

What is the LEQVIO® Co-pay Program and how do I enroll patients?



Your eligible patients with commercial insurance may pay as little as \$0 for each LEQVIO treatment. No financial information required. 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.*

There are 2 ways to enroll patients in the LEQVIO Co-pay Program

1

Service Center Portal

Provides access to co-pay and all other services in one place, including:

- Benefits verification
- Prior authorization and appeals support
- Product acquisition support
- Billing and coding support

One-time registration for the portal at ServiceCenterPortal.com

Obtain patient consent by completing either the [Start Form](#) or the [Patient Consent Form](#).

Once consent is obtained, submit the completed form in three ways:

- Fax the form to 877-LEQVIO8 (877-537-8468)
- Upload the form as an attachment to the Service Center Portal
- Process electronically, directly through the Service Center Portal

2

Provider Co-pay Portal

Provides access to the following:

- Co-pay program enrollment
- Co-pay claim submissions
- Payment status tracking

One-time registration for the portal at hcpcopayportal.opushealth.com

Obtain patient consent after registering with the portal by adding the patient, using the following steps:

- Navigate to the "Practice" tab and select "Patients" in the dropdown menu
- Click "Add patient," then on the following screen click "Download form" to receive the Co-pay Patient Authorization Form

Complete the form, then attach it to the patient's profile in the portal and click "Submit"



Submitting a co-pay claim



What documents do I need to provide to support the claim?

- Copies of the patient's insurance cards (front & back)
- Explanation of Benefits (EOB) from primary insurance, including mention of:
 - Patient name
 - J1306/drug name
 - Date of service



Where can I access claim forms for LEQVIO®?

- The provider claim form can be downloaded from [LEQVIO-access.com](https://www.leqvio-access.com) under the Resources & Forms tab



Where can I submit LEQVIO co-pay claims for reimbursement?

Claims can be submitted through the following channels:

- **Service Center Portal** at [ServiceCenterPortal.com](https://www.ServiceCenterPortal.com)
- **Provider Co-pay Portal** at [hccopayportal.opushealth.com](https://www.hccopayportal.opushealth.com)
- **Fax:** 908-548-9364

- **Mail:**

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



When can I expect reimbursement after co-pay claim submission?

- If all supporting documentation is received, the claim will be approved and payment will be sent via check or EFT as requested by the provider
- If additional documentation is needed, the co-pay program administrator will contact your office to request additional documents

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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