



increlex[®]
(mecasermin) injection 10 mg

Please fax the signed form to IPSEN CARES at the number above or send the form to:
IPSEN CARES Program
Ipsen Biopharmaceuticals, Inc.
11800 Weston Parkway, Cary, NC 27513

Patient Authorization and Signature - IPSEN CARES[®] Program

I authorize my/the patient's healthcare providers (including those pharmacies that may receive my/the patient's prescription for INCRELEX) to disclose personal health information ("PHI") about me/the patient, including health information relating to my/the patient's medical condition, prescription, and insurance coverage, to Ipsen Biopharmaceuticals, Inc., its affiliates, and its agents that have been hired to administer the Ipsen Coverage, Access, Reimbursement & Education Support (IPSEN CARES) program on its behalf (collectively, "Ipsen") in order for Ipsen to: (1) enroll me/the patient in IPSEN CARES; (2) establish my/the patient's benefit eligibility and potential out-of-pocket costs for INCRELEX; (3) communicate with my/the patient's healthcare providers and health plans about my/the patient's treatment plan; (4) provide support services, including patient education and financial assistance for INCRELEX; (5) help get INCRELEX shipped to me/the patient; and (6) facilitate my/the patient's participation in INCRELEX patient programs as I have requested or may request. I agree that, using the contact information I provide, Ipsen may contact me for reasons related to the IPSEN CARES program and support services and may leave messages for me that may disclose that I am/the patient is on INCRELEX therapy. I consent to being contacted by an IPSEN CARES program representative in order for the program to obtain further information or clarification regarding any adverse event I/the patient may experience.

I understand that once my/the patient's PHI has been disclosed to Ipsen, it is no longer protected by federal privacy laws and Ipsen may re-disclose it; however, Ipsen has agreed to protect my/the patient's PHI by using and disclosing it only for the purposes described above or as required by law. I understand that my/the patient's healthcare providers may receive remuneration from Ipsen in exchange for my/the patient's PHI and/or for any therapy support services provided to me.

I can withdraw this authorization by calling IPSEN CARES at 1-866-435-5677 or mailing a letter requesting such revocation to IPSEN CARES, 11800 Weston Parkway, Cary, NC 27513, but it will not change any actions taken before I withdraw authorization. Withdrawal of authorization will end further uses and disclosures of PHI by the parties identified in this form except to the extent those uses and disclosures have been made in reliance upon my authorization. I understand that I may refuse to sign this form and, if I do so, I/the patient will not be able to participate in IPSEN CARES programs, but it will not affect my/the patient's eligibility to obtain medical treatment, my/the patient's ability to seek payment for this treatment or affect my/the patient's insurance enrollment or eligibility for insurance coverage. This authorization expires one year after the date I sign it below. I understand that I will receive a copy of the signed authorization.

Patient Name: _____ Parent/Legal Guardian Name:* _____

Relationship to Patient: _____

Signature: _____ Date: _____

Patient Date of Birth: _____ Patient Phone Number: _____

* Please provide name of parent or legal guardian, if patient is under 18 years of age.

Please See Important Safety Information on Last Page and Accompanying Full Prescribing Information and Patient Information.

Questions? Call IPSEN CARES at 1-866-435-5677

IPSEN CARES[®]
Coverage, Access, Reimbursement & Education Support



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Additional Product and Support Information

I agree to be contacted by autodialed text messages (“texts”) at the mobile phone number I have provided below for the purpose of helping the patient stay on therapy, which may promote or advertise the Ipsen products included in the therapy plan. I certify that the number I am providing belongs to me and not a family member or other third party. I understand that I may opt out of individual communications of the program entirely at any time by calling 866-435-5677 or replying “STOP” by text to any text from Ipsen. Ipsen will not sell or rent this information and will use it only in accordance with this authorization and consent. Consent to being contacted by text messages is not a condition of participation in the IPSEN CARES programs or the purchase of any products or services. I understand that my cellular service carrier’s data and text messaging rates may apply. Privacy policy at www.ipsencares.com. This authorization is valid for one year from the date the form is signed. If I am providing this consent on behalf of another person, I certify that I am authorized to agree to every element of this consent on behalf of such other person, and I agree that I will be liable and will hold Ipsen harmless in the event that such other person alleges that they did not give consent.

In addition to participating in the IPSEN CARES program above, I would also like to receive information from Ipsen via text message and voice call, all of which may include telemarketing, advertisements, and educational material about INCRELEX and programs that support patients. These text messages and voice calls may be made via the use of automatic telephone dialing systems. I certify that the number I am providing belongs to me and not to a family member or other third party. I understand that I do not have to sign this section of the form in order to participate in the IPSEN CARES program and that I may revoke this authorization to receive additional product information at any time. By signing below, I agree that Ipsen and its agents may use and disclose my personal information (including name, address, phone number, and/or email) to provide these services and Ipsen may also contact me to solicit my opinions regarding INCRELEX and Ipsen’s products and services. I understand that my cell phone carrier’s standard rates may apply for calls to my cell phone. This authorization is valid for one year from the date the form is signed. I may revoke this authorization, by calling 866.435.5677 or sending a request in writing to: IPSEN CARES, 11800 Weston Parkway, Cary, NC 27513. If I am providing this consent on behalf of another person, I certify that I am authorized to agree to every element of this consent on behalf of such other person, and I agree that I will be liable and will hold Ipsen harmless in the event that such other person alleges that they did not give consent.

Patient Name: _____ Parent/Legal Guardian Name:* _____

Relationship to Patient: _____

Signature: _____ Date: _____

Patient Date of Birth: _____ Patient Phone Number: _____

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Please See Important Safety Information on Last Page and Accompanying [Full Prescribing Information](#) and [Patient Information](#).

What is INCRELEX?

INCRELEX® (mecasermin) is a prescription medicine used to treat children who are very short for their age because their bodies do not make enough insulin-like growth factor-1 (IGF-1). This condition is called severe primary IGF-1 deficiency. INCRELEX should not be used instead of growth hormone. INCRELEX has not been studied in children under 2 years of age.

Important Safety Information

Who Should Not Use INCRELEX

Your child should not take INCRELEX if your child: has finished growing, has cancer, has other causes of growth failure, or is allergic to mecasermin or any of the inactive ingredients in INCRELEX. **Your child should never receive INCRELEX through a vein.**

What should I tell my child's doctor before my child starts INCRELEX?

Tell your child's doctor about all of your child's health conditions, including if your child has diabetes, kidney problems, liver problems, allergies, curved spine (scoliosis), or is pregnant or breast-feeding.

Tell your child's doctor about all the medicines (prescription and nonprescription), vitamins, and herbal supplements your child takes. Especially tell your child's doctor about insulin or other anti-diabetes medicines; a dose adjustment may be needed.

What are possible side effects of INCRELEX?

INCRELEX may cause the following side effects, which can be serious:

- **Low blood sugar (hypoglycemia).** Only give your child INCRELEX right before or right after (20 minutes on either side of) a snack or meal to reduce the chances of hypoglycemia. Do not give your child INCRELEX if your child is sick or cannot eat. Signs of low blood sugar are: dizziness; tiredness; restlessness, hunger, irritability, trouble concentrating, sweating, nausea, and fast or irregular heartbeat. **Severe hypoglycemia may cause unconsciousness, seizures, or death.** People taking INCRELEX should avoid participating in high risk activities (such as driving) within 2 to 3 hours after an INCRELEX injection.
- **Enlarged tonsils.** Signs include: snoring, difficulty breathing or swallowing, sleep apnea (a condition where breathing stops briefly during sleep), or fluid in the middle ear.
- **Increased pressure in the brain (intracranial hypertension).** INCRELEX, like growth hormone, can sometimes cause a temporary increase in pressure within the brain. Symptoms include persistent headache and nausea with vomiting.
- **A bone problem called slipped capital femoral epiphysis.** This happens when the top of the upper leg bone (femur) slips apart from the rest of the bone. Seek immediate medical attention if your child develops a limp or has hip or knee pain.
- **Worsened scoliosis** (caused by rapid growth).
- **Allergic reactions.** Your child may have a mild or serious allergic reaction with INCRELEX. Call your child's doctor right away if your child gets a rash or hives. If hives do occur, they generally appear minutes to hours after the injection and may sometimes occur at numerous places on the skin. Get medical help immediately if your child has trouble breathing or goes into shock, with symptoms like dizziness, pale, clammy skin, and/or passing out.

INCRELEX can cause reactions at the injection site including: loss of fat, increase of fat, pain, redness, or bruising, which can be avoided by changing the injection site at each injection.

These are not all the side effects of INCRELEX. Call your child's doctor if your child has side effects that are bothersome or that do not go away. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please See the Accompanying Full Prescribing Information and Patient Information.

