What is the LEQVIO® Co-pay Program?

LEQVIO® (inclisiran) injection 284 mg/1.5 mL

If you have commercial insurance, you may be eligible for the LEQVIO Co-pay Program, where you may pay as little as $0 for each treatment. Subject to a per treatment benefit maximum of $3,000 and an annual benefit limit of $3,600. Limitations apply. See full terms and conditions on the bottom of the next page.*

You are eligible if you receive insurance benefits from a commercial insurance plan that you pay for yourself or get through your employer. This is also known as private insurance. You are not eligible if you receive any insurance benefits for LEQVIO from a government-sponsored plan.

How can I enroll?

There are 2 ways to enroll. Choose the one that works best for you.

1. Online

Visit **www.start.leqvio.com** on your web browser.

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Once you are on the page, fill in the required information.

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Scroll down to where it says, "Want to sign up for $0 co-pay savings?" and select "Yes" from the dropdown menu.

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Click the checkbox and scroll down. Then, click the patient authorization checkbox and click the "Submit" button.

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After submitting, you will receive an email with the co-pay program information. You will also get information sent to you in the mail.

2. By phone

Call the LEQVIO Service Center at **833-537-8462** and ask to be enrolled into the LEQVIO Co-pay Program.

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A representative will ask for your consent to be enrolled.

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They will also ask for your phone number and email address so they can sign you up and send you helpful information.

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Once enrolled, you will receive a text message and an email with the co-pay program information. You will also get information sent to you in the mail.

After you enroll, call your doctor to tell them you have a virtual LEQVIO Co-pay Card.

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See the next page to learn how to get money back for the co-payments you make. →

When you receive a bill for LEQVIO® treatment, ask your doctor if they submitted a claim for your co-pay. If they did not, follow the steps below to see if you can get money back:

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1 Collect the following documents

- Copies of all medical insurance cards (front & back)
- Explanation of Benefits (EOB) from your insurance provider and/or CMS-1500 or CMS-1450/UB-04 form from your health care provider
- A receipt from your doctor showing you paid the co-pay

2 Click here to download the Patient Pharmacy Claim Form, then print it, and fill it out

- Make sure to read, sign, and date the certification statement

3 Send the completed form along with the documents listed in Step 1 above

- **Fax** it to: 908-548-9364

  OR

- **Mail** it to:

  LEQVIO Co-pay Program, IQVIA Inc
  Claims Processing Department
  430 Mountain Avenue, Suite 105
  New Providence, NJ 07974

4 A check will be mailed to you if your claim is approved

Have questions? Contact the LEQVIO Co-pay Program at 833-277-7542.

*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.

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