



LEQVIO® Provider Co-pay Portal Guide



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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* apply. See full terms and 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 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

The purpose of this document is to provide step-by-step instructions on the use of the LEQVIO® (inclisiran) Provider Co-Pay Portal. The Portal is utilized for the submission of claims for reimbursement where the prescription is covered by medical benefits.

- Within the LEQVIO Provider Co-pay Portal, user will be able to:
 - Enroll a patient and obtain a co-pay card for manual medical claims adjudication
 - Search for previously established patients
 - Submit a medical claim to IQVIA for claims adjudication

Providers/Alternate Sites of Care (ASOC) can access the Provider Co-pay Portal from the LEQVIO Co-pay Portal landing page at: www.LEQVIO-CopayPortal.com and directly at <https://hcpcopayportal.opushealth.com>

Account Registration



Registration: New Health Care Provider and ASOC 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.

 **I am a health care provider**

 **I work at an alternate site of care**

 **I work on behalf of a specialty pharmacy**

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).

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.

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- Health care providers and alternate sites of care (ASOC) can register by selecting “I am a health care provider” or “I work at an alternate site of care”

Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal

[Authorization Form](#)

[Portal User Guide](#)

Welcome to Provider Co-pay Portal

Submit co-pay claims for in-office administered therapy.

Before you begin using the LEQVIO (inclisiran) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-277-7542.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click [here](#) to view the NPC Privacy Policy

Sign in

Email

Password

[Forgot password?](#)

Remember my email

[Sign In](#)

or [register your practice](#)

- To register an account, select “register your practice”
- To access the HCP Co-pay Portal User Guide, select “Portal User Guide” in the upper right corner
- To view and download a blank Patient Authorization Form, select “Authorization Form”

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Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal Authorization Form Portal User Guide

Create Practice Account

Introduction

To begin, a representative from the practice must complete the practice registration process.

Before you may begin using the Provider Co-pay Portal, each user within the practice must activate his or her own account individually.

User activation does not have to be completed at the time of practice registration, but must be completed before you may begin using Provider Co-pay Portal.

You will need the following information in order to successfully register your practice:

1. User information including email address (you may add additional users at a later date)
2. Practice location information
3. Healthcare Provider National Provider Identifier (NPI)

You will be asked to agree to the Provider Co-pay Portal Agreement. You must agree to these terms to proceed with Provider Co-pay Portal.

[Begin](#)

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- Users are required to review the practice registration requirements to ensure all the information is available during the registration process. Click on “Begin” to access the registration page

Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name Practice NPI

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Email Address

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Check

Claim Status Updates

Notifications for check payments are sent by direct mail to the mailing address above.

If you would like fax notifications for EFT payments, enter your fax number below.

Receive EFT payment updates at this fax number:

Next

- **Create Practice Account - About The Practice** – If the practice has elected to receive payments via Electronic Funds Transfer (EFT), upon successful practice registration, the administrator user will receive a separate email to setup their EFT account which will contain a link that will take them to the EFT SSO site to add their bank account information for EFT payments
- If the practice would like to receive EFT payment updates by fax, click the box next to “Receive EFT payment updates at this fax number:” and provide a valid fax number. Once all the information is complete, click “Next”
- If the practice has elected to receive payments by check, notifications will be sent by direct mail to the practice address listed

Registration: New Health Care Provider and ASOC Registration (cont)



Create Practice Account About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name Practice NPI
Name is required. NPI is required.

Street Address
Street Address is required.

Address Line 2 (optional)

City
City is required.

State ZIP
State is required. ZIP is required.

Phone Email Address
Phone is required. Email Address is required.

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Claim Status Updates Receive EFT payment updates at this fax number:

- All fields are required (except for Address Line 2) to validate the account, register, and provide access, including patient enrollment and claim submission
- If registering a multi-practice location account, please use the corporate NPI number of your larger organization to create one portal account for all individual practice locations
- If registering a multi-practice location account but choosing to keep each location as a separate portal account, please use the individual site NPI number to register

Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice. We will send an activation link to your email address within 3 business days. This is required to access the copay portal.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number (###) ###-#### Extension

Role in Practice

Next

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- **Create Practice Account - About You** - Enter the contact information for the primary user submitting claims for reimbursement. This user will automatically be set as an administrator, allowing them to add/edit practice, users, and provider information. Click “Next” to continue the registration process

Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice. We will send an activation link to your email address within 3 business days. This is required to access the copay portal.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number (###) ###-####

Extension

Role in Practice

- Office/Billing Administrator
- Medical Doctor
- Nurse – Non-Prescribing
- Nurse Practitioner
- Physician's Assistant
- Other

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- The user is required to select a “Role in Practice”

Registration: New Health Care Provider and ASOC Registration (cont)



Create Practice Account About You

We will send an activation link to your email address within three business days. This is required to access the co-pay portal.

Email Address Your activation email will be sent to this address.

Email is required.

First Name

First Name is required.

Last Name

Last Name is required.

Phone Number

Phone is required.

Extension

Role in Practice

User Role is required.

Next

- All fields are required on this screen except for “Extension”

Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account

Additional Users

You can add up to three additional users during registration. More users can be added after your practice is approved.

| Name | Email Address | Role | Admin | |
|-------------|---------------------------|-------|-------------------------------------|----------------------|
| test test 1 | hsoliman@us.imshealth.com | Other | <input checked="" type="checkbox"/> | Edit |

[Add a user](#)

[Next](#)

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- **Create Practice Account - Additional Users** - Provides the ability to add users to the Practice Account
- If adding users, click on the “Add a user” link and follow the same process as in the previous step. If additional users do not need to be added at this time, click on “Next”

Provider Co-pay Portal

Create Practice Account

Additional Users

You can add up to three additional users during registration.

| Name | Email Address | Role | Admin | |
|-------------|---------------------------|------|--------------------------|----------------------|
| test test 1 | testing1@us.imshealth.com | | <input type="checkbox"/> | Edit |

[Add a User](#)

[Next](#)

User

Email Address An activation email will be sent to this address.

First Name

Last Name

Phone Number (###) ###-####

Extension

Role in Practice

Administrator
Administrators can manage users and providers at the practice.

[Save](#) [Cancel](#)

Registration: New Health Care Provider and ASOC Registration (cont)



Create Practice Account

About You

We will send an activation link to your email address within three business days. This is required to access the co-pay portal.

Email Address

Your activation email will be sent to this address.

Test1@test.com

First Name

Test

Last Name

Test1

Phone Number

(555) 222-1111

Extension

Role in Practice

Office/Billing Administrator

Next

- In Create Practice Account - Additional Users (previous page), click the Edit link
- **Create Practice Account - About You** - Provides the ability to edit user's information
- Once changes are made, click "Next" and it will route back to "Create Practice Account – Additional Users" screen

Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal

Create Practice Account

About the Provider

At least one provider from your practice must be added in order to verify the practice.

Provider First Name

Provider Last Name

NPI Number

State License Number (optional)

Provider Type

Next

- **Create Practice Account - About the Provider** - Enter the contact information for a provider that will be included on the submitted forms for claims reimbursement
- If there is more than one provider in the practice, the user will be provided an opportunity to add providers on the next screen. Once the information is complete, click on “Next”

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Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal

Create Practice Account

About the Provider

- All fields (except State License Number) are required on this screen

At least one provider from your practice must be added in order to verify the practice.

Provider First Name

First Name is required.

Provider Last Name

Last Name is required.

NPI Number

NPI Number is required.

State License Number (optional)

Provider Type

Provider Type is required.

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Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal Authorization Form [Portal User Guide](#)

Create Practice Account Additional Providers

- **Create Practice Account - Additional Providers** - Review the Practice, Users, and Providers information carefully, and if no revisions are required, click on “Next”

You can add up to three additional providers during registration. More providers can be added after your practice is approved.

| Name | NPI | SLN | Type | |
|------------|------------|-----|----------------|----------------------|
| test test1 | 0000000000 | | Medical Doctor | Edit |

[Add a Provider](#)

[Next](#)

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Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal Authorization Form Portal User Guide

Create Practice Account

Additional Providers

- If any information needs to be corrected, click on the “Edit” link next to the appropriate section

You can add up to three additional providers during registration. More providers can be added after your practice is approved.

| Name | NPI | SLN | Type | |
|------------|------------|-----|----------------|----------------------|
| test test1 | 0000000000 | | Medical Doctor | Edit |

[Add a Provider](#)

Next

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Registration: New Health Care Provider and ASOC Registration (cont)



Provider Co-pay Portal

Create Practice Account

About the Provider

At least one provider from your practice must be added in order to verify the practice.

Provider First Name

Test

Provider Last Name

Test1

NPI Number

0000000000

State License Number (optional)

Provider Type

Medical Doctor

Next

- Practice Account, Users, and Providers information can be changed within the portal after registration by following the instructions in the associated sections

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Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account

Additional Providers

You can add up to three additional providers during registration.

| Name | NPI | |
|------------|------------|------|
| Test Test1 | 0000000000 | Edit |

Add a Provider

[Next](#)

Provider

First Name

Last Name

NPI Number

State License Number (optional)

Provider Type

[Save](#) [Cancel](#)

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- In Create Practice Account - Additional Providers, to add providers, click on the “Add a provider” link
- Once user has completed entering in the provider’s information, click on “Save”
- If additional users do not need to be added at this time, in Create Practice Account - Additional Providers, click on “Next”

Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account

Review Registration

Please review the information below before submitting your registration.

Practice [Edit](#)

Fake City MD

NPI: 8877444555

Phone: (973) 715-2661

Fax: (908) 432-5337

Address:

123 Fake St

Bridgewater, NE 08807

Payments will be received by electronic transfer.

* Requires additional setup after registration.

Claim status updates will be sent to (908) 432-5337.

[Next](#)

Users [Edit](#)

| Name | Email Address | Role |
|------------------|----------------------------|------------------------------|
| Michael Ferguson | michael.ferguson2@qvia.com | Office/Billing Administrator |

Providers [Edit](#)

| Name | NPI | SLN |
|------------|------------|-----|
| Test Test1 | 0000000000 | |

- In Create Practice Account - Review Registration, review the Practice, Users, and Providers information carefully, and if no corrections are required, click on “Next”
- If any information needs to be corrected, click on the “Edit” link next to the appropriate section

Registration: New Health Care Provider and ASOC Registration (cont)

Create Practice Account Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this HCP Medical Co-pay Program.

I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this HCP Medical Co-pay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom submits documentation under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medigap; Veterans Administration ("VA"); Department of Defense ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I also understand that IQVIA reserves the right to verify submitted claims information at any time.

Acknowledged and Agreed

Enter your name to accept

Test

Test1

I'm not a robot



Finish

- **Create Practice Account - Practice Agreement** - The last step in the registration process is to read the Terms and Conditions and click the checkbox next to "Acknowledged and Agreed"
- Enter the first and last name of the main user, click on the box next to "I'm not a robot," and select "Finish"

Registration: New Health Care Provider and ASOC Registration (cont)

Provider Co-pay Portal

Create Practice Account

Registration Successful

✔ **Your registration was successfully submitted.**

Thank you for registering your practice for Provider Co-pay Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Please note, you will not be able to sign in until your practice has been approved and your account is activated.

[Done](#)

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- **Creating Practice Account - Registration Successful:** A confirmation page will show that the registration was successful
- Click on “Done” to close the screen. The information submitted will be validated by the IQVIA Program Support team. If clarification is required before the validation can occur, the IQVIA Program Support team will reach out to the main user on the account. A confirmation email will also be sent to the user

Registration: Practice Registration Email Confirmation



Practice Registration Submitted

Hello Test,

Thank you for registering your practice for Provider Co-pay Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Thank you,
Customer Support

Please do not reply to this message, which was sent from an unmonitored e-mail address.

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- Users will receive a practice registration submission confirmation email

Registration: Registration Confirmation



Activate Your Practice User Account

Hello Mike,

Welcome to Provider Co-pay Portal! Your practice has been validated. Please click the button below to activate your login account and start submitting claims.

Your link will be valid for 14 days from the date of this email.

Activate User

If you're having trouble clicking the activation button, copy and paste the URL below into your web browser.

<https://uat.opushealth.com/InclisiranBuyAndBill/Home/ActivateAccount?username=michael.ferguson2@quintilesims.com&code=2162524722711713518313518645217569551139561015716869945022418147>

Thank you,
Provider Co-pay Portal Support

Please do not reply to this message, which was sent from an unmonitored e-mail address.

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- Practice Registration Email Confirmation - Once the IQVIA Program Support team has validated the account, an email will be sent to the main user with a link to activate the account and finish the account setup. The link in the email will be valid for 14 days from the date of the email

New User Setup

Provider Co-pay Portal

Reset Your Password

New Password

Confirm Password

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

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- Upon clicking the button “Activate User” (previous page) or the hyperlink provided, the password setup screen will be displayed. The password must meet the following criteria:

1. At least 8 characters
2. At least 1 lowercase letter (a-z)
3. At least 1 uppercase letter (A-Z)
4. At least 1 number (0-9)
5. At least 1 special character, such as ! @ # \$ % ^ & + =

Registration: Registration Validation

Invalid Activation Code

! Your activation code is invalid or expired.

You can get another activation email, or contact customer support for assistance.

Resend Email

Need help?

Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fr

Activation Error Message - If the activation link expires and the user clicks on the link, the following error will be displayed with instructions to contact IQVIA for assistance

Registration: Registration Validation (cont)



Provider Co-pay Portal

Account Activated

✓ **Your account has been activated.**

[Click here](#) to sign in to Provider Co-pay Portal.

- Once active, the Account Activated confirmation screen will display
- Selecting “Click here” will take user to the portal sign-in page

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Provider Co-pay Portal Navigation



Login Instructions – Login Homepage



Provider Co-pay Portal

[Authorization Form](#) [Portal User Guide](#)

Welcome to Provider Co-pay Portal

Submit co-pay claims for in-office administered therapy.

Before you begin using the LEQVIO (inclisiran) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-277-7542.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click [here](#) to view the [NPC Privacy Policy](#)

Sign in

Email

Password

[Forgot password?](#)

Remember my email

[Sign In](#) or [register your practice](#)

- Once the user has successfully created a password, the Welcome to Provider Co-pay Portal screen will display. The user can log in to the portal by entering the email and password. Upon completion of both fields, click “Sign In” to access the portal

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Login Instructions – Reset Password



Provider Co-pay Portal

[Authorization Form](#) [Portal User Guide](#)

Welcome to Provider Co-pay Portal

Submit co-pay claims for in-office administered therapy.

Before you begin using the LEQVIO (inclisiran) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- **Enroll eligible patients in the co-pay program**
- **Submit claims for reimbursement**
- **Track claim submissions**

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-277-7542.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click [here](#) to view the [NPC Privacy Policy](#)

Sign in

Email

Password

[Forgot password?](#)

Remember my email

[Sign In](#) or [register your practice](#)

Invalid username or password.

- If the user has entered incorrect login information, an error message will display. If the user has forgotten their password, follow the steps outlined on the following page to reset the password

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Login Instructions – Reset Password (cont)



Provider Co-pay Portal Authorization Form Portal User Guide

Welcome to Provider Co-pay Portal

Submit co-pay claims for in-office administered therapy.

- If the user cannot remember their password, click on the “Forgot password?” link on the Welcome screen

Before you begin using the LEQVIO (inclisiran) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-277-7542.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click [here](#) to view the NPC Privacy Policy

Sign in

Email

Password

[Forgot password?](#)

Remember my email

[Sign In](#) or [register your practice](#)

Login Instructions – Reset Password (cont)


Provider Co-pay Portal

Reset Your Password

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

You will only receive an email if your practice has been approved and your email address has been registered at the practice.

Email Address

I'm not a robot  reCAPTCHA
Privacy - Terms

Send Email

Privacy Policy | Terms of Use | Contact Us

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- Enter the email address associated with the user’s account and click “Send Email”

Login Instructions – Reset Password (cont)



✔ Password Reset Sent

Click the link in your email to reset your password.

If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from donotreply@opushealth.com.

If you do not see the email, please check your junk mail folder and make sure mferguson2@us.imshealth.com is the correct email address for your Provider Co-pay Portal account. You can also [click here](#) to receive a new link.

Need help?

Call Customer Support

(833) 277-7542

8:00 AM - 8:00 PM ET Mon-Fri

- **Forgot password request screen -** A reset password confirmation screen will display

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Login Instructions – Reset Password (cont)

Reset Your Provider Co-pay Portal Password

Hello Michael,

You recently asked to reset your Provider Co-pay Portal password by e-mail. Please click the button below to reset your password. Your reset link will be valid for 24 hours.

Reset Password

If you're having trouble clicking the password reset button, copy and paste the URL below into your web browser.

<https://uat.opushealth.com/InclisiranBuyAndBill/Home/ResetPassword?username=mferguson2%40us.imshealth.com&code=1262101691271821902312372441991133213920910421116151415524165239>

If you are still unable to access your account, or if you did not request a password reset, please [contact support](#).

Thank you,
Customer Support

Please do not reply to this message, which was sent from an unmonitored e-mail address.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

- The user will receive an email with instructions on how to reset their password. The user can click the “Reset Password” button or the hyperlink provided

Login Instructions – Reset Password (cont)

Reset Your Password

New Password

Confirm Password

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save

Cancel

- Once the user has either clicked the “Reset Password” button (previous page) or the hyperlink provided, the Reset Your Password window will be displayed
- Enter the new password following the password requirements shown on the right side of the screen
- The same password must be entered in the New Password and Confirm Password fields. Once both fields have been updated with the new password, click on the “Save” button

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Login Instructions – Reset Password (cont)

Reset Your Password

New Password

New Password must be between 8 and 50 characters.

Confirm Password

The Confirm Password field is required.

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save

Cancel

- If the password requirements have not been met, the user will receive an error message. Re-enter a new password following the instructions on the right side of the screen, ensuring the password is the same for both the New Password and Confirm Password fields

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Reset Your Password

 **Sorry, your reset code is invalid or expired.**

Please [click here](#) to try again.

Need help?

Call Customer Support
(833) 277-7542

8:00 AM - 8:00 PM ET Mon-Fri

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Login Instructions – Reset Password (cont)

Provider Co-pay Portal Home Claims Practice Contact Us mferguson2@us.imshealth.com

Welcome, Michael

✔ Your password has been updated. ✕

[Submit a Claim](#) [Add a Patient](#)

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|------------------|---------------|-----------------|------------------|--------------|----------------------|
| New Claim | 129932 | K53100114132 | TEST, TEST | Butler, Keith | | 11/2/2022 | | View |
| New Claim | 128071 | K53100114132 | TEST, TEST | Butler, Keith | | 8/11/2022 | | View |
| New Claim | 127434 | L86100105170 | PATIENTJGNA, NEW | Butler, Keith | | 6/7/2022 | | View |
| New Claim | 127094 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 5/13/2022 | | View |
| New Claim | 126969 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| New Claim | 123712 | K53100114132 | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

- Upon the successful submission of a new password, the following screen will be displayed confirming the password has been updated

Submitting a Claim

Provider Co-pay Portal Home Claims Practice Contact Us mferguson2@us.imshealth.com

Welcome, Michael

Submit a Claim Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims See all claims

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted | Date Updated | Claim Amount |
|----------------|--------------|-----------|-------------------|---------------|-----------------|----------------|--------------|--------------|
| 128071 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 8/11/2022 | | View |
| 127434 | L86100105170 | New Claim | PATIENTJIGNA, NEW | Butler, Keith | | 6/7/2022 | | View |
| 127094 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 5/13/2022 | | View |
| 126969 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

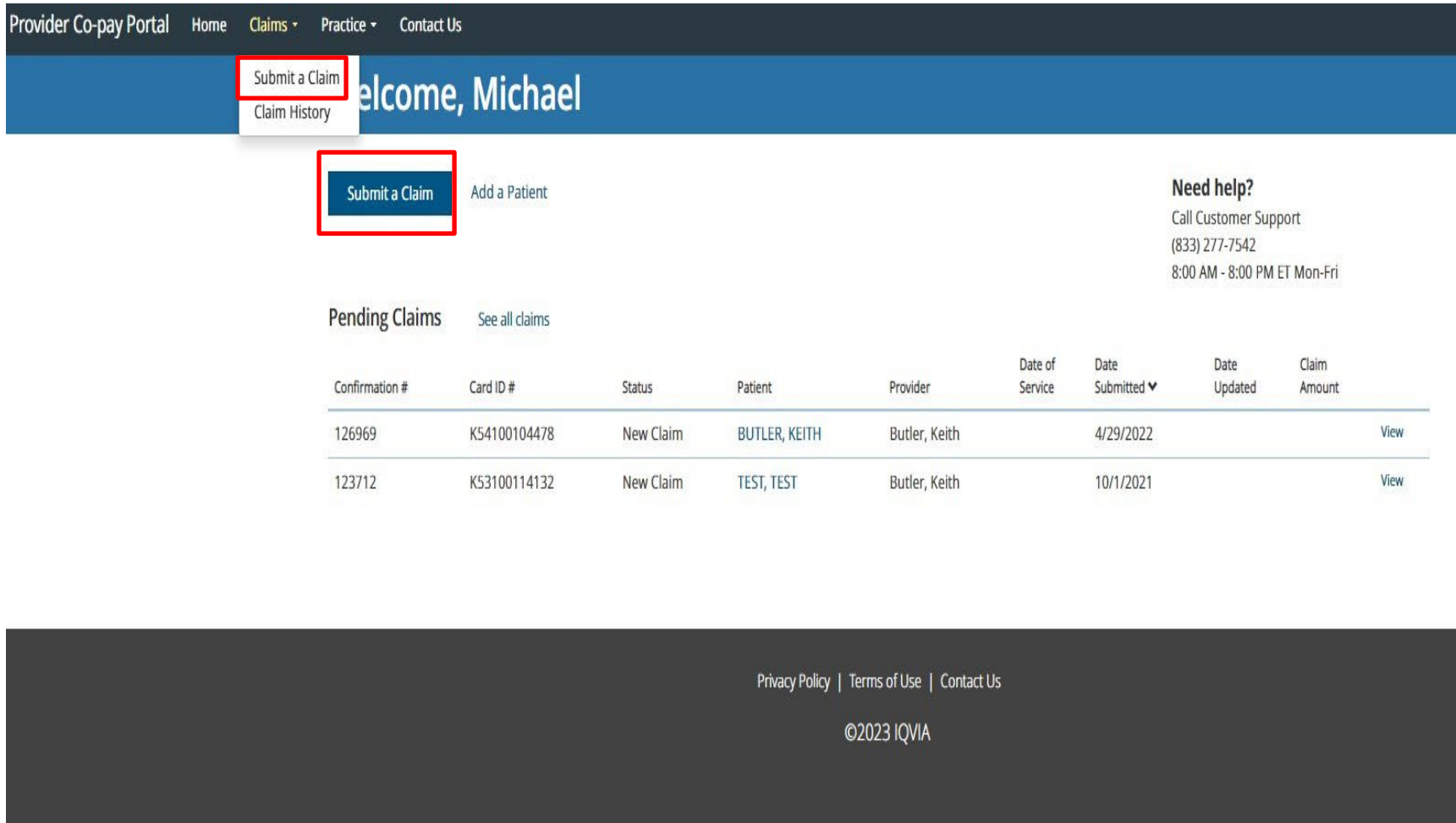
Change Password
Sign Out

- Upon signing in to the Provider Co-pay Portal, a user will be able to perform the following functions:

1. View Claims History & Submit a Claim
2. Enroll a Patient & Obtain a Co-pay Card
3. Update Practice Information
4. Update or add Users, Providers, or Patients
5. Use the dropdown menu on the far right under the email address to change a password or log out of the portal

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

Submitting a Claim (cont)



Provider Co-pay Portal Home Claims Practice Contact Us

Welcome, Michael

Submit a Claim
Claim History

Submit a Claim Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims See all claims

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|----------------|--------------|-----------|---------------|---------------|-----------------|------------------|--------------|----------------------|
| 126969 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

Privacy Policy | Terms of Use | Contact Us


©2023 IQVIA

- From the Welcome Screen, the user can select the “Submit a Claim” button or Submit a Claim from the Claims dropdown menu. The patient must be added to the portal to submit a claim. This can be done during the claims submission process. If the user wants to add patients prior to submitting claims, they can do so by following the instructions on slide 70 “Add a Patient”

Submitting a Claim (cont)

Submit a Claim

Patient New Patient Provider



Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Please provide the explanation of benefits (EOB), which must include:

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

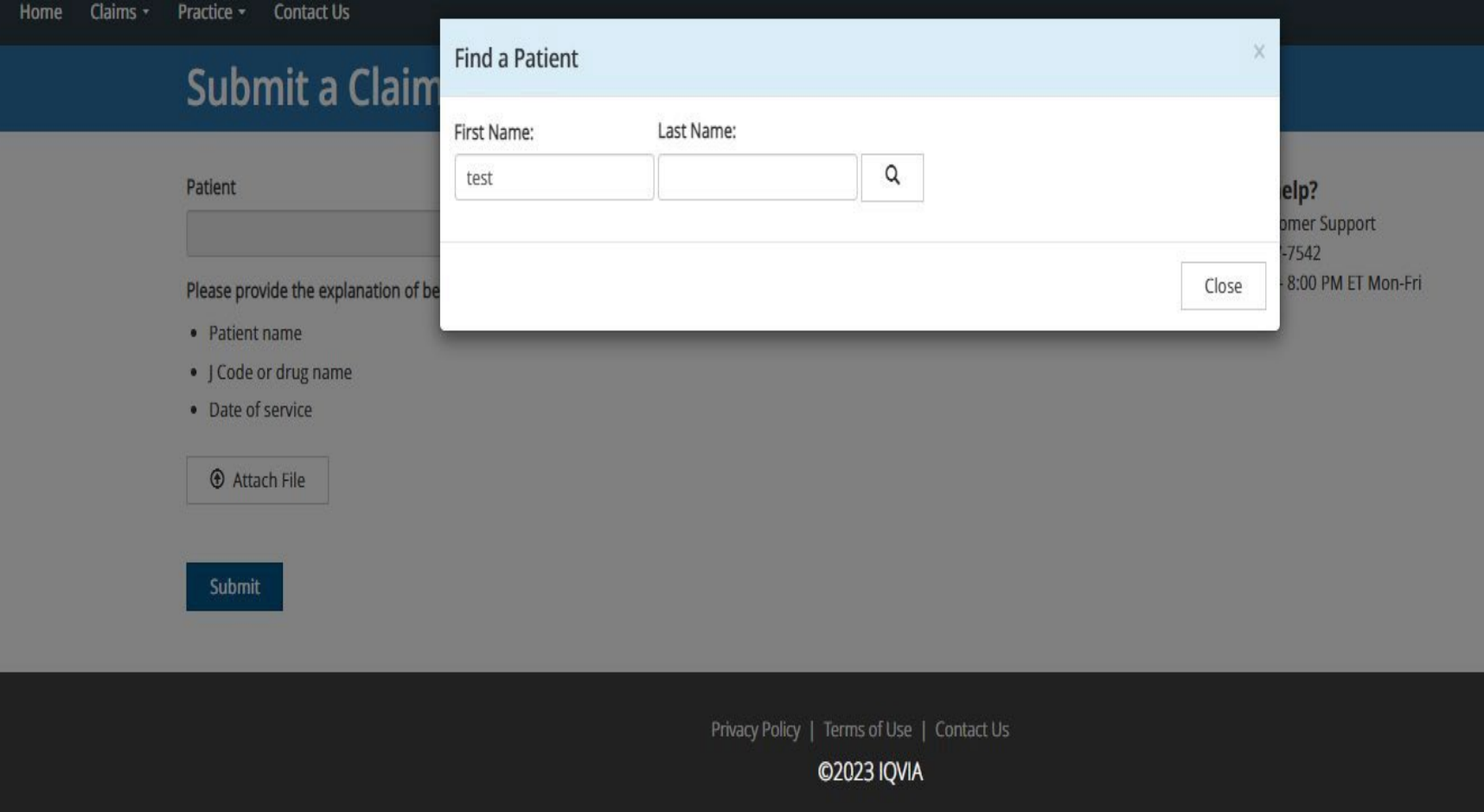
 Attach File

Submit

- To submit a claim for an existing patient, click on the search icon (magnifying glass) to display the patient search field



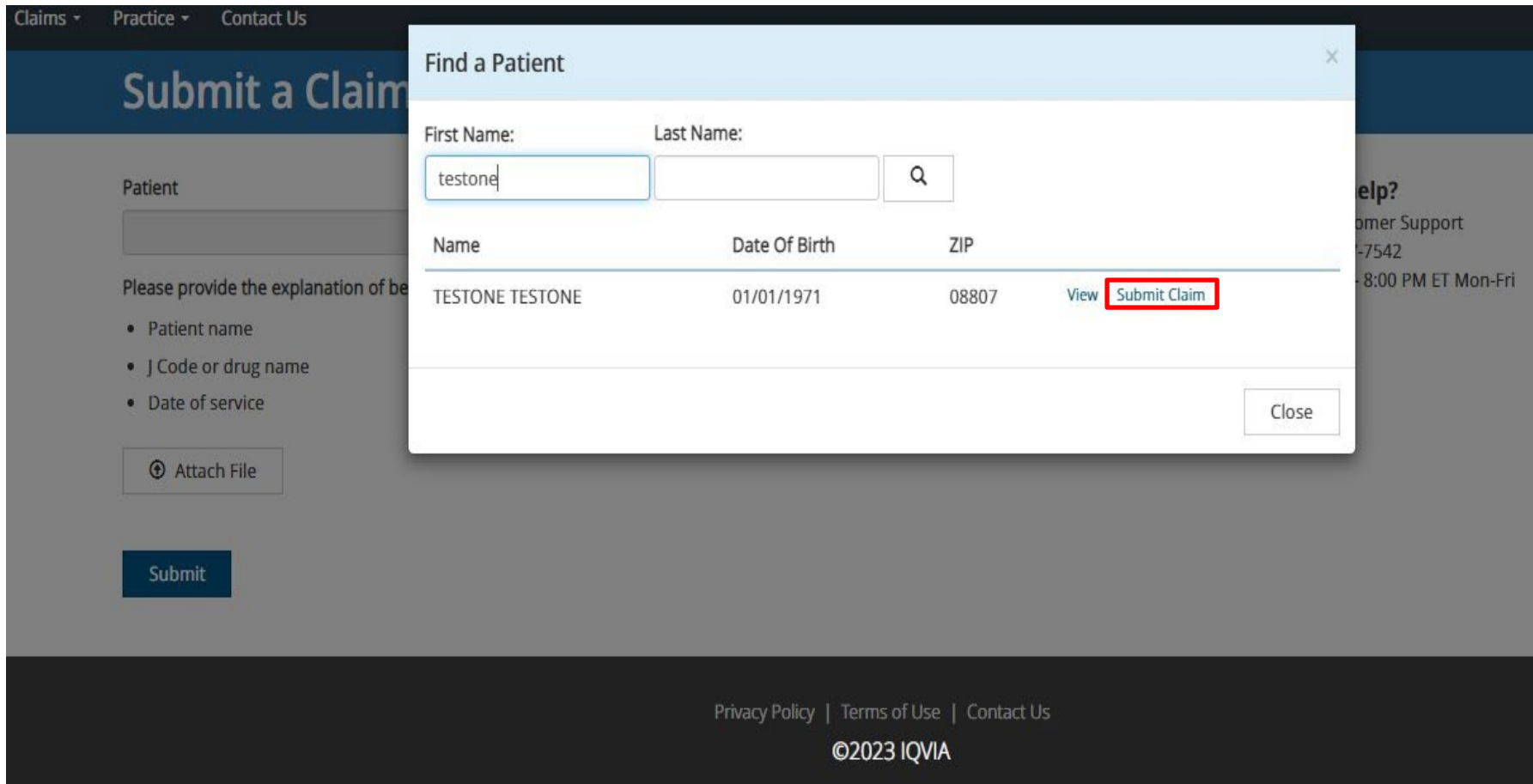
Submitting a Claim (cont)



The screenshot shows a web application interface for submitting a claim. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us. The main heading is 'Submit a Claim'. Below this, there is a 'Patient' section with an input field. A modal window titled 'Find a Patient' is open, featuring two input fields for 'First Name' (containing 'test') and 'Last Name', a search button with a magnifying glass icon, and a 'Close' button. Below the patient input, there is a text prompt 'Please provide the explanation of benefit' followed by a bulleted list: 'Patient name', 'J Code or drug name', and 'Date of service'. There is an 'Attach File' button and a 'Submit' button. The footer contains links for 'Privacy Policy | Terms of Use | Contact Us' and the copyright notice '©2023 IQVIA'.

- Users can enter a First Name and Last Name and then select the magnifying glass

Submitting a Claim (cont)



The screenshot shows a web application interface for submitting a claim. A modal window titled "Find a Patient" is open, allowing the user to search for a patient. The modal contains two input fields for "First Name" and "Last Name", with "testone" entered in the first name field. A search button with a magnifying glass icon is to the right. Below the input fields is a table with the following data:

| Name | Date Of Birth | ZIP | |
|-----------------|---------------|-------|---|
| TESTONE TESTONE | 01/01/1971 | 08807 | View Submit Claim |

The "Submit Claim" link in the table is highlighted with a red box. A "Close" button is located at the bottom right of the modal. In the background, the "Submit a Claim" form is visible, including a "Patient" field, a text area for "Please provide the explanation of benefit", a list of required information (Patient name, J Code or drug name, Date of service), an "Attach File" button, and a "Submit" button. The footer of the page includes "Privacy Policy | Terms of Use | Contact Us" and "©2023 IQVIA".

- Click the Submit Claim link. Upon clicking this link, the screen will revert to the Submit a Claim window and the selected patient's name will be populated in the Patient field

Submitting a Claim (cont)

Submit a Claim

Patient New Patient Provider

TEST TEST Keith Butler

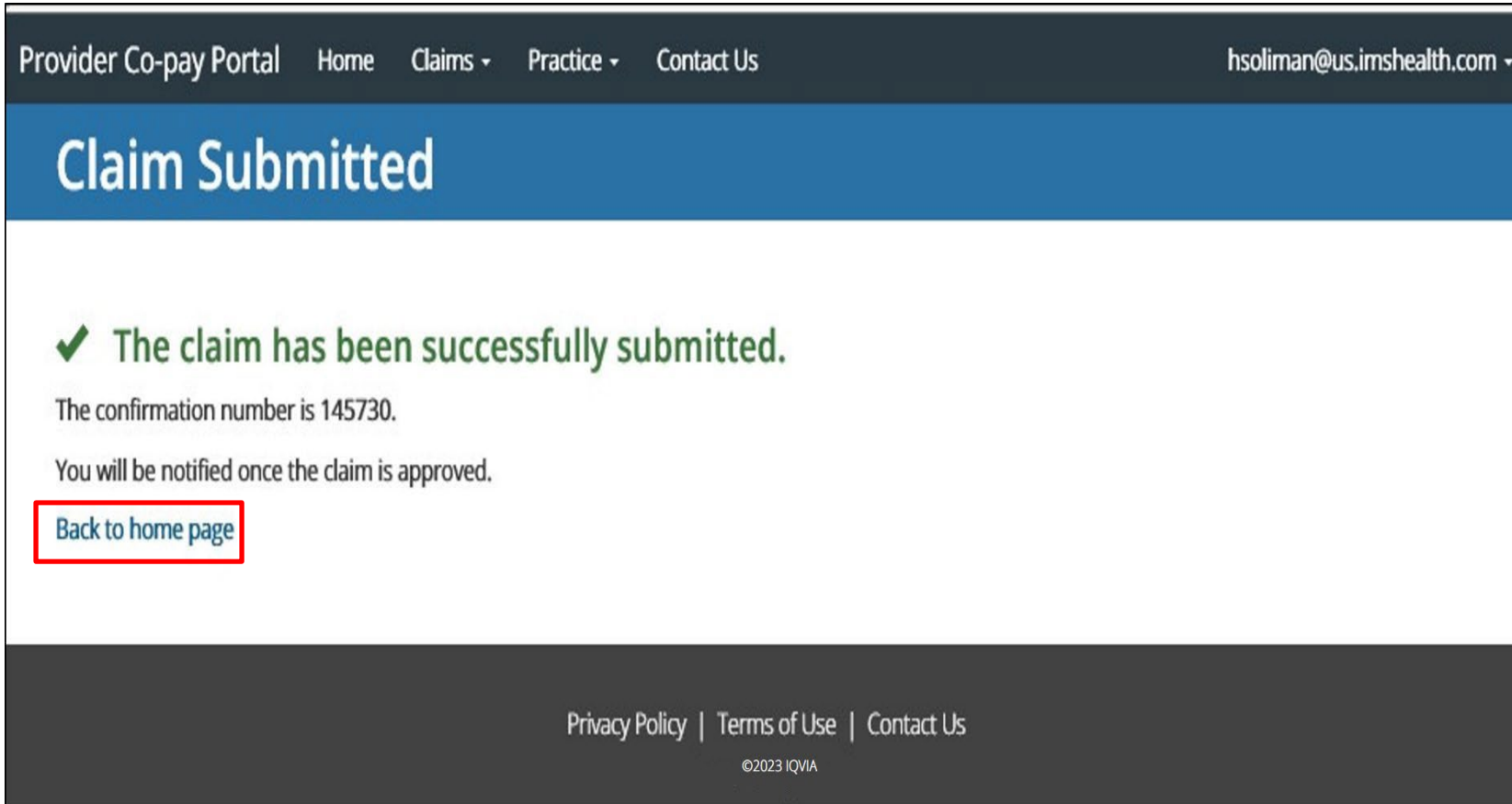
Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Please provide the explanation of benefits (EOB), which must include:

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

- To complete the submission, ensure the correct provider is selected and the correct documentation is attached. The documentation must be in one of the following formats: picture file (jpg, jpeg, gif, png, bmp, tif, tiff) or PDF. Once these 2 steps are complete, click on Submit, and a confirmation page will display acknowledging a successful submission

Submitting a Claim (cont)



Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us hsoliman@us.imshealth.com ▾

Claim Submitted

✓ **The claim has been successfully submitted.**

The confirmation number is 145730.

You will be notified once the claim is approved.

[Back to home page](#)

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- The user can click on “Back to home page” to return to the Welcome screen or select another function using the dropdown menus within the header

Submitting a Claim (cont)

Provider Co-pay Portal Home Claims Practice Contact Us mferguson

Welcome, Michael

[Submit a Claim](#) [Add a Patient](#)

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount | |
|-----------|----------------|--------------|-------------------|---------------|-----------------|------------------|--------------|--------------|----------------------|
| New Claim | 135869 | L86100106434 | BUTLER, KEITH | Dave, Pooja | | 10/13/2023 | | | View |
| New Claim | 134991 | L86100108256 | TEST, TEST | Butler, Keith | | 8/28/2023 | | | View |
| New Claim | 134387 | L86100106434 | BUTLER, KEITH | Butler, Keith | | 7/25/2023 | | | View |
| New Claim | 132287 | L86100108256 | TEST, TEST | Butler, Keith | | 3/13/2023 | | | View |
| New Claim | 129932 | K53100114132 | TEST, TEST | Butler, Keith | | 11/2/2022 | | | View |
| New Claim | 128071 | K53100114132 | TEST, TEST | Butler, Keith | | 8/11/2022 | | | View |
| New Claim | 127434 | L86100105170 | PATIENTJIGNA, NEW | Butler, Keith | | 6/7/2022 | | | View |

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- When the “Back to home page” selection is made (previous page), the Welcome screen will be displayed containing the recent claims submitted. To view a submitted claim, click on the View link on the far right

Submitting a Claim – Claim Details



Provider Co-pay Portal Home Claims Practice Contact Us

Claim Details

| | | |
|---------------------|------------------|----------------------------|
| Status | New Claim | Attached Files Test.pdf |
| Confirmation Number | 134991 | |
| Patient | TEST TEST | |
| Provider | Keith Butler | |
| Date Submitted | 8/28/2023 | |
| Payment Method | Electronic | |
| Co-pay Card GRP # | OH7142071 | |
| Co-pay Card ID # | L86100108256 | |
| Submitted By | Test@Testing.com | |

Ok

- The screen will display the details of the submitted claim selected by the user

Claim History

Provider Co-pay Portal Home **Claims** Practice Contact Us

Submit a Claim
Claim History Welcome, Michael

Submit a Claim Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims See all claims

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|----------------|--------------|-----------|---------------|---------------|-----------------|------------------|--------------|----------------------|
| 126969 | KS4100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | KS3100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

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- A user can view a list of the submitted claims by selecting the Claim History option from the Claims dropdown menu within the header

Claim History

Claim History

Submit a Claim

| Status | Confirmation # | Card ID # | Patient | Provider | Date of Service | Date Submitted | |
|-----------|----------------|--------------|-------------------|---------------|-----------------|----------------|----------------------|
| New Claim | 135869 | L86100106434 | BUTLER, KEITH | Dave, Pooja | | 10/13/2023 | View |
| New Claim | 134991 | L86100108256 | TEST, TEST | Butler, Keith | | 8/28/2023 | View |
| New Claim | 134387 | L86100106434 | BUTLER, KEITH | Butler, Keith | | 7/25/2023 | View |
| New Claim | 132287 | L86100108256 | TEST, TEST | Butler, Keith | | 3/13/2023 | View |
| New Claim | 129932 | K53100114132 | TEST, TEST | Butler, Keith | | 11/2/2022 | View |
| New Claim | 128071 | K53100114132 | TEST, TEST | Butler, Keith | | 8/11/2022 | View |
| New Claim | 127434 | L86100105170 | PATIENTJIGNA, NEW | Butler, Keith | | 6/7/2022 | View |
| New Claim | 127094 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 5/13/2022 | View |
| New Claim | 126969 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | View |

Download claim history ▾
As Excel
As CSV

- Once in the Claim History section, a user can view a list of all submitted claims.
- Users can also choose to download their claim history list by selecting “Download claim history” and choosing the file type they wish, either Excel or CSV.

Claim History – View



Provider Co-pay Portal Home Claims Practice Contact Us mferguso

Welcome, Michael

Submit a Claim

Add a Patient

Need help?

Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims

[See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount | |
|-----------|----------------|--------------|-------------------|---------------|-----------------|------------------|--------------|--------------|----------------------|
| New Claim | 135869 | L86100106434 | BUTLER, KEITH | Dave, Pooja | | 10/13/2023 | | | View |
| New Claim | 134991 | L86100108256 | TEST, TEST | Butler, Keith | | 8/28/2023 | | | View |
| New Claim | 134387 | L86100106434 | BUTLER, KEITH | Butler, Keith | | 7/25/2023 | | | View |
| New Claim | 132287 | L86100108256 | TEST, TEST | Butler, Keith | | 3/13/2023 | | | View |
| New Claim | 129932 | K53100114132 | TEST, TEST | Butler, Keith | | 11/2/2022 | | | View |
| New Claim | 128071 | K53100114132 | TEST, TEST | Butler, Keith | | 8/11/2022 | | | View |
| New Claim | 127434 | L86100105170 | PATIENTJIGNA, NEW | Butler, Keith | | 6/7/2022 | | | View |

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- To view an individual claim, click on the “View” link. The Claim Details screen will be displayed as shown on slide 53

Claim History – View (cont)



Claim Details

| | |
|---------------------|-----------------------------|
| Confirmation Number | 126969 |
| Status | New Claim |
| Patient | KEITH BUTLER |
| Provider | Keith Butler |
| Date Submitted | 4/29/2022 |
| Payment Method | Electronic |
| Co-pay Card GRP # | OH7142021 |
| Co-pay Card ID # | K54100104478 |
| Submitted By | mferguson2@us.imshealth.com |

Attached Files

| |
|-------------------------|
| Sample 1500_2012_02.pdf |
| Keith Butler.pdf |

Ok

Viewing and Editing Practice Account Information

Provider Co-pay Portal Home Claims Practice Contact Us

Account
Users
Providers
Patients

ne, Michael

Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|----------------|--------------|-----------|---------------|---------------|-----------------|------------------|--------------|----------------------|
| 126969 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

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- To view and/or edit the account information, select Account from the dropdown menu under Practice

Viewing and Editing Practice Account Information (cont)

Practice

TestPractice 1

NPI: 1234567891

| | |
|--|---|
| Address | Communications |
| 77 ABC St Test Town, NJ 55555 | Phone: (123) 555-6688 Fax: (848) 702-3045 Email: Testing@ABC.com |
| Payment Method | Claim Status Updates |
| Your payments are being mailed by check. Manage Electronic Payments | Receiving check payment notifications by mail. Receiving EFT payment notifications by fax. |

- [Manage Patients](#)
- [Manage Users](#)
- [Manage Providers](#)

- The next screen will display the information about the Practice Account, including the communication method for receiving claim status updates
- The user can also use the links on the far right to navigate to Patients, Users, and Providers pages to edit and/or update records

Edit

Viewing and Editing Practice Account Information (cont)

Practice

| | |
|---|---|
| Practice Name | Practice NPI |
| <input type="text" value="TestPractice 1"/> | <input type="text" value="1234567891"/> |

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Email Address

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Changes will take effect for the next claim you submit.

Claim Status Updates

Notifications for check payments are sent by direct mail to the mailing address above.

If you would like fax notifications for EFT payments, enter your fax number below.

Receive EFT payment updates at this fax number:

- To edit the Practice Account information, click on “Edit” (previous page). The user can proceed to edit the information about the practice, except for the Practice NPI. Once the user has completed the edits, click on “Save”

Viewing and Editing Practice Account Information (cont)

Practice

✔ Practice information has been updated.

- A screen will display with a message confirming the updated information and will display the Practice Account information

TestPractice 1

NPI: 1234567891

[Manage Patients](#)

[Manage Users](#)

[Manage Providers](#)

Address

77 ABC St
Test Town, NJ 55555

Communications

Phone: (123) 555-6688
Fax: (848) 702-3045
Email: Testing@ABC.com

Payment Method

Your payments are being mailed by check.

[Manage Electronic Payments](#)

Claim Status Updates

Receiving check payment notifications by mail.

Receiving EFT payment notifications by fax.

Edit

Users

Provider Co-pay Portal Home Claims - Practice - Contact Us

Welcome Michael

- Account
- Users**
- Providers
- Patients

Submit a Claim

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|-------------------|---------------|-----------------|------------------|--------------|----------------------|
| New Claim | 135869 | L86100106434 | BUTLER, KEITH | Dave, Pooja | | 10/13/2023 | | View |
| New Claim | 134991 | L86100108256 | TEST, TEST | Butler, Keith | | 8/28/2023 | | View |
| New Claim | 134387 | L86100106434 | BUTLER, KEITH | Butler, Keith | | 7/25/2023 | | View |
| New Claim | 132287 | L86100108256 | TEST, TEST | Butler, Keith | | 3/13/2023 | | View |
| New Claim | 129932 | K53100114132 | TEST, TEST | Butler, Keith | | 11/2/2022 | | View |
| New Claim | 128071 | K53100114132 | TEST, TEST | Butler, Keith | | 8/11/2022 | | View |
| New Claim | 127434 | L86100105170 | PATIENTJIGNA, NEW | Butler, Keith | | 6/7/2022 | | View |
| New Claim | 127094 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 5/13/2022 | | View |
| New Claim | 126969 | K54100104478 | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| New Claim | 123712 | K53100114132 | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

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- To view and/or edit users, select “Users” from the dropdown menu under Practice

Users (cont)

Provider Co-pay Portal Home Claims Practice Contact Us michael.fergus

Users

Add a User

| Name | Email Address | Role | Administrator | |
|------------|-------------------|------------------------------|-------------------------------------|------|
| Test Test1 | Test@Testing1.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |

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- The Users main screen will display all current users registered for the Practice Account. From this screen, new users can be added, or current users' information can be updated

Users (cont)

Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us michael.fergus

Users

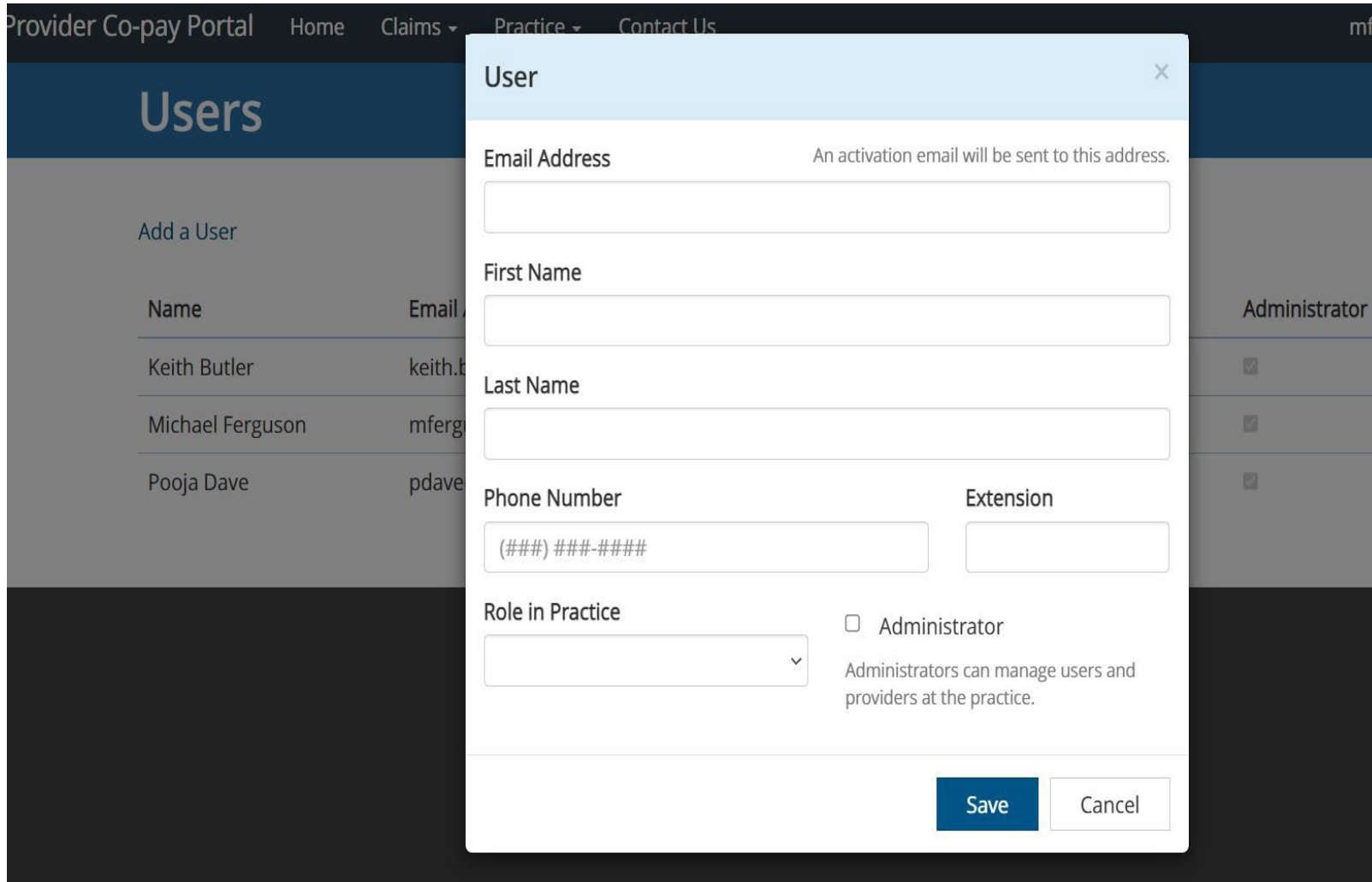
[Add a User](#)

| Name | Email Address | Role | Administrator | |
|------------|-------------------|------------------------------|-------------------------------------|----------------------|
| Test Test1 | Test@Testing1.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |

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- To add a new User to the Practice Account, select the “Add a user” link from the Users main screen

Users (cont)



The screenshot shows the 'Users' management page in the Provider Co-pay Portal. A modal form titled 'User' is open, allowing for the creation of a new user. The form includes the following fields and options:

- Email Address:** A text input field with a note: "An activation email will be sent to this address."
- First Name:** A text input field.
- Last Name:** A text input field.
- Phone Number:** A text input field with a placeholder "(###) ###-####".
- Extension:** A text input field.
- Role in Practice:** A dropdown menu.
- Administrator:** A checkbox with the label "Administrator" and a sub-note: "Administrators can manage users and providers at the practice."

At the bottom of the modal are two buttons: "Save" (in blue) and "Cancel".

In the background, the 'Users' page is visible, showing a table with columns for Name and Email, and a checkbox for Administrator. The table lists three users: Keith Butler, Michael Ferguson, and Pooja Dave.

- On the next screen, enter the User details. All fields are required except for the Extension and Administrator indicator
- If the user entered is responsible for the maintenance of the Users and Providers information for the Practice Account, ensure the box to the left of Administrator is checked
- Click on "Save." The user's main screen will display, and the new user will be visible. Be sure to alert all added users that they will receive an email to validate their account. This validation must be done prior to using the Provider Co-pay Portal

Users (cont)

Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us michael.fergus

Users

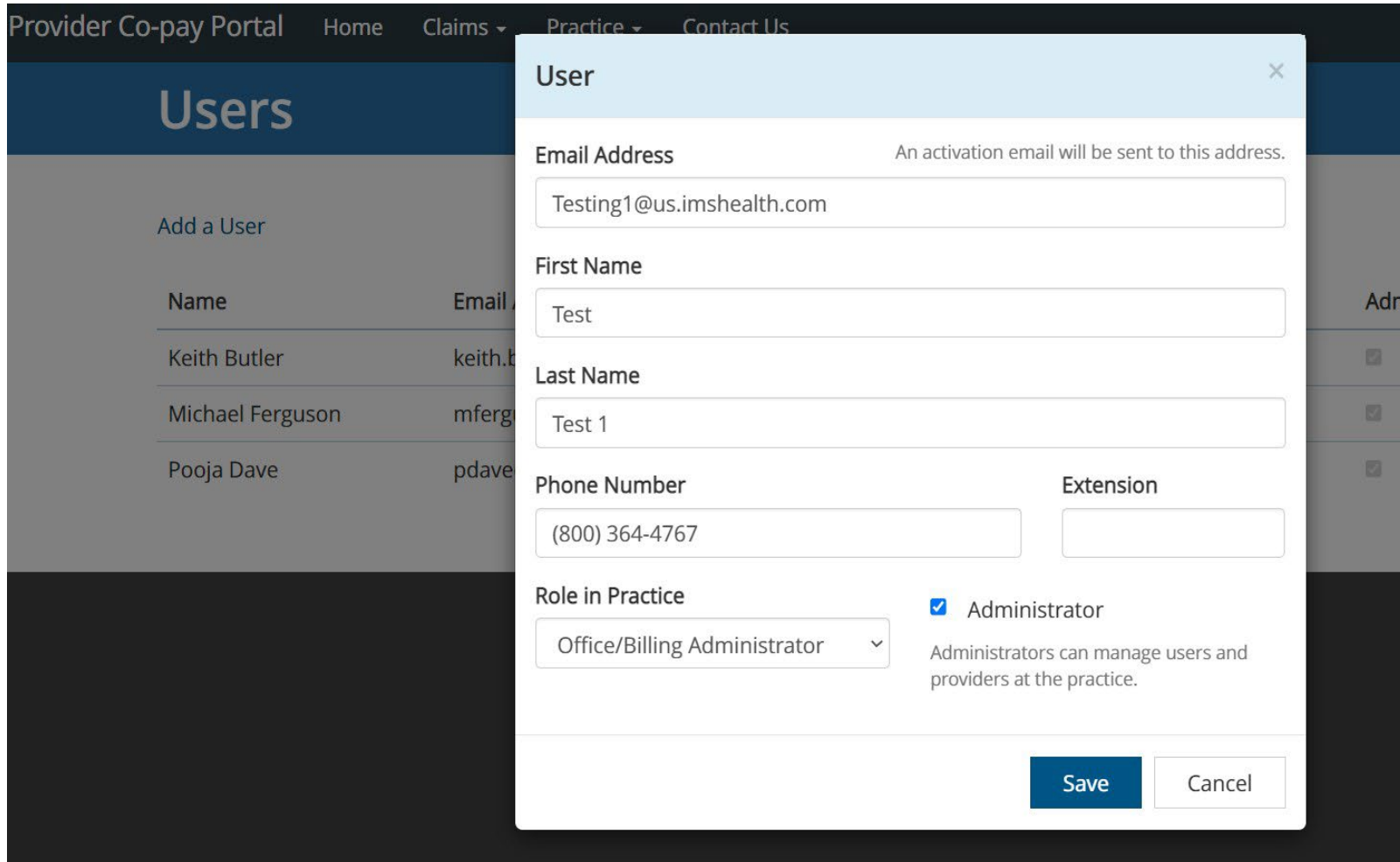
Add a User

| Name | Email Address | Role | Administrator | |
|------------|-------------------|------------------------------|-------------------------------------|----------------------|
| Test Test1 | Test@Testing1.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |

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- To edit a current User's contact information, navigate to the Users main screen and click on the "Edit" link to the right of the User's name

Users (cont)



The screenshot shows a web application interface for managing users. At the top, there is a navigation bar with links for "Provider Co-pay Portal", "Home", "Claims", "Practice", and "Contact Us". The main heading is "Users". Below this, there is a section titled "Add a User" and a table listing existing users:

| Name | Email |
|------------------|---------|
| Keith Butler | keith.b |
| Michael Ferguson | mferg |
| Pooja Dave | pdave |

A modal window titled "User" is open, allowing for editing a user's information. The fields include:

- Email Address:** Testing1@us.imshealth.com (Note: An activation email will be sent to this address.)
- First Name:** Test
- Last Name:** Test 1
- Phone Number:** (800) 364-4767
- Extension:** (empty)
- Role in Practice:** Office/Billing Administrator (selected from a dropdown menu)
- Administrator** (checked)

At the bottom of the modal, there are "Save" and "Cancel" buttons. A descriptive note for the Administrator role states: "Administrators can manage users and providers at the practice."

- The next screen will display the selected User's contact information. Once the required edits are complete, click on "Save." If the incorrect User was chosen for editing, click on "Cancel." Either selection will bring the user back to the Users main screen

Providers

Provider Co-pay Portal Home Claims Practice Contact Us

Account
Users
Providers
Patients

ne, Michael

Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|----------------|--------------|-----------|---------------|---------------|-----------------|------------------|--------------|----------------------|
| 126969 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

- To edit a current Provider's information, navigate to the Providers main screen and click on the "Edit" link to the right of the Provider's name

Providers (cont)



Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us mferguson2@us.imshealth.com

Providers

[Add a Provider](#)

| Name | NPI | SLN | Type | |
|--------------|------------|-----|----------------|----------------------|
| Keith Butler | 1234567891 | | Medical Doctor | Edit |

- The Providers main screen will display all current providers registered for the Practice Account. From this screen, new providers can be added, or current providers' information can be updated

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Providers (cont)

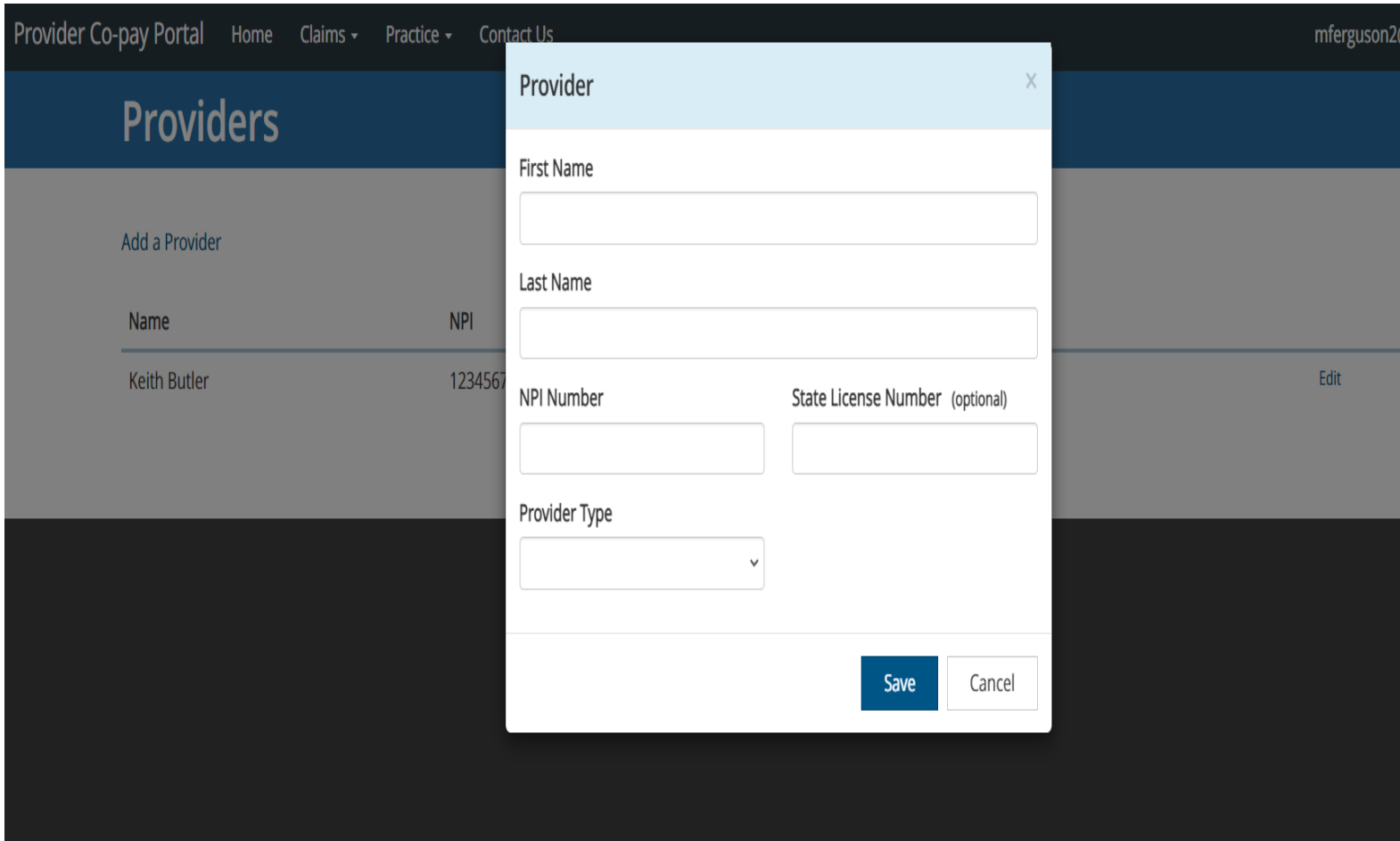
Providers

Add a Provider

| Name | NPI | SLN | Type | |
|--------------|------------|-----|----------------|----------------------|
| Keith Butler | 1234567891 | | Medical Doctor | Edit |

- To add new Providers to the Practice Account, select the “Add a Provider” link from the Providers main screen

Providers (cont)



The screenshot shows a web application interface for managing providers. The main page is titled "Providers" and has a navigation bar with "Provider Co-pay Portal", "Home", "Claims", "Practice", and "Contact Us". A user is logged in as "mferguson2@t". The main content area has a "Providers" header and a table with columns "Name" and "NPI". A table entry shows "Keith Butler" with NPI "1234567". An "Add a Provider" button is visible. A modal form titled "Provider" is open, containing the following fields:

- First Name:
- Last Name:
- NPI Number:
- State License Number (optional):
- Provider Type:

At the bottom of the modal are "Save" and "Cancel" buttons.

- On the next screen, enter the Provider details in all fields and click on “Save.” The Providers main screen will display, and the new provider will be visible

Providers (cont)



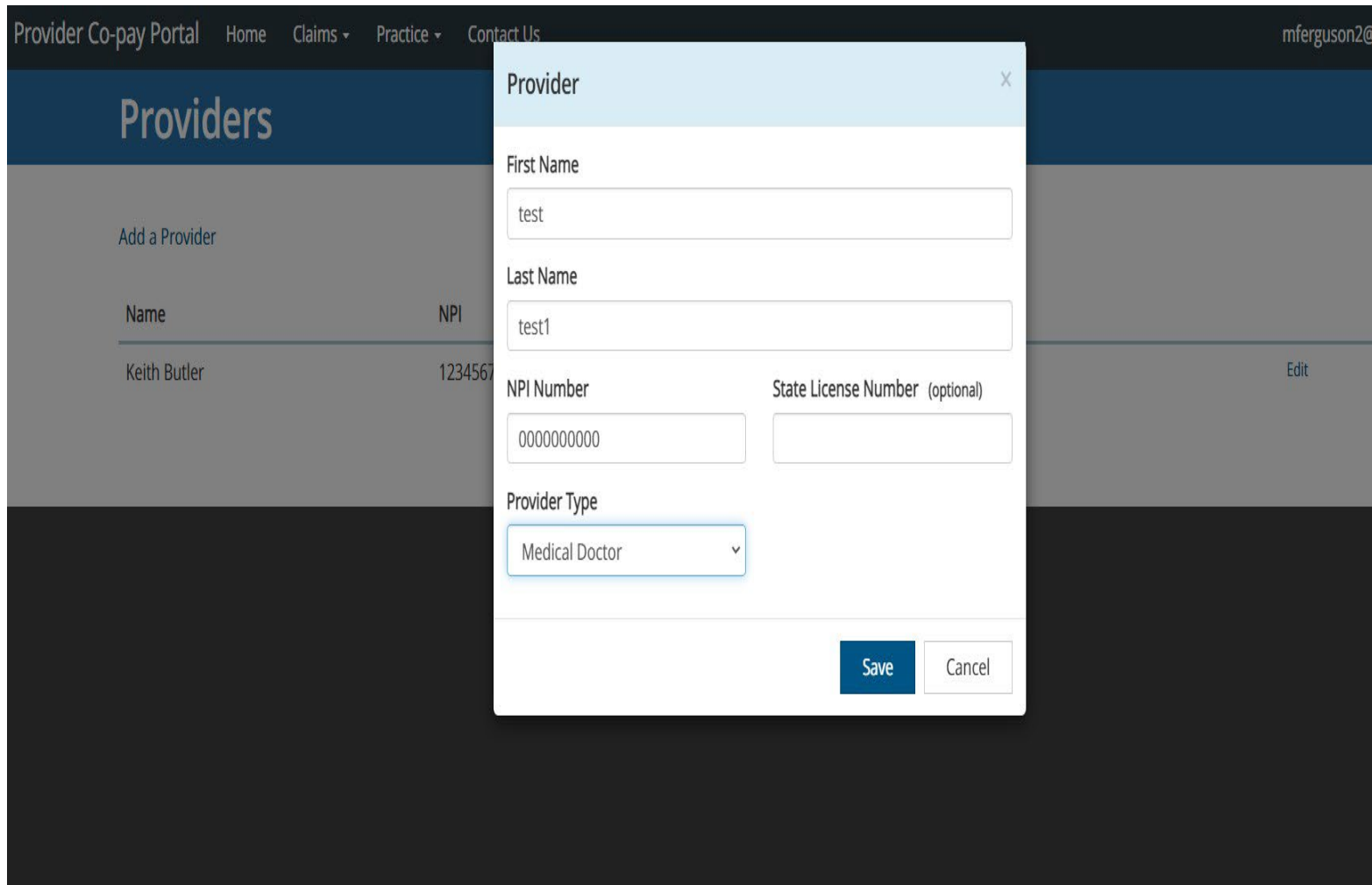
Providers

[Add a Provider](#)

| Name | NPI | SLN | Type | |
|--------------|------------|-----|----------------|----------------------|
| Keith Butler | 1234567891 | | Medical Doctor | Edit |

- To edit a current Provider's information, navigate to the Providers main screen and click on the "Edit" link to the right of the Provider's name

Providers (cont)



Provider Co-pay Portal Home Claims Practice Contact Us mferguson2@u

Providers

Add a Provider

| Name | NPI | Edit |
|--------------|---------|------|
| Keith Butler | 1234567 | Edit |

Provider

First Name
test

Last Name
test1

NPI Number
0000000000

State License Number (optional)

Provider Type
Medical Doctor

Save Cancel

- The next screen will display the selected Provider's information. Once the required edits are complete, click on "Save." If the incorrect Provider was chosen for editing, click on "Cancel." Either selection will bring the user back to the Providers main screen

Patients

Provider Co-pay Portal Home Claims Practice Contact Us

Account
Users
Providers
Patients

ne, Michael

Add a Patient

Need help?
Call Customer Support
(833) 277-7542
8:00 AM - 8:00 PM ET Mon-Fri

Pending Claims [See all claims](#)

| Confirmation # | Card ID # | Status | Patient | Provider | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|----------------|--------------|-----------|---------------|---------------|-----------------|------------------|--------------|----------------------|
| 126969 | K54100104478 | New Claim | BUTLER, KEITH | Butler, Keith | | 4/29/2022 | | View |
| 123712 | K53100114132 | New Claim | TEST, TEST | Butler, Keith | | 10/1/2021 | | View |

- To enroll a patient, the user will go to the Practice tab, select "Patients" from the dropdown or select "Add a Patient"
- User can identify the patient as needing a card, or if the patient has already enrolled via another channel, they can continue by entering the card details

Patients (cont)

Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

[Add a Patient](#)

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- The Patients main screen will display the search tool and the option to “Add a Patient”

Patients (cont)

Provider Co-pay Portal Home Claims ▾ Practice ▾ Contact Us

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

[Add a Patient](#)

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- To add a new Patient to the Practice Account, select the “Add a Patient” link from the Patients main screen

Patients (cont)

Patient

First Name Last Name
First Name is required. Last Name is required.

Date of Birth Gender
Date of Birth is required. Gender is required.

Street Address
Street Address is required.

Address Line 2 (optional)

City
City is required.

State ZIP
State is required. ZIP is required.

Patient Consent
Choose how you would like to collect the patient's consent.

Electronic Signature **Authorization Form**
The patient will receive an email with a link to provide consent online. Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the LEQVIO Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the LEQVIO Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Enter the fields on Patient data capture screen. All fields highlighted in red are required:

- First Name
- Last Name
- Date of Birth – Enter the patient's date of birth using two digits for month, two digits for day, and four digits for the year
- Gender – Select Female or Male from the dropdown
- Street Address – Enter the patient's primary address
- Address Line 2 – Enter additional address information if applicable
- City – Enter the patient's city aligned to the street address information entered
- State – Select the patient's state from the dropdown aligned to the street address entered
- ZIP – Enter the 5-digit ZIP code aligned to the street address entered

Patients (cont)

Patient

| | |
|---|------------------------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |
| Date of Birth | Gender |
| <input type="text" value="MM/DD/YYYY"/> | <input type="text"/> |
| Street Address | |
| <input type="text"/> | |
| Address Line 2 (optional) | |
| <input type="text"/> | |
| City | |
| <input type="text"/> | |
| State | ZIP |
| <input type="text"/> | <input type="text" value="#####"/> |

Patient Consent
Choose how you would like to collect the patient's consent.

Electronic Signature
The patient will receive an email with a link to provide consent online.

Authorization Form
Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the LEQVIO Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the LEQVIO Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Does the patient have a card?
 Yes No

Co-pay Card GRP #

Co-pay Card ID #

Phone Home Mobile

Email

- If the patient does not yet have a co-pay card, select "No" and one will be generated after clicking "Save"
- If the patient does have a co-pay card, select "Yes" and complete these fields:
 - Co-pay Card GRP # - Enter the group number from the patient's co-pay card. This is a 9-character alpha-numeric value beginning with OH or a 10-character alpha-numeric value beginning with EC
 - Co-pay Card ID # - Enter the 12-digit ID# from the patient's co-pay card
 - Phone - Enter the patient's 10-digit phone number and select the appropriate radio button to indicate if it is a Home or Mobile number
 - Email - Enter the patient's email address

Patients (cont)

Patient Consent

Choose how you would like to collect the patient's consent.

Electronic Signature

The patient will receive an email with a link to provide consent online.

Authorization Form

Attach the authorization form, which will be reviewed by IQVIA Program Support.

Authorization Form

[Download form](#)

By attaching this form, I attest the patient authorization form is complete and accurate. I understand that this form will be verified within 2 business days, after which I will be able to submit claims for reimbursement.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

- There are 2 options available to capture Patient Consent, Electronic Signature, and the standard physical Authorization Form
- **Authorization Form** – Each patient must complete and sign a Co-pay Authorization Form, and the form must be uploaded to the patient record before the record can be saved. To download the form, click on the "Download form" link, print the form, and assist the patient with completion. Once the form is completed and signed, upload a copy to the patient record by clicking on the "Attach Form" button and browse the computer to locate the appropriate document. Once the document has been located, select the document and click on "Open"
- **Note:** The document must be in one of the following formats: picture file (jpg, jpeg, gif, png, bmp, tif, tiff) or PDF
- If the wrong document is selected, the user may remove it from the record before saving by clicking on the red "x" next to the document name

Patients (cont)

Patient

✔ Patient has been added.

This patient's authorization form is still under review.

If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

| | | |
|-------------------------|--------------------------|-------------------------|
| Name | Co-pay Card GRP # | Co-pay Card ID # |
| TEST ACCOUNT | OH7142071 | L86100105458 |
| Date of Birth | Gender | |
| 01/01/1981 | Female | |
| Address | Phone | |
| 123 FAKE ST | (998) 331-2211 | |
| NORTH HALEDON, NJ 07508 | Email | |
| | DONOTREPLY@IQVIA.COM | |

Co-pay authorization form is attached:  AuthorizationForm_2022-07-06_09-13-34.pdf

Edit

Close

- This screen will display the patient record details. Once the Authorization Form is approved, the user may Submit a Claim, Edit the patient record, or Close the record

Patients (cont)

Patient Consent

Choose how you would like to collect the patient's consent.

Electronic Signature

The patient will receive an email with a link to provide consent online.

Authorization Form

Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature

I have discussed the LEQVIO Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the LEQVIO Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

- **Electronic Signature** – Each patient must complete their HIPAA consent and their consent to participate in the Co-pay Program. The Electronic Signature option allows patients to complete this process online via a link that will be emailed to them after the completion of the Co-pay Portal enrollment by the provider
- **Note:** A patient email address is a required field for enrollment in the Co-pay Program

Email

Email is required.

Patients (cont)

Patient

✔ Patient has been added.

This patient has not yet provided consent.

If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

| | | |
|----------------------|-----------------------------|-------------------------|
| Name | Co-pay Card GRP # | Co-pay Card ID # |
| FIRST LAST | OH7142071 | L86100107764 |
| Date of Birth | Gender | |
| 01/01/1991 | Male | |
| Address | Phone | |
| 111 FAKE AVE | (123) 456-7899 | |
| FAKE TOWN, NJ 08807 | Email | |
| | MICHAEL.FERGUSON2@IQVIA.COM | |

Electronic Signature

⚠ Awaiting online consent

🔄 Resend email

Edit

Close

- This screen will display the patient record details. Once the Electronic Signature is completed, the user may Submit a Claim, Edit the patient record, or Close the record
- For patients using Electronic Signature, providers have an option to resend the Electronic Signature email to patients if they are reporting they have not received the initial email with the link to the Microsite

Patients (cont)

Novartis Patient Support Program - Complete Your Co-pay Enrollment



donotreply@opushealth.com

To

↩ Reply

↩ Reply All

→ Forward



Tue 1/10/2023 10:28 AM

Hello,

Novartis Patient Services is following up on a recent request from you and your doctor to help you get the medicine you were prescribed. We need you to complete your patient authorization form for co-pay program enrollment. Please click the link below to do so.

<https://uat.opushealth.com/eSignatureMicrosite/Consent/Verify?pid=YlbpASpdM9kcCCU5.erzJg--&configCode=INCL>

If you have questions, please call co-pay program support at (833) 277-7542.

Thank you,
Program Support

Please do not reply to this message, which was sent from an unmonitored email address.

- Once the patient enrollment process is completed by the provider for the Electronic Signature option, the patient will receive an email at the email address they provided, which will contain a link for the patient to access the Microsite and complete their HIPAA Consent and Patient Authorization Consent

Patients (cont)

eSignature Microsite

We need to verify your identity

Please provide information below and click "Verify" button to proceed.

Last Name

Date of Birth (MM/DD/YYYY)

I'm not a robot



Verify

© 2022 - IQVIA


- When the patient clicks the link in the email, they will be taken to a security verification page in which they will need to provide their last name and date of birth in order to move forward
- Once the patient has entered the required information, they will check the reCAPTCHA check box and click "Verify" to be taken to the Electronic Signature Microsite
- **Note:** A full sample view of the Electronic Signature Microsite is on slide 84

Patients (cont)



eSignature Microsite

LEQVIO® Patient Authorization and Additional Consents



Name: **TEST NOVA** Date of Birth: **2/18/1983**
ZIP: **08807** Email: **MICHAEL.FERGUSON2@IQVIA.COM**

Patient/Patient Representative Signature Date of Signature (MM/DD/YYYY)

By checking the above, I am electronically signing this document, and the check mark has the same effect as a pen-and-paper signature or initial(s). I have also read and agreed to the Novartis [Consent to Receive Electronic Disclosures](#).

HIPAA Patient Authorization. I authorize my health care providers, pharmacies, health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment, and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis"), and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF"), so they can provide the following support services ("Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information.
- Communications may be customized based on Personal Information obtained from my Providers.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other and with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and I can cancel this Authorization at any time by calling 1-833- LEQVIO2 or writing to:

| | | |
|---|-----------|--|
| CareMetx 610 Crescent Executive Court Suite 200 Lake Mary, FL 32746 | OR | Customer Interaction Center Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080 |
|---|-----------|--|

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Providers' treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

- Once in the Electronic Signature Microsite, the patient's basic information will be displayed at the top of the page and the patient will need to complete the following information, at minimum, to complete and be able to submit the consent form:

- The first check box next to the signature line. It will auto-fill the patient's signature and automatically apply the current date
- The second check box, "I have read and agree to the LEQVIO Co-pay Program terms & conditions (see below)"

- **Note:** The third check box on this page is optional for the patient and if checked will allow the patient to enroll in the LEQVIO Care Program and receive additional communication via phone calls or text messages. A full view of this site and all the check box locations is on Slide 84

Patients (cont)

eSignature Microsite

eSignature consent processed successfully!

- Once completed and submitted, the Electronic Signature Consent is processed and the patient's enrollment account in the Co-pay Portal is completed

Patient Authorization Form



LEQVIO® Patient Authorization and Additional Consents

Fax: 908-548-9364 Co-pay Program Portal: [LEQVIO-CopayPortal.com](https://www.novartis.com/leqvio-copay)



LEQVIO® Patient Authorization and Additional Consents



- Front and back of Patient Authorization Form

REQUIRED FIELDS

PATIENT INFORMATION – FORM CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

Name: / / Date of Birth:

First Name Middle Initial Last Name

ZIP: Email (recommended to enroll in co-pay support):

PATIENT AUTHORIZATION & ADDITIONAL CONSENTS

I have read and agree to the Patient Authorization on page 2.

/ /

Patient/Legal Guardian Signature Date of Signature (MM/DD/YYYY)

LEQVIO Co-pay Program

I have read and agree to the LEQVIO Co-pay Program terms & conditions on page 2.

Please note: This is a conditional co-pay offer for the LEQVIO Co-pay Program. The offer is only valid if you have commercial (private) coverage for the medication. We will verify this information upon the submission of a claim to the program (provided by either you, your pharmacy, or your provider). Prior to receiving LEQVIO treatment, it is recommended that you confirm coverage with the patient's health plan for commercial (private) insurance.

LEQVIO Care Program

Enroll in the LEQVIO Care Program to receive guidance and support from a dedicated Care Specialist. The LEQVIO Care Program is an optional program that provides access to helpful tips and tools chosen especially for you, plus personalized reminders to help you stay on track.

I agree to receive recurring reminders, tips, and more through phone calls and texts at the phone number provided. I understand that calls or texts may be auto-dialed or prerecorded and are not a condition of purchase.*

Patient Authorization. I authorize my health care providers, pharmacies and health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF") so they can provide the following support services (the "Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information.
- Communications may be customized based on Personal Information obtained from my Providers.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-833-LEQVIO2 or writing to:

CareMx OR Customer Interaction Center
Crescent Executive Court, Novartis Pharmaceuticals Corporation
Suite 200 One Health Plaza
Lake Mary, FL 32746 East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Provider's treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

LEQVIO Co-pay Program Terms and 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 \$3500. 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 measures, 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 restrict, revoke, or amend the Program and discontinue support at any time without notice.

*The LEQVIO Care Program may call and text you at the numbers provided for non-marketing purposes (e.g., to help you access and start on LEQVIO). Calls may be autodialed or prerecorded. Message and data rates may apply. You may change your communication preferences at any time by calling 1-833-LEQVIO2.

Page 2 of 2 www.novartis.us

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Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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9/23

150213-1

Patient eSignature Microsite



eSignature Microsite

LEQVIO® Patient Authorization and Additional Consents



Name: TEST NOVA

Date of Birth: 2/18/1983

ZIP: 08807

Email: MICHAEL.FERGUSON2@IQVIA.COM

Patient/Patient Representative Signature

Date of Signature (MM/DD/YYYY)

By checking the above, I am electronically signing this document, and the check mark has the same effect as a pen-and-paper signature or initial(s). I have also read and agreed to the Novartis [Consent to Receive Electronic Disclosures](#).

HIPAA Patient Authorization. I authorize my health care providers, pharmacies, health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment, and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis"), and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF"), so they can provide the following support services ("Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information.
- Communications may be customized based on Personal Information obtained from my Providers.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other and with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and I can cancel this Authorization at any time by calling 1-833-LEQVIO2 or writing to:

CareMebx
610 Crescent Executive Court
Suite 200
Lake Mary, FL 32746

OR

Customer Interaction Center Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Providers' treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

LEQVIO Co-pay Program

I have read and agree to the LEQVIO Co-pay Program terms and conditions (See Below)

LEQVIO Co-pay Program Terms and 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.

Please note: This is a conditional co-pay offer for the LEQVIO Co-pay Program. The offer is only valid if you have commercial (private) coverage for the medication. We will confirm this information upon the submission of a claim to the program (provided by either you, your pharmacy, or your provider). Prior to receiving LEQVIO treatment, it is recommended that you confirm coverage with the patient's health plan for commercial (private) insurance.

LEQVIO Care Program

Enroll in the LEQVIO Care Program to receive guidance and support from a dedicated Care Specialist. LEQVIO Care is an optional program that provides access to helpful tips and tools chosen especially for you, plus personalized reminders to help you stay on track.

By enrolling in the care program, I agree to receive marketing calls and texts from and on behalf of Novartis and its affiliates, including calls and texts made with an auto-dialer or prerecorded voice, at the phone number(s) I provide. I understand that my consent is not required and is not a condition of receiving any goods or services from Novartis.

 I'm not a robot

Submit

The LEQVIO Care Program may call and text you at the numbers provided to your HCP during registration for non-marketing purposes (e.g., to help you access and start on LEQVIO). Calls may be autodialed or prerecorded. Message and data rates may apply. You may change your communication preferences at any time by calling 1-833-LEQVIO2.

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Contact Us

Please feel free to contact us with any questions or issues regarding your account.

Customer Support

(833) 277-7542

8:00 AM - 8:00 PM ET Mon-Fri

- If the user has a question that cannot be addressed in this guide, please use the following information for assistance. This information is available on most pages throughout the portal and on the Contact Us screen



Thank you for using the LEQVIO® (inclisiran) Provider Co-pay Portal

You can now:

- Enroll a patient and obtain a co-pay card for manual medical 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://hccopayportal.opushealth.com>

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