

# Onivyde Copay Assistance Program

**Eligible\* patients may receive up to \$20,000 in savings during the program year**

- Eligible\* patients can pay as little as \$0 per prescription
- Program resets every January 1<sup>st</sup>
- IPSEN CARES<sup>®</sup> will confirm with patient on an annual basis that patient still meets criteria for program

## Simple Steps for Patients to Receive Their Onivyde Assistance

- 1** Provider and patient complete 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 **(253-395-8028)**
  - 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 Onivyde therapy
- 5** IPSEN CARES processes eligible claim payment to patient's provider typically within 7-10 business days via either ACH (wire transfer) or check.

\*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 residing in Massachusetts, Minnesota, Michigan, 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.

Cash-pay patients are eligible to participate. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover ONIVYDE<sup>®</sup>. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not considered cash-pay patients and are not eligible for copay assistance through IPSEN CARES<sup>®</sup>. For patients with commercial insurance who are not considered to be cash-pay patients, 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 ONIVYDE<sup>®</sup> Copay Program. For cash-pay patients, the maximum copay benefit amount per prescription is \$1,666.66, subject to the annual maximum of \$20,000 in total. Patient pays any amount greater than the maximum copay savings amount per prescription.

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 and/or RxCrossroads by McKesson, are 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.

# Onivyde Copay Assistance Program

## Frequently Asked Questions

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

A Enrollment to the program 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.

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

A Their physician may enroll them by submitting an IPSEN CARES Enrollment Form. IPSEN CARES will speak to the patient and provider to review eligibility and enrollment into the program. In addition, patients and physicians will be mailed letters welcoming them into the program.

**Q Are cash-pay patients allowed to use the program?**

A Yes, cash-pay patients may qualify for the Copay Assistance Program. Eligible cash paying patients will receive up to \$1,666.66 of support per prescription, up to \$20,000 program annual maximum.

**Q A patient has multiple explanation of benefits (EOBs) that need payment. Can Multiple EOB submissions be sent for payment at one time?**

A Yes, multiple EOBs can be submitted at one time, including EOBs 90 days prior to the patient's enrollment date.

**Q A patient is enrolled in Medicaid. Are they eligible\* for the Onivyde Assistance Copay 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").

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

---

For questions about the Onivyde Copay Assistance Program, call:

**1-866-435-5677**

Monday – Friday, 8:00 AM – 8:00 PM ET

For additional information, visit us online at [www.ipsencares.com](http://www.ipsencares.com)

---