

# Increlex Copay Assistance Program

**Eligible\*** patients may pay as little as **\$0 per prescription.**

## 3 Steps for Eligible Patients to Receive Increlex Assistance

- 1** Enroll in IPSEN CARES<sup>®</sup>: Patient and provider must complete the Enrollment Form, which must be signed by the provider and parent/guardian
- 2** If the patient is eligible\* for the copay program, IPSEN CARES will enroll the patient
- 3** If provided on the Enrollment Form, IPSEN CARES will forward the prescription with copay assistance information to the appropriate specialty pharmacy to fill the prescription

**More details regarding enrollment are available by calling IPSEN CARES at 1-866-435-5677**

\*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.

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## Frequently Asked Questions

**Q What are the Increlex Copay Assistance Program eligibility criteria?\***

A 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 Increlex Copay Assistance Program during the current enrollment year.

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

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

**Q Are patients with government insurance eligible for the Increlex Copay Assistance Program?**

A No. Patients are not eligible for copay assistance if they are enrolled in any state or federally funded programs for which drug prescription 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”).

**Q When does the program reset? What do the patient and provider have to do to remain enrolled?**

A The program resets on January 1. Patients may remain enrolled in copay assistance as long as eligibility criteria are met.

\*See reverse side for Patient Eligibility & Terms and Conditions.

For questions about the Increlex Copay Assistance Program, call us:

**1-866-435-5677**

Monday – Friday, 8:00 AM – 8:00 PM ET

For additional information, visit us online at [IPSENCARES.com](https://IPSENCARES.com)