



# IPSEN CARES<sup>™</sup>

Coverage, Access, Reimbursement & Education Support

## Increlex<sup>®</sup> Copay Savings Program

Savings Off Your Private Insurance Copay or Coinsurance Costs For Increlex<sup>®</sup>

**Eligible\* patients can pay as little as \$100 per prescription.**  
**Annual maximum of \$12,000 per calendar year in copay assistance.**

### Three Simple Steps For Patients to Receive Their Increlex<sup>®</sup> Savings

- 1** Enroll into IPSEN CARES<sup>™</sup>
  - a. Patient authorization is required to be signed by the patient
  - b. Enrollment form (which includes prescription) needs to be completed by HCP
- 2** If eligible\* for copay program, IPSEN CARES<sup>™</sup> will enroll you
- 3** IPSEN CARES<sup>™</sup> will triage the prescription with copay card information to the Specialty Pharmacy to fill the prescription

More details regarding enrollment are available by calling IPSEN CARES<sup>™</sup>.

### Eligible Patients Can Now Save Up to \$12,000 During the Program Year on Out-Of-Pocket Prescription Costs For Increlex<sup>®</sup>

**\*Patient Eligibility & Terms and Conditions:** Patients who are eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) in any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE (collectively, "Government Programs") are not eligible for copay assistance through IPSEN CARES<sup>™</sup>. 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 current enrollment year.

For patients with commercial insurance that 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 \$12,000 and the total amount of co-pay benefit provided to the patient in the Increlex<sup>®</sup> Copay Program for the 2017 calendar year. For cash-pay patients, the maximum copay benefit amount per prescription is \$1,000.00, subject to the annual maximum of \$12,000 in total. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover Increlex<sup>®</sup>. Medicare Part D enrollees who are in the prescription drug coverage gap ("donut hole") are not considered cash-pay patients, and are not eligible for the copay benefit.

Patient pays the first \$100 and any amount greater than the maximum copay savings amount per prescription. 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 related to your participation may be collected, analyzed, and shared with Ipsen, for market research and other purposes related to assessing the program. Data shared with Ipsen will be de-identified, meaning it will not identify you. Void outside of the United States and its territories or where prohibited by law, taxed, or restricted. This program is not health insurance. No other purchase is necessary. Offer expires December 31, 2017; however, patients residing in Massachusetts are only eligible to receive assistance through June 30, 2017.

## Who is INCRELEX<sup>®</sup> for?

INCRELEX<sup>®</sup> is used to treat children who are very short for their age because their bodies do not make enough IGF-1. This condition is called severe primary IGF-1 deficiency. INCRELEX<sup>®</sup> should not be used for other causes of growth failure and should not be used instead of growth hormone.

## IMPORTANT SAFETY INFORMATION

### Who should not use Increlex<sup>®</sup>?

Your child should not take Increlex<sup>®</sup> if your child: has finished growing (the growth plates at the end of the bones are closed), has cancer, OR is allergic to mecasermin or any of the inactive ingredients in Increlex<sup>®</sup>. Increlex<sup>®</sup> has not been studied in children under 2 years of age and should never be used in newborns. Your child should never receive **Increlex<sup>®</sup> through a vein.**

### Before your child takes Increlex<sup>®</sup>, you should tell your child's doctor about:

All of your child's health conditions, including: diabetes, kidney problems, liver problems, allergies, scoliosis (curved spine), pregnancy, or breast-feeding.

**All the medicines (prescription and nonprescription), vitamins, and herbal supplements your child takes, especially insulin or other anti-diabetes medicines; some medicines may require dose adjustments.**

### What are possible side effects of Increlex<sup>®</sup> (some of which can be serious)?

**Low blood sugar (hypoglycemia).** Only give your child Increlex<sup>®</sup> right before or right after (20 minutes on either side of) a snack or meal to reduce the chances of hypoglycemia. Signs include dizziness, tiredness, restlessness, hunger, irritability, trouble concentrating, sweating, nausea, and fast or irregular heartbeat. Do not give your child Increlex<sup>®</sup> if your child is sick or cannot eat. **Severe hypoglycemia may cause unconsciousness, seizures, or death.** People taking Increlex<sup>®</sup> should avoid participating in high risk activities (such as driving) within 2 to 3 hours after an Increlex<sup>®</sup> injection.

**Allergic reactions.** Your child may have a mild or serious allergic reaction with Increlex<sup>®</sup>. Call your child's doctor right away if your child gets a rash or hives. If hives do occur, they generally appear minutes to hours after the injection as an itchy, raised skin reaction, pale in the middle with a red rim around them, and may sometimes occur at numerous places on the skin. Get medical help immediately if your child has trouble breathing or goes into shock, with symptoms like dizziness, pale, clammy skin, and/or passing out.

**Increased pressure in the brain (intracranial hypertension).** Increlex<sup>®</sup>, like growth hormone, can sometimes cause a temporary increase in pressure within the brain. Symptoms include persistent headache, blurred vision, and nausea with vomiting.

**Enlarged tonsils.** Signs include: snoring, difficulty breathing or swallowing, sleep apnea (a condition where breathing stops briefly during sleep), or fluid in the middle ear.

**A bone problem called slipped capital femoral epiphysis.** This happens when the top of the upper leg (femur) slips apart from the rest of the bone. Seek immediate medical attention if your child develops a limp or has hip or knee pain.

**Worsened scoliosis** (caused by rapid growth).

**Injection site reactions including:** swelling, loss of fat, increase of fat, pain, redness, or bruising. This can be avoided by changing/rotating the injection site at each injection.

**Your child's doctor is your primary source of information about treatment. For more information, please talk to your doctor.**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**Please see the accompanying Increlex<sup>®</sup> Patient Information in pocket.**

---

## FREQUENTLY ASKED QUESTIONS

### Q How will IPSEN CARES<sup>™</sup> determine the program for which the patient is eligible?

A IPSEN CARES<sup>™</sup> will perform a benefits verification to determine if the patient is eligible for copay assistance. If the patient qualifies, he/she will be issued a copay card.

### Q How does a patient enroll in the program?

A Enrollment is accomplished via IPSEN CARES<sup>™</sup>.

### Q Are cash-pay patients still allowed to use the program?

A Yes, cash-pay patients still qualify for the copay card program. Cash paying patients will receive up to \$1,000 of support per prescription, up to \$12,000 program maximum.

**For additional information about Increlex<sup>®</sup>, including full Prescribing Information, please visit [www.increlex.com](http://www.increlex.com)**