

The Sohonos™ (palovarotene) Copay Assistance Program Is Available for Eligible,* Commercially Insured Patients Who Are Enrolled in IPSEN CARES®



For Patients Prescribed Sohonos

Three Simple Steps for Eligible Patients to Receive Their Assistance

- 1 Enroll in IPSEN CARES: Provider and patient must complete an Enrollment Form.
- 2 If eligible for the copay program, IPSEN CARES will enroll the patient.
- 3 IPSEN CARES will forward the prescription with copay assistance information to the appropriate specialty pharmacy to fill the prescription.

PATIENTS MAY PAY AS LITTLE AS



Per Prescription
for eligible patients with the Sohonos Copay Assistance Program

Please see full Prescribing Information, including Medication Guide with IMPORTANT WARNING.



Enrollment is easy. Patients and healthcare providers can scan the QR code or visit IPSENCARES.com and fill out the Enrollment Form to begin the process.

*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 must be United States residents (including its territories) and enrolled in IPSEN CARES® to receive copay program benefits. Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, are not eligible for the copay assistance program during the current enrollment year.

An annual calendar year maximum copay benefit applies. Patients may remain enrolled in copay assistance as long as eligibility criteria are met.

Patients or guardians are 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 or guardians may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, Health Reimbursement Account, or otherwise to a government or private payor. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or its copay assistance vendor 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. Copay assistance cannot be sold, purchased, traded, or counterfeited. Void if reproduced.

If you have questions, contact us at (866) 435-5677.

Dedicated Support for Patients and Families

Starting a new treatment can be a time filled with questions and uncertainty. IPSEN CARES® is here to help along the way.

IPSEN CARES Is a Patient Support Program That Helps Patients and Their Families During Treatment With Sohonos™ (palovarotene)



Financial and Insurance Assistance

- Start benefits investigation to help you understand your health insurance coverage
- Provide financial assistance if you are eligible*
- Assist with treatment logistics related to prior authorization



Dedicated, Individualized Support

- Provide information and support to help interactions between your healthcare provider, you and your family, your insurance company, and your specialty pharmacy
- Provide an understanding of your specific situation and healthcare needs



Continuity of Care

- Coordinate the details of patient transitions (including relocation, vacations, insurance changes, and other events affecting continuity of care)
- Work with your healthcare provider and specialty pharmacy to help you get your prescribed treatment when and where you need it



Educational Materials and Programs

- Provide educational information about your condition and treatment expectations
- Provide information about advocacy groups that support your condition, as well as advocacy groups for the broader community who are impacted by the condition
- Provide information about testing (Some insurance plans may require testing before providing coverage—the IPSEN CARES team can provide information about the different places where testing may be available.)

Please see full Prescribing Information, including Medication Guide with IMPORTANT WARNING.

*While many support resources are available to everyone enrolled in IPSEN CARES, certain offerings will be tailored to your financial need, and other eligibility criteria must also be met to qualify for certain offerings. Remember to always talk to your healthcare provider about your treatment experience. Terms and conditions apply. Visit IPSENCARES.com to learn more.



To enroll in IPSEN CARES, your healthcare provider must complete the IPSEN CARES Enrollment Form, and you must review and sign the patient authorization section. You can also sign the patient authorization online at IPSENCARES.com.

- You can also print the Patient Authorization Form and send it back to IPSEN CARES by email: support@IPSENCARES.com or fax: (855) 465-3820
- If you have any questions about the process, call us at (866) 435-5677, Monday - Friday, 8:00 AM - 8:00 PM ET

Helping patients get access to their prescribed medications with the information and support they need. Our IPSEN CARES patient support program provides patients and families with resources to help them better understand and manage their condition.

IPSEN CARES®

Coverage, Access, Reimbursement & Education Support



IPSENCARES.com

(866) 435-5677

Monday - Friday

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support@IPSENCARES.com