



## ONIVYDE® Copay Savings Program

Most eligible privately insured patients pay no copay (\$0 copay), with a benefit of up to \$20,000 annual maximum benefit



Eligible\* patients may receive up to a \$20,000 savings during the program year\*

- Commercially insured patients
- Must be prescribed ONIVYDE®

Please see eligibility terms and conditions below

### Four Simple Steps For Enrolled Patients to Receive Their ONIVYDE® Savings.

1. Patient receives treatment with ONIVYDE®. Physician follows standard procedure for collection of patient copay.
2. Provider submits claim to patient's insurance company.
3. Patient and provider receive Explanation of Benefits (EOB) statement; patient and/or physician may mail or fax EOB to IPSEN CARES® at 1-844-745-2352.
4. IPSEN CARES® program coordinator reviews EOB and mails check for patient's ONIVYDE® copay to the patient's provider.

More details regarding enrollment are available by calling IPSEN CARES®.

### Eligible Patients Can Now Save Up to \$20,000 Annual Maximum Benefit on Out-Of-Pocket Prescription Costs For ONIVYDE®

\*Patient Eligibility & Terms and Conditions: Patients who are eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) in any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE (collectively, "Government Programs") are not eligible for copay assistance through IPSEN CARES®. Patients residing in Massachusetts, Minnesota, Michigan, or Rhode Island can only receive assistance with the cost of Ipsen products but not the cost of related medical services (injection). Patients receiving free starter therapy through the IPSEN CARES® program are not eligible for the copay assistance program while they are waiting for insurance prescription coverage to begin. Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, also are not eligible for the copay assistance program during current enrollment year.

For patients with commercial insurance who are not considered to be cash-pay patients, the maximum copay benefit amount per prescription is an amount equal to the difference between the annual maximum copay benefit of \$20,000 and the total amount of co-pay benefit provided to the patient in the ONIVYDE® Copay Program for the 2018 calendar year. For cash-pay patients, the maximum copay benefit amount per prescription is \$1,666.66, subject to the annual maximum of \$20,000 in total. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover ONIVYDE®. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not considered cash-pay patients, and are not eligible for the copay benefit.

Patient pays any amount greater than the maximum copay savings amount per prescription. Patient or guardian is responsible for reporting receipt of copay savings benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled through the program, as may be required. Additionally, patients may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, or Health Reimbursement Account. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or Triplefin LLC, are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Cash-paying patients are eligible to participate. Data related to your participation may be collected, analyzed, and shared with Ipsen for market research and other purposes related to assessing the program. Data shared with Ipsen will be de-identified, meaning it will not identify you. Void outside of the United States and its territories or where prohibited by law, taxed, or restricted. This program is not health insurance. No other purchase is necessary. Offer expires December 31, 2018.

Please see full [Prescribing Information](#), including **Boxed Warning**.



# Frequently Asked Questions

**Q: How will IPSEN CARES® determine the program for which the patient is eligible?**

A: IPSEN CARES® will perform a benefits verification to determine if the patient is eligible. If the patient qualifies, he/she will be enrolled in the ONIVYDE® Copay Assistance Program.

**Q: How does a patient enroll in the program?**

A: Enrollment for the ONIVYDE® copay program is accomplished via IPSEN CARES®. The patient will need to call 1-866-435-5677 to enroll.

**Q: Are cash-pay patients still allowed to use the program?**

A: Yes, cash-pay patients may still qualify for the copay card program. Eligible cash paying patients will receive up to \$1,666.66 of support per prescription, up to \$20,000 program annual maximum.

**Q: How do patients know that they have been enrolled?**

A: Patient's physician may enroll the patient by calling IPSEN CARES®. Once enrolled, an IPSEN CARES® representative will notify patients that they have been enrolled. In addition, patients and their physician will be mailed letters welcoming them into the program.

**Q: How does the physician receive the payment?**

A: A check is mailed to the physician on the patient's behalf for payment through the ONIVYDE® Copay Assistance Program.

**Q: A patient has multiple EOBs that need payment. Can multiple EOB submissions be sent for payment at one time?**

A: Yes, multiple EOBs can be submitted at one time, including EOBs 180 days prior to the patient's enrollment date.

Please see full [Prescribing Information](#), including **Boxed Warning**.

---

\*For additional patient eligibility and terms, see reverse side.

For additional information about the ONIVYDE® Savings Program, call:

**1-866-435-5677**

Monday – Friday 8:00 AM – 8:00 PM ET

For additional information, visit us online at [www.ipsencares.com](http://www.ipsencares.com)