancel" on this screen will redirect the Specialty Pharmacy user back to the "Patient Details" page (patient, HCP, and insurance information as well as claims history)

Medical Claim Submission (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Please provide Patient's EOB. If EOB does not contain the following please also attach supplemental documentation (e.g. completed 1500 form, 837, or UB04 form).

- DOS
- NDC
- Quantity Dispensed
- J Code
- Drug Cost- listed as its own separate line item

Test.EOB.pdf ✖

Required

(Optional)

Note: If attached form(s) does not contain all information noted above then claim may be rejected and you will be contacted for supporting documentation.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 5MB each

To submit a manual medical claim, attach a copy of the Explanation of Benefits (EOB) and click “Submit.” If EOB does not contain the following, please also attach supplemental documentation (eg, completed CMS-1500, 837, or UB-04 form).

A confirmation number will be provided upon submission.

Note: The following fields must be included on the EOB:

- Patient name
- J-Code or drug name
- Date of service

Medical Claim Submission (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Claim Submitted

Claim 135645 has been submitted.

[View Claim](#) [Patient Profile](#) [Submit Another Claim](#)

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Once the user selects “Submit” (previous page), a confirmation page will populate. Users will be able to navigate to:

- [View Claim](#)
- [Patient Profile](#)
- [Submit Another Claim](#)

Medical Claim Submission (cont)

Specialty Pharmacy Copay Portal [Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾

Claim Details

Confirmation Number 135645

Status New Claim

Date Submitted 10/5/2023

Payment Method Check

Co-pay Card GRP # OH7142051

Co-pay Card ID # K88100108187

[Home](#) [Patient Profile](#) [Submit Another Claim](#)

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Attached Files

[Test EOB.pdf](#)

“View Claim” selection (previous page) will allow the user to see claims data.

The user can select:

- Home
- Patient Profile
- Submit Another Claim

Medical Claim Submission (cont)

Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#)

Patient Details

Patient		HCP		Insurance	
First Name	TEST	NPI	000000000	Payer Name	Testing
Last Name	IQVIA	First Name	Test	Plan Name	
Savings Card Group	OH7142051	Last Name	Test	BIN/Payer ID	909090
Savings Card ID	K88100108187	Address	99 Corp Drive	PCN	OH21111
Date of Birth	1/1/1921	Address2		Group	999999
Gender	Male	City	Bridgewater	ID	123456789
Zip	08812	State, Zip	NJ, 08807	Phone	
		Phone	(908) 293-3185		

[Edit Patient](#)
[Edit HCP/Insurance](#)
[Submit Medical Claim](#)
[Close](#)

Claims										
Date of Submission	Date of Service	Card Number	Group Number	Claim Status	Submitted Copay	Benefit	Resulting Copay	Submission Type	Drug Name / Strength	NCPDP
10/5/2023		K88100108187	OH7142051	New Claim	\$	\$	\$	Medical	-	0000000

- Claims history will be available on the “Patient Details” screen

Account Management



Specialty Pharmacy Co-pay Portal - Resources Tab

LEQVIO[®] (inclisiran) Specialty Pharmacy Claim Reimbursement Request Form

LEQVIO Co-pay Program, IQVIA Inc., Claims Processing Department, 77 Corporate Dr, Bridgewater, NJ 08807 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.

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Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07956-1080

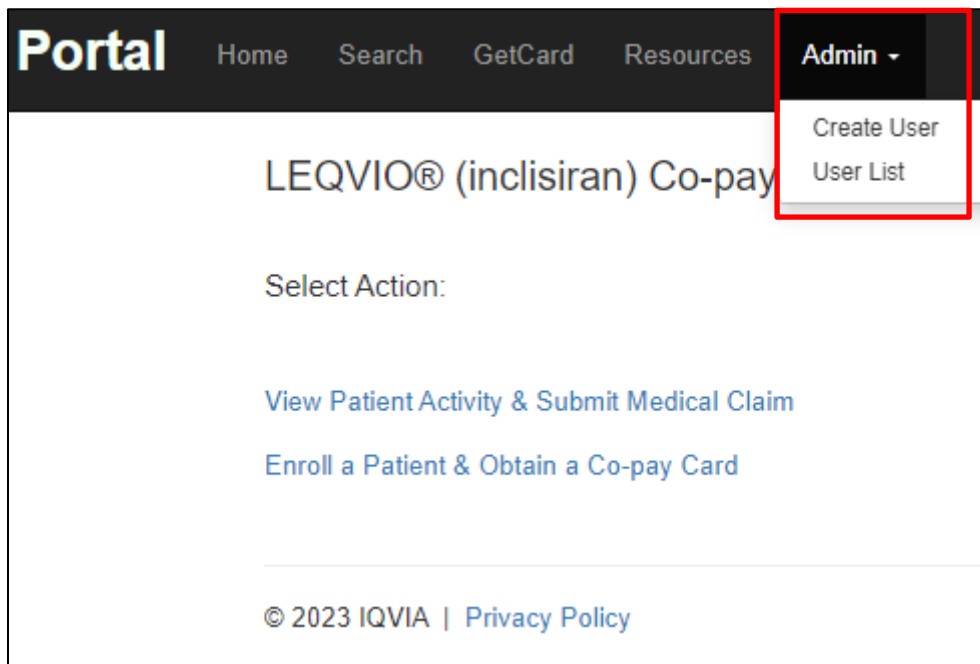
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Clicking the "Resources" tab on the homepage allows the user to access the LEQVIO Specialty Pharmacy Claim Reimbursement Request Form.

Admin Tab



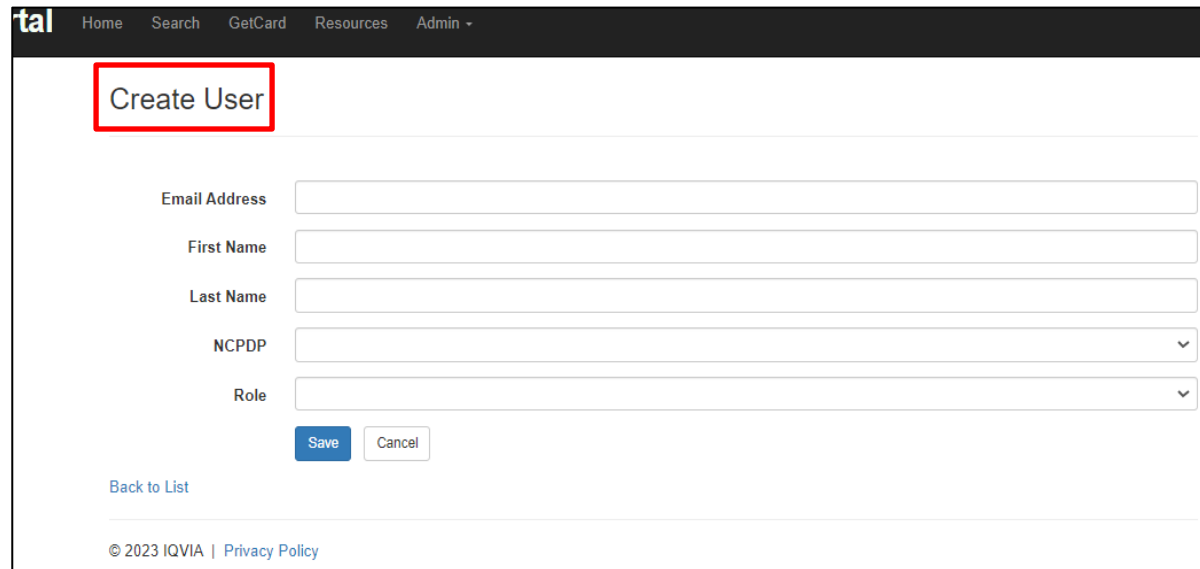
Portal Home Search GetCard Resources **Admin -**

LEQVIO® (inclisiran) Co-pay

Select Action:

- [View Patient Activity & Submit Medical Claim](#)
- [Enroll a Patient & Obtain a Co-pay Card](#)

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tal Home Search GetCard Resources Admin -

Create User

Email Address

First Name

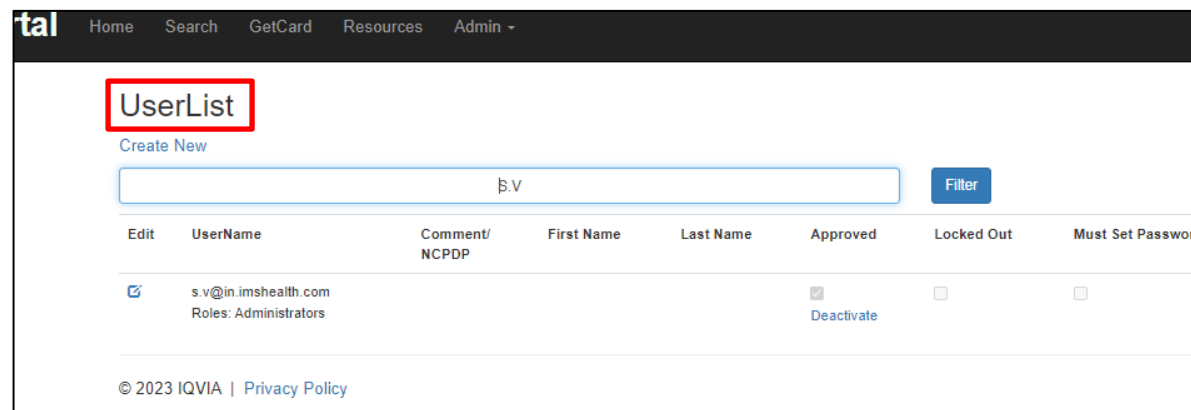
Last Name

NCPDP

Role

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tal Home Search GetCard Resources Admin -

UserList

Create New

Edit	UserName	Comment/ NCPDP	First Name	Last Name	Approved	Locked Out	Must Set Password
<input type="checkbox"/>	s.v@in.imshealth.com Roles: Administrators				<input checked="" type="checkbox"/> Deactivate	<input type="checkbox"/>	<input type="checkbox"/>

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Thank you for using the LEQVIO® Specialty Pharmacy Portal

You can now:

- Enroll a patient and obtain a co-pay card for pharmacy claims adjudication
- View patient claims activity and benefit amount
- Add/edit patient demographic information
- Add/edit patient insurance information
- Submit a medical claim to IQVIA for claims adjudication

Remember to bookmark the portal for future use: <https://spcopayportal.opushealth.com>

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