



Dysport® Copay Assistance Program

Eligible* patients may receive up to a \$5,000 savings during the program year (calendar year)

- Program exhausts after 4 injection treatments, or a maximum annual copay benefit of \$5,000, whichever comes first
- Program resets every January 1st
- Patients must enroll every 12 months from date of acceptance to remain eligible to receive a continued benefit

Simple Steps for Enrolled Patients to Receive Their Dysport Assistance

- 1 Provider and patient complete enrollment form and send to IPSEN CARES and patient receives treatment with Dysport.
- 2 Provider submits claim to patient's insurance company.
- 3 Provider adds IPSEN CARES as a secondary or tertiary in EMR system. Provider submits claim to Ipsen utilizing EMR submission to Change Healthcare using CPID 26227, the payer name will be displayed as MSH REIMBUR and the patient's unique ID information.
- 4 Electronic claims should be submitted to the patient's primary and secondary insurance and the EMC process will occur in the background. When the claim is electronically submitted to the patient's primary insurance, it will also be sent to secondary/tertiary insurances to be electronically processed for payment.
- 5 IPSEN CARES processes claim payment to patient's provider with 7 business days via either EFT or check.

Note: For fax submission of claims, submit the following documents via fax to 888-525-2416: a) completed claim form (Universal, UB or CMS-1500 Claim Form) and b) Primary EOB showing itemized claim from the patient's private insurance company with the cost for products and services listed separately.

*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 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 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®. 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. Offer expires December 31, 2019.

Please see accompanying full Prescribing Information, including Boxed Warning, in the pocket.



Frequently Asked Questions

Q: How do patients receive Dysport Copay Assistance?

A: First, a patient must satisfy the requirements of eligibility and then be enrolled in IPSEN CARES. Once a patient has successfully enrolled in the program, their Doctor's office can then submit a secondary copay assistance claim to IPSEN CARES following treatment.

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

A: The Dysport Copay Assistance Program is meant to be used at the physician's office/practice or hospital when utilizing the patient's medical benefits.

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

A: Yes, uninsured patients who are not eligible to participate in state or federally funded programs are eligible for the Dysport Copay Assistance Program.

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 copay assistance via a mail-in request if their Provider cannot use the Copay Assistance Program at their physician's office. The patient must submit a request for a check and valid Explanation of Benefits (EOB), which includes, but is not limited to, quantity dispensed, days' supply, drug name and NDC, and patient's copay. This information can be faxed to 888-525-2416 or mailed to IPSEN CARES, 11800 Weston Parkway, Cary, NC 27513. Once verified, a check for the patient's savings amount will be mailed to the patient within 7-10 business days.

Q: A patient has multiple EOBs that need payment. Can multiple EOB submissions be sent for payment at one time?

A: Yes. Subject to the maximum annual cap and other program restrictions, multiple EOBs can be submitted for consideration at one time, including EOBs 6 months prior to the patient's enrollment date.

Q: I have a patient who has two separate documentations (i.e., an EOB and a Specialty Pharmacy receipt) for the same date of service. Will this patient be paid for both documents?

A: This depends on which services were provided to the patient. Subject to the maximum annual benefit and other restrictions, the Dysport Copay Assistance Program will cover the cost of the drug and injections (this also includes the physician's visit the same day of injection) where allowable by the state. Our processors will calculate the associated Dysport costs and reimburse accordingly. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

Q: What if the physician has already been reimbursed in full for cost of the drug and the service but later the patient receives an EOB indicating out of pocket expenses are due; can they submit this for reimbursement?

A: Yes, our processors can adjust previous claims if the documentation is valid. The patient should submit this information as "ADDITIONAL CORRESPONDENCE FOR [DATE OF SERVICE]" for the adjustment changes.

Q: How does the Physician receive funds for the program?

A: A payment will be made directly to the physician on the patient's behalf. Payments will either be electronic funds transfers (EFTs) or checks.

Q: What if a provider cannot submit the claim electronically?

A: The physician's office can fax the primary insurance's Explanation of Benefits (EOB) into IPSEN CARES for processing. The EOB must be itemized and show the cost break out for each line item (both product and services). The fax number is 888-525-2416.

*For additional patient eligibility and terms, see reverse side.

For questions about the Dysport® 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

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