



# IPSENCARES®

Coverage, Access, Reimbursement & Education Support

## A Network of Services and Support Options

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 patient 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
- ✓ Disease and Treatment Education for Select Ipsen Products
- ✓ Prior Authorization (PA)/Appeals Information
- ✓ Patient Assistance Program (PAP) for Eligible\* Patients
- ✓ Communication With Providers and Patients
- ✓ Medication Support Nurse Program for Select Ipsen Products

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

*\*Please see Patient Eligibility on the back.*

# Ipsen Is Proud of Our Patient Support Program, IPSEN CARES<sup>®</sup>, Which Is Available for Your Patients

## Quick and Easy Enrollment

STEP  
1

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

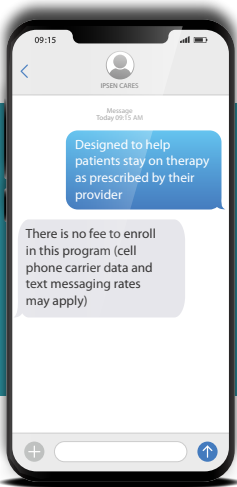
STEP  
2

You submit the Enrollment and Patient Authorization Form to IPSEN CARES

STEP  
3

An IPSEN CARES Patient Access Manager will contact you to finalize enrollment in the program

The Enrollment and Patient Authorization Form is also available to complete electronically by visiting [IPSENCARES.com](https://IPSENCARES.com)



## Support Is Only a Text Message Away for Your Patients!

Text messaging is available to help your patients stay on their prescribed medication plan.

\* Patient Eligibility for Copay Assistance: 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 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. Additional restrictions may apply. For more information on patient eligibility and for full program terms and conditions, please visit [IPSENCARES.COM](https://IPSENCARES.COM).

Patients may be eligible to receive free drug if they are experiencing financial hardship and meet financial eligibility criteria, are uninsured or functionally uninsured, are U.S. residents, and received a valid prescription for an on-label use of an Ipsen medication as supported by information provided in the program application. Eligibility does not guarantee approval for participation in the program. Please visit [IPSENCARES.com](https://IPSENCARES.com) for more information and program terms and conditions.

**If you have questions, contact us at (866) 435-5677.**