

DYSPORT® Resource Guide

This document contains helpful information about:

- Dysport® Acquisition
- Dysport® Billing and Coding
- IPSEN CARES™ Reimbursement and Support for Healthcare Professionals and Patients



Indications

Dysport® (abobotulinumtoxinA) for injection is indicated for the treatment of:

- Adults with upper limb spasticity, to decrease the severity of increased muscle tone in elbow flexors, wrist flexors, and finger flexors
- Adults with cervical dystonia
- Lower limb spasticity in pediatric patients 2 years of age and older

The safety and effectiveness of Dysport® injected into upper limb muscles or proximal muscles of the lower limb for the treatment of spasticity in pediatric patients has not been established.

Safety and effectiveness in pediatric patients with lower limb spasticity below 2 years of age have not been evaluated.

Safety and effectiveness in pediatric patients with cervical dystonia or upper limb spasticity have not been established.

The safety and effectiveness of Dysport® in the treatment of lower limb spasticity in adult patients has not been demonstrated.

Important Safety Information

Warning: Distant Spread of Toxin Effect

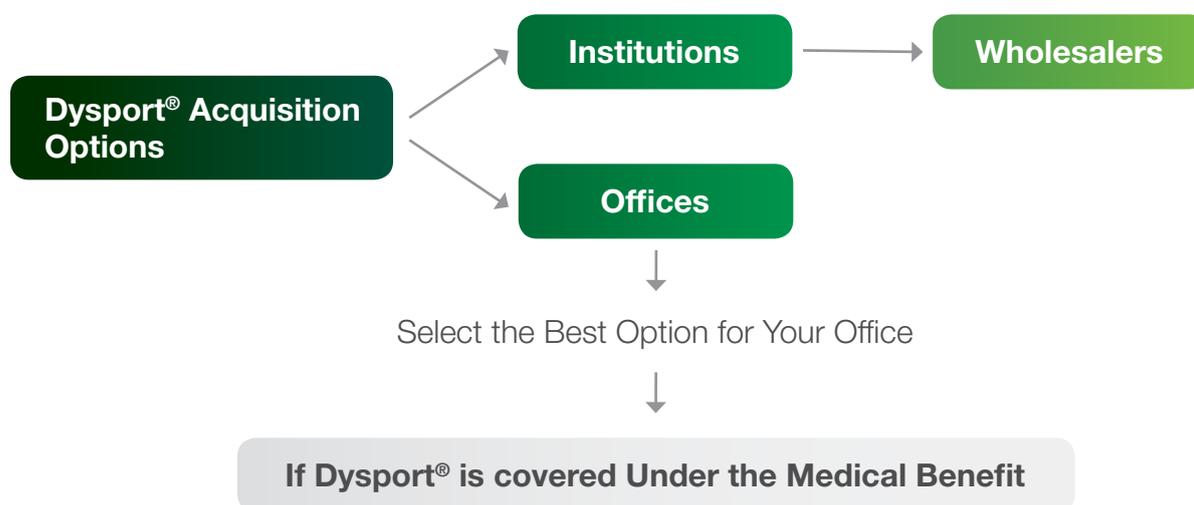
Postmarketing reports indicate that the effects of Dysport® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including upper limb spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to lower than the maximum recommended total dose.

Please see additional Important Safety Information throughout this brochure, and the accompanying Full Prescribing Information.

 **Dysport®**
(abobotulinumtoxinA)

Acquisition Options

This tip sheet is designed to assist your office in understanding and navigating the options available for providing your patients access to Dysport®.



Purchase Dysport® Directly (Buy and Bill)

- Requires upfront financial investment
- Your office acquires Dysport® (abobotulinumtoxinA) directly from a select group of Specialty Distributors
- Your office collects copay/coinsurance directly from the patient
- Your office seeks reimbursement from payer(s)

Specialty Pharmacy Assignment of Benefit (AOB)

- No upfront financial investment
- IPSEN CARES™ can provide helpful information on selecting the appropriate Specialty Pharmacy Provider by calling **1-866-435-5677**
- Patient pays copay/coinsurance directly to Specialty Pharmacy
- Specialty Pharmacy ships product directly to your office

If Dysport® is Covered Under the Pharmacy Benefit

Specialty Pharmacy

- No upfront financial investment
- IPSEN CARES™ can provide your office helpful information on selecting the appropriate Specialty Pharmacy Provider
- Patient pays copay/coinsurance directly to Specialty Pharmacy
- Specialty Pharmacy ships product directly to your office

Authorized Specialty Distributors

Specialty Distributor	Customer Service/Ordering	New Accounts	Products	Order Times
Besse Medical	Phone: 1-800-543-2111 www.besse.com	Phone: 1-800-543-2111 www.besse.com/ Pages/Create Account.aspx	Dysport®	Mon - Thurs: 8:30 AM - 7:00 PM ET Fri: 8:30 AM - 5:00 PM ET Sat: Delivery Available by Prior Arrangement
Cardinal Specialty	Phone: 1-855-855-0708 www.cardinalhealth.com/specialtyonline www.cardinalhealth.com/us/en/spd	Phone: 1-855-855-0708 www.cardinal.com/ us/en/SPD/Ordering	Dysport®	Mon - Fri: 7:00 AM - 6:00 PM CT
CuraScript SD	Phone: 1-877-599-7748 www.curascriptonline.com/login.aspx	Phone: 1-800-862-6208 www.curascriptsd.com/New-Accounts	Dysport®	Mon - Fri: 8:30 AM - 7:00 PM ET
McKesson Specialty Health	Phone: 1-855-477-9800 www.mckessonspecialtyhealth.com/	Phone: 1-855-477-9800 www.mckessonspecialtyhealth.com/ open-an-account	Dysport®	Mon - Fri: 7:00 AM - 7:00 PM CT

The above listed specialty distributors are not associated with Ipsen Biopharmaceuticals nor do they represent Ipsen Biopharmaceuticals. These specialty distributors have been selected by Ipsen to distribute Dysport® given their reputation, capabilities, and customer satisfaction ratings. Our goal is to provide you with options to select the specialty distributors that will meet your needs. You are free to engage with any individual specialty distributors or multiple specialty distributors.

Feel free to contact your sales representative with any questions.

Important Safety Information (continued)

Contraindications

Dysport® is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components; or in the presence of infection at the proposed injection site(s); or in patients known to be allergic to cow's milk protein.

Warnings and Precautions

Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of Dysport® are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products, and, therefore, units of biological activity of Dysport® cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method.

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.



Dysport®
(abobotulinumtoxinA)

Billing and Coding

Payers require providers to include standard CPT, HCPCS, and ICD-9-CM (or ICD-10-CM) codes on claims for Dysport® (abobotulinumtoxinA) treatments.

Healthcare Common Procedure Coding System (HCPCS) Level II Code:

A permanent HCPCS Code has been assigned to report the use of Dysport®:

Dysport® HCPCS Code	Description
J0586	Injection, abobotulinumtoxinA, 5 units

Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport® administration services:

Adults with Upper Limb Spasticity:

CPT Code	Description	Notes
64642	Chemodeneration of one extremity, 1-4 muscle(s)	Each additional extremity, 1-4 muscle(s)
+64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s)	List separately in addition to code for primary procedure
64644	Chemodeneration of one extremity, 5 or more muscles	Each additional extremity, 5 or more muscle(s)
+64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles	List separately in addition to code for primary procedure
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

Modifier 50 is not reported with any of the new CPT codes from code range 64642-64647 but needle guided EMG or muscle electrical stimulation can additionally be reported with codes 95873 or 95874.

Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity

Note: This list is not exhaustive.

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
342.10	Spastic hemiplegia and hemiparesis affecting unspecified side	G81.10	Spastic hemiplegia affecting unspecified side
342.11	Spastic hemiplegia and hemiparesis affecting dominant side	G81.11	Spastic hemiplegia affecting right dominant side
		G81.12	Spastic hemiplegia affecting left dominant side
342.12	Spastic hemiplegia and hemiparesis affecting nondominant side	G81.13	Spastic hemiplegia affecting right nondominant side
		G81.14	Spastic hemiplegia affecting left nondominant side
343.0	Diplegic, Congenital diplegia, Congenital paraplegia	G80.1	Spastic diplegic cerebral palsy
343.1	Hemiplegic, Congenital hemiplegia	G80.2	Spastic hemiplegic cerebral palsy
343.2	Quadriplegic, Tetraplegic	G80.0	Spastic quadriplegic cerebral palsy
344.03	Quadriplegia, C5-C7, complete	G82.53	Quadriplegia, C5-C7, complete
344.04	Quadriplegia, C5-C7, incomplete	G82.54	Quadriplegia, C5-C7, incomplete
344.2	Diplegia of upper limbs	G83.0	Diplegia of upper limbs, Diplegia (upper), Paralysis of both upper limbs
344.40	Monoplegia of upper limb affecting unspecified side	G83.20	Monoplegia of upper limb affecting unspecified side
344.41	Monoplegia of upper limb affecting dominant side	G83.21	Monoplegia of upper limb affecting right dominant side
		G83.22	Monoplegia of upper limb affecting left dominant side

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.



Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
344.42	Monoplegia of upper limb affecting nondominant side	G83.23	Monoplegia of upper limb affecting right nondominant side
		G83.24	Monoplegia of upper limb affecting left nondominant side
438.20	Late effects of cerebrovascular disease, hemiplegia affecting unspecified side	I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
		I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
		I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
		I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
		I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
		I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
		I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
		I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
		I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
		I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
		I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
		I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side

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Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
		I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
		I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
		I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
		I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
		I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side
		I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side
		I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side
		I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side
		I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right nondominant side
		I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side
		I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side
		I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side

Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
		169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
438.30	Monoplegia of upper limb affecting unspecified side	169.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
		169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
		169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
		169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
		169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
		169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
438.31	Monoplegia of upper limb affecting dominant side	169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
		169.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
		169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
		169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
		169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
		169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
		169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side

Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.31	Monoplegia of upper limb affecting dominant side	I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
		I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
		I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
		I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
		I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
438.32	Monoplegia of upper limb affecting nondominant side	I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side
		I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
		I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
		I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left nondominant side
		I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right nondominant side
		I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left nondominant side
		I69.333	Monoplegia of upper limb following cerebral infarction affecting right nondominant side
		I69.334	Monoplegia of upper limb following cerebral infarction affecting left nondominant side
		I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right nondominant side
		I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left nondominant side

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Billing and Coding (continued)

Common Diagnostic Codes for Adults with Upper Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.32	Monoplegia of upper limb affecting nondominant side	169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right nondominant side
		169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left nondominant side

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Billing and Coding (continued)

Healthcare Common Procedure Coding System (HCPCS) Level II Code:

A permanent HCPCS Code has been assigned to report the use of Dysport®:

Dysport® HCPCS Code	Description
J0586	Injection, abobotulinumtoxinA, 5 units

Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport® administration services:

Adults with Cervical Dystonia:

CPT Code	Description	Notes
64616*	Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis). For bilateral procedure, report 64616 with modifier 50. For chemodeneration guided by needle electromyography or muscle electrical stimulation, see 95873, 95874. Do not report more than one guidance code for any unit of 64616	To describe the injection procedure
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

Common Diagnostic Codes for Adults with Cervical Dystonia

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
333.83	Spasmodic torticollis	G24.3	Spasmodic torticollis

*64613 has been deleted. To report, use 64616. [Revised as of 2013]. For a full list of changes to CMS-1500, please visit www.nucc.org.



Billing and Coding (continued)

Healthcare Common Procedure Coding System (HCPCS) Level II Code:

A permanent HCPCS Code has been assigned to report the use of Dysport®:

Dysport® HCPCS Code	Description
J0586	Injection, abobotulinumtoxinA, 5 units

Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport® administration services:

Pediatric Lower Limb Spasticity

CPT Code	Description
64642	Chemodeneration of one extremity, 1-4 muscle(s) Each additional extremity, 1-4 muscle(s)
+64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) List separately in addition to code for primary procedure
64644	Chemodeneration of one extremity, 5 or more muscles Each additional extremity, 5 or more muscle(s)
+64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles List separately in addition to code for primary procedure
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure) To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure) To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

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Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
334.1	Hereditary spastic paraplegia	G11.4	Hereditary spastic paraplegia
343.2	Congenital quadriplegia	G80.0	Spastic quadriplegic cerebral palsy Congenital spastic paralysis (cerebral)
343.0	Congenital diplegia	G80.1	Spastic diplegic cerebral palsy Spastic cerebral palsy NOS
343.1 343.4	Congenital hemiplegia Infantile hemiplegia	G80.2	Spastic hemiplegic cerebral palsy
343.3 343.8	Congenital monoplegia Other specified infantile cerebral palsy	G80.8	Other cerebral palsy Mixed cerebral palsy syndromes
343.9	Infantile cerebral palsy, unspecified	G80.9	Cerebral palsy, unspecified Cerebral Palsy NOS
342.10	Spastic hemiplegia and hemiparesis affecting unspecified side	G81.10	Spastic hemiplegia affecting unspecified side
342.11	Spastic hemiplegia and hemiparesis affecting dominant side	G81.11	Spastic hemiplegic affecting right dominant side
342.11	Spastic hemiplegia and hemiparesis affecting dominant side	G81.12	Spastic hemiplegic affecting left dominant side
342.12	Spastic hemiplegia and hemiparesis affecting nondominant side	G81.13	Spastic hemiplegic affecting right nondominant side
342.12	Spastic hemiplegia and hemiparesis affecting nondominant side	G81.14	Spastic hemiplegic affecting left nondominant side
344.1	Paraplegia	G82.20	Paraplegia, unspecified
344.1	Paraplegia	G82.21	Paraplegia, complete
344.1	Paraplegia	G82.22	Paraplegia, incomplete
344.01	Quadriplegia, C1-C4, complete	G82.51	Quadriplegia, C1-C4 complete
344.02	Quadriplegia, C1-C4, incomplete	G82.52	Quadriplegia, C1-C4 incomplete
344.30	Monoplegia of lower limb affecting unspecified side	G83.10	Monoplegia of lower limb affecting unspecified side

Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
344.31	Monoplegia of lower limb affecting dominant side	G83.11	Monoplegia of lower limb affecting right dominant side
344.31	Monoplegia of lower limb affecting dominant side	G83.12	Monoplegia of lower limb affecting left dominant side
344.32	Monoplegia of lower limb affecting nondominant side	G83.13	Monoplegia of lower limb affecting right nondominant side
344.32	Monoplegia of lower limb affecting nondominant side	G83.14	Monoplegia of lower limb affecting left nondominant side
344.5	Unspecified monoplegia	G83.31	Monoplegia, unspecified affecting right dominant side
344.5	Unspecified monoplegia	G83.32	Monoplegia, unspecified affecting left dominant side
344.5	Unspecified monoplegia	G83.33	Monoplegia, unspecified affecting right nondominant side
344.5	Unspecified monoplegia	G83.34	Monoplegia, unspecified affecting left nondominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side

Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side

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Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side

Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
438.41	Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side	I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
438.42	Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
438.21	Late effects of cerebrovascular disease, hemiplegia affecting dominant side	I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.



Billing and Coding (continued)

Common Diagnostic Codes for Pediatric Lower Limb Spasticity (continued)

ICD-9 CM Code	ICD-9 Description	ICD-10 CM Code	ICD-10 Description
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
438.22	Late effects of cerebrovascular disease, hemiplegia affecting nondominant side	I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
728.85	Spasm of muscle	M62.451	Contracture of muscle, right thigh
728.85	Spasm of muscle	M62.452	Contracture of muscle, left thigh
728.85	Spasm of muscle	M62.461	Contracture of muscle, right lower leg
728.85	Spasm of muscle	M62.462	Contracture of muscle, left lower leg
728.85	Spasm of muscle	M62.471	Contracture of muscle, right ankle and foot
728.85	Spasm of muscle	M62.472	Contracture of muscle, left ankle and foot
728.85	Spasm of muscle	M62.48	Contracture of muscle, other site
728.85	Spasm of muscle	M62.49	Contracture of muscle, multiple sites
728.85	Spasm of muscle	M62.831	Muscle spasm of calf
728.85	Spasm of muscle	M62.838	Other muscle spasm
729.82 781.0	Cramp of limb Abnormal involuntary movements	R25.2	Cramp and spasm

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

Additional Information: Consult with Individual Payers as Appropriate

- **Evaluation and Management (E&M) Services:** E&M or office visit services in addition to injection may be appropriate. Most payers require documentation of a separate and identifiable procedure.
- **Use of Modifiers:** Document procedure modifier codes on the claim form. Coding advice from the American Academy of Neurology may differ from the payer's requirements.
- **Average Sales Price (ASP):** ASP is reported by the manufacturer and published by the Centers for Medicare & Medicaid Services (CMS) quarterly.
- **Drug Wastage:** Some, but not all, payers allow payment for discarded drug from single-use vials. Contact your Ipsen Field Reimbursement Manager for information on local policies.

For additional medical information about Dysport[®], please call **1-855-463-5127**.

Always verify the patient's health insurance benefits prior to injecting neurotoxins. Medicare contractor coverage policies for neurotoxins vary and are publicly available on the Centers for Medicare and Medicaid Services (CMS) website at www.cms.gov.

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Important Notice

This guide was developed to provide physician practices and hospital outpatient office staff with a resource guide to Dysport[®] support offerings and assist in understanding third-party reimbursement for Dysport[®]. The guide is not intended to provide recommendations on clinical practice or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Although we have made an effort to be current as of the issue date of this document, the information may not be current or comprehensive when you view it. This document represents no statement, promise, or guarantee concerning coverage or levels of reimbursement. Similarly, all International Classification of Diseases, 9th edition; Clinical Modification (ICD-9-CM and ICD-10-CM); Current Procedural Terminology (CPT[®]); and Health Care Procedure Coding System (HCPCS) codes for Dysport[®] are supplied for informational purposes. It is always the physician's or facility's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. It is recommended that you contact your local payers with regard to local reimbursement policies and practices. Please consult your counsel or reimbursement specialist on reimbursement or billing questions specific to your practice.



Sample CMS-1500 claim form for Dysport® (abobotulinumtoxinA) - physician office setting*†

Box 21

Enter the appropriate ICD-10-CM diagnosis code, e.g., G81.11 for Spastic hemiplegia affecting right dominant side (upper limb spasticity).

Code to the highest level of specificity. ICD-10-CM diagnosis codes contain 3-7 digits. It is recommended that providers verify each payer's specific coding requirements prior to injecting.

Box 23

Input the authorization number if obtained from the insurance provider.

Box 24E

For each code, insert the number corresponding to the appropriate diagnosis code in field 21.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Dysport, abobotulinumtoxinA											20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.											22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. G81.11 B. _____ C. _____ D. _____											23. PRIOR AUTHORIZATION NUMBER		00000000	
E. _____ F. _____ G. _____ H. _____														
I. _____ J. _____ K. _____ L. _____														
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #														
1. N415054050001UN500.00														
02 01 16 02 01 16 11														
2. _____														
02 01 16 10 01 16 11														
3. _____														
4. _____														

Box 24A

In the shaded area list the N4 qualifier, the 11 digit drug NDC#, the unit of measurement qualifier and dosage.

Example:

15054050001UN500.00
(Note: some payers may request the NDC number be listed in box 19).

In the non-shaded area, list the date of service.

Box 24D

Include the appropriate CPT codes to report administration procedures, e.g., 64642 (Chemodeneration of one extremity, 1-4 muscle[s], e.g., for upper limb spasticity).

For Dysport®, use the unique HCPCS code required by payer. Also, include appropriate modifiers as instructed by payer.

Box 24G

Report the appropriate number of units for the procedure and the J20

Note: For Dysport® obtained through a specialty pharmacy, no charges for the drug should be billed by the provider. However, inclusion of the HCPCS code (J0586) is recommended to designate the drug administered and number of units administered. Consult with the individual payer to determine the appropriate method of documenting and billing for drugs obtained through a specialty pharmacy.

Two strengths available for Dysport®



500-Unit vial NDC 15054-0500-1*

Box containing 1 sterile, single-use vial.

Each single-use vial contains 500 Units of freeze-dried abobotulinumtoxinA, 125 µg human serum albumin, and 2.5 mg lactose.

HCPSC: J0586†

Billing units: 100‡



300-Unit vial NDC 15054-0530-6*

Box containing 1 sterile, single-use vial.

Each single-use vial contains 300 Units of freeze-dried abobotulinumtoxinA, 125 µg human serum albumin, and 2.5 mg lactose.

HCPSC: J0586†

Billing units: 60‡

HCPSC Coding for Dysport®:

J0586 (injection, abobotulinumtoxinA, 5 units).

*Please note that for billing purposes, the NDC number requires 11 digits. Therefore, a zero must be entered into the 10th position (e.g., "15054-0500-01"). This is consistent with Red Book and First DataBank listings.

†J0586 effective as of January 1, 2010.

‡One billing unit represents 5 Dysport® dosing Units.

Contact IPSEN CARES™ or your Ipsen Field Reimbursement Manager for a current list of authorized specialty distributors or how to access product through specialty pharmacies.

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

Dysport® Pack Dimensions

Approximate Dimensions - Unit

Depth: 1", Height: 1 7/8", Width: 3"

Handling and Storage Information

Dysport® for Injection is supplied in a sterile, single-use, 3 mL glass vial. Dysport® must be stored under refrigeration at 2–8°C (36–46°F). Protect from light.

Sales Unit to Trade

One dispensing pack

Product Expiration

The expiration date is printed on each dispensing pack and the vial.

Special Shipping Requirement

Dysport® is labeled with specific transportation and storage requirements. Care should be taken to ensure that temperature control at 2–8°C (36–46°F) is maintained during these activities. Ipsen will ship Dysport® in a manner that maintains this temperature during transport from Ipsen to the product destination. Specialty Distributors and Specialty Pharmacies should also package and ship Dysport® in a manner that maintains this same environment. Customers should call **1-855-463-5127** if they have any questions pertaining to proper shipping.

Product Returns

Credit for returns is subject to Ipsen's current Return Goods Policy. Returns and Return Authorizations must meet Ipsen Return Goods Policy requirements. Phone: **1-844-944-7736**.



Important Safety Information

Important Safety Information (continued)

Warnings and Precautions (continued)

Dysphagia and Breathing Difficulties

Treatment with Dysport® (abobotulinumtoxinA) and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant side effects occur, additional respiratory muscles may be involved (see Boxed Warning). Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin.

Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport®.

Human Albumin

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been reported for albumin.

Intradermal Immune Reaction

The possibility of an immune reaction when injected intradermally is unknown. The safety of Dysport® for the treatment of hyperhidrosis has not been established. Dysport® is approved only for intramuscular injection.

Adverse Reactions

Most common adverse reactions ($\geq 2\%$ and greater than placebo in either Dysport® group) **in adults with upper limb spasticity** for Dysport® 500 Units, Dysport® 1,000 Units, and Placebo, respectively, were: nasopharyngitis (4%, 1%, 1%), urinary tract infection (3%, 1%, 2%), muscular weakness (2%, 4%, 1%), musculoskeletal pain (3%, 2%, 2%), dizziness (3%, 1%, 1%), fall (2%, 3%, 2%), and depression (2%, 3%, 1%).

Most common adverse reactions ($\geq 5\%$ and greater than placebo) **in adults with cervical dystonia** for Dysport® 500 Units and Placebo, respectively, were: muscular weakness (16%, 4%), dysphagia (15%, 4%), dry mouth (13%, 7%), injection site discomfort (13%, 8%), fatigue (12%, 10%), headache (11%, 9%), musculoskeletal pain (7%, 3%), dysphonia (6%, 2%), injection site pain (5%, 4%), and eye disorders (7%, 2%).

Most common adverse reactions ($\geq 10\%$ in any group and greater than placebo) **in pediatric patients with lower limb spasticity** for Dysport® 10 Units/kg, 15 Units/kg, 20 Units/kg, or 30 Units/kg; and Placebo, respectively, were: upper respiratory tract infection (9%, 20%, 5%, 10%, 13%), nasopharyngitis (9%, 12%, 16%, 10%, 5%), influenza (0%, 10%, 14%, 3%, 8%), pharyngitis (5%, 0%, 11%, 3%, 8%), cough (7%, 6%, 14%, 10%, 6%), and pyrexia (7%, 12%, 8%, 7%, 5%).

Drug Interactions

Co-administration of Dysport® and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents), or muscle relaxants, should be observed closely because the effect of botulinum toxin may be potentiated. Use of anticholinergic drugs after administration of Dysport® may potentiate systemic anticholinergic effects such as blurred vision. The effect of administering different botulinum neurotoxins at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by another administration of botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of Dysport®.

Important Safety Information (continued)

Use in Pregnancy

Based on animal data Dysport® may cause fetal harm. There are no adequate and well-controlled studies in pregnant women. Dysport® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Pediatric Use

Based on animal data Dysport® may cause atrophy of injected and adjacent muscles; decreased bone growth, length, and mineral content; delayed sexual maturation; and decreased fertility.

Geriatric Use

In general, elderly patients should be observed to evaluate their tolerability of Dysport®, due to the greater frequency of concomitant disease and other drug therapy.

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact Ipsen at 1-855-463-5127. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

 **Dysport**®
(abobotulinumtoxinA)

IPSEN CARES™

Coverage, Access, Reimbursement & Education Support

Personal Support at Your Patients' Fingertips

The IPSEN CARES™ staff is fully dedicated to:

- Facilitating patients' access to the Ipsen medications that are important to their care
- Providing information and support for the interactions between your office, your patients, and your patients' insurance company

IPSEN CARES™ provides a single point of contact dedicated to supporting you, your staff, and your patients.

Ipsen is proud of our patient support program, IPSEN CARES™, which is available for your patients and your practice.

**A Comprehensive Network
of Services and Support**

**100% of benefits verifications
completed within 1 business day***

The IPSEN CARES™ program is staffed with experts who can help your patients and their caregivers navigate the treatment process.

IPSEN CARES™ Support

- Benefits Verification—verifies patients' coverage, restrictions (if applicable), and copayment/coinsurance amounts
- Prior Authorization (PA) Information—provides information on documentation required by payers on PA specifics, and recommendations for next steps based on payer policy
- Patient Assistance Program (PAP) Determination—determines patients' eligibility for PAP and dispenses free product to eligible[†] patients
- Referrals to Specialty Pharmacy Network—provides information on potential in-network specialty pharmacy options based on insurance requirements and triage referrals. Follow-up phone calls are placed 24 hours after referral is triaged to confirm receipt and shipment date
- Billing & Coding Assistance—provides assistance with billing & coding questions to those calling the IPSEN CARES™ program
- 360-Degree Communication With Providers and Patients—conducts calls to both healthcare providers and patients with status updates about patients' IPSEN CARES™ enrollment, benefits verification results, coverage status, dispense date, etc.

Your patients can learn more by calling **1-866-435-5677** between 8:00 AM and 8:00 PM ET Monday through Friday and at www.IPSENCARES.com

*Data on file, IPSEN CARES™ statistics – 9/2014 – 07/2015, Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc; 2015.

Please see additional Important Safety Information throughout this brochure, including Boxed Warning regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

Patient Savings on Private Insurance Copay, Deductible, and Coinsurance Costs for Dysport®

Dysport® Copay Assistance Program

Savings may be applied for up to four injections per enrollment period.



Eligible† patients may receive up to \$1,500 for their first injection in 2016 and up to \$750 for their 2nd, 3rd, and 4th injections in 2016.

Program exhausts after 12 months, 4 injections, or a maximum benefit of \$3,750, whichever comes first.

Patients must enroll annually to receive a continued benefit.

Five Simple Steps to help enrolled patients receive their Dysport® savings:

- 1** Your patient receives injection of Dysport®
- 2** Submit claim to patient's insurance company
- 3** You and your patient receive Explanation of Benefits (EOB) statement; you and/or your patient may mail or fax EOB to IPSEN CARES™ at **1-844-745-2349**
- 4** IPSEN CARES™ program coordinator reviews EOB, credits patient's copay program, and follows up with you
- 5** Run your patient's copay payment to collect the remainder of the patient's Dysport® out-of-pocket expense

For additional information 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

†Please see following pages for more information.

**Dysport®**
(abobotulinumtoxinA)

Dysport® Copay Assistance Program FAQs

How do patients receive Dysport® Copay Assistance?

First, a patient must satisfy the requirements of eligibility and then be enrolled in the program. Once a patient has successfully enrolled in the program, they will get their injection at the doctor's office. The Explanation of Benefits (EOB) must be sent to IPSEN CARES™. After the EOB is processed, payment to the HCP office will be communicated.

Where can the Dysport® Copay Assistance Program be used?

The Dysport® (abobotulinumtoxinA) Copay Assistance Program is meant to be used at the physician's office/practice or hospital.

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

Yes, uninsured patients are eligible for the Dysport® Copay Assistance Program. The patient will need to submit a pharmacy and/or a physician's receipt, 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 **1-844-745-2349** or mailed to IPSEN CARES™, 2250 Perimeter Park Drive, Suite 200, Morrisville, NC 27560.

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

The patient may request payment via a mail-in rebate. The patient must submit a request for a check and valid 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 **1-844-745-2349** or mailed to IPSEN CARES™, 2250 Perimeter Park Drive, Suite 200, Morrisville, NC 27560. Once verified, a check for the patient's savings amount will be mailed to the patient within 7-10 business days.

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

Yes, multiple EOBs can be submitted at one time, including EOBs 6 months prior to the patient's enrollment date.

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?

This depends on which services were provided to the patient. The Dysport® Copay Assistance Program will cover the cost of the drug and injections (this also includes the doctor'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.

What if a patient has already been paid for the drug and receives the EOB at a later date; can they submit this for reimbursement?

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.

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

The Dysport® Copay Assistance Program benefits are available to patients who...

- Are beginning or are currently receiving treatment with Dysport®
- Are being treated for an approved indication for Dysport®
- Currently have commercial insurance that covers the medication and associated cost of Dysport®, or uninsured patients who pay their entire out-of-pocket cost

Dysport® benefits are determined by medication cost, associated infusion administration, and doctor's visit.

Other Restrictions...

This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer.

Patient Eligibility: Patients are not eligible if prescriptions are paid in part or full by any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE. Patients residing in Massachusetts are only eligible to receive assistance until June 30, 2017. Patients receiving free starter therapy through the IPSEN CARES™ program are not eligible for the copay savings program while they are waiting for insurance prescription coverage to begin. Patients receiving assistance through another assistance program or foundation, also, are not eligible for the copay savings program during current enrollment year.

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. Data shared with Ipsen will be de-identified, meaning it will not identify you. Void where prohibited by law, taxed, or restricted. Offer expires December 31, 2016.

Maximum benefit paid by Ipsen Biopharmaceuticals, Inc., will be a maximum of \$3,750 in annual savings, 4 treatments, or 1 year from patient's enrollment date, whichever comes first. The patient may receive up to \$1,500 for the 1st Rx, and then up to \$750 for the 2nd, 3rd and 4th Rx in 2016. There could be additional financial responsibility depending on the patient's insurance plan.

The selling, purchasing, trading, or counterfeiting of this card is prohibited.

Offer good only in the U.S. and Puerto Rico. Void where prohibited, taxed or otherwise restricted by law.



Field Reimbursement Managers are Available to Support Healthcare Professionals

- Minimize non-clinical barriers through reimbursement education
- Provide information to help solve complex reimbursement obstacles/issues for healthcare professionals
- Explain IPSEN CARES™ services and support offerings for patients and healthcare professionals

Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.

Get Started with Dysport® Today

The Dysport® Resource Guide contains the following information to assist you with:

- Acquiring Dysport® in 2 easy ways
- Billing and Coding tips
- Reimbursement and support services for healthcare professionals and patients



Please see additional Important Safety Information throughout this brochure, including **Boxed Warning** regarding distant spread of toxin effect, and the accompanying Full Prescribing Information.



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