



**increlex**<sup>®</sup>

(mecasermin [rDNA origin] injection)

# Patient Authorization

Please fill out form completely and  
**FAX BACK TO 888.525.2416**

Please fax the signed form to PACE at  
the number above or send the form to:

**PACE Program**

**Ipsen**

**2000 Sierra Point Parkway, Suite 400**

**Brisbane, CA 94005**

## Patient Authorization and Signature – PACE Program

I authorize my Doctor and his/her staff, my health insurer and/or specialty pharmacy to disclose personal health information (PHI) to Ipsen, its affiliates and its agents who have been hired to administer the PACE program. I understand these parties will use and/or disclose my PHI, as needed, to coordinate the receipt, payment, and proper administration of Increlex as prescribed by my Doctor. I also authorize Ipsen to use and disclose PHI it receives about me to a pharmacy or distributor that will fill my prescription and to Ipsen's agents that implement disease management programs. I understand that once my PHI is disclosed, it may no longer be protected by federal law regarding patient privacy but that PACE will protect my information and use it only for the purposes of administering the PACE program. I understand that Ipsen may also contact me to solicit my opinions about PACE services. I understand that I do not have to sign this form and that I may revoke this Authorization at any time. My refusal to sign this Authorization or a future revocation will not affect the treatment I receive from my Doctor; however, PACE may not be able to provide reimbursement assistance or find out if I am eligible for any other PACE services. This Authorization is valid until December 31, 2020. To revoke this Authorization, please call 866.435.5677 or send your request in writing to: PACE, 2000 Sierra Point Parkway, Suite 400, Brisbane, CA 94005.

I acknowledge that I would like to participate in the PACE program. I understand that by enrolling in the program, a Patient Care Liaison at PACE will contact me directly by phone or email.

Patient Name: \_\_\_\_\_

Parent/Legal Guardian Name:\* \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Additional Support and Product Information

In addition to participating in the PACE program above, I would also like to receive additional support from Ipsen, which may include receiving marketing and educational information about Increlex and programs that support patients with severe Primary IGF deficiency. I understand that I do not have to sign this section of the form in order to participate in the PACE program and that I may revoke my authorization to receive additional support and product information at any time. By signing below, I agree that Ipsen and its agents may use and disclose my personal information to provide these services and Ipsen may also contact me to solicit my opinions regarding Increlex, Ipsen's products and services. I understand that my cell phone carrier's standard rates may apply for calls to my cell phone. This Authorization is valid until December 31, 2020. To revoke this Authorization, please call 866.435.5677 or send your request in writing to: Increlex Patient Marketing Programs, 2000 Sierra Point Parkway, Suite 400, Brisbane, CA 94005.

Patient Name: \_\_\_\_\_

Parent/Legal Guardian Name:\* \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please provide name of parent or legal guardian if patient is under 18 years of age.





# Getting Started with PACE

## INFORMATION FOR PATIENTS WHO HAVE BEEN DIAGNOSED WITH SEVERE PRIMARY IGF DEFICIENCY

### Important information regarding how you will obtain your prescription for Increlex (mecasermin [rDNA origin] injection)

Ipsen is proud to present PACE, our Patient Access, Care and Education program. PACE is a comprehensive service and support program designed to address questions you may have about starting and staying on Increlex when you, or your child, have been diagnosed with severe Primary IGFD. The goal of PACE is to simplify interactions between you, your insurance company, and your doctor's office.

Our Patient Care Liaisons are at the center of PACE. Every patient is provided a personal contact— readily available with support by phone.

### Helping your treatment experience go smoothly

1. Your doctor will submit a Statement of Medical Necessity (SMN) to PACE
  - If your doctor decides that Increlex is right for you, he or she will complete and submit an SMN form
  - The SMN includes your prescription for Increlex and will be faxed directly to PACE
2. A Patient Care Liaison (PCL) from PACE will contact you
  - A PCL from PACE will contact you once he or she receives the SMN from your doctor. It is important that you speak with the PCL so he or she can provide important information about insurance benefits related to your prescription. The PCL will also work with you to arrange for injection training if requested by your doctor.
  - ***Please note, your prescription for Increlex could be delayed if you do not return these calls.***
3. A specialty pharmacy will send your shipment of Increlex therapy
  - Increlex is dispensed through a limited number of specialty pharmacies. Your prescription will be sent directly to you or your doctor by the specialty pharmacy. The specialty pharmacy will coordinate shipments of your refill prescriptions as well.
  - ***The specialty pharmacy must speak with you before they can send your medication, so please return these calls promptly.***

PACE can simplify interactions with your insurance company and specialty pharmacy, help to provide you a better understanding of your condition and help your treatment experience go smoothly. If you have questions about PACE, please call **866.435.5677**.