VIVITROL®(naltrexone for extended-release injectable suspension)
Co-pay Savings Program Patient Mail-in Form

IQVIA™

To receive reimbursement for your valid prescription claim, please complete the following steps:

- 1. Complete the Patient Information Section at the bottom of this form
- 2. Attach copies of the following documents to the form when submitting the claim:
  - ○ Copy of the co-pay card offer
  - ○ Explanation of Benefits (EOB) Form (required for insured patients)
  - ○ Patient's itemized cash receipt (required for self-pay patients)
  - ○ In-office receipt for paid injection (proof of payment)
- Cut and affix the mailing address to a standard envelope, postage required

IQVIA, Inc.
Attn: Claims Processing Dept.
430 Mountain Avenue
Suite 105
New Providence, NJ 07974

This entire section must be completed to ensure proper reimbursement of your claim

Patient Information

SAMPLE

BIN:	601341
PCN:	OHCP
Group:	OHXXXXXXX
Member ID:	000000000000

RX ID #

Group # O H   **Date of Birth** ☐☐ / ☐☐ / ☐☐☐☐

Last Name

First Name

Address

City

Apt./Suite   **State**   **Zip Code**

Email

Phone

Once all documentation is received, please allow 2-4 weeks for processing and receipt of payment.

This form can be used for multiple submissions.

For assistance completing this form, please contact IQVIA, Inc. at 1-877-838-3836

*Your email address and phone number will only be used for claim status notifications. It will be kept confidential and will not be provided to any other party.

Terms and Conditions

Eligible patients who have commercial insurance or no insurance may pay as little as $0 per prescription of VIVITROL. Maximum savings per prescription is $500 up to 12 prescriptions per calendar year, with maximum savings up to $6,000 per calendar year. Patients' out-of-pocket expenses may vary. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Additional terms and conditions apply.

Please see www.vivitrolcopayterms.com for full VIVITROL Co-pay Program Terms and Conditions.

Alkermes®

Vivitrol®
(naltrexone for extended-release injectable suspension) 380 mg/vial