

Increlex Copay Assistance Program

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

- Savings off your insurance copay or coinsurance costs for Increlex
- Annual maximum of \$12,000 per calendar year in copay assistance

Three Simple Steps for Eligible Patients to Receive Their Increlex Savings

- 1** Enroll in IPSEN CARES[®]: Patient and provider must complete an Enrollment Form, which must be signed by the provider and parent/guardian, and include a prescription
- 2** If eligible* for the copay program, IPSEN CARES will enroll the patient
- 3** 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[®] if they are enrolled in any state or federally funded programs, 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 Increlex[®]. Medicare Part D enrollees who are in the prescription drug coverage gap ("donut hole") are not considered cash-pay patients and are not eligible for copay assistance through IPSEN CARES[®]. For patients with commercial insurance that 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 \$12,000 and the total amount of copay benefit provided to the patient in the Increlex[®] Copay Program. For cash-pay patients, the maximum copay benefit amount per prescription is \$1,000, subject to the annual maximum of \$12,000 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.

Increlex Copay Assistance Program

Frequently Asked Questions

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

A Enrollment is accomplished via IPSEN CARES. The patient's parent/guardian and provider submits their respective sections of the Enrollment Form. Enrollment forms can be found on ipsencares.com.

Q How will IPSEN CARES determine the program for which the patient is eligible*?

A IPSEN CARES will perform a benefit verification to determine if the patient is eligible for copay assistance. If the patient qualifies, the parent/guardian will be issued copay assistance details on behalf of the patient.

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

A Yes, cash-pay patients qualify for the Copay Assistance Program. Cash paying patients will receive up to \$1,000 of support per prescription, up to the \$12,000 annual program maximum.

Q A patient is enrolled in Medicaid. Are they 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").

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

For questions about the Increlex 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