

We've made it easier to enroll in IPSEN CARES – including an online option:

1 ONLINE

- ✓ At www.ipsencares.com, click on the relevant product
- ✓ Click on “Program Enrollment”
- ✓ Click the box that says “Complete Now”



2 PRINT & FAX

- ✓ Print the Enrollment Form
- ✓ Fill it out completely
- ✓ Sign it
- ✓ Fax it to 1-888-525-2416

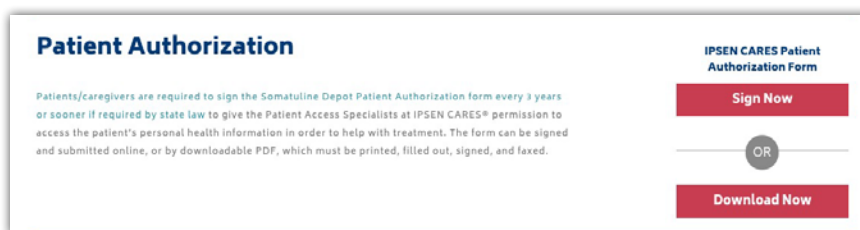
OR

*Mail-in option available as well



LEARN MORE ABOUT THE STEPS TO SUBMIT THE ONLINE ENROLLMENT FORM BY VISITING WWW.IPSENCARES.COM.

Already enrolled patients can now update their **Patient Authorization Form** online!



Simply click the relevant product on ipsencares.com, then click on “Sign Now” in the **Patient Authorization** section.

Note: An updated **Enrollment Form** and **Patient Authorization Form** are required every 3 years to remain enrolled in IPSEN CARES.*





To request free product, patients can enroll using the **Patient Assistance Program application**, and IPSEN CARES will determine eligibility for this support. To request copay assistance support, patients who are prescribed an Ipsen medication can enroll using the **Self-Enrollment form**.

Find more information on www.ipsencares.com.

Once a completed Enrollment Form has been received, an IPSEN CARES Patient Access Specialist will perform a benefits verification and review the patient's coverage and out-of-pocket responsibility with both the healthcare provider and the patient typically within 1 business day.

*The Enrollment Form and/or Patient Authorization Form are valid for 36 months, except in Maine (30 months), Maryland (12 months), and Montana (30 months), as required by state law.

How IPSEN CARES Can Help Your Patients

 Benefits Verification	<ul style="list-style-type: none">• Verifies patients' coverage, restrictions, and copayment/coinsurance amount
 Prior Authorization (PA)/ Appeals	<ul style="list-style-type: none">• Provides information on documentation required by payers and recommendation for next steps based on payer policy• Provides information on the payer-specific processes required to submit a level I or level II appeal
 Copay Assistance Program for Eligible* Patients	<ul style="list-style-type: none">• Facilitates eligibility determination and provides information about the Copay Assistance Program
 Billing & Coding Information	<ul style="list-style-type: none">• Provides information regarding billing and coding for Ipsen products
 Patient Assistance Program (PAP)	<ul style="list-style-type: none">• Designed to provide product at no cost to eligible patients
 Medication Reminder Programs	<ul style="list-style-type: none">• The Text Message Program has many different types of messages to help encourage patients to stay on their prescribed medication plan
 Communications With Providers and Patients	<ul style="list-style-type: none">• Conducts calls to both healthcare providers and patients with status updates
 Specialty Pharmacy Network	<ul style="list-style-type: none">• Depending on whether a prescription will be obtained via the patient's pharmacy or medical benefit, IPSEN CARES will triage the prescription with the copay card information via fax to the Specialty Pharmacy to fill the prescription
 Injection Training and Nurse Home Health Administration	<ul style="list-style-type: none">• For eligible patients (This service is for select products. Patient must meet specific criteria)

*Patient Eligibility & Terms and Conditions: Only patients with commercial insurance and "cash-pay" patients are eligible. "Cash-pay" patients are defined for purposes of this program as patients who have commercial insurance that does not cover the Ipsen product in question. 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®. Patients are not eligible if prescriptions are paid in part or full by 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 who begin receiving prescription drug benefits from Government Programs at any time will no longer be eligible for copay assistance. Patients whose insurance plan is paying the entire cost of the prescriptions are not eligible. Patients residing in Massachusetts, Minnesota, 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.

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 RX Crossroads 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. Please see individual program information for program-specific patient eligibility and terms and conditions.



Scan the QR code with your smartphone to visit IPSENCARES.com now!

If you have questions, contact us at 1-866-435-5677.