

Onivyde Copay Assistance Program

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



Steps for Patients to Receive Onivyde Assistance

- 1 Provider and patient complete the Enrollment Form and send to IPSEN CARES
- 2 Patient is administered Onivyde
- 3 Provider submits claim to patient's insurance company
- 4 Once claim is paid, provider submits the following documents via fax **1-833-671-1088** or via the upload function at [IPSECARES.com](https://www.ipsecares.com)
 - Completed CMS-1500 or CMS-1450 form
 - Explanation of benefits (EOB)/remittance from the patient's primary private insurance showing itemized allowed charges and remaining cost share for Onivyde therapy
- 5 IPSEN CARES typically processes eligible claim payments to a patient's provider within 17-24 business days via EFT (wire transfer) or check

Please see accompanying full Prescribing Information, including **BOXED WARNING**.

*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 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.

Onivyde Copay Assistance Program

Frequently Asked Questions

Q: What are the Onivyde 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 Onivyde Copay Assistance Program during the current enrollment year.

Q: What does the Onivyde Copay Assistance Program cover?

A: The Copay Assistance Program covers the patient's out of pocket cost for the prescription medicine, and its applicable administration copay, where allowed by state law up to the annual calendar year maximum copay program benefit amount. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

Q: How do patients know that they have been enrolled?

A: Patients will receive notification of copay enrollment and will be mailed a welcome letter. The provider will also be sent a welcome fax.

Q: Where can the Onivyde Copay Assistance Program be used?

A: The Onivyde Copay Assistance Program is available to be used in the provider's office/practice or hospital when using the patient's medical benefits. The Copay Assistance Program is also available when using the patient's pharmacy benefit and obtaining the prescription through a specialty pharmacy.

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.

Q: Are patients with government insurance eligible for the Onivyde 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: What is the timely filing submission requirement for reimbursement requests?

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

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.

Please see accompanying full Prescribing Information, including **BOXED WARNING**.

**For questions about
the Onivyde 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
[IPSECARES.com](https://www.ipsecares.com)