

# Your IPSEN CARES® Team

## Patient Access Manager

When you enroll in IPSEN CARES, you will be connected with a dedicated Patient Access Manager (PAM). PAMs are experienced in navigating the world of health insurance and can help you understand what is needed to get access to, and afford, your prescribed treatment.

### Your PAM:



Can provide information and support to help you prepare to talk to your healthcare provider, specialty pharmacy, and insurance company



Will work with you to understand your specific situation and healthcare coverage needs



Has experience with patient assistance programs and copay assistance programs, and will work with you to identify possible support programs for which you may qualify

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## Patient Education Liaison

You will be connected with a Patient Education Liaison (PEL). PELs are healthcare educators and are experienced in working with individuals living with rare conditions.

### Your PEL:



Can provide educational information to help you, your family, and caregivers better understand your condition, access needs, and prescribed treatment expectations



Will work with you to understand your specific situation and healthcare needs in alignment with the direction and advice provided by your healthcare provider



Will work in connection with your healthcare providers to support you and your caregivers through some of the many challenges of living with a rare condition

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You should always rely on your healthcare provider for information about your health and the right treatment for you.



**[IPSENCARES.com](https://IPSENCARES.com)**  
**(866) 435-5677**  
**8:00 AM - 8:00 PM ET**  
**[support@IPSENCARES.com](mailto:support@IPSENCARES.com)**

**IPSEN**CARES®  
Coverage, Access, Reimbursement & Education Support

# Copay Assistance Program

As little as  
**\$0** Copay  
Assistance  
Program  
For Eligible\* Patients

## 3 Steps for Receiving Copay Assistance

- 1 Enroll in IPSEN CARES: You and your healthcare provider must complete an IPSEN CARES Enrollment Form, including patient authorization
- 2 If you are eligible\* for the copay program, IPSEN CARES will enroll you
- 3 IPSEN CARES will forward the prescription with copay assistance information to the appropriate specialty pharmacy to fill your prescription

**Learn more about the Copay Assistance Program from your Patient Access Manager**

## Copay Assistance Program Terms and Conditions

The Copay Assistance Program ("Program") is subject to the following terms and conditions:

\*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 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 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.

Patients or guardians are 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 or guardians may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, Health Reimbursement Account, or otherwise to a government or private payor. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or its copay assistance vendor 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. Copay assistance cannot be sold, purchased, traded, or counterfeited. Void if reproduced.



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