



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

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:
  - a. Copy of the co-pay card offer
  - b. Explanation of Benefits (EOB) Form (required for insured patients)
  - c. Patient's itemized cash receipt (required for self-pay patients)
  - d. In-office receipt for paid injection (proof of payment)
3. Mail the completed Patient Mail-in Form, along with the above-requested documentation, to:

**IQVIA, Inc.**  
**77 Corporate Dr. FL 3**  
**Bridgewater, NJ 08807**  
**ATTN: Claims Processing Dept.**

**PATIENT INFORMATION SECTION**

For assistance with this form, contact IQVIA, Inc. at: **1-877-838-3836**

RxBIN:	601341
RxPCN:	OHCP
RxGrp:	OHXXXXXXXX
RxID:	000000000000
Suf:	01

Last Name:		First Name:	
Rx Group #:		Rx ID #:	
Street Address:		City:	
State:		ZIP Code:	
Phone Number:		Email:	
Date of Birth:			

**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, including but not limited to Medicare, including Medicare Part D or Medicare Advantage plans; Medicaid, including Medicaid Managed Care and Alternative Benefit Plans under the Affordable Care Act; Medigap; VA; DOD; TRICARE; or a residential correctional program. If you become eligible for any government program that pays for any portion of medication costs, you will no longer be eligible for this program. You must remain eligible for this program throughout the duration of participation. Program may be subject to plan benefit design requirements.

**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. This offer is limited to one per patient, may not be used with any other offer, is not transferable and may not be sold, purchased or traded, or offered for sale, purchase or trade. Void where prohibited by law. Program Administrator or its designee will have the right upon reasonable prior written notice, during normal business hours, and subject to applicable law, to audit compliance with this program.

