

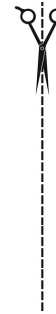
Co-pay Savings Program Patient Mail-in Form



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

Important! Please read!

- 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.
77 Corporate Drive
Bridgewater, NJ 08807

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

Patient Information

SAMPLE BIN: 601341
PCN: OHCP
Group: OHXXXXXX
Member ID: 000000000000

Form fields for Patient Information: RX ID #, Group #, Date of Birth, Last Name, First Name, Address, City, Apt./Suite No, State, Zip Code, *Email

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 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

*Eligibility for Alkermes-Sponsored Co-pay Savings. This offer is only available to patients 18 years or older, with a prescription consistent with the Prescribing Information and the patient is not enrolled in, or covered by, any local, state, federal or other government program that pays for any portion of medication costs...

Additional Terms of Use: This offer is not conditioned on any past, present, or future purchase, including refills. Alkermes reserves the right to rescind, revoke, or amend this offer, program eligibility, and requirements at any time without notice.



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