



ILARIS® (canakinumab) Provider Co-Pay Portal Guide



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Program Overview

The ILARIS Co-Pay Program was designed to make ILARIS more affordable. Eligible commercially insured patients may pay as little as \$30 per month (subject to an annual cap of \$36,000).*

► Co-Pay Eligibility

- Commercially insured patients only
- Patients over 18 years of age
- Residents of the United States or Puerto Rico
- Excluded from this offer: cash-paying patients, uninsured 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 and patients' insurance and patients' insurance where product is covered in whole

*Limitations apply. See Program Terms and Conditions on the ILARIS Start Form available at www.ilarishcp.com/access. This offer is not valid under Medicare, Medicaid or any other federal or state program. Novartis reserves the right to rescind, revoke, or amend this program without notice.

Portal Overview

This document provides step-by-step instructions on using the ILARIS[®] (canakinumab) Provider Co-Pay Portal. The portal is used for submitting claims for payment of patients' co-pay obligations where the prescription is covered by medical benefits.

- ▶ Within the ILARIS Provider Co-Pay Portal, user will be able to:
 - Help a patient enroll and obtain a Co-Pay Card for manual medical claims adjudication
 - Search for previously enrolled patients
 - Submit a medical claim to IQVIA for claims adjudication

Providers/alternate sites of care can access the Provider Co-Pay Portal from the ILARIS Co-Pay Portal landing ilaris.opushealth.com.



Account Registration

Registration: New Healthcare Provider and Alternate Site of Care (ASOC) Registration

A screenshot of the ILARIS Provider Co-Pay Portal registration page. The page has a blue header with the text "Welcome to Provider Co-Pay Portal" and "Submit co-pay claims for in-office administered therapy." Below the header, there is a section for "Sign in" with fields for "Email" and "Password", a "Forgot password?" link, and a "Remember my email" checkbox. At the bottom of the sign-in section, there are buttons for "Sign In" and "or register your practice". On the left side of the page, there is a section for "Before you begin using the ILARIS® (canakinumab) Provider Co-Pay Portal, you will need to register your practice. Once registered you will be able to:" followed by a bulleted list of features: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". Below this list, there is a paragraph stating "This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 1-833-621-1483". At the bottom of the page, there is a footer with links for "Privacy Policy", "Terms of Use", and "Contact Us", and the copyright notice "©2025 IQVIA".

- To register an account, select “register your practice”
- To access the HCP Co-Pay guide, select “Portal User Guide” in the upper-right corner
- To view and download a blank Patient Authorization Form, select “Authorization Form” in the upper-right corner

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

Introduction

To begin, a representative from the prescribing physician's practice must complete the practice registration process.

Before you may begin using the Provider Co-Pay Portal, each user within the practice must activate his or her own account individually.

User activation does not have to be completed at the time of practice registration, but must be completed before you may begin using Provider Co-Pay Portal.

You will need the following information in order to successfully register your practice:

1. User information including email address (you may add additional users at a later date)
2. Practice location information
3. Prescriber licensing information
 - a. Prescriber National Provider Identifier (NPI)
 - b. State License Number (optional)

You will be asked to agree to the Provider Co-Pay Portal Agreement. You must agree to these terms to proceed with Provider Co-Pay Portal.

Begin

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- Users are required to review the practice registration requirements to ensure all the information is available during the registration process. Click on “Begin” to access the registration page

Registration: New Healthcare Provider and ASOC Registration (cont)

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name	Practice NPI
<input type="text"/>	<input type="text" value="*****"/>
Street Address	
<input type="text"/>	
Address Line 2 (optional)	
<input type="text"/>	
City	
<input type="text"/>	
State	ZIP
<input type="text" value=""/>	<input type="text" value=""/>
Phone	Email Address
<input type="text" value="(###) ###-####"/>	<input type="text"/>
Remittance Address <input checked="" type="checkbox"/> Same as practice address	
If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.	
Payment Method	
You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.	
<input type="text" value="Check"/>	
Claim Status Updates	
You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.	
<input type="checkbox"/> Receive claim status updates at this Fax number:	
<input type="text" value="(###) ###-####"/>	
<input type="button" value="Next"/>	

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Create Practice Account—About The Practice

- If the practice would like to receive claim status updates by fax, click the box next to “Receive claim status updates at this Fax number:” and provide a valid fax number. Once all the information is complete, click “Next”
- If the practice has elected to receive payments by check, notifications will be sent by direct mail to the practice address listed

Registration: New Healthcare Provider and ASOC Registration (cont)

Create Practice Account
About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name Practice NPI

Name is required. NPI is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State ZIP

State is required. ZIP is required.

Phone Email Address

Phone is required. Email Address is required.

Remittance Address ☐ Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Check

Claim Status Updates

You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.

☒ Receive claim status updates at this Fax number:

Fax is required to receive claim status updates by fax.

Next

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- All fields are required (except for Address Line 2) to validate the account, register, and provide access, including patient enrollment and claim submission
- If registering a multi-practice location account, please use the corporate NPI number of your larger organization to create one portal account for all individual practice locations
- If registering a multi-practice location account but choosing to keep each location as a separate portal account, please use the individual site NPI number to register

Registration: New Healthcare Provider and ASOC Registration (cont)

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name

Practice NPI

Street Address

Address Line 2 (optional)

City

State

ZIP

Phone

Email Address

Remittance Address

Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Street Address

Address Line 2 (optional)

City

State

ZIP

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Check

Claim Status Updates

You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.

☐ Receive claim status updates at this fax number:

Next

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Create Practice Account—About You

- Enter the contact information for the primary user submitting claims for reimbursement. This user will automatically be set as an administrator, allowing them to add/edit Practice, Users', and Prescriber information. Click "Next" to continue the registration process

Registration: New Healthcare Provider and ASOC Registration (cont)

A screenshot of a web form titled "Create Practice Account" with a sub-header "About You". The form includes fields for "Email Address", "First Name", "Last Name", "Phone Number", and "Extension". Below these is a "Role in Practice" dropdown menu with options: Office/Billing Administrator, Medical Doctor, Nurse - Non-Prescribing, Nurse Practitioner, Physician's Assistant, and Other. The "Nurse - Non-Prescribing" option is selected. At the top right of the form are links for "Authorization Form" and "Portal User Guide". At the bottom are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 IQVIA".

Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number **Extension**

Role in Practice

- ☒ Office/Billing Administrator
- ☐ Medical Doctor
- ☐ Nurse - Non-Prescribing
- ☐ Nurse Practitioner
- ☐ Physician's Assistant
- ☐ Other

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- The user is required to select a "Role in Practice"

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

Email is required.

First Name

First Name is required.

Last Name

Last Name is required.

Phone Number **Extension**

Phone is required.

Role in Practice

User Role is required.

[Next](#)

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- All fields are required on this screen except for “Extension”

Registration: New Healthcare Provider and ASOC Registration (cont)

Authorization Form Portal User Guide

Create Practice Account

Additional Users

You can add up to three additional users at this practice, or skip this step and add more users after your account is activated.

Name	Email Address	Role	Admin
Laurel Turk	laurel_turk@yahoo.com	Nurse - Non-Prescribing	<input type="checkbox"/> Edit

Add a User

Next

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Authorization Form Portal User Guide

Create Practice Account

Additional Users

You can add up to three additional users at this practice.

Name	Email Address	Role	Admin
Laurel Turk	laurel_turk@yahoo.com		<input type="checkbox"/> Edit

Add a User

User

Email Address An activation email will be sent to this address.

First Name

Last Name

Phone Number (999) 999-9999 Extension

Role in Practice ☐ Administrator Administrators can manage users and prescribers at the practice.

Save Cancel

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- Create Practice Account—Additional Prescribers Provides the ability to add more users to the Practice Account
- If adding more users, click on the “Add a Prescriber” link and follow the same process as in the previous step (see screen on right)
- During registration you will be allowed to add up to 4 users. Once the practice is approved you can add as many users as necessary based on your practice
- If additional users do not need to be added at this time, click on “Next”
- To edit existing prescribers, click the “Edit” link. This will take the user to Create Practice Account—About You on the next page

Registration: New Healthcare Provider and ASOC Registration (cont)

A screenshot of a web form titled "Create Practice Account" with a sub-header "About You". The form is set against a light blue background. At the top right, there are links for "Authorization Form" and "Portal User Guide". The main content area has a light blue header with the title and sub-header. Below this, a paragraph of text explains that an activation email will be sent to the email address provided. The form includes several input fields: "Email Address" (with a note that the activation email will be sent to this address), "First Name", "Last Name", "Phone Number" (with a placeholder "(###) ###-####"), and "Extension". There is also a dropdown menu for "Role in Practice". A "Next" button is located at the bottom left of the form. At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 IQWiA".

Create Practice Account—About You

- Provides the ability to edit the user's information
- Once changes are made, click "Next" and it will route back to "Create Practice Account—Additional Prescribers" screen

Registration: New Healthcare Provider and ASOC Registration (cont)

A screenshot of a web form titled "Create Practice Account" with a subtitle "About the Prescriber". At the top right of the form area are links for "Authorization Form" and "Portal User Guide". Below the title, a note states: "At least one prescriber from your practice must be added in order to verify the practice." The form contains four input fields: "Prescriber First Name", "Prescriber Last Name", "NPI Number", and "State License Number (optional)". A "Next" button is located below the "NPI Number" field. At the bottom of the form, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 JQVIA".

Create Practice Account—About the Prescriber

- Enter the contact information for a Prescriber that will be included on the submitted forms for claims reimbursement
- If there is more than one Prescriber in the practice, the user will be provided an opportunity to add Prescribers on the next screen. Once the information is complete, click on “Next”

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

First Name is required.

Prescriber Last Name

Last Name is required.

NPI Number **State License Number (optional)**

NPI Number is required.

[Next](#)

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- All fields except State License Number are required on this screen

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

Name	NPI	SLN	
Test Prescriber	1234567891		Edit

Add a Prescriber

Next

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Create Practice Account— Additional Prescribers

- Review the Practice, Users', and Prescribers' information carefully; if no revisions are required, click "Next"

Registration: New Healthcare Provider and ASOC Registration (cont)

Authorization Form Portal User Guide

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

Name	NPI	SLN	
Test Prescriber	1234567891		Edit

[Add a Prescriber](#)

[Next](#)

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- If any information needs to be corrected, click on the "Edit" link next to the appropriate entry

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form | Portal User Guide

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

Prescriber Last Name

NPI Number **State License Number (optional)**

[Next](#)

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- Practice Account, Users', and Prescribers' information can be changed within the portal after registration by following the instructions in the associated sections

Registration: New Healthcare Provider and ASOC Registration (cont)

The screenshot shows the ILARIS web application interface. At the top, there are navigation links: Home, Claims, Practice, and Contact Us. The main heading is 'Prescribers'. Below this, there is a link 'Add a Prescriber'. A modal window titled 'Prescriber' is open, containing the following fields:

- First Name:** KURUBAPrescriber
- Last Name:** ANANDAPPAPrescriber
- NPI Number:** 1982652848
- State License Number (optional):** Connecticut

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background of the application shows a table with columns 'SIN', 'Connecticut', and 'IN'.

Create Practice Account—Additional Prescribers

- ▶ Click on the "Add a Prescriber" link to add more prescribers
- ▶ If additional prescribers do not need to be added at this time, click on "Next"

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

Review Registration

Please review the information below before submitting your registration.

Practice [Edit](#)

Test Practice

NPI: 1234567891

Phone: (248) 330-9435

Address:

Test Address
Milton, GA 30004

Payments will be received by check.
Claim status updates will be sent to laurel.turk@area23hc.com.

[Next](#)

Users [Edit](#)

Name	Email Address	Role
Test Prescriber	test.prescriber@yahoo.com	Office/Billing Administrator

Prescribers [Edit](#)

Name	NPI	SLN
Test Prescriber	1234567891	

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Create Practice Account—Review Registration

- Review the Practice, Users', and Prescribers' information carefully, and if no corrections are required, click on "Next"
- If any information needs to be corrected, click on the "Edit" link next to the appropriate section

Registration: New Healthcare Provider and ASOC Registration (cont)



Authorization Form Portal User Guide

Create Practice Account

Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this HCP Medical Co-pay Program.


I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this HCP Medical Co-pay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom submits documentation under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medicaid; Veterans Administration ("VA"); Department of Defense ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I also understand that IQVIA reserves the right to verify submitted claims information at any time.

☐ Acknowledged and Agreed

Enter your name to accept:

Text: Prescriber:

☐ I'm not a robot 

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Create Practice Account— Practice Agreement

- The last step in the registration process is to read the Terms and Conditions and click the checkbox next to “Acknowledged and Agreed”
- Enter the first and last name of the main user, click on the box next to “I’m not a robot,” and select “Finish”

Registration: New Healthcare Provider and ASOC Registration (cont)

A screenshot of a web page titled "Create Practice Account" with a sub-header "Registration Successful". The page has a blue header bar. The main content area is white. On the left, there is a green checkmark icon followed by the text "Your registration was successfully submitted." Below this, a paragraph states: "Thank you for registering your practice for Provider Co-Pay Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days." Below that, a note says: "Please note, you will not be able to sign in until your practice has been approved and your account is activated." At the bottom left of the main content area is a grey button labeled "Done". On the right side of the main content area, under the heading "Need help?", it says: "Call Customer Support (833)-621-1483 Monday-Friday 8am-8pm". The footer of the page is blue and contains links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 IQVIA".

Create Practice Account— Registration Successful

- A confirmation page will show that the registration was successful
- Click on “Done” to close the screen. The information submitted will be validated by the IQVIA Program Support team. If clarification is required before the validation can occur, the IQVIA Program Support team will reach out to the main user on the account. A confirmation email will also be sent to the user

Registration: Practice Registration Email Confirmation



Subject: Practice Registration ILARIS® (canakinumab) Co-Pay Program Provider Portal Submitted
Date: Friday, November 15, 2024 at 7:22:28 AM Mountain Standard Time
From: donotreply@opushealth.com
To: Dave, Jigna, GP, Manjunath, S, Girish, Maharana, RamaKrushna, Snow, Matthew, Kuruba, Anandappa, Scheuermann, Alec, Gureeva, Oxana, Butler, Keith, Tyagi, Charu, Yu, Timothy, Rubin, Jessica

Hello KURUBA,

Thank you for registering your practice for ILARIS® Co-Pay Program.

We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Thank you,
ILARIS® Co-Pay Support Team

Please do not reply to this message, which was sent from an unmonitored e-mail address.

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- Users will receive a practice registration submission confirmation email

Registration: Registration Confirmation

Subject: Activate Your ILARIS[®] (canakinumab) Co-Pay Program Provider Portal Account
Date: Friday, November 15, 2024 at 7:24:34AM Mountain Standard Time
From: donotreply@opushealth.com
To: Dave, Jigna, Mahana, RamaKrishna, Snow, Matthew, S, Girish, Butler, Keith, Ferguson, Michael, GP, Manjunath, Kuruba, Anandappa, Tyesj, Charu, Gureeva, Oxane, Scheuermann, Alec, Rubin, Jessica, Yu, Timothy

Hello KURUBA,

Welcome to ILARIS[®] Co-Pay Program Provider Co-pay Portal

Your practice has been validated. Please click the button below to activate your login account and start submitting claims.

Your link will be valid for 14 days from the date of this email.

[Activate User](#)

If you're having trouble clicking the activation button, copy and paste the URL below into your web browser.

<https://uat.opushealth.com/NovartisIlarisBuyAndBill/Home/ActivateAccount?username=anandappa.kuruba3%40iqvia.com&code=8621852151176511391721501301718020523616624437190103170210107248>

Thank you,
ILARIS[®] Co-Pay Support Team

Please do not reply to this message, which was sent from an unmonitored e-mail address.

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Practice Registration Email Confirmation

- Once the IQVIA Program Support team has validated the account, an email will be sent to the main user with a link to activate the account and finish the account setup. The link in the email will be valid for 14 days from the date of the email

New User Setup

Authorization Form Portal User Guide

Account Activation

Please set your password.

Password

Confirm Password

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save Cancel

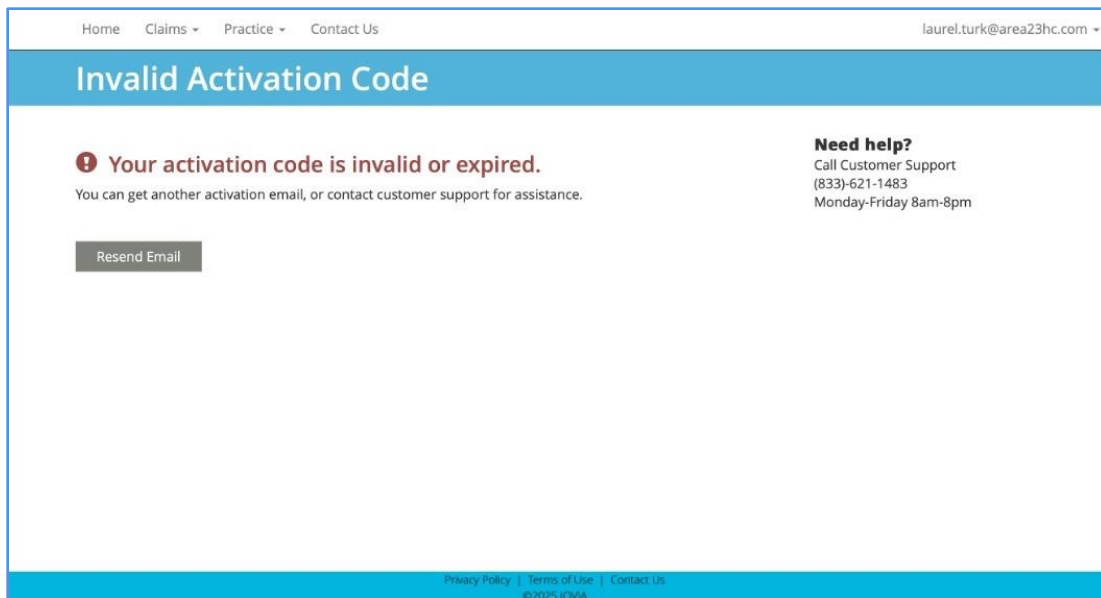
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Account Activation

► Upon clicking the button “Activate User” or the hyperlink provided, the password setup screen will be displayed. The password must meet the following criteria:

1. At least 8 characters
2. At least one lowercase letter (a-z)
3. At least one uppercase letter (A-Z)
4. At least one number (0-9)
5. At least one special character such as ! @ # \$ % ^ & + =

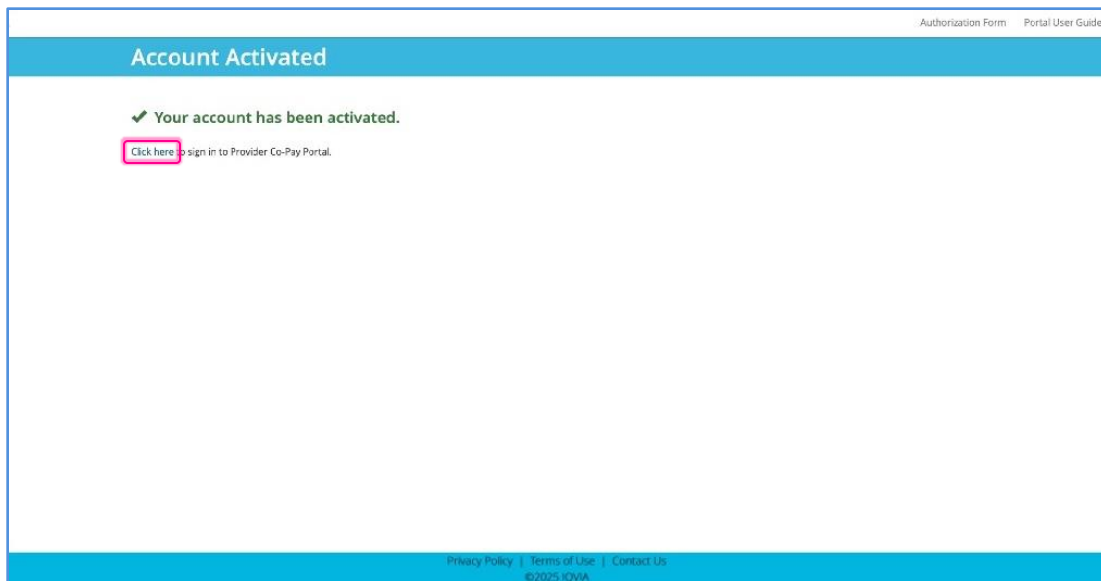
New User Setup (cont)



Invalid Activation Code

- ▶ If the activation link expires and the user clicks on the link, the following error will be displayed with instructions to contact IQVIA for assistance

New User Setup (cont)



Account Activated

- Once active, the Account Activation confirmation screen will display
- Selecting “Click here” will bring you to the portal sign-in page



Provider Co-Pay Portal Navigation

Login Instructions: Login Homepage

A screenshot of the ILARIS Provider Co-Pay Portal login page. The page has a blue header with the text "Welcome to Provider Co-Pay Portal" and "Submit co-pay claims for in-office administered therapy." Below the header, there is a section for "Sign in" with fields for "Email" and "Password". The "Email" field has a red error message "Email is required." and the "Password" field has a red error message "Password is required." There is a "Remember my email" checkbox and a "Sign in" button. A link "or register your practice" is also present. On the left side of the page, there is a "Before you begin" section with instructions and a list of bullet points: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", and the text "©2025 IQVIA".

Welcome to Provider Co-Pay Portal

- Once the user has successfully created a password, the Welcome to Provider Co-Pay Portal screen will display. The user can log in to the portal by entering the email and password. Upon completion of both fields, click “Sign In” to access the portal

Login Instructions—Reset Password

A screenshot of the ILARIS Provider Co-Pay Portal login page. The page has a blue header with the text "Welcome to Provider Co-Pay Portal" and "Submit co-pay claims for in-office administered therapy." Below the header, there is a "Sign in" section with fields for "Email" (containing "test@test.com") and "Password". There is a "Remember my email" checkbox and a "Sign in" button. A red error message "Invalid username or password." is displayed below the sign in button. On the left side of the page, there is a "Before you begin" section with a list of bullet points: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". Below this list, there is a "Please note" section with text about the program's availability and a link to the NPC Privacy Policy. At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", and a copyright notice "©2025 KOWA".

- If the user has entered incorrect login information, an error message will display. If the user has forgotten their password, follow the steps outlined in the following page to reset the password

Login Instructions—Reset Password (cont)

The screenshot shows the 'Welcome to Provider Co-Pay Portal' page. At the top, there are links for 'Authorization Form' and 'Portal User Guide'. The main heading is 'Welcome to Provider Co-Pay Portal' with the subtitle 'Submit co-pay claims for in-office administered therapy.' Below this, a paragraph states: 'Before you begin using the ILARIS® (canakinumab) Provider Co-Pay Portal, you will need to register your practice. Once registered you will be able to:' followed by a bulleted list: '• Enroll eligible patients in the co-pay program', '• Submit claims for reimbursement', and '• Track claim submissions'. Another paragraph follows: 'This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 1-833-621-1483'. A 'Please note' section states: 'This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click here to view the NPC Privacy Policy'. On the right side, there is a 'Sign in' section with an 'Email' field (with a red note 'Email is required.'), a 'Password' field (with a red note 'Password is required.'), and a 'Forgot password?' link highlighted with a red box. Below the password field is a checkbox for 'Remember my email'. At the bottom of the sign-in section are two buttons: 'Sign in' and 'or register your practice'. The footer contains links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2025 IQVIA'.

- ▶ If the user cannot remember their password, click on the “Forgot “password?” link on the Welcome screen

Login Instructions—Reset Password (cont)

The screenshot shows a web browser window with the title 'Reset Your Password'. At the top right, there are links for 'Authorization Form' and 'Portal User Guide'. The main content area has a blue header with the title 'Reset Your Password'. Below the header, there is a paragraph: 'Please enter the email address associated with your account. You will receive an email with a link to reset your password. You will only receive an email if your practice has been approved and your email address has been registered at the practice.' Below this is a text input field labeled 'Email Address'. Under the input field is a checkbox labeled 'I'm not a robot' next to a reCAPTCHA logo. Below the checkbox is a 'Send Email' button. To the right of the input field, there is a 'Need help?' section with the text: 'Call Customer Support (833)-621-1483 Monday-Friday 8am-8pm'. At the bottom of the page, there are links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', followed by the copyright notice '©2025 IQVIA'.

Reset Your Password

- ▶ Enter the email address associated with the user's account and click "Send Email"

Login Instructions—Reset Password (cont)

Authorization Form Portal User Guide

Reset Your Password

✓ **Password Reset Sent**

Click the link in your email to reset your password.

If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from donotreply@opushealth.com.

If you do not see the email, please check your junk mail folder and make sure laurel.turk@area23hc.com is the correct email address for your Provider Co-Pay Portal account. You can also click here to receive a new link.

Need help?
Call Customer Support:
(833) 621-1483
Monday-Friday 8am-8pm

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- A reset password confirmation screen will display

Login Instructions—Reset Password (cont)

Subject: Reset your ILARIS[®] (canakinumab) Co-Pay Program Provider Portal Account Password
Date: Friday, November 15, 2024 at 7:26:20 AM Mountain Standard Time
From: donotreply@opushealth.com
To: Dave, Jigna, GP, Manjunath, S, Girish, Maharana, RamaKrishna, Snow, Matthew, Kuruba, Anandappa, Scheuermann, Alec, Gureeva, Oxana, Butler, Keith, Tyagi, Charu, Yu, Timothy, Rubin, Jessica

Hello KURUBA,

You recently asked to reset your ILARIS[®] Co-Pay Program Provider Portal password by e-mail.

Please click the button below to reset your password. Your reset link will be valid for 24 hours.

Reset Password

If you're having trouble clicking the password reset button, copy and paste the URL below into your web browser.

<https://uat.opushealth.com/NovartisIlarisBuyAndBill/Home/ResetPassword?username=anandappa.kuruba%40iqvia.com&code=2091851079710212118232153237187247162175195922051062366122811624>

If you are still unable to access your account, or if you did not request a password reset, please call the ILARIS[®] Co-Pay Support Team at 1-866-972-8315.

Thank you,
ILARIS[®] Co-Pay Support Team

Please do not reply to this message, which was sent from an unmonitored e-mail address.

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- ▶ The user will receive an email with instructions on how to reset their password. The user can click the “Reset Password” button or the hyperlink provided

Login Instructions—Reset Password (cont)

The screenshot shows a web form titled "Reset Your Password" with a blue header. In the top right corner, there are links for "Authorization Form" and "Portal User Guide". The form contains two input fields: "New Password" and "Confirm Password". To the right of these fields is a box listing password requirements: at least 8 characters, at least 1 lowercase letter (a-z), at least 1 uppercase letter (A-Z), at least 1 number (0-9), and at least 1 special character (such as ! @ # \$ % ^ & + =). At the bottom left are "Save" and "Cancel" buttons. The footer contains links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 IQVIA".

- Once the user has either clicked the “Reset Password” button or the hyperlink provided, the Reset Your Password screen will be displayed
- Enter the new password following the password requirements shown on the right of the screen
- The same password must be entered in the New Password and Confirm Password fields. Once both fields have been updated with the new password, click on the “Save” button

Login Instructions—Reset Password (cont)

Authorization Form Portal User Guide

Reset Your Password

New Password

The New Password field is required.

Confirm Password

The Confirm Password field is required.

Your password should have:

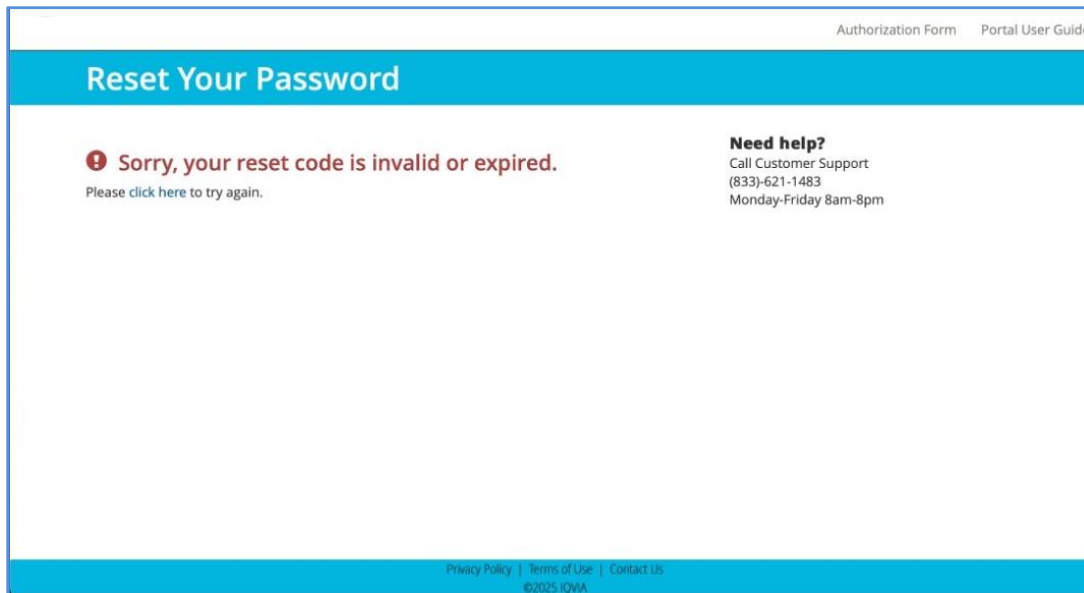
- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save Cancel

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- If the password requirements have not been met, the user will receive an error message. Re-enter a new password following the instructions on the right of the screen, ensuring the password is the same for both the New Password and Confirm Password fields

Login Instructions—Reset Password (cont)



The screenshot shows a web browser window with the ILARIS portal. At the top right, there are links for "Authorization Form" and "Portal User Guide". The main heading is "Reset Your Password". Below this, a red error message states: "Sorry, your reset code is invalid or expired. Please click here to try again." To the right of the error message, there is a "Need help?" section with contact information for customer support. At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2025 IQVIA".

Authorization Form Portal User Guide

Reset Your Password

! Sorry, your reset code is invalid or expired.
Please click here to try again.

Need help?
Call Customer Support
(833)-621-1483
Monday-Friday 8am-8pm

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
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- If the user's code is invalid or expired, the user will see message shown on the screen

Login Instructions—Reset Password (cont)

The screenshot shows a web application interface for a user named Laurel. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us, and a user profile dropdown showing laurel.turk@area23hc.com. Below the navigation bar is a blue header with the text 'Welcome, Laurel'. A green notification banner states 'Your password has been updated.' with a close button. Below the notification, there is a 'Submit a Claim' button. To the right of the button is a 'Need help?' section with contact information for Customer Support. Below this is a 'Recent Claims' section with a link to 'See all claims'. A table with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount is shown. The table is currently empty, with a message 'You haven't submitted any claims yet.' at the bottom. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

Home Claims Practice Contact Us laurel.turk@area23hc.com

Welcome, Laurel

✔ Your password has been updated.

Submit a Claim

Need help?
Call Customer Support
(833)-621-1483
Monday-Friday 8am-8pm

Recent Claims See all claims

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

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- Upon a successful submission of a new password, the following screen will be displayed confirming the password has been updated

Submitting a Claim



The screenshot shows the 'Welcome, Laurel' screen of the ILARIS Co-Pay Portal. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us, and a user email address laurel.turk@area23hc.com. Below the header, there is a 'Submit a Claim' button on the left and a 'Need help?' section on the right with contact information for customer support. The main area is titled 'Recent Claims' and includes a link to 'See all claims'. Below this is a table with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. A single row is visible for a 'New Claim' with a confirmation number of 140304 and a date submitted of 10/16/2024. A 'View' link is present at the end of the row. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
New Claim	140304	R35100102234	TEST 2, TEST 1	Test, Test		10/16/2024		View

Welcome Screen

- ▶ Upon signing into the Provider Co-Pay Portal, a user will be able to perform the following functions:
- ▶ View Claims History & Submit a Claim
 - Enroll a Patient & Obtain a Co-Pay Card
 - Update Practice Information
 - Update or add Users, Prescribers, or Patients
 - Use the drop-down menu on the far right under the email address to change a password or log out of the portal
- ▶ “Enroll a Patient & Obtain a Co-Pay Card” selection will be used for all new patients

Submitting a Claim (cont)

The screenshot shows a web portal for submitting claims. At the top, there is a navigation bar with links: Home, Claims, Practice, and Contact Us. The user's email, laurel.turk@area23hc.com, is displayed in the top right corner. Below the navigation bar, a blue banner reads "Welcome, Laurel". On the left, a button labeled "Submit a Claim" is highlighted with a red rectangular box. To the right of this button, there is a "Need help?" section with contact information for customer support. Below the "Submit a Claim" button, there is a section titled "Recent Claims" with a link "See all claims". This section contains a table with the following data:

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
New Claim	140304	R35100102234	TEST 2, TEST 1	Test, Test		10/16/2024		

At the bottom of the page, there is a footer with links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

- From the Welcome Screen, the user can select the “Submit a Claim” button or Submit a Claim from the Claims drop-down menu. The patient must be added to the portal to submit a claim. This can be done during the claims submission process. If the user wants to add patients prior to submitting claims, they can do so by following the instructions on page 70, “Add a Patient”

Submitting a Claim (cont)

The screenshot shows the 'Submit a Claim' page of the ILARIS website. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us, and a user email address laurel.turk@area23hc.com. The main heading is 'Submit a Claim'. Below this, there are two input fields: 'Patient' and 'Prescriber'. The 'Patient' field has a search icon (magnifying glass) and a dropdown arrow. The 'Prescriber' field has a dropdown arrow. Below these fields, there is a section titled 'Please provide the explanation of benefits (EOB), which must include:' followed by a bulleted list: 'Patient name', 'J Code or drug name', and 'Date of service'. There are two 'Attach File' buttons, one for the EOB and one for 'CMS 1450/1500/UB04/UB92: (Optional)'. At the bottom, there is a 'Submit' button. On the right side of the form, there is a 'Need help?' section with contact information for Customer Support and a note about mail or fax instructions.

Home Claims Practice Contact Us laurel.turk@area23hc.com

Submit a Claim

Patient New Patient **Prescriber**

Need help?
Call Customer Support
(833)-621-1483
Monday-Friday 8am-8pm
For mail or fax instructions, please see the Contact Us page.

Please provide the explanation of benefits (EOB), which must include:

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

CMS 1450/1500/UB04/UB92: (Optional)

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Submit a Claim

- ▶ To submit a claim for an existing patient, click on the search icon (magnifying glass) to display the patient search field

Submitting a Claim (cont)

The screenshot shows a web application for submitting claims. A modal window titled "Find a Patient" is open, featuring two input fields for "First Name:" and "Last Name:", followed by a magnifying glass icon. A "Close" button is located at the bottom right of the modal. The background interface includes a navigation bar with links for Home, Claims, Practice, and Contact Us. The main content area has a "Submit" button and a "Patient" section with a dropdown menu. Below this, there is a "Please provide" section with a list of required information: Patient name, J Code or drug name, and Date of service. There are also "Attach File" buttons for "CMS 1450/1500/UB04/UB92: (Optional)" and a "Submit" button at the bottom. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the year 2025.

- Users can enter a First Name and Last Name and then select the magnifying glass

Submitting a Claim (cont)

The screenshot shows the ILARIS web application interface. A 'Find a Patient' modal window is open, allowing users to search for a patient by first and last name. The modal includes input fields for 'First Name' (containing 'patient 1') and 'Last Name' (containing 'patient 2'), a search button, and a table of search results. The background shows the 'Submit a Claim' form with fields for patient information, attachments, and a 'Submit' button.

Find a Patient

First Name: Last Name:

Name	Date Of Birth	ZIP	
PATIENT 1 PATIENT 2	05/01/2000	30005	View Submit Claim

- ▶ Click the “Submit Claim” link. Upon clicking this link, the screen will revert to the Submit a Claim window and the selected patient’s name will be populated in the Patient field

Submitting a Claim (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Submit a Claim

Patient **New Patient** **Prescriber**

Patient is required.

Please provide the explanation of benefits (EOB), which must include:

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

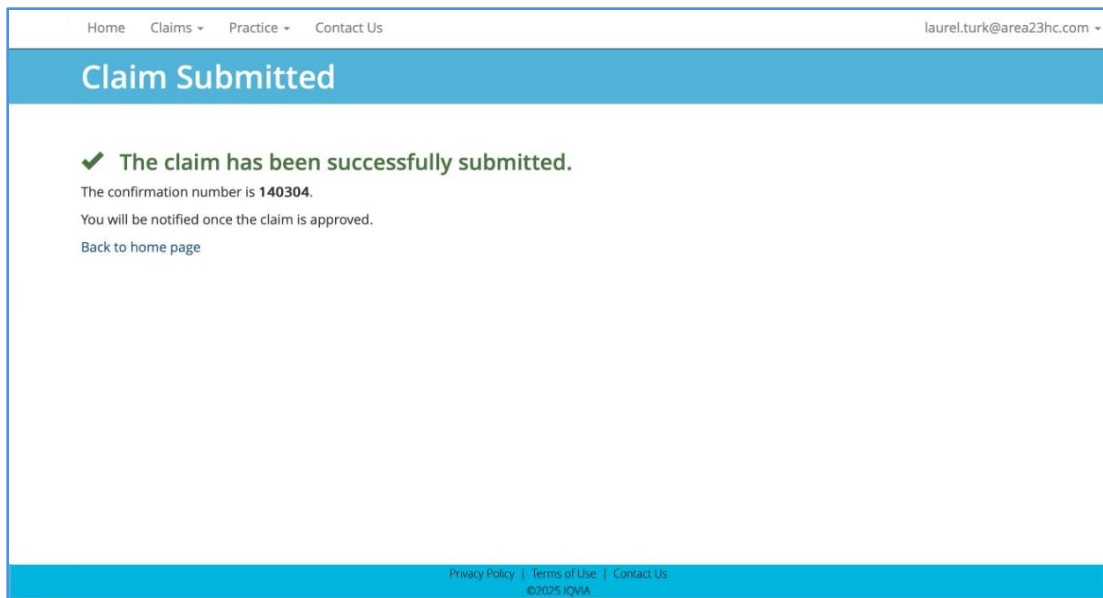
Please select a file.

CMS 1450/1500/UB04/UB92: (Optional)

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- To complete the submission, ensure the correct prescriber is selected and the correct documentation is attached. The documentation must be in one of the following formats: picture file (JPG, JPEG, GIF, PNG, BMP, TIF, TIFF) or PDF. Once these two steps are complete, click on “Submit,” and a confirmation page will display acknowledging a successful submission

Submitting a Claim (cont)



Claim Submitted

- The user can click on “Back to home page” to return to the Welcome screen or select another screen or select another function using the drop-down menus within the header

Submitting a Claim (cont)

[Home](#) [Claims](#) [Practice](#) [Contact Us](#) [laurel.turk@area23hc.com](#)

Welcome, Laurel

[Submit a Claim](#)

Need help?
Call Customer Support
(833)-621-1483
Monday-Friday 8am-8pm

Recent Claims [See all claims](#)

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted ▼	Date Updated	Claim Amount	
New Claim	140304	R35100102234	TEST 2, TEST 1	Test, Test		10/16/2024			View

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Welcome Screen

- ▶ When the “Back to home page” selection is made, the Welcome screen will be displayed containing the recent claims submitted. To view a submitted claim, click on the “View” link on the far right

Submitting a Claim—Claim Details

[Home](#) [Claims](#) [Practice](#) [Contact Us](#) [laurel.turk@area23hc.com](#)

Claim Details

Status	New Claim	Attached Files Test form for patient enrollment.pdf Test Insurance Card Image.pdf
Confirmation Number	140304	
Patient	TEST 1 TEST 2	
Prescriber	Test Test	
Date Submitted	10/16/2024	
Payment Method	Check	
Co-pay Card GRP #	OH7148051	
Co-pay Card ID #	R35100102234	

Ok

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Claim Details

- ▶ The screen will display the details of the submitted claim selected by the user

Claim History

[Home](#) [Claims](#) [Practice](#) [Contact Us](#) [laurel.turk@area23hc.com](#)

Claims

Submit a Claim
Claim History

Status	New Claim
Confirmation Number	140304
Patient	TEST 1 TEST 2
Prescriber	Test Test
Date Submitted	10/16/2024
Payment Method	Check
Co-pay Card GRP #	OH7148051
Co-pay Card ID #	R35100102234

Ok

Attached Files

Test form for patient enrollment.pdf

Test Insurance Card Image.pdf

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- A user can view a list of submitted claims by selecting the “Claim History” option from the Claims drop-down menu within the header

Claim History—View

Home

Claims ▾

Practice ▾

Contact Us

laurel.turk@area23hc.com

Claim History

Submit a Claim

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted ▾	Date Updated	Claim Amount
New Claim	140304	R35100102234	TEST 2, TEST 1	Test, Test		10/16/2024		View

Privacy Policy

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Contact Us

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Claim History

- To view an individual claim, click on the “View” link. The Claim Details screen will be displayed as shown on the following page

Claim History—View (cont)



Home

Claims

Practice

Contact Us

laurel.turk@area23hc.com

Claim History

Submit a Claim

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted ▼	Date Updated	Claim Amount
New Claim	140304	R35100102234	TEST 2, TEST 1	Test, Test		10/16/2024		View

Privacy Policy

Terms of Use

Contact Us

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- The user can view the details of the claim and also any related attachments

Viewing and Editing Practice Account Information

The screenshot shows the ILARIS Welcome Screen. At the top, there is a navigation bar with links: Home, Claims, Practice, and Contact Us. The user's email, laurel.turk@area23hc.com, is displayed on the right. Below the navigation bar, a blue banner says "Welcome". A "Submit a Claim" button is on the left. A dropdown menu is open under "Practice", showing options: Account, Users, Prescribers, and Patients. On the right, a "Need help?" section provides contact information for Customer Support. Below this, a "Recent Claims" section has a link to "See all claims" and a table with columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. The table is currently empty, with a message "You haven't submitted any claims yet." at the bottom. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

Welcome Screen

- To view and/or edit the account information, select “Account” from the drop-down menu under Practice

Viewing and Editing Practice Account Information (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Practice

Test
NPI: 1234567892

Address
Test 1
Milton, GA 30004

Payment Method
Your payments are being mailed by check.

Communications
Phone: (301) 245-5400
Email: anandappa.kuruba@iqvia.com

Claim Status Updates
You have opted-out from claim status updates.

[Manage Patients](#)
[Manage Users](#)
[Manage Prescribers](#)

[Edit](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
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Practice

- The next screen will display the information about the Practice Account, including the communication method for receiving claim status updates
- The user can also use the links on the far right to navigate to Patients, Users', and Prescribers' pages to edit and/or update records

Viewing and Editing Practice Account Information (cont)

The screenshot shows a web application interface for editing practice account information. At the top, there is a navigation bar with links: Home, Claims, Practice, and Contact Us. The user's email, laurel.turk@area23hc.com, is displayed on the right. The main heading is "Practice". The form contains several sections: "Practice Name" (Test) and "Practice NPI" (1234567892); "Street Address" (Test 1) and "Address Line 2 (optional)"; "City" (Milton) and "State" (Georgia); "ZIP" (30004); "Phone" ((301) 245-5400) and "Email Address" (anandappa.kunuba@iqvia.com); "Remittance Address" with a "Same as practice address" checkbox; "Payment Method" (Check); and "Claim Status Updates" with a checkbox to receive updates at a fax number. At the bottom, there are "Save" and "Cancel" buttons, and a footer with "Privacy Policy", "Terms of Use", "Contact Us", and "©2025 IQVIA".

- ▶ To edit the Practice Account information, click on “Edit.”
The user can proceed to edit the information about the practice, except for the Practice NPI. Once the user has completed the edits, click on “Save”

Viewing and Editing Practice Account Information (cont)

The screenshot shows a web interface for managing practice account information. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us, and a user email address: laurel.turk@area23hc.com. Below the navigation bar, a green banner displays a confirmation message: "Practice information has been updated." The main content area is titled "Practice" and contains several sections. On the left, under the heading "Test", the NPI is listed as 1234567892. Below this, there are input fields for "Address" and "Payment Method". The "Address" field contains "Test 1" and "Milton, GA 30005". The "Payment Method" field contains "Your payments are being mailed by check." and an "Edit" button. On the right, under the heading "Communications", there are input fields for "Phone:" (containing "(301) 245-5400") and "Email:" (containing "anandappa.kuruba@iqvia.com"). Below these, there is a "Claim Status Updates" field containing "You have opted-out from claim status updates." To the right of the main content area, there are three links: "Manage Patients", "Manage Users", and "Manage Prescribers". At the bottom of the page, there is a footer with links for "Privacy Policy", "Terms of Use", and "Contact Us", and a copyright notice: "©2025 IQVIA".

- ▶ A screen will display with a message confirming the updated information and will display the Practice Account information

Users

The screenshot shows the ILARIS web application interface. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us. The user's email, anandappa.kuruba@iqvia.com, is displayed on the right. Below the navigation bar, a blue banner reads "Welcome, KURUBA". A dropdown menu is open under the "Practice" link, showing options for Account, Users (highlighted with a red circle), Prescribers, and Patients. On the left, there is a "Submit a Claim" button. On the right, a "Need help?" section provides contact information for customer support. Below this, a "Recent Claims" section includes a link to "See all claims" and a table with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. A message states "You havent submitted any claims yet." The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

- To view and/or edit the users, select “Users” from the drop-down menu under Practice

Users (cont)

Name	Email Address	Role	Administrator	
Laurel Turk	laurel.turk@area23hc.com	Office/Billing Administrator	<input checked="" type="checkbox"/>	Edit

Users

- The users' main screen will display all current users registered for the Practice Account. From this screen, new users can be added, or current users' information can be updated

Users (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Users

[Add a User](#)

Name	Email Address	Role	Administrator	
Laurel Turk	laurel.turk@area23hc.com	Office/Billing Administrator	<input checked="" type="checkbox"/>	Edit

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- To add a new user to the Practice Account, select the “Add a User” link from the Users’ main screen

Users (cont)

The screenshot displays the 'Users' management page in the ILARIS system. A modal window titled 'User' is open, allowing for the creation or editing of a user. The background shows a table with one user listed: 'Laurel Turk' with email 'laurel.turk@area23hc.com'. The modal form includes the following fields and options:

- Email Address:** A text field with a note: 'An activation email will be sent to this address.'
- First Name:** A text field.
- Last Name:** A text field.
- Phone Number:** A text field with a placeholder '(###) ###-####'.
- Extension:** A text field.
- Role in Practice:** A dropdown menu.
- Administrator:** A checkbox. Below it, a note states: 'Administrators can manage users and prescribers at the practice.'

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background interface includes a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us', and a user profile section for 'laurel.turk@area23hc.com'.

- On the next screen, enter the user details. All fields are required except for the Extension field and the Administrator checkbox
- If the user entered is responsible for the maintenance of the users' and Prescribers' information for the Practice Account, ensure the box to the left of Administrator is checked
- Click on "Save." The users' main screen will display, and the new user will be visible. Ensure to alert all added users that they will receive an email to validate their account. This validation must be done prior to using the Provider Co-Pay Portal

Users (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Users

Add a User

Name	Email Address	Role	Administrator
Laurel Turk	laurel.turk@area23hc.com	Office/Billing Administrator	<input checked="" type="checkbox"/>

Edit

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- To edit a current user's contact information, navigate to the Users' main screen and click on the "Edit" link to the right of the user's name

Users (cont)

The screenshot displays the 'Users' management page in the ILARIS system. A modal window titled 'User' is open, allowing for the editing of a user's information. The background shows a table with one user, 'Laurel Turk', and a table header for 'Administrator'.

User Modal Form:

- Email Address:** laurel.turk@area23hc.com (Note: An activation email will be sent to this address.)
- First Name:** TEST
- Last Name:** TEST
- Phone Number:** (908) 251-1839
- Extension:** (Empty field)
- Role in Practice:** Office/Billing Administrator (Dropdown menu)
- Administrator:** ☐ (Checkbox)
- Buttons:** Save, Cancel

Background Table:

Name	Email Address
Laurel Turk	laurel.turk@area23hc.com

Administrator Table:

Administrator
<input checked="" type="checkbox"/> Edit

- The next screen will display the selected user's contact information. Once the required edits are complete, click on "Save." If the incorrect user was chosen for editing, click on "Cancel." Either selection will bring the user back to the users' main screen

Prescribers

The screenshot shows the ILARIS web application interface. At the top, there is a navigation bar with links: Home, Claims, Practice, and Contact Us. The user's email, anandappa.kuruba@iqvia.com, is displayed on the right. Below the navigation bar, a blue banner reads "Welcome, KURUBA". A "Submit a Claim" button is visible on the left. A dropdown menu is open under the "Practice" link, showing options: Account, Users, Prescribers (highlighted with a red box), and Patients. On the right, a "Need help?" section provides contact information for customer support. Below this, a "Recent Claims" section shows a table with columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. The table is currently empty, with a message stating "You havent submitted any claims yet." At the bottom, there are links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2025 IQVIA.

Prescribers

- To edit a current Prescriber's information, go to the Practice drop-down menu and select Prescribers

Prescribers (cont)

Home Claims ▾ Practice ▾ Contact Us			laurel.turk@area23hc.com ▾
Prescribers			
Add a Prescriber			
Name	NPI	SLN	
Laurel Turk	1234567892		Edit
Test Test	9876543210		Edit

- The Prescribers' main screen will display all current prescribers registered for the Practice Account. From this screen, new prescribers can be added, or current prescribers' information can be updated

Prescribers (cont)

[Home](#) [Claims](#) [Practice](#) [Contact Us](#) laurel.turk@area23hc.com

Prescribers

Add a Prescriber

Name	NPI	SLN	
Laurel Turk	1234567892		Edit
Test Test	9876543210		Edit

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- To add a new Prescriber to the Practice Account, select the “Add a Prescriber” link from the Prescribers’ main screen

Prescribers (cont)

The screenshot displays the 'Prescribers' management interface. A modal window titled 'Prescriber' is open, allowing for the addition of a new prescriber. The form includes the following fields:

- First Name:** A text input field containing the placeholder text 'Test'.
- Last Name:** A text input field containing the placeholder text 'Test'.
- NPI Number:** A text input field containing the value '9876543210'.
- State License Number (optional):** An empty text input field.

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background interface shows a list of prescribers with columns for Name, NPI Number, and State License Number. A table entry is visible with the name 'Laurel Turk' and NPI '9876543210'. The top navigation bar includes links for Home, Claims, Practice, and Contact Us. The user's email, laurel.turk@area23hc.com, is displayed in the top right corner.

- On the next screen, enter the Prescriber details in all fields and click on “Save.” The Prescribers’ main screen will display, and the new Prescriber will be visible

Prescribers (cont)

[Home](#) [Claims](#) [Practice](#) [Contact Us](#) laurel.turk@area23hc.com

Prescribers

Add a Prescriber

Name	NPI	SLN	
Laurel Turk	1234567892		Edit
Test Test	9876543210		Edit

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- To edit a current Prescriber's information, navigate to the Prescribers' main screen and click on the "Edit" link to the right of the Prescriber's name

Prescribers (cont)

The screenshot displays the 'Prescribers' management interface. At the top, a navigation bar includes links for Home, Claims, Practice, and Contact Us, along with a user profile for 'laurel.turk@area23hc.com'. The main heading is 'Prescribers'. Below this, there is a section titled 'Add a Prescriber' which contains a table with one entry: 'Laurel Turk' with a 'Test Test' status. An 'Add a Prescriber' modal form is overlaid on the screen. This form contains the following fields: 'First Name' (with 'Test' entered), 'Last Name' (with 'Test' entered), 'NPI Number' (with '9876543210' entered), and 'State License Number (optional)' (empty). At the bottom of the modal are 'Save' and 'Cancel' buttons. The footer of the application shows links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice '©2025 (2024) by Novartis'. The Novartis logo is also present in the bottom left corner of the slide.

- The next screen will display the selected Prescriber's information. Once the required edits are complete, click on "Save." If the incorrect Prescriber was chosen for editing, click on "Cancel." Either selection will bring the User back to the Prescribers' main screen

Patients

The screenshot shows the ILARIS web application interface. At the top, there is a navigation bar with links: Home, Claims, Practice, and Contact Us. The user's email, laurel.turk@area23hc.com, is displayed on the right. Below the navigation bar, a blue banner contains the word 'Welcome'. A dropdown menu is open under the 'Practice' link, showing options: Account, Users, Prescribers, and Patients. The 'Patients' option is highlighted with a pink border. To the left of the dropdown is a 'Submit a Claim' button. To the right is a 'Need help?' section with contact information for Customer Support. Below the banner, there is a 'Recent Claims' section with a link to 'See all claims'. A table with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount is shown. The table is currently empty, with a message stating 'You haven't submitted any claims yet.' At the bottom, there is a footer with links for Privacy Policy, Terms of Use, and Contact Us, and a copyright notice for 2025 IQVIA.

Home Claims Practice Contact Us laurel.turk@area23hc.com

Welcome

Submit a Claim

Account
Users
Prescribers
Patients

Need help?
Call Customer Support
(833)-621-1483
Monday-Friday 8am-8pm

Recent Claims See all claims

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

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Patients

- To start a patient enrollment, the user will go to the Practice tab, select “Patients” from the drop-down menu

Patients (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name

Last Name

[Add a Patient](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
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- The Patients' main screen will display the search tool and the option to "Add a Patient"

Patients (cont)

The screenshot shows a web application interface for managing patients. At the top, there is a navigation bar with links for Home, Claims, Practice, and Contact Us, and a user email address laurel.turk@area23hc.com. Below this is a blue header with the word "Patients". The main content area has a heading "Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients." followed by two input fields: "First Name" and "Last Name". A magnifying glass icon is next to the "Last Name" field. Below these fields is a pink button labeled "Add a Patient". At the bottom of the page, there is a footer with links for Privacy Policy, Terms of Use, and Contact Us, and a copyright notice ©2025 IQVIA.

- To add a new Patient to the Practice Account, select the “Add a Patient” link from the Patients’ main screen

Patients (cont)

Home Claims Practice Contact Us laurel.turk@arex23nc.com

Patient

First Name <input type="text"/> <small>First Name is required.</small>	Last Name <input type="text"/> <small>Last Name is required.</small>	Does the patient have a card? <input checked="" type="radio"/> Yes <input type="radio"/> No
Date of Birth <input type="text"/> <small>Date of Birth is required.</small>	Gender <input type="text"/> <small>Gender is required.</small>	Co-pay Card GRP # <input type="text"/> <small>Co-pay Card GRP # is required.</small>
Street Address <input type="text"/> <small>Street Address is required.</small>		Co-pay Card ID # <input type="text"/> <small>Co-pay Card ID # is required.</small>
Address Line 2 (optional) <input type="text"/>		Phone <input type="text"/> <small>Phone is required.</small>
City <input type="text"/> <small>City is required.</small>		Email <input type="text"/> <small>Email is required.</small>
State <input type="text"/> <small>State is required.</small>	ZIP <input type="text"/> <small>ZIP is required.</small>	

Patient Consent
Choose how you would like to collect the patient's consent.

☒ **Electronic Signature**
This patient will receive an email with a link to provide consent online.

☐ **Authorization Form**
Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the ILARIS Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the ILARIS Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 30 days, this record will be removed from the system.

Insurance Card
Please attach an image of the patient's insurance card.

Please select a file.

Insurance Card Back (optional)
If the attachment above contains only the card front please attach an image of the back of the card.

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- Enter the fields on the Patient data capture screen. All fields highlighted in red are required

Patients (cont)

Patient

First Name <input type="text"/> <small>First Name is required.</small>	Last Name <input type="text"/> <small>Last Name is required.</small>	Does the patient have a card? <input type="radio"/> YES <input type="radio"/> NO
Date of Birth <input type="text"/> <small>Date of Birth is required.</small>	Gender <input type="text"/> <small>Gender is required.</small>	Co-pay Card GRP # <input type="text"/> <small>Co-pay Card GRP # is required.</small>
Street Address <input type="text"/> <small>Street Address is required.</small>		Co-pay Card ID # <input type="text"/> <small>Co-pay Card ID # is required.</small>
Address Line 2 (optional) <input type="text"/>		Phone <input type="radio"/> Home <input type="radio"/> Mobile <input type="text"/> <small>Phone is required.</small>
City <input type="text"/> <small>City is required.</small>		Email <input type="text"/> <small>Email is required.</small>
State <input type="text"/> <small>State is required.</small>	ZIP <input type="text"/> <small>ZIP is required.</small>	

Patient Consent
Choose how you would like to collect the patient's consent.

☒ **Electronic Signature**
The patient will receive an email with a link to provide consent online.

☐ **Authorization Form**
Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the ILARIS Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the ILARIS Co-pay program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

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- ▶ If the patient does not yet have a Co-Pay card, select “No” and one will be generated after clicking “Save”
- ▶ If the patient does have a Co-Pay card, select “Yes” and enter the below fields:
 - Co-Pay Card GRP #—Enter the group number from the patient's Co-Pay card. This is a 9-character alphanumeric value beginning with OH or a 10-character alphanumeric value beginning with EC
 - Co-Pay Card ID #—Enter the 12-digit ID# from the patient's Co-Pay card
 - Phone—Enter the patient's 10-digit phone number and select the appropriate radio button to indicate if it is a Home or Mobile number
 - Email—Enter the patient's email address

Patients (cont)

Patient Consent
Choose how you would like to collect the patient's consent.

☐ **Electronic Signature**
The patient will receive an email with a link to provide consent online.

☒ **Authorization Form**
Attach the authorization form, which will be reviewed by IQVIA Program Support.

Authorization Form [Download form](#)

By attaching this form, I attest the patient authorization form is complete and accurate. I understand that this form will be verified within 2 business days, after which I will be able to submit claims for reimbursement.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Authorization Form [Download form](#)

Test File.pdf ✗

- ▶ There are 2 options available to capture Patient Consent: Electronic Signature and the standard physical Authorization Form
- ▶ Authorization Form—Each patient must complete and sign a Co-Pay Authorization Form, and the form must be uploaded to the patient record before the record can be saved. To download the form, click on the “Download form” link, print the form, and assist the patient with completion. Once the form is completed and signed, upload a copy to the patient record by clicking on the “Attach Form” button and browse the computer to locate the appropriate document. Once the document has been located, select the document and click on Open
- ▶ Note: The document must be in one of the following formats: picture file (JPG, JPEG, GIF, PNG, BMP, TIF, TIFF) or PDF
- ▶ If the wrong document is selected, the user may remove it from the record before saving by clicking on the red “x” next to the document name

Patients (cont)

Home Claims Practice Contact Us anandappa.kuruba@iqvia.com

Patient

✔ Patient has been added.

This patient's authorization form is still under review.
If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Name	Co-pay Card GRP #	Co-pay Card ID #
TEST TEST1	OH7148051	R35100102160
Date of Birth	Gender	
01/10/2000	Female	
Address	Home Phone	
123 ABC ST CITY, SC 11111	(888) 888-8888	
	Email	
	TEST@GMAIL.COM	
Authorization Form		
📎 Screenshot 2024-11-12 at 3:34:00?PM.png	Insurance Card: 📎 Screenshot 2024-11-12 at 3:28:57?PM.png	
	Insurance Card (back): 📎 Screenshot 2024-11-12 at 3:42:45?PM.png	

Edit Close

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- This screen will display the patient record details. Once the Authorization Form is approved, the user may edit the patient record, or close the record

Patients (cont)

Patient Consent

Choose how you would like to collect the patient's consent.

☒ **Electronic Signature**

The patient will receive an email with a link to provide consent online.

☐ **Authorization Form**

Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature

I have discussed the ILARIS Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the ILARIS Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Save

Cancel

- **Electronic Signature**—Each patient must submit their HIPAA consent and attest to complete their enrollment in the Co-Pay Program. The Electronic Signature option allows patients to complete this process online via a link that will be emailed to them after the completion of the Co-Pay Portal enrollment by the prescriber
- To use the Electronic Signature method, patients must **first** authorize Prescribers to share their information with the Program for the limited purpose of completing their enrollment
- **Note:** A patient email address is a required field for enrollment into the Co-Pay Program

Email

Email is required.

Patients (cont)

Home Claims Practice Contact Us laurel.turk@area23hc.com

Patient

● Patient has been added.

This patient has not yet provided consent.
If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Name TEST PATIENT	Co-pay Card GRP # OH7148051	Co-pay Card ID # R35100103210
Date of Birth 05/01/2006	Gender Male	
Address 400 FAUX STREET LOS ANGELES, CA 12345	Home Phone (404) 321-4500	
Electronic Signature Awaiting online consent. Resend email	Email TEST.TEST@GMAIL.COM	Insurance Card: Screenshot 2024-11-12 at 3:25:39PM.png

Edit Close

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- This screen will display the patient record details. Once the Electronic Signature is completed, the user may Edit the patient record, or Close the record
- For patients using the Electronic Signature, prescribers have an option to resend the Electronic Signature email to patients if they are reporting they have not received the initial email with the link to finish enrolling by clicking the "Resend email" link

Patients (cont)

From: donotreply@opushealth.com <donotreply@opushealth.com>

Sent: Wednesday, December 4, 2024 3:30:06 PM

To: Dave, Jigna <jigna.dave@iqvia.com>; GP, Manjunath <manjunath.gp@iqvia.com>; S, Girish <girish.s2@iqvia.com>; Maharana, RamaKrushna <ramakrushna.maharana@iqvia.com>; Snow, Matthew <matt.snow@iqvia.com>; Kuruba, Anandappa <anandappa.kuruba@iqvia.com>; Scheuermann, Alec <alec.scheuermann@iqvia.com>; Gureeva, Oxana <oxana.gureeva@iqvia.com>; Butler, Keith <keith.butler@iqvia.com>; Tyagi, Charu <charu.tyagi@iqvia.com>; Yu, Timothy <timothy.yu@iqvia.com>; Rubin, Jessica <jessica.rubin2@iqvia.com>; Mahato, Vinayak <vinayak.mahato@iqvia.com>

Subject: ILARIS® Co-Pay Program Please Complete Your Co-Pay Enrollment

Hello,

ILARIS® Co-Pay Program is following up on a recent request from you and your doctor to help you get the medicine you were prescribed. We need you to complete your patient authorization form for the co-pay program enrollment. Please click the link below to do so.

<https://uat.opushealth.com/eSignatureMicrosite/Consent/Verify?pid=2Lh1UTKJi2M7Qm4vw7w7kQ-&configCode=NILR>



please call the ILARIS Co-Pay Support Team at 1-866-972-8315.

Thank you,

Your ILARIS Co-Pay Support Team

Please do not reply to this message, which was sent from an unmonitored email address.

Image

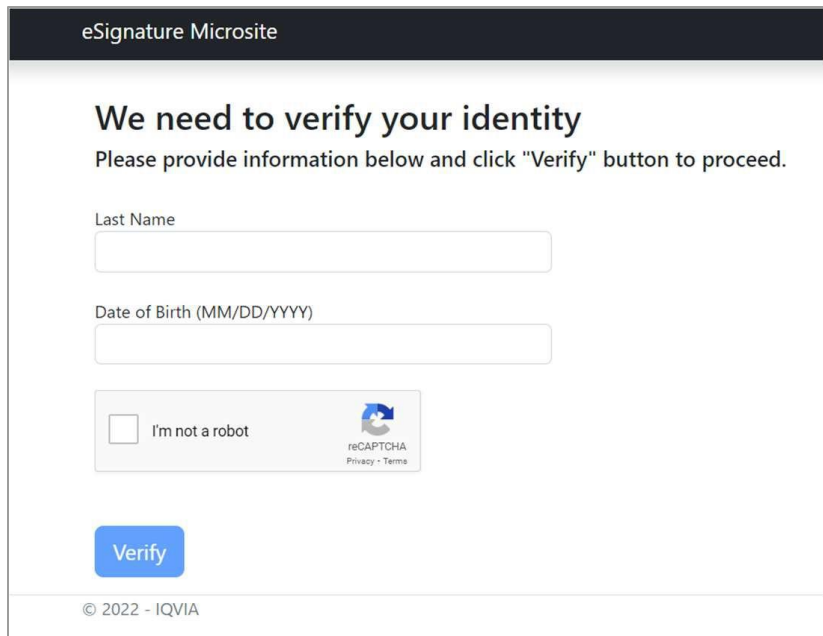
Novartis Pharmaceuticals Corporation

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IMPORTANT - PLEASE READ: This electronic message, including its attachments, is CONFIDENTIAL and may contain PROPRIETARY or LEGALLY PRIVILEGED or PROTECTED information and is intended for the authorized recipient of the sender. If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution of this message or any of the information included in it is unauthorized and strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail and permanently delete this message and its attachments, along with any copies thereof, from all locations received (e.g., computer, mobile device, etc.). To the extent permitted by law, we may monitor electronic communications for the purposes of ensuring compliance with our legal and regulatory obligations and internal policies. We may also collect email traffic headers for analyzing patterns of network traffic and managing client relationships. For further information see our [privacy-policy](#). Thank you.

- Once the patient enrollment process is completed by the prescriber for the Electronic Signature option, the patient will receive an email that will contain a link for the patient to complete their enrollment by signing a HIPAA consent and agreeing to the Program terms and conditions

Patients (cont)



The screenshot shows a web page titled "eSignature Microsite" with a dark header. Below the header, the main content area has a heading "We need to verify your identity" followed by the instruction "Please provide information below and click 'Verify' button to proceed." There are two input fields: "Last Name" and "Date of Birth (MM/DD/YYYY)". Below these is a reCAPTCHA section with a checkbox labeled "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms". A blue "Verify" button is positioned below the reCAPTCHA. At the bottom left, the copyright notice "© 2022 - IQVIA" is displayed.

- When the patient clicks the link in the email, they will be taken to a security verification page where they will need to provide their Last Name and Date of Birth in order to move forward
- Once the patient has entered the required information, they will check off the reCAPTCHA check box and click Verify to be taken to the eSignature Microsite
- Note: A full sample view of the eSignature Microsite is located on the next page

Patients (cont)

eSignature Microsite

Patient Authorization For ILARIS®
Co-Pay Program

Name: KURUBA ANANDAPPA
ID# 25348

Date of Birth: 2/1/2000
Email: ANANDAPPA.KURUBA@QVIA.COM

☐ Patient/Authorized Representative Signature

Date of Signature (MM/DD/YYYY)

By checking the above, I am electronically signing this document, and the check mark has the same effect as a pen and paper signature or initials. I have also read and agree to the ILARIS® [Consent to Receive Services](#).

Patient Authorization: I authorize my health care providers, pharmacies, and health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical conditions, treatment, and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis"), and the Novartis Patient Assistance Foundation, Inc. and its service providers ("NPAF"), so they can provide the following support services (the "Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis Co-Pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including medications, health and lifestyle tips, and product and other related information.
- Communications may be customized based on Personal Information obtained from my Provider.
- Conduct quality assurance and other internal business activities, and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other healthcare providers may receive payment from Novartis or NPAF for providing certain aspects of the Services, such as medication or self-monitors, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand that I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and I can cancel this Authorization at any time by calling 1-866-872-8215 or writing to:

Customer Interaction Center
Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1000

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it. If I cancel it, I may no longer qualify for Services from Novartis or NPAF. But it will not impact my Provider's treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

I agree for myself and, if applicable, that my caregiver agrees to receive nonmarketing calls and texts from Novartis or NPAF, including through an auto dialer or pre-recorded voice, at the number(s) provided. Please visit the Novartis website <https://www.novartis.us>.

☐ **ILARIS® Co-Pay Program**
I have read and agree to the ILARIS® (canakinumab) Co-Pay Program Terms and Conditions below. I direct the ILARIS® Co-Pay Program to make Co-Pay benefit payments on my behalf directly to my health care providers for qualifying claims.

ILARIS® Co-Pay Program Terms and Conditions:
Terms and Conditions contained apply 100% only for those with private insurance. The Program includes the Co-Pay Card, Payment Card (if applicable), and follows, with a combined annual limit of \$10,000. Patient is responsible for any costs not covered by a private plan. Program not valid in certain states. Patient, or NPAF, or any other Novartis or state health care program, do not guarantee any other insurance coverage at all, or when the patient's insurance plan terminates for the entire cost of the drug, or in other product is not covered by patient's insurance. The value of the program is exclusively for the benefit of patients and is intended to be used to reduce the patient's out-of-pocket obligations and expenses, including copayments, 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, health savings account, health care savings account. Patient is responsible for complying with any applicable federal and state regulations of their health plan related to the use of the program, and only in the United States and Puerto Rico. The Program is not a health insurance. Program may not be combined with any third party rebate, coupon, or other. Prior to purchase may be required. Novartis reserves the right to modify, amend, or suspend the Program and discontinue support at any time without notice.

www.novartis.us

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NOVARTIS
Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1000

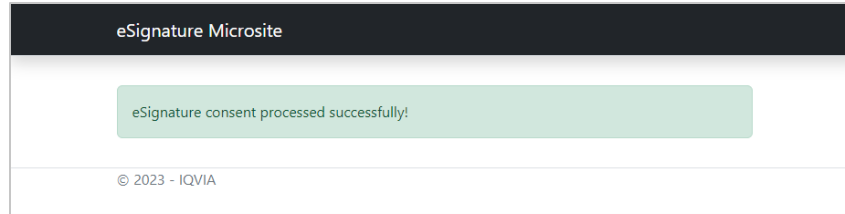
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8/24

NA1102876

- Once in the eSignature Microsite, the patient's basic information will be displayed at the top of the page and the patient will need to complete the following information, at minimum, to submit the consent form:
- The first check box next to the signature line. It will auto-fill the current date. This is the HIPAA consent
- The second check box, "I have read and agree to the ILARIS® (canakinumab) Co-Pay Program Terms and Conditions below. I direct the ILARIS Co-Pay Program to make Co-Pay benefit payments on my behalf directly to my health care providers for qualifying claims"

Patients (cont)



- ▶ Once completed and submitted, the Electronic Signature Consent is processed and the patient's enrollment account in the Co-Pay Portal is complete

Patient Authorization Form



ILARIS® Patient Authorization for ILARIS Co-Pay Program



Fax: 1-631-822-2893 Co-Pay Program Portal: ilaris.opushealth.com

➤ = REQUIRED FIELDS

PATIENT INFORMATION – FORM CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

➤ Name: _____ ➤ Date of Birth: _____
First Name Middle Initial Last Name

➤ ZIP: _____ Email (recommended to enroll in co-pay support): _____

PATIENT AUTHORIZATION AND ADDITIONAL CONSENTS

I have read and agree to the Patient Authorization on page 2.

Patient/Authorized Representative Date of Signature MM/DD/YYYY

ILARIS Co-Pay Program

☐ I have read and agree to the ILARIS Co-Pay Program Terms and Conditions below. I direct the ILARIS Co-Pay Program to make co-pay benefit payments on my behalf directly to my health care providers for qualifying claims.

* Terms and Conditions: Limitations apply. Valid only for those with private insurance. The Program includes the Co-pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit of \$36,000. 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.

For questions, please call: 1-866-972-8315

Continued on next page

ILARIS® (canakinumab) Patient Authorization for ILARIS Co-Pay Program

Patient Authorization. I authorize my health care providers, pharmacies and health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment, and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") and the Novartis Patient Assistance Foundation, Inc. and its service providers ("NPAF"), so they can provide the following support services (the "Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information
- Communications may be customized based on Personal Information obtained from my Providers
- Conduct quality assurance and other internal business activities, and ask for feedback related to the Services or my treatment

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-844-267-3689 or writing to:

Customer Interaction Center
Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Provider's treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

I agree for myself and certify (if applicable) that my caregiver agrees to receive nonmarketing calls and texts from Novartis or NPAF, including through an autodialer or prerecorded voice, at the number(s) provided.

Please visit the Novartis website: <https://www.novartis.us>.



Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

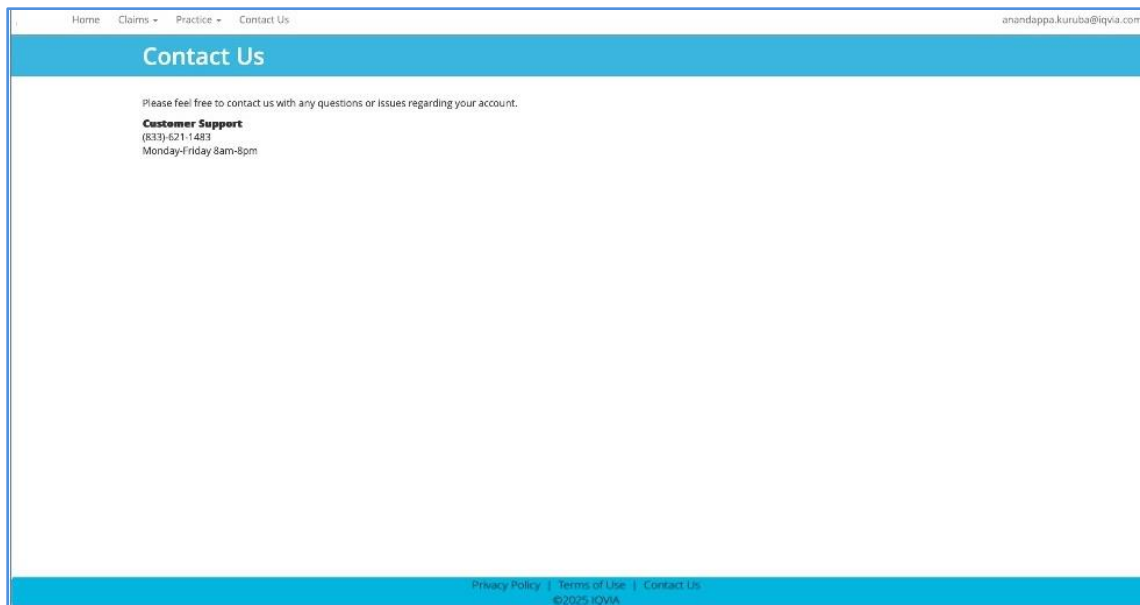
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8/24

FA-11235643

➤ Front and back of Patient
Authorization Form

Contact Us



Contact Us

- If the user has a question that cannot be addressed in this guide, please use the following information for assistance. This information is available on most pages throughout the portal from the navigation menu and on the Contact Us screen

Thank you for using the ILARIS® (canakinumab) Provider Co-Pay Portal



You can now:

- ▶ Enroll a patient and obtain a Co-Pay card for manual medical 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: ilaris.opushealth.com

