

Support for **Dysport**[®] is within reach through

IPSEN CARES[®]

Coverage, Access, Reimbursement & Education Support

Savings up to
\$5,000

per year for treatment
costs for eligible patients
with the **Dysport**[®]
Copay Assistance
Program

Dysport[®] is a prescription medicine that is injected into muscles and used to treat:

- increased muscle stiffness in adults with spasticity
- cervical dystonia (CD) in adults
- increased muscle stiffness in children 2 years of age and older with lower limb spasticity

It is not known whether **Dysport**[®] is safe or effective in children under 2 years old for the treatment of lower limb spasticity.

It is not known whether **Dysport**[®] is safe or effective for the treatment of other types of muscle spasms.

It is not known whether **Dysport**[®] is safe or effective for the treatment of cervical dystonia or upper limb spasticity in children under 18 years of age.

Important Safety Information for Dysport[®]

Dysport[®] (abobotulinumtoxinA) may cause serious side effects that can be life threatening, including problems breathing or swallowing, and spread of toxin effects. These problems can happen within hours, or days to weeks after an injection of **Dysport**[®]. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with **Dysport**[®]. Call your doctor or get medical help right away if you have any of these problems after treatment with **Dysport**[®]:

- **Problems swallowing, speaking, or breathing** after an injection of **Dysport**[®] if the muscles that you use to breathe or swallow become weak. If these problems are severe, death can happen as a complication. People with certain breathing problems may need to use muscles in their necks to help them breathe and may be at greater risk for serious breathing problems with **Dysport**[®].
- Swallowing problems may last for several weeks; you may need a feeding tube to receive food or water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving **Dysport**[®] have the highest risk of getting these problems.

Please see additional Important Safety Information on next page, and accompanying [Full Prescribing Information](#), including **Boxed Warning** regarding distant spread of toxin effect.

 **Dysport**[®]
(abobotulinumtoxinA)

Ready to Help With Dysport[®] Treatment

Coverage, Access, Reimbursement & Education Support for patients prescribed Dysport[®]

- Once the doctor has prescribed Dysport[®] (abobotulinumtoxinA), the Patient Access Specialists at IPSEN CARES[®] can provide applicable patient coverage information, as appropriate, between the patient, doctor's office, insurance company, and Specialty Pharmacy
- By serving as a central point of contact, IPSEN CARES[®] can help patients get started on treatment and provide support throughout the process

Enrolling in IPSEN CARES[®]

Patients must enroll through the doctor's office to verify benefits.

- Our Patient Access Specialists will check each patient's pharmacy and medical benefits to determine if the drug is covered for the indication the treating physician has specified
- If there are any restrictions, IPSEN CARES[®] will provide the information required by the insurance company that the doctor may need to complete
- A summary of all the information collected will be sent back to the doctor's office in a single document, called Benefit Verification Results
- Benefit Verifications are usually turned around within 4 business hours upon receipt of the completed enrollment form and patient authorization

Doctors can help patients enroll and complete authorization in two ways:



Visit
www.ipsencares.com



Print a **downloadable PDF**
to be filled out and faxed

Annual renewal authorization

- Patients are required to sign the Dysport® Patient Authorization form every 12 months to give the Patient Access Specialists at IPSEN CARES® permission to access their personal health information (PHI) in order to help with treatment
- The form can be signed and submitted online, or by downloadable PDF, which must be filled out, printed, signed, and faxed



For more information, call our IPSEN CARES®
Patient Access Specialists at **(866) 435-5677**,
Monday-Friday, from 8:00 AM to 8:00 PM ET
(5:00 AM to 5:00 PM PT)

Important Safety Information for Dysport® (continued)

Spread of toxin effects. In some cases, the effects of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include: loss of strength and muscle weakness all over the body, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, or trouble swallowing. These problems could make it unsafe for you to drive a car, operate machinery, or do other dangerous activities.

Do not take Dysport® if you are allergic to Dysport® or any of the ingredients in Dysport® (See Medication Guide for ingredients), or are allergic to cow's milk protein; had an allergic reaction to any other botulinum toxin product, such as Myobloc® (rimabotulinumtoxinB), Botox® (onabotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); or have a skin infection at the planned injection site.

Dysport® Copay Assistance Program With Annual Savings of **\$5,000*** for Eligible^{†‡} Patients

The Dysport® Copay Assistance Program for eligible,^{†‡} commercially insured patients is available by enrolling in IPSEN CARES®.

- Covers costs associated with Dysport® (abobotulinumtoxinA) and the injection (where allowable by state laws—subject to terms and eligibility requirements)
- Each eligible patient may receive financial assistance covering a portion of out-of-pocket costs with a maximum copay benefit of \$5,000, covering up to 4 Dysport® sessions, whichever comes first
- Copay assistance with Dysport® may be especially beneficial for patients with high-deductible insurance plans

Enrolling in the Dysport® Copay Assistance Program Is Easy



Visit
www.ipsencares.com



Call **866-435-5677** and
speak with an IPSEN CARES®
Patient Access Specialist

- If eligible, the patient will receive Dysport® copay assistance* to be used at doctors' offices, hospitals, and pharmacies
- Provider submits claim to patient's insurance company and to the copay program (instructions to submit claims to the program will be sent to the provider's office) to initiate reimbursement

Important Safety Information for Dysport® (continued)

Before you take Dysport®, tell your doctor about all your medical conditions, including if you have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis, or Lambert-Eaton syndrome), as you may be at increased risk of serious side effects, including difficulty swallowing or breathing.

Other Ways We Can Assist

For patients with government insurance

- For patients who have government insurance (eg, Medicare, Medicaid, TRICARE), IPSEN CARES[®] may be able to offer the contact information for independent nonprofit foundations that offer financial assistance

Free medication

- Uninsured patients may be eligible* for free medication through our Patient Assistance Program. To qualify, patients must be 1) uninsured, 2) US residents, and 3) meet specific income criteria. Patients may enroll through IPSEN CARES[®]. If eligible, they will receive free medication from Ipsen

*In any calendar year commencing January 1, the maximum copay benefit paid by Ipsen Biopharmaceuticals, Inc. will be \$5,000, covering no more than four (4) Dysport[®] treatments. For cash-pay patients, the maximum copay benefit amount per eligible Dysport[®] treatment is \$1,250, subject to the annual maximum of \$5,000 in total. There could be additional financial responsibility depending on the patient's insurance plan.

Patient Eligibility

[†]Patients who are eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) in any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE (collectively, "Government Programs") are not eligible for copay assistance through IPSEN CARES[®]. 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 free starter therapy through the IPSEN CARES[®] program are not eligible for the copay assistance program while they are waiting for insurance prescription coverage to begin. Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, also are not eligible for the copay assistance program during current enrollment year.

Terms and Conditions

[‡]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 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 TrialCard, Incorporated are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Cash-paying 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 Dysport[®]. 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 the copay benefit. Data related to your 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 you. 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. Offer expires December 31, 2018.

Many Eligible Patients Can Receive Copay Assistance

Patients may be eligible for the Dysport® Copay Assistance Program if they:

- have commercial insurance and are to receive Dysport® (abobotulinumtoxinA) for therapeutic use
- are not eligible for any federally funded plan (ie, Medicare, Medicaid, TRICARE, VA, or DOD)
- are not receiving Dysport® for cosmetic use

For complete rules of eligibility, see page 5 of this brochure.

Important Safety Information for Dysport® (continued)

Before you take Dysport®, tell your doctor if you have or have had any of the following: a side effect from any botulinum toxin in the past; breathing problems such as asthma or emphysema; swallowing problems; bleeding problems; diabetes; and slow heartbeat, or other problems with your heart rate or rhythm.

Tell your doctor if you have plans to have surgery, had surgery on your face, have weakness of your forehead muscles (such as trouble raising your eyebrows), have drooping eyelids, or have any other change in the way your face normally looks.

Tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding or planning to breastfeed. It is not known if Dysport® can harm your unborn baby. It is not known if Dysport® passes into breast milk.

Four Simple Steps to Dysport® Savings

Here's how enrolled patients can receive their Dysport® (abobotulinumtoxinA) savings:

1. Patient receives treatment with Dysport®. Physician follows standard procedure for collection of patient copay
2. Provider submits claim to patient's insurance company and to the copay program. (Instructions to submit claims to the program will be sent to the provider's office)
3. The IPSEN CARES® program will process each claim and notify the patient and provider of the claim status
4. The program will send the funds for approved claims directly to the physician's office on behalf of the patient

More details regarding enrollment are available by calling IPSEN CARES®. If your office does not accept medical claims processing or does not want to participate in the program, the patient can submit their Explanation of Benefits (EOB) to IPSEN CARES® via fax at 1-844-745-2352.



Important Safety Information for Dysport® (continued)

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using Dysport® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received Dysport® in the past.**

Savings with copay assistance

Example*:

Commercially insured patient injected with Dysport® (abobotulinumtoxinA) 500 Units has a \$1,000 deductible, then 20% coinsurance thereafter†

	Patient out-of-pocket cost without copay program	Patient out-of-pocket cost with copay program
Injection 1 Deductible and Coinsurance	\$1,165.22*§	\$0
Injection 2 Coinsurance	\$165.22	\$0
Injection 3 Coinsurance	\$165.22	\$0
Injection 4 Coinsurance	\$165.22	\$0
Total Annual Patient Out-of-Pocket Cost	\$1,660.88	\$0

*Hypothetical example for illustrative purposes only.

†Deductibles, coinsurance, and copays can vary by plan and benefit design.

‡Based on an average deductible for covered workers in 2015 of \$1,077.‡

§20% of the Q4 2017 ASP + 6% of Dysport® 500-Unit vial.²

Important Safety Information for Dysport® (continued)

Especially tell your doctor if you have received injections of botulinum toxin in the last four months or in the past. Be sure your doctor knows exactly which product you received such as Myobloc® (rimabotulinumtoxinB), Botox® (onabotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; or take a sleep medicine.

Dysport® Copay Assistance Program FAQs

Q How do patients receive Dysport® copay assistance?

A First, a patient must satisfy the requirements of eligibility and then be enrolled in the program (for complete rules of eligibility, see page 5 of this brochure). Once a patient has successfully enrolled in the program, they will get their injection at the doctor's office.

Q Where can the Dysport® Copay Assistance Program be used?

A The Dysport® Copay Assistance Program is meant to be used at the doctor's office or hospital.

Q A patient does not have commercial insurance. Are they eligible for the Dysport® Copay Assistance Program?

A Yes, uninsured patients are eligible for the Dysport® Copay Assistance Program. Call IPSEN CARES® to learn more about eligibility. Patients with federally funded insurance are not eligible.

Q What if the patient is unable to use the Dysport® Copay Assistance Program at their physician's office/practice or pharmacy?

A The patient may request payment via a mail-in rebate. The patient must submit a request for a check and valid EOB. Call IPSEN CARES® to learn more about the information that needs to be provided. Once verified, a check for the patient's savings amount will be mailed to the patient within 7-10 business days.

Q Can a patient request copay assistance for multiple treatment dates at the same time?

A A patient can submit an EOB for multiple visits to IPSEN CARES® at the same time. Patients can go back 6 months prior to their enrollment into IPSEN CARES®.

Dysport® Copay Assistance Program FAQs (cont'd)

Q What do patients do if they are getting Dysport® through their Specialty Pharmacy, but also want help with the injection fee charged at their doctor's office?

A Patients submit their EOBs and receipts from both their Specialty Pharmacy and doctor's office and the team will calculate the associated Dysport® costs and reimburse accordingly. Please note: Any surgical, doctor, and/or laboratory expenses will be excluded from payment. In these cases, patients must pay upfront costs and then they will be sent a check to be reimbursed for eligible expenses.

Q If patients are reimbursed for their Specialty Pharmacy receipt, can they go back to get reimbursement for their injection costs?

A Yes, previous claims can be adjusted if the documentation is valid. Please submit any information that is sent separately with a label "Additional Correspondence for (Date of Service)" for any adjustment changes. In these cases, patients must pay upfront costs and then they will be sent a check to be reimbursed for eligible expenses.

Important Safety Information for Dysport® (continued)

Most common side effects of Dysport® in adults with upper limb spasticity

include: urinary tract infection, muscle weakness, musculoskeletal pain, fall, depression, stuffy or runny nose and sore throat, and dizziness.

Most common side effects of Dysport® in adults with lower limb spasticity

include: muscle weakness, pain in your arms or legs, and fall.

Most common side effects of Dysport® in people with cervical dystonia include:

muscle weakness, dry mouth, feeling of tiredness, muscle pain, problems speaking, eye problems, difficulty swallowing, injection site pain, and headache.

Most common side effects of Dysport® in children (2 to 17 years of age) with lower limb spasticity include: upper respiratory infection, stuffy or runny nose and sore throat, flu, cough, and fever.

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of Dysport®. For more information, ask your doctor or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Dysport® Full Prescribing Information including **Boxed Warning** and Medication Guide.

Botox®, Xeomin®, and Myobloc® are registered trademarks of their respective owners.

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IPSEN CARES[®]
Coverage, Access, Reimbursement & Education Support

Savings up to **\$5,000** per calendar year for treatment costs
with the **Dysport**[®] Copay Assistance Program



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For more information, call **866-435-5677**
and speak with an **IPSEN CARES**[®]
Patient Access Specialist

Important Safety Information for **Dysport**[®]

Most common side effects of **Dysport[®] in children (2 to 17 years of age) with lower limb spasticity include:** upper respiratory infection, stuffy or runny nose and sore throat, flu, cough, and fever.

Please see **Dysport**[®] [Full Prescribing Information](#) including **Boxed Warning** and Medication Guide in pocket.

References: **1.** The Henry J. Kaiser Family Foundation. Among Covered Workers With a General Annual Deductible for Single Coverage, Average Deductible, by Plan Type and Firm Size, 2017 9060. https://www.kff.org/report-section/ehbs-2017-section-7-employee-cost-sharing/attachment/table%207_6-10/. Accessed October 16, 2017. **2.** Data on file. Basking Ridge, NJ; Ipsen Biopharmaceuticals, Inc.



Dysport[®]
(abobotulinumtoxinA)

Dysport[®] (abobotulinumtoxinA) for injection, for intramuscular use 300- and 500-Unit vials.
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