



A Comprehensive Network of Services and Support

The IPSEN CARES program is staffed with a team who can help your eligible patients and their caregivers navigate the treatment process.

The IPSEN CARES staff is fully dedicated to:

- Facilitating eligible patients' access to the Ipsen medications that are important to their care
- Providing information and support for the interactions between your office, the patient, and the insurance company

IPSEN CARES provides a single point of contact for you, your staff, and your patients.

- ✔ Benefits Verification
- ✔ Copay Assistance for Eligible* Patients
- ✔ Specialty Pharmacy Network
- ✔ Billing & Coding Information
- ✔ Adherence Programs
- ✔ Prior Authorization (PA)/Appeals

- ✓ Patient Assistance Program (PAP)
- ✓ Injection Training and Nurse Home Health Administration for Eligible Patients^{*†}
- ✓ Communication with Providers and Patients

Eligible* Commercially-Insured Patients Enrolled in IPSEN CARES Pay As Little as **\$0 Per Prescription** in the Copay Assistance Program

IPSEN Is Proud of Our Patient Support Program, IPSEN CARES[®], Which Is Available for Your Patients

Quick and Easy Enrollment



You and your patient download the IPSEN CARES Enrollment and Patient Authorization Form and complete them at your office

You submit the Enrollment and Patient Authorization Form to IPSEN CARES

An IPSEN CARES Patient Access Specialist will contact you to finalize enrollment into the program

Note: Self-Enrollment Forms are available for some Ipsen products.

Support is Only a Text Message Away For Your Patients!

The Text Message Adherence Program has many different types of messages to help your patients stay on their prescribed medication plan:

- ✓ Refills at Specialty Pharmacy
- ✓ Insurance changes

- ✓ IPSEN CARES re-enrollment
- Provider appointments

Other Ways IPSEN CARES Can Help Your Patients



For patients with government insurance

For patients who have government insurance (eg, Medicare, Medicaid, TRICARE), IPSEN CARES may be able to offer the contact information for independent nonprofit foundations that offer financial assistance.

Patient Assistance Program (PAP)

Uninsured patients may be eligible for free medication through our Patient Assistance Program. To qualify, patients must be 1) uninsured, 2) on-label, 3) US residents, and 4) meet specific financial criteria. Patients may enroll through IPSEN CARES. If eligible, they will receive free medication from IPSEN.

Benefits Verification

Enrollment and Patient Authorization Forms are

also available to complete

electronically by visiting

IPSENCARES.com

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Text message communication helps manage patient treatment schedule, Specialty Pharmacy shipments, and

IPSEN CARES program enrollment

There is no fee to enroll into this program

ents stay on therapy rescribed by their

The benefits verification process starts with researching and verifying the patient's insurance benefits and coverage, including primary and secondary coverage, state healthcare exchanges, Medicare, and Medicaid.

Patient Eligibility & Terms and Conditions: Only patients with commercial insurance and "cash-pay" patients are eligible. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover the lpsen product in question. 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 copay assistance through IPSEN CARES. Patients are not eligible if prescriptions are paid in part or full by any state or federally funded programs, including, but not limited to, Medicare Part D, Medicare Part D, Medicare, CARE (collectively, "Government Programs"), or where prohibited by law. Patients who begin receiving prescription drug benefits from Government Programs at any time will no longer be eligible for copay assistance. Patients whose insurance plan is paying the entire cost of the prescriptions are not eligible. 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.

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, and the 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 lpsen, for market research and other purposes related to assessing the program. Data shared with lpsen 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. Please see individual program information for program-specific patient eligibility and terms and conditions.

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



IPSENCARES Coverage, Access, Reimbursement & Education Support

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