

IPSEN CARES SUPPORT FOR ELIGIBLE* TAZVERIK PATIENTS



Quick Start Program

New commercial patients may be eligible to receive a limited supply of free medication



Bridge Supply Program

Helping existing commercial patients access medication should they experience a change or a delay in drug coverage



Patient Assistance Program (PAP)

Patients may be eligible to receive a limited supply of free medication if they are uninsured or underinsured (based on program eligibility criteria)



Copay Assistance Program

Your eligible*, commercially-insured patients may be able to receive co-pay assistance. Note that only patients' prescribers and specialty pharmacies can register patients for this program.

Visit the Portal to enroll your patients at <https://portal.trialcard.com/ipsen>

PATIENTS MAY PAY
AS LITTLE AS

\$0 PER
PRESCRIPTION

*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 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.

For patients with commercial insurance, 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 copay benefit provided to the patient in the TAZVERIK® Copay Program.

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 is 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.

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

1 ONLINE



- ✓ At **www.ipsencares.com**, click on the relevant product
- ✓ Click on “Program Enrollment”
- ✓ Click the box that says “Complete Now”

OR

2 PRINT & FAX



- ✓ Print the Enrollment Form
- ✓ Fill it out completely
- ✓ Sign it
- ✓ Fax it to 1-833-437-1437

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

Already enrolled patients can now update their **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 the relevant product 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 Specialist will perform a benefits verification and review the patient's coverage and out-of-pocket responsibility with both the healthcare provider and the patient typically within 1 business day.



Scan the QR code with your smartphone to visit **IPSENCARES.com** now!

[†]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.