

How IPSENCARES™ Can Support Your Dysport Patients



PROVIDER ENROLLS PATIENT INTO IPSEN CARES[†]

STEP 1: What is required from the provider and patient?

- Provider works with patient to submit a complete IPSEN CARES Dysport Enrollment Form
- Patient signs patient authorization section of the Enrollment Form or separate Patient Authorization Form if not in the office

STEP 2: Copay Enrollment Process

- IPSEN CARES conducts a benefit verification to determine patient's insurance coverage and out-of-pocket responsibility and relays results to patient and provider
- If the patient is eligible* for the Dysport Copay Assistance Program, IPSEN CARES will contact the patient to complete the enrollment process
- IPSEN CARES will provide ID information and claim submission process guidelines to the patient and provider



PATIENT SELF ENROLLS INTO IPSEN CARES[†]

STEP 1: What is required from patient:

- Patient completes the IPSEN CARES Dysport Self-Enrollment Form and patient authorization

STEP 2: Copay Enrollment Process

- IPSEN CARES conducts a benefit verification to determine patient's insurance coverage and out-of-pocket responsibility and relays results to patient
- If the patient is eligible* for the Dysport Copay Assistance Program, IPSEN CARES will contact the patient to complete the enrollment process
- IPSEN CARES will provide copay assistance ID information and claim submission process guidelines to the patient.

STEP 3: Copay Assistance Reimbursement Process if Patient is Eligible

- **PROVIDER** or **PATIENT** can submit secondary claim to IPSEN CARES:

IF PROVIDER SUBMITS CLAIM, SHE/HE MUST PROVIDE:

- CMS-1500 or CMS-1450 plus EOB
- Payment is processed directly to the provider's office by check or ACH (wire transfer) within 7-10 business days

IF PATIENT SUBMITS CLAIM, SHE/HE MUST PROVIDE:

- Member Reimbursement Form (available by calling IPSEN CARES)
- EOB from primary payer
- Proof of treatment: Proof of treatment can include itemized EOB that clearly indicates medication, specialty pharmacy receipt indicating medication, or office discharge summary with medication listed
- Payment is processed directly to the patient by check within 7-10 business days (*Patient is responsible for paying provider office any outstanding balance*)



[†]All forms can be obtained and submitted on ipsencares.com

*See reverse side for Patient Eligibility & Terms and Conditions

 **Dysport**[®]
(abobotulinumtoxinA)

IPSENCARES™

Coverage, Access, Reimbursement & Education Support

Visit www.IPSENCARES.com to learn more about patient support and access the Enrollment Forms.

*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 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 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 copay assistance through IPSEN CARES®. 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 \$5,000 and the total amount of copay benefit provided to the patient in the Dysport® Copay Program. In any calendar year commencing January 1, the maximum copay benefit amount 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 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.