



## **IPSEN CARES<sup>®</sup> SUPPORT FOR ELIGIBLE TAZVERIK PATIENTS**

### **Copay Assistance Program**

If eligible,\* commercially insured patients may be able to receive copay assistance. Please note, only your prescriber and specialty pharmacy can register you for this program.



YOU MAY PAY AS  
LITTLE AS

**\$0** PER  
PRESCRIPTION

### **Patient Assistance Program (PAP)**

**You may be eligible<sup>†</sup>** to receive a limited supply of free medication if you are uninsured or underinsured (based on program eligibility criteria).



\*Patient Eligibility & Terms and Conditions: Patients are not eligible for copay assistance through IPSEN CARES 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 to receive copay program benefits. 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. 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.

<sup>†</sup>Please visit [IPSECARES.com](https://www.ipsecares.com) for PAP Eligibility Criteria & Terms and Conditions.

# WE'VE MADE IT EASIER TO ENROLL IN IPSEN CARES – INCLUDING AN ONLINE OPTION:



## 1 ONLINE



- ✓ Visit **IPSENCARES.com** and click on “TAZVERIK”
- ✓ Click on “Program Enrollment”
- ✓ Click the box that says “Complete Now”

## 2 PRINT & FAX



- ✓ Print the Enrollment Form
- ✓ Fill it out completely
- ✓ Sign it
- ✓ Fax it to 1-888-525-2416

OR

LEARN MORE ABOUT THE STEPS TO SUBMIT THE ONLINE ENROLLMENT FORM BY VISITING **IPSENCARES.com**

You can update your **Patient Authorization Form** online!

**Patient Authorization**

Patients are required to sign the TAZVERIK Patient Authorization Form every 3 years, or sooner if required by state law, to give the Patient Access Specialists at IPSEN CARES permission to access the patient's personal health information in order to help with treatment. The form can be signed and submitted online, or by downloadable PDF, which must be printed, filled out, signed, and faxed.

IPSEN CARES Patient Authorization Form

Sign Now

OR

Download Now

Simply click “TAZVERIK” on **IPSENCARES.com**, then click on “Sign Now” in the **Patient Authorization** section.

Note: An updated **Enrollment Form** and **Patient Authorization Form** are required every 3 years to remain enrolled in IPSEN CARES.‡

Once a completed Enrollment Form has been received, an IPSEN CARES Patient Access Manager will perform a benefits verification and review your coverage and out-of-pocket responsibility with both you and your healthcare provider, typically within 1 business day.



SCAN THE QR CODE to learn more about the **IPSEN CARES Copay Program**

‡The Enrollment Form and/or Patient Authorization Form are valid for 36 months, except in Maine (30 months), Maryland (12 months), and Montana (30 months), as required by state law.

**If you have questions, contact us at 1-866-435-5677.**