

Helping patients get access to their prescribed medications with the information and support they need.

IPSEN CARES serves as a central point of contact between:



PATIENTS/
CAREGIVERS



HEALTHCARE
PROVIDERS



INSURANCE
COMPANIES



SPECIALTY
PHARMACIES

Frequently Asked Questions

GENERAL PROGRAM SERVICES/ENROLLMENT

Q: What services does the IPSEN CARES program provide?

A: Once a provider prescribes an Ipsen medication, the Patient Access Managers at IPSEN CARES can provide applicable patient coverage information between the patient/caregiver, healthcare provider (HCP), insurance company, and specialty pharmacy.

The Patient Access Managers can assist in a variety of ways by providing information regarding benefits verification, Prior Authorization/Appeals, Copay Assistance Program for eligible patients, Patient Assistance Program (PAP), Specialty Pharmacy network, billing and coding, and Medication Nurse Support Program.

Q: How can I enroll my patients in the IPSEN CARES program?

A: HCPs can help patients enroll in IPSEN CARES in two ways:

1. Providers can fill out and sign forms through our website at IPSENCARES.com.
 - Patients can sign their Patient Authorization directly on the website by going to “Program Enrollment” under the “For Patients/Caregivers” section and clicking on the “Sign Now” button next to Patient Authorization
2. By printing a downloadable PDF of the Enrollment Form to be filled out and faxed

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

A: IPSEN CARES will speak to the patient and provider to review eligibility and enrollment into the program. In addition, the patient and physician will be sent letters welcoming them into the program.

Q: Does a patient need to enroll in IPSEN CARES every year?

A: Once a patient is enrolled in IPSEN CARES, a Patient Authorization Form needs to be completed by the patient/legal guardian every 3 years^a in order to maintain participation in IPSEN CARES. Patients can either sign the form directly on the website or print a PDF of the form to be filled out and faxed.

COPAY ASSISTANCE PROGRAM

Q: How can my patients obtain copay and payment information?

A: Once a patient is enrolled in IPSEN CARES, an IPSEN CARES Patient Access Manager will contact the patient. If the patient is eligible for the Copay Assistance Program, the Patient Access Manager will explain how the program works.

Q: How does a patient enroll in the Copay Assistance Program?

A: Enrollment for either the medical or pharmacy benefit program for eligible^b patients is accomplished via IPSEN CARES. The patient and provider complete their respective sections of the Enrollment Form and the provider submits the form to IPSEN CARES.

^aThe patient authorization will expire sooner than 3 years where required by state law.

^bPlease see Patient Eligibility & Terms and Conditions at IPSENCARES.com.

Frequently Asked Questions, continued

COPAY ASSISTANCE PROGRAM, continued

Q: How will IPSEN CARES determine that the patient is eligible for the Copay Assistance Program?

A: IPSEN CARES will perform a benefit verification to determine if the patient meets the eligibility criteria for the program. If the patient qualifies for assistance with both the pharmacy and medical benefit, IPSEN CARES will allow the patient and the provider to determine which program to use.

Q: If a patient is enrolled in Medicaid, are they eligible for the 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 paperwork does the provider need to submit to IPSEN CARES?

A: Once a claim is paid by the patient's insurance company, the provider submits the following documents via fax 1-888-525-2416:

- 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 the Ipsen therapy

Q: A patient has multiple EOBs that need payment. Can multiple EOB submissions be sent for payment at one time?

A: Multiple EOBs can be submitted at one time, including EOBs up to 180 days prior to the patient's enrollment date. Bundled claims will be denied, so submit each claim separately. In addition, the claim form and the EOB need to be sent together in one submission.

Q: What is the amount of time allowed to submit a claim?

A: Submissions are allowed up to 180 days post primary EOB date. If a submission is beyond the 180-day mark, it will be denied.

Q: If a claim is denied due to missing information, can I resubmit with the missing information and have the claim paid?

A: Yes, you can resubmit the claim with the missing information. Send all of the documents (EOB and claim form) with the missing information so the claim can be reprocessed.

Q: How does the provider receive payment from the Copay Assistance Program?

A: IPSEN CARES processes eligible claim payment to patient's provider within 14 business days via either ACH (wire transfer) or check.

COPAY WEBSITE FOR SELECT PRODUCTS

Q: Can patients enroll into the Copay Assistance Program online?

A: Yes. For select Ipsen products, both patients and providers are able to enroll patients into the IPSEN CARES Copay Support Program. Providers can also upload claims to these websites.

PATIENT ASSISTANCE PROGRAM (PAP)

Q: What are the eligibility requirements for the PAP?

A: The PAP is designed to provide product at no cost to eligible patients. Patients may be eligible to receive a free drug if they are experiencing financial hardship, are uninsured or functionally uninsured, are US residents, and received a valid prescription for an Ipsen medication as supported by information provided in the program application. Eligibility does not guarantee approval for participation in the program. The PAP provides the Ipsen medication only and does not cover the cost of previously purchased product or medical services.

For additional information, visit us online at IPSENCARES.com

Please contact your local Regional Reimbursement Director for additional support or contact IPSEN CARES directly. IPSEN CARES is available Monday – Friday, 8:00 AM – 8:00 PM ET and can be reached by phone at 1-866-435-5677 or by fax at 1-888-525-2416.

IPSENCARES[®]

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