

# Onivyde<sup>®</sup> Copay Assistance Program Claim Submission Process

Eligible,\* commercially insured patients may pay as little as  
**\$0** per Onivyde prescription

Healthcare Providers can follow these five steps to submit requests for copay claim reimbursement to IPSEN CARES:

## 1 ENROLL YOUR PATIENT IN IPSEN CARES<sup>®</sup>

Visit [IPSENCARES.com](https://IPSENCARES.com) to utilize online enrollment or download and print the enrollment form.

## 2 ADMINISTER ONIVYDE TREATMENT TO THE PATIENT

## 3 SUBMIT THE CLAIM TO THE PATIENT'S INSURANCE

## 4 COLLECT ALL REQUIRED DOCUMENTS

- Completed **CMS-1500 or CMS-1450/UB-04 claims form**, including NDC on line 24A (CMS-1500) or line 42 (CMS-1450/UB-04), Onivyde J code: J9205, and the CPT code(s)
  - If you'd like more information, please review the [Onivyde Reimbursement Resource Guide](#)
- **Itemized primary Explanation of Benefits (EOB)** with separate listings for the cost of Onivyde and any out-of-pocket costs
- If your patient acquired Onivyde through a specialty pharmacy, also provide the **pharmacy receipt**

## 5 SUBMIT THE CLAIM TO IPSEN CARES

Upload at [IPSENCARES.com](https://IPSENCARES.com)  
(Preferred method)

OR, fax to  
**(833) 671-1088**

## CLAIM PROCESSING BY IPSEN CARES BEGINS

Your office will be notified via fax if further action or more information is required.

## IPSEN CARES SENDS PAYMENT

- Payment is sent within 7-10 business days via check or electronic funds transfer (EFT) upon receipt of a complete submission
- You can register for EFT by visiting [instamed.com/eraeft](https://instamed.com/eraeft) or calling 866-467-8263.  
Note: Only provider offices can enroll for payment via EFT.

Please see full [Prescribing Information](#), including **BOXED WARNING**.

\*Restrictions Apply. Please see program Patient Eligibility & Terms and Conditions on page 2.

## Frequently Asked Questions

**Q: What does the Onivyde Copay Assistance Program cover?**

A: The program covers out-of-pocket costs for Onivyde and its administration, where allowed by state law, up to the annual calendar year maximum program benefit amount. Surgical, physician, and/or laboratory expenses are excluded.

**Q: Who is eligible for the program? Who is excluded?**

A: Only patients with commercial insurance are eligible. Patients are not eligible if they are enrolled in a state or federally funded program (including but not limited to Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or Tricare) or if they are cash-paying (i.e., under or uninsured). Additional patient eligibility and terms and conditions apply, please see below and contact IPSEN CARES<sup>®</sup> for more information.

**Q: What is the timely filing submission requirement for reimbursement requests?**

A: Claim reimbursement requests must be submitted within 180 days of the treatment date.

**Q: When does the program reset? What must patients and providers do to remain enrolled?**

A: The program resets on January 1 of each year. Copay assistance enrollment is valid for three years, or shorter where required by state law.

**Q: Are cash-pay patients allowed to use the Onivyde Copay Assistance Program?**

A: No. Patients must be enrolled in a commercial insurance plan to be eligible for the Copay Assistance Program.

### Patient Eligibility & Terms and Conditions

Patients are not eligible for copay assistance through IPSEN CARES<sup>®</sup> if they are enrolled in any state or federally funded programs for which drug prescriptions or coverage could be paid in part or in full, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE (collectively, "Government Programs"), or where prohibited by law. Patients must be United States residents (including its territories) and enrolled in IPSEN CARES<sup>®</sup> to receive copay program benefits. Patients residing in Massachusetts or Rhode Island can only receive assistance with the cost of Ipsen products but not the cost of related medical services (injection). Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, are not eligible for the copay assistance program during the current enrollment year.

An annual calendar year maximum copay benefit applies. Patients may remain enrolled in copay assistance as long as eligibility criteria is met.

Patients or guardians are 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 or guardians may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, Health Reimbursement Account, or otherwise to a government or private payor. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or its copay assistance vendor are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Claim reimbursement requests must be submitted within 180 days of treatment date. Data related to patient 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 the patient. 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. Copay assistance cannot be sold, purchased, traded, or counterfeited. Void if reproduced.

**For questions about the Onivyde Copay Assistance Program, call us:  
(866) 435-5677 Monday – Friday, 8 AM – 8 PM ET, or visit us online: [IPSECARES.com](https://www.ipsecares.com).**

Please see full [Prescribing Information](#), including **BOXED WARNING**.