



# LEQVIO® Specialty Pharmacy Portal Guide



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# Program Overview

Through the LEQVIO Co-pay Program, eligible patients with commercial insurance may pay as little as \$0.

- **Co-pay Eligibility\***
  - Commercially insured patients only
  - Patients over 12 years of age
  - Residents of the United States or Puerto Rico
  - Excluded from this offer: Cash-paying patients, patients covered by any state or federal health program, including but not limited to Medicare, Medicaid, Medicaid Advantage, Medigap, VA, DoD, or TRICARE, as well as patients' insurance where product is not covered
  - Additional limitations may apply. See full terms and conditions below

**\*Limitations apply.** Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate. 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.

## Portal Overview

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

Specialty Pharmacies can access the Specialty Pharmacy Portal directly at <https://spcopayportal.opushealth.com>

# Specialty Pharmacy Portal Registration



# Registration: New Specialty Pharmacy Registration

## Specialty Pharmacy Copay Portal

[Portal User Guide](#)

Sign in

Username

Password

☐ Remember my username

[Forgot Password](#)

Sign In

or Register

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

# Registration: New Specialty Pharmacy Registration (cont)

## Specialty Pharmacy Copay Portal

[Portal User Guide](#)

### Create Facility Account

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

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

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

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

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

# Registration: New Specialty Pharmacy Registration (cont)

## Specialty Pharmacy Copay Portal

[Portal User Guide](#)

### Create Facility Account

**Facility Name**

The Facility Name field is required.

**Facility NPI**

The Facility NPI field is required.

**Facility NCPDP****Facility Address**

The Facility Address field is required.

**Facility Address Line 2****Facility City**

The Facility City field is required.

**Facility State****Facility Zip**

The Facility Zip field is required.

**Point of Contact First Name**

The Point of Contact First Name field is required.

**Point of Contact Last Name**

The Point of Contact Last Name field is required.

**Point of Contact Email**

The Point of Contact Email field is required.

**Point of Contact Number**

Please enter a valid Point of Contact Number.

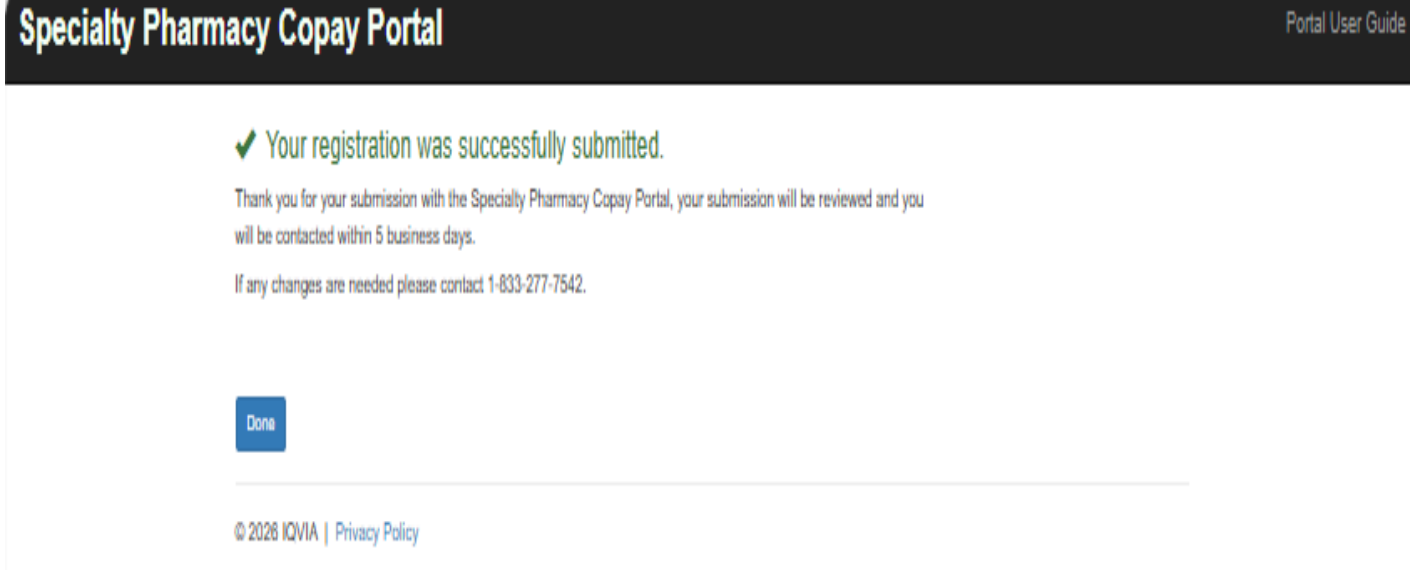
Please provide applicable user list in table format\*, including First and Last Name, Email, and NCPDP for portal access and submission of claims.

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

☐ I'm not a robot

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

# Registration: New Specialty Pharmacy Registration (cont)



**Specialty Pharmacy Copay Portal** Portal User Guide

✓ Your registration was successfully submitted.

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

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

[Done](#)

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

# Registration: Registration Validation

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



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

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

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

For password resets this link is valid for 24 hours.

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

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

# Login Instructions



# New User Setup

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



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

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

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

For password resets this link is valid for 24 hours.

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

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

## New User Setup (cont)

### Account Verification

Your account has been verified.

Please set your password.

Password

Confirm Password

Set Password

Your password should have:

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

- Hyperlink will redirect new user to password setup screen

# Login Instructions – Reset Password

## Specialty Pharmacy Copay Portal

Sign in

Username

Password

☐ Remember my username

[Forgot Password](#)

Sign In

or

Register

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“Forgot Password” will allow users to reset their passwords

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

# Login Instructions – Login Homepage

## Specialty Pharmacy Copay Portal

Sign in

Username

Password

☐ Remember my username

[Forgot Password](#)

Sign In

or

Register

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

# Login Instructions – Reset Password (cont)

## Specialty Pharmacy Copay Portal

### Forgot Password

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

☐ I'm not a robot

  
reCAPTCHA

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

## Login Instructions – Reset Password (cont)

### Specialty Pharmacy Copay Portal

#### Forgot Password

Please check your email.

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

☐ I'm not a robot



Pooja.Dave@iqvia.com

Send Email

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

## Login Instructions – Reset Password (cont)

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



doNotReply@opushealth.com

To [REDACTED]

Hi G [REDACTED],

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

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

For password resets this link is valid for 24 hours.

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

- An email from [doNotReply@opushealth.com](mailto:doNotReply@opushealth.com) that contains a link to reset password will be triggered
- Click on link to set/reset password

# Login Instructions – Reset Password (cont)

## Specialty Pharmacy Copay Portal

- User will be redirected to the Reset Password screen

### Reset Password

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

New Password

Confirm Password

Reset Password

Your password should have:

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

## Login Instructions – Reset Password (cont)

### Specialty Pharmacy Copay Portal

#### Reset Password

Password updated

[Continue to site](#)

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

# Patient Search



# Patient Search – Homepage

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

LEQVIO® (inclisiran) Co-pay Program

Select Action:

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

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

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

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

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

## Patient Search – Homepage (cont)

### Specialty Pharmacy Copay Portal

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

LEQVIO® (inclisiran) Co-pay Program

Select Action:

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

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

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

# Patient Search

## Specialty Pharmacy Copay Portal

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

### Patient Search

There are two ways to search for a patient:

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

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

**1**

Savings Card ID

OR

**2**

First Name

Last Name

Date of Birth



Zip

Search

Clear Form

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**There are 2 ways to search for a patient:**

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

# Patient Search (cont)

## Specialty Pharmacy Copay Portal

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

### Patient Search

There are two ways to search for a patient:

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

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

#### Savings Card ID

OR

First Name

Last Name

Date of Birth

Zip

| Savings Card Group | Savings Card ID | Name ▲       | Date of Birth | Zip   |
|--------------------|-----------------|--------------|---------------|-------|
| OH7142021          | K54100121274    | DUKES, FRANK | 8/11/1972     | 98039 |

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

## Patient Search (cont)

**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin +

### Patient Search

There are two ways to search for a patient:

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

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

**Savings Card ID**

OR

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

| Savings Card Group | Savings Card ID | Name ^       | Date of Birth | Zip   |
|--------------------|-----------------|--------------|---------------|-------|
| OH7142021          | K54100121274    | DUKES, FRANK | 8/11/1972     | 98039 |

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

## Patient Search (cont)

### Specialty Pharmacy Copay Portal

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

#### Patient Search

There are two ways to search for a patient:

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

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

Savings Card ID

OR

First Name

Last Name

Date of Birth

Zip

Search

Clear Form

Savings Card Group

Savings Card ID

Name ^

Date of Birth

Zip

OH7142021

K54100121274

DUKES, FRANK

8/11/1972

98039

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

## Patient Search (cont)

**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin +

### Patient Search

There are two ways to search for a patient:

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

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

**Savings Card ID**

OR

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

Fr Duk 08/11/1972 98039

| Savings Card Group | Savings Card ID | Name ^       | Date of Birth | Zip   |
|--------------------|-----------------|--------------|---------------|-------|
| OH7142021          | K54100121274    | DUKES, FRANK | 8/11/1972     | 98039 |

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

# Patient Search – Details

**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin thomas.chestnut@iqvia.com Sign Out

### Patient Details

| Patient                             | HCP               | Insurance           | Caregiver                      |
|-------------------------------------|-------------------|---------------------|--------------------------------|
| <b>First Name</b> FRANK             | <b>NPI</b>        | <b>Payer Name</b>   | <b>First Name</b>              |
| <b>Last Name</b> DUKES              | <b>First Name</b> | <b>Plan Name</b>    | <b>Last Name</b>               |
| <b>Savings Card Group</b> OH7142021 | <b>Last Name</b>  | <b>BIN/Payer ID</b> | <b>Date of Birth</b>           |
| <b>Savings Card ID</b> K54100121274 | <b>Address</b>    | <b>PCN</b>          | <b>Address</b>                 |
| <b>Date of Birth</b> 8/11/1972      | <b>Address2</b>   | <b>Group</b>        | <b>Address 2</b>               |
| <b>Gender</b> Male                  | <b>City</b>       | <b>ID</b>           | <b>City</b>                    |
| <b>Zip</b> 98039                    | <b>State,</b>     | <b>Phone</b>        | <b>State,</b>                  |
|                                     | <b>Zip</b>        |                     | <b>Zip</b>                     |
|                                     | <b>Phone</b>      |                     | <b>Relationship to Patient</b> |

[Edit Patient](#) [Edit HCP/Insurance](#) [Edit Caregiver](#) [Close](#)

This group is not allowed to submit claims from the portal. Please re-enroll the patient with a new card, and submit.

### Claims

No Claims found.

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- Once user selects the patient, they will be redirected to the “Patient Details” page
- Here, they can proceed to submit a new claim as they did during enrollment
- Note: Fields may be edited for any error or change in information
  - “Edit Patient” will allow all fields except Savings Card Group/ID to be edited
  - “Edit HCP/Insurance” will allow all fields to be edited as needed
  - “Edit Caregiver” will allow all fields to be edited as needed
- Claims submission will follow claims submission pathway with document upload (see page 47)

# Patient Search – Edit Caregiver Details

## Specialty Pharmacy Copay Portal

[Home](#) [Search](#) [GetCard](#) [Resources](#) [Admin](#) ▾[thomas.chestnut@iqvia.com](#)  
[Sign Out](#)

### Edit Caregiver

First Name

Enter Caregiver First Name

Last Name

Enter Caregiver Last Name

Date of Birth

Enter Caregiver Date of Birth

Address

Enter Caregiver address

Address 2

City

Enter Caregiver city

State

Select Caregiver state

Zip

Enter Caregiver zip

Relationship to Patient

Please Select

[Save](#)[Cancel](#)© 2026 IQVIA | [Privacy Policy](#)

Selecting Edit Caregiver opens the Edit Caregiver page.

- Users can update caregiver demographic details, including name, date of birth, address, and relationship to the patient.
- All fields are editable and must pass validation before saving.
- Select Save to apply changes or Cancel to discard updates.

# Patient Search – Caregiver Details Saved

## Specialty Pharmacy Copay Portal

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

### Patient Details

Caregiver changes have been saved.

| Patient            |              | HCP        |  | Insurance    |  | Caregiver               |             |
|--------------------|--------------|------------|--|--------------|--|-------------------------|-------------|
| First Name         | FRANK        | NPI        |  | Payer Name   |  | First Name              | Thomas      |
| Last Name          | DUKES        | First Name |  | Plan Name    |  | Last Name               | Chestnut    |
| Savings Card Group | OH7142021    | Last Name  |  | BIN/Payer ID |  | Date of Birth           | 08/19/1990  |
| Savings Card ID    | K54100121274 | Address    |  | PCN          |  | Address                 | 5555 street |
| Date of Birth      | 8/11/1972    | Address2   |  | Group        |  | Address 2               |             |
| Gender             | Male         | City       |  | ID           |  | City                    | HIGH BRIDGE |
| Zip                | 98039        | State, Zip |  | Phone        |  | State, Zip              | NJ, 08829   |
|                    |              | Phone      |  |              |  | Relationship to Patient | Parent      |

[Edit Patient](#) [Edit HCP/Insurance](#) [Edit Caregiver](#) [Close](#)

This group is not allowed to submit claims from the portal. Please re-enroll the patient with a new card, and submit.

### Claims

No Claims found.

After selecting Save, the user is returned to the Patient Details page.

- A confirmation message is displayed indicating that the caregiver changes have been saved successfully, confirming the update to the patient record.

# Patient Enrollment



# Patient Enrollment

## Specialty Pharmacy Copay Portal

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

### LEQVIO® (inclisiran) Co-pay Program

Select Action:

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

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

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

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

# Patient Enrollment (cont)

## Specialty Pharmacy Copay Portal

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

### Attestation

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

Limitations apply. Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate, with a per treatment benefit maximum of \$3,000 and an annual benefit limit of \$3,600. For patients covered under the medical benefit, rebate for patient's out of pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

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

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

[Next](#)

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

Program not valid for Cash patients

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

# Patient Enrollment (cont)

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

Enter the patient's name and address.  
\* = Required

First Name: \*

Last Name: \*

Date of Birth: \*

Gender: \*

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip: \*

Caregiver First Name: \*

Caregiver Last Name: \*

Caregiver Date of Birth: \*

Address same as patient?: ☐

Caregiver Address1: \*

Caregiver Address2:

Caregiver City: \*

Caregiver State: \*

Caregiver Zip Code: \*

Caregiver Relationship to Patient?: \*

Currently on LEQVIO(inclisiran)? : \*

**INSURANCE**

Payer Name:

Plan Name:

BIN/Payer ID:

PCN:

Group:

ID:

Phone:

Next

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

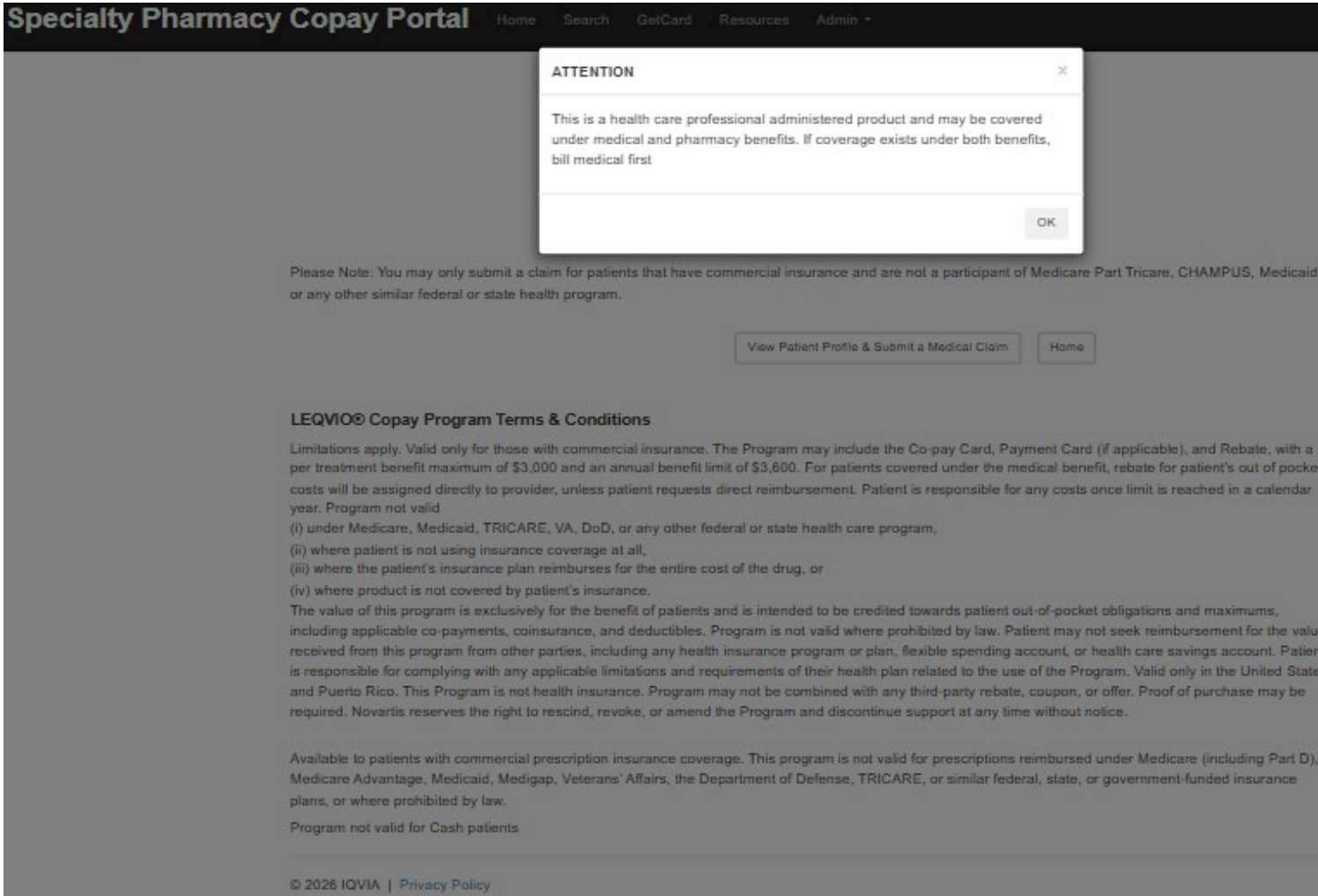
- Fields marked \* are required IQVIA

Enrollment validation includes:

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

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

# Patient Enrollment (cont)



The screenshot shows the 'Specialty Pharmacy Copay Portal' with a navigation bar (Home, Search, GetCard, Resources, Admin) and a main content area. A white pop-up box titled 'ATTENTION' is centered on the screen. The text inside the box reads: 'This is a health care professional administered product and may be covered under medical and pharmacy benefits. If coverage exists under both benefits, bill medical first'. There is an 'OK' button at the bottom right of the pop-up. Below the pop-up, there is a 'Please Note' section and two buttons: 'View Patient Profile & Submit a Medical Claim' and 'Home'. The bottom section of the page contains the 'LEQVIO® Copay Program Terms & Conditions'.

**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin

**ATTENTION**

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

OK

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

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

**LEQVIO® Copay Program Terms & Conditions**

Limitations apply. Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate, with a per treatment benefit maximum of \$3,000 and an annual benefit limit of \$3,600. For patients covered under the medical benefit, rebate for patient's out of pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid

- (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program,
- (ii) where patient is not using insurance coverage at all,
- (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or
- (iv) where product is not covered by patient's insurance.

The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

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

Program not valid for Cash patients

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

# Patient Enrollment (cont)

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

RxBIN: 801341  
RxPCN: OHCP  
RxGRP: OH7142051  
RxID: K88100110147  
  
For more information, please visit  
[www.opushealth.com](http://www.opushealth.com) or call 1-833-277-7542

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

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

[Home](#)

## LEQVIO® Copay Program Terms & Conditions

Limitations apply. Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate, with a per treatment benefit maximum of \$3,000 and an annual benefit limit of \$3,600. For patients covered under the medical benefit, rebate for patient's out of pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid

(i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program,

(ii) where patient is not using insurance coverage at all,

(iii) where the patient's insurance plan reimburses for the entire cost of the drug, or

(iv) where product is not covered by patient's insurance.

The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

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Program not valid for Cash patients

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

## Patient Enrollment (cont)

### Specialty Pharmacy Copay Portal

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

#### Patient Details

| Patient                         | HCP                                | Insurance                      | Caregiver                                 |
|---------------------------------|------------------------------------|--------------------------------|-------------------------------------------|
| First Name<br>TEST              | NPI                                | Payer Name                     | First Name<br>Test                        |
| Last Name<br>TEST               | First Name                         | Plan Name                      | Last Name<br>Test                         |
| Savings Card Group<br>OH7142051 | Last Name                          | BIN/Payer ID                   | Date of Birth<br>08/19/1990               |
| Savings Card ID<br>K88100110147 | Address                            | PCN                            | Address<br>77 Corporate Dr.               |
| Date of Birth<br>4/9/2012       | Address2                           | Group                          | Address 2                                 |
| Gender<br>Female                | City                               | ID                             | City<br>Bridgewater                       |
| Zip<br>44444                    | State                              | Phone<br>(201) 998-5523        | State, Zip<br>NJ, 44444                   |
|                                 | Zip                                |                                | Relationship to Patient<br>Legal Guardian |
|                                 | Phone                              |                                |                                           |
| <a href="#">Edit Patient</a>    | <a href="#">Edit HCP/Insurance</a> | <a href="#">Edit Caregiver</a> | <a href="#">Submit Medical Claim</a>      |
|                                 |                                    |                                | <a href="#">Close</a>                     |

#### Claims

No Claims found.

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

# Patient Account



# Patient Account

## Specialty Pharmacy Copay Portal

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

**Patient Details**

1 → **Patient** ← **HCP** ← 2 → **Insurance** ← **Caregiver**

|                    |              |            |  |              |                |                         |                  |
|--------------------|--------------|------------|--|--------------|----------------|-------------------------|------------------|
| First Name         | TEST         | NPI        |  | Payer Name   |                | First Name              | Test             |
| Last Name          | TEST         | First Name |  | Plan Name    |                | Last Name               | Test             |
| Savings Card Group | OH7142051    | Last Name  |  | BIN/Payer ID |                | Date of Birth           | 08/18/1990       |
| Savings Card ID    | K88100110147 | Address    |  | PCN          |                | Address                 | 77 Corporate Dr. |
| Date of Birth      | 4/9/2012     | Address2   |  | Group        |                | Address 2               |                  |
| Gender             | Female       | City       |  | ID           |                | City                    | Bridgewater      |
| Zip                | 44444        | State,     |  | Phone        | (201) 998-5523 | State, Zip              | NJ, 44444        |
|                    |              | Zip        |  |              |                | Relationship to Patient | Legal Guardian   |
|                    |              | Phone      |  |              |                |                         |                  |

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

3 → **Claims**

No Claims found.

From this screen, you can:

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

# Edit Patient Information

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

## Edit Patient

### Patient

First Name

Last Name

Savings Card Group

Savings Card ID

Date of Birth  

Gender  

Zip

Save

Cancel

### HCP

NPI

First Name

Last Name

Address

Address2

City

State

Zip

Phone

### Insurance

Payer Name

Plan Name

BIN/Payer ID

PCN

Group

ID

Phone

### Caregiver

First Name

Last Name

Date of Birth

Address

Address 2

City

State/Zip

Relationship to Patient

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

# Edit Patient Information - Saved

## Specialty Pharmacy Copay Portal

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

### Patient Details

Patient Edit changes have been saved.

| Patient            | HCP        | Insurance    | Caregiver               |
|--------------------|------------|--------------|-------------------------|
| First Name         | NPI        | Payer Name   | First Name              |
| Last Name          | First Name | Plan Name    | Last Name               |
| Savings Card Group | Last Name  | BIN/Payer ID | Date of Birth           |
| Savings Card ID    | Address    | PCN          | Address                 |
| Date of Birth      | Address2   | Group        | Address 2               |
| Gender             | City       | ID           | City                    |
| Zip                | State, Zip | Phone        | State, Zip              |
|                    | Phone      |              | Relationship to Patient |

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

### Claims

No Claims found.

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

# Edit HCP & Insurance Information

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

## Patient Details

| Patient                         | HCP                                     | Insurance                                            | Caregiver                                 |
|---------------------------------|-----------------------------------------|------------------------------------------------------|-------------------------------------------|
| First Name<br>TEST              | NPI<br><input type="text" value="1"/>   | Payer Name<br><input type="text"/>                   | First Name<br>Test                        |
| Last Name<br>TEST               | First Name<br><input type="text"/>      | Plan Name<br><input type="text"/>                    | Last Name<br>Test                         |
| Savings Card Group<br>OH7142051 | Last Name<br><input type="text"/>       | BIN/Payer ID<br><input type="text"/>                 | Date of Birth<br>08/19/1990               |
| Savings Card ID<br>KB8100110147 | Address<br><input type="text"/>         | PCN<br><input type="text"/>                          | Address<br>77 Corporate Dr.               |
| Date of Birth<br>4/9/2012       | Address2<br><input type="text"/>        | Group<br><input type="text"/>                        | Address 2<br><input type="text"/>         |
| Gender<br>Female                | City<br><input type="text"/>            | ID<br><input type="text"/>                           | City<br>Bridgewater                       |
| Zip<br>44444                    | State<br><input type="text" value="▼"/> | Phone<br><input type="text" value="(201) 998-5523"/> | State/Zip<br>NJ, 44444                    |
|                                 | Zip<br><input type="text"/>             |                                                      | Relationship to Patient<br>Legal Guardian |
|                                 | Phone<br><input type="text"/>           |                                                      |                                           |

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

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

# Edit HCP & Insurance Information - Saved

## Specialty Pharmacy Copay Portal

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

### Patient Details

HCP/Insurance changes have been saved.

| Patient            |              | HCP        |                  | Insurance    |                | Caregiver               |                  |
|--------------------|--------------|------------|------------------|--------------|----------------|-------------------------|------------------|
| First Name         | TEST         | NPI        | 0000000000       | Payer Name   |                | First Name              | Test             |
| Last Name          | TEST         | First Name | Test             | Plan Name    |                | Last Name               | Test             |
| Savings Card Group | OH7142051    | Last Name  | Test             | BIN/Payer ID |                | Date of Birth           | 08/19/1990       |
| Savings Card ID    | KB8100110147 | Address    | 77 Corporate Dr. | PCN          |                | Address                 | 77 Corporate Dr. |
| Date of Birth      | 4/9/2012     | Address2   |                  | Group        |                | Address 2               |                  |
| Gender             | Female       | City       | Bridgewater      | ID           |                | City                    | Bridgewater      |
| Zip                | 44444        | State      | NJ, 44444        | Phone        | (201) 998-5523 | State/Zip               | NJ, 44444        |
|                    |              | Zip        |                  |              |                | Relationship to Patient | Legal Guardian   |
|                    |              | Phone      | (201) 998-5523   |              |                |                         |                  |

Edit PatientEdit HCP/InsuranceEdit CaregiverSubmit Medical ClaimClose

### Claims

No Claims found.

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

# Claim Submission



# Medical Claim Submission

## Specialty Pharmacy Copay Portal

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

### Patient Details

| Patient                      |              | HCP                                |                  | Insurance                      |                | Caregiver                            |                  |
|------------------------------|--------------|------------------------------------|------------------|--------------------------------|----------------|--------------------------------------|------------------|
| First Name                   | TEST         | NPI                                | 0000000000       | Payer Name                     |                | First Name                           | Test             |
| Last Name                    | TEST         | First Name                         | Test             | Plan Name                      |                | Last Name                            | Test             |
| Savings Card Group           | OH7142051    | Last Name                          | Test             | BIN/Payer ID                   |                | Date of Birth                        | 08/19/1990       |
| Savings Card ID              | K88100110147 | Address                            | 77 Corporate Dr. | PCN                            |                | Address                              | 77 Corporate Dr. |
| Date of Birth                | 4/9/2012     | Address2                           |                  | Group                          |                | Address 2                            |                  |
| Gender                       | Female       | City                               | Bridgewater      | ID                             |                | City                                 | Bridgewater      |
| Zip                          | 44444        | State                              | NJ, 44444        | Phone                          | (201) 998-5523 | State.Zip                            | NJ, 44444        |
|                              |              | Zip                                |                  |                                |                | Relationship to Patient              | Legal Guardian   |
|                              |              | Phone                              | (201) 998-5523   |                                |                |                                      |                  |
| <a href="#">Edit Patient</a> |              | <a href="#">Edit HCP/Insurance</a> |                  | <a href="#">Edit Caregiver</a> |                | <a href="#">Submit Medical Claim</a> |                  |
|                              |              |                                    |                  |                                |                | <a href="#">Close</a>                |                  |

### Claims

No Claims found.

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

# Medical Claim Submission (cont)

## Specialty Pharmacy Copay Portal

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

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

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

Required

(Optional)

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

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

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

# Medical Claim Submission (cont)

## Specialty Pharmacy Copay Portal

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

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

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

① Attach EOB File Test EOB 040828.pdf ✖

Required

① Attach Supplemental File

(Optional)

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

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

Submit Cancel

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

A confirmation number will be provided upon submission.

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

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

## Medical Claim Submission (cont)

### Specialty Pharmacy Copay Portal

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

#### Claim Submitted

Claim 149615 has been submitted.

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

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

- View Claim
- Patient Profile
- Submit Another Claim

# Medical Claim Submission (cont)

## Specialty Pharmacy Copay Portal

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

### Claim Details

|                     |              |
|---------------------|--------------|
| Confirmation Number | 149615       |
| Status              | New Claim    |
| Date Submitted      | 4/21/2026    |
| Payment Method      | Check        |
| Co-pay Card GRP #   | OH7142051    |
| Co-pay Card ID #    | K88100110147 |

### Attached Files

[Test EOB 040826.pdf](#)[Home](#) [Patient Profile](#) [Submit Another Claim](#)© 2026 IQVIA | [Privacy Policy](#)

“View Claim” selection will allow the user to see claims data.

From here, the user can navigate:

- Home
- Patient Profile
- Submit Another Claim

# Medical Claim Submission (cont)

## Specialty Pharmacy Copay Portal

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

### Patient Details

| Patient                         | HCP                                | Insurance                      | Caregiver                                 |
|---------------------------------|------------------------------------|--------------------------------|-------------------------------------------|
| First Name<br>TEST              | NPI<br>0000000000                  | Payer Name                     | First Name<br>Test                        |
| Last Name<br>TEST               | First Name<br>Test                 | Plan Name                      | Last Name<br>Test                         |
| Savings Card Group<br>OH7142051 | Last Name<br>Test                  | BIN/Payer ID                   | Date of Birth<br>08/19/1990               |
| Savings Card ID<br>K88100110147 | Address<br>77 Corporate Dr.        | PCN                            | Address<br>77 Corporate Dr.               |
| Date of Birth<br>4/9/2012       | Address2                           | Group ID                       | Address 2                                 |
| Gender<br>Female                | City<br>Bridgewater                | Phone<br>(201) 998-5523        | City<br>Bridgewater                       |
| Zip<br>44444                    | State<br>NJ, 44444                 |                                | State/Zip<br>NJ, 44444                    |
|                                 | Zip                                |                                | Relationship to Patient<br>Legal Guardian |
|                                 | Phone<br>(201) 998-5523            |                                |                                           |
| <a href="#">Edit Patient</a>    | <a href="#">Edit HCP/Insurance</a> | <a href="#">Edit Caregiver</a> | <a href="#">Submit Medical Claim</a>      |
| <a href="#">Close</a>           |                                    |                                |                                           |

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

### Claims

| Date of Submission | Date of Service | Card Number  | Group Number | Claim Status | Submitted Copay | Benefit | Resulting Copay | Submission Type | Drug Name / Strength | NCPDP   |
|--------------------|-----------------|--------------|--------------|--------------|-----------------|---------|-----------------|-----------------|----------------------|---------|
| 4/21/2026          |                 | K88100110147 | OH7142051    | New Claim    | \$              | \$      | \$              | Medical         | -                    | 0000000 |

# Account Management



# Specialty Pharmacy Co-pay Portal - Resources Tab

By clicking the Resources Tab option on the homepage, the LEQVIO Specialty Pharmacy Claim Reimbursement Request Form will come up, also available [here](#).

## LEQVIO<sup>®</sup> (inclisiran) Specialty Pharmacy Claim Reimbursement Request Form

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

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

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

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

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

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

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

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

### LEQVIO Co-pay Program Terms & Conditions

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

### Certification Statement

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

**Acknowledged and agreed (Pharmacist signature required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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Novartis Pharmaceuticals Corporation  
East Hanover, New Jersey 07936-1080

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# Admin Tab

**Specialty Pharmacy Copay Portal** Home Search GetCard Resources **Admin ▾**

LEQVIO<sup>®</sup> (inclisiran) am

Select Action:

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

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

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**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin ▾

**Create User**

Email Address

First Name

Last Name

NCPDP

Role

[Back to List](#)

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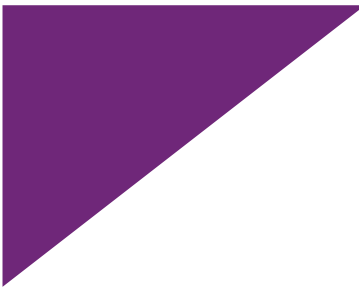
**Specialty Pharmacy Copay Portal** Home Search GetCard Resources Admin ▾

**UserList**

[Create New](#)

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

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## Thank you for using the LEQVIO® Specialty Pharmacy Portal

You can now:

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

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

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