

**INSUPPORT® Copay Assistance Program for SUBLOCADE® (buprenorphine extended-release)
Claim Submission Instructions**

The INSUPPORT Copay Assistance Program for SUBLOCADE has enrolled a patient that you are currently treating. The patient will receive a welcome letter and a Copay Member ID Card. The steps below outline the INSUPPORT Copay Assistance Program reimbursement process for both Medical and Pharmacy Benefits*.

Medical Benefit Copay Claim Adjudication:

Once you have received the primary Explanation of Benefits (EOB) from the patient's insurance provider, please follow the steps listed below for submitting claims to INSUPPORT Copay Assistance Program for SUBLOCADE:

1. Please submit the following documents via fax 833-202-6517
 - o Completed SUBLOCADE claim form (if SUBLOCADE Claim Form has not been received contact IQVIA at 1-844-467-7778, Universal, UB or CMS-1500 Claim Form can also be accepted once enrolled).
 - o Primary EOB showing itemized claim from the patient's private insurance company with the cost for SUBLOCADE listed separately. The Program benefit is valid for your out-of-pocket cost for SUBLOCADE only. It is not valid for any other out-of-pocket costs including costs associated with the administration of SUBLOCADE (for example, office visit or medication administration charges).
2. Your office will receive reimbursement of the patient's applicable copay or coinsurance for SUBLOCADE as determined by the Program Terms and Conditions.
3. Please allow 7-10 business days for receipt of payment.

Please note: Per the terms and conditions of the program, claims must be submitted for reimbursement to INSUPPORT within 180 days of the date listed on the EOB from the patient's primary insurance company.

To submit a claim through your billing software, please follow the instructions below. Payments can only be provided by check using this option. Otherwise proceed with the fax instructions.

1. Within your billing or clearinghouse software, search for 15060 (IQVIA) as an available payer.
 - a. If 15060 is an available payer, you may begin submitting electronic claims transactions (837 files).
 - b. If 15060 is not available, please work directly with your billing or clearing house software vendor to add 15060 as an available payer.
2. After confirming that 15060 is an available payer within your software, please add the Indivior Sublocade Co-Pay Program to your patient's insurance profile as a secondary payer. Make sure to include the payer ID (15060), Copay Card Group Number and Copay Card ID as shown on the copay card. Claims submitted without this information will be rejected automatically.
3. Request that your practice management software vendor accept electronic remittance advice (ERA) (835) transactions from 15060.

Pharmacy Benefit Copay Claim Adjudication:

If SUBLOCADE is covered under the patient's pharmacy benefit, the claim will be adjudicated through a specialty pharmacy.

- The specialty pharmacy will submit a secondary claim to IQVIA using the following INSUPPORT Copay Assistance Program for SUBLOCADE information below:
 - o **Copay Program Member ID:** Please refer to the patient's Welcome Letter or obtain the ID from the patient.
 - o **Group Number:** X X X X X X X
 - o **RxBIN:** 601341
 - o **RxPCN:** OHCP
 - o **Issuer:** 15060
- The specialty pharmacy will receive real-time notification of the paid benefit amount.
- The specialty pharmacy will collect the remaining patient responsibility, if any, based on the program benefit guidelines.

*Copay claims will be processed and benefits applied in the order in which claims are received.

For Eligibility Requirements & Terms and Conditions, please visit <https://www.insupport.com/pdf/copay-assistance-terms-and-conditions.pdf>.

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