

Support for **Dysport**  
is within reach through

**IPSEN CARES**<sup>®</sup>

Coverage, Access, Reimbursement & Education Support

Savings up to  
**\$5,000**

per year for treatment  
costs for eligible patients  
with the Dysport<sup>®</sup>  
Copay Assistance  
Program

## What is Dysport?

**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; for treating other types of muscle spasms; or for treating cervical dystonia or upper limb spasticity in children under 18 years of age.

## Important Safety Information

**What is the most important information I should know about Dysport?**

**Dysport may cause serious side effects, including problems breathing or swallowing and/or spread of toxin effects, that can be life threatening and death can happen as a complication. These problems can happen within hours, or days to weeks after an injection of Dysport.**

- **Problems swallowing, breathing, or speaking.** Treatment with Dysport can result in swallowing or breathing problems. People with pre-existing swallowing or breathing problems may be at greater risk following treatment 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.
- **Spread of toxin effects.** 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 which include: loss of strength and muscle weakness all over the body, double or blurred vision, and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, and trouble breathing or swallowing. The risk of these symptoms is probably greatest in children treated for spasticity. These problems could make it unsafe for you to drive a car, operate machinery, or do other dangerous activities.

**Call your doctor or get medical help right away if you experience these problems after treatment with Dysport.**

Please see accompanying full Prescribing Information in the pocket, including

**Boxed Warning** and Medication Guide.

 **Dysport**<sup>®</sup>  
(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 1 business day 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](http://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

**Do not receive a Dysport injection if:** you are allergic to Dysport or any of its ingredients, or cow's milk protein; you had an allergic reaction to any other botulinum toxin product, such as Myobloc®, Botox®, or Xeomin®; or you have a skin infection at the planned injection site.

## Dysport Copay Assistance Program With Annual Savings of **\$5,000** for Eligible<sup>\*,†</sup> Patients

The Dysport Copay Assistance Program for eligible,<sup>\*,†</sup> commercially insured patients is available by enrolling in IPSEN CARES<sup>®</sup>.

- Covers costs associated with Dysport (abobotulinumtoxinA) and the injection (where allowable by state laws—subject to terms and eligibility requirements)
- Patients must enroll every 12 months from dates of acceptance to remain eligible to receive a continued benefit
- Program resets every January 1st
- 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 injection treatments, whichever comes first

## Enrolling in the Dysport Copay Assistance Program Is Easy



Visit  
[www.ipsencares.com](http://www.ipsencares.com)



Call **866-435-5677** and  
speak with an IPSEN CARES<sup>®</sup>  
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)
- If obtaining Dysport through the patient's pharmacy benefit, IPSEN CARES<sup>®</sup> will triage copay card information to the patient's Specialty Pharmacy

### Important Safety Information

#### Before you receive a Dysport injection tell your doctor:

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

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

## Other Ways We Can Assist

### For patients with government insurance

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

### Patient Assistance Program (PAP)

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

### Patient Eligibility

\*Patient Eligibility & Terms and Conditions: Patients are not eligible for copay assistance through IPSEN CARES<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>. 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<sup>®</sup>. 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<sup>®</sup> treatments. For cash-pay patients, the maximum copay benefit amount per eligible Dysport<sup>®</sup> 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.

### 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 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.



## 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

#### Before you receive a Dysport injection tell your doctor: (continued)

- **If you have or have had any of the following:** a side effect from any botulinum toxin in the past; problems with breathing such as asthma or emphysema; swallowing; bleeding; diabetes; and slow heartbeat, or problems with your heart rate or rhythm.
- **If you have plans to have surgery,** had surgery on your face, have weakness of your forehead muscles (trouble raising your eyebrows), drooping eyelids, or any other change in the way your face normally looks.
- **If you are pregnant or breastfeeding or plan to become pregnant or breastfeed.** It is not known if Dysport can harm your unborn baby or if it passes into breast milk.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

## 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 Explanation of Benefits (EOB) showing itemized claim from the patient's private insurance company with the cost for products and services listed separately.



### Important Safety Information

#### Before you receive a Dysport injection tell your doctor: (continued)

- **About all the medicines you take,** including prescription and over-the-counter 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
<b>Total Annual Patient Out-of-Pocket Cost</b>	<b>\$1,660.88</b>	<b>\$0</b>

\*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.‡

## Important Safety Information

**Especially tell your doctor if you have received** any other injections of botulinum toxin in the last four months or ever; Myobloc®, Botox®, or Xeomin® (exactly which ones); an antibiotic recently by injection; or if you take muscle relaxants; allergy, cold or sleep medicine.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

## 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 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. 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 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.



## Dysport Copay Assistance Program FAQs (continued)

**Q I have a patient who has two separate documentations (ie, 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 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.

## Important Safety Information

### Most Common Side effects of Dysport in:

- **adults with upper limb spasticity include:** urinary tract infection, nasopharyngitis, muscle weakness, musculoskeletal pain, dizziness, fall, and depression.
- **adults with lower limb spasticity include:** falls, muscular weakness, and pain in extremity.
- **people with cervical dystonia include:** muscle weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders.
- **children (2 to 17 years of age) with lower limb spasticity include:** upper respiratory tract infection, nasopharyngitis, influenza, pharyngitis, cough, and pyrexia.

**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 may report side effects to the FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Please see accompanying full Prescribing Information including **Boxed Warning** and Medication Guide.

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

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is within reach through

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Coverage, Access, Reimbursement & Education Support

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



Visit  
[www.ipsencares.com](http://www.ipsencares.com)



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and speak with an IPSEN CARES<sup>®</sup>  
Patient Access Specialist

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**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/](https://www.kff.org/report-section/ehbs-2017-section-7-employee-cost-sharing/attachment/table%207_6-10/). Accessed March 22, 2019. **2.** Data on file. Basking Ridge, NJ; Ipsen Biopharmaceuticals, Inc.



**Dysport**<sup>®</sup>  
(abobotulinumtoxinA)

Dysport<sup>®</sup> (abobotulinumtoxinA) for injection, for intramuscular use 300- and 500-Unit vials.

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