

How will patients know which pharmacies honor their ASSIST ProgramSM Pharmacy Card?

There are more than 55,000 pharmacies who transmit claims electronically and are prepared to redeem prescriptions for the Axcán PharmaTM ASSIST ProgramSM.

The prescriber DEA# is required and even if a local pharmacy does not transmit electronic claims, your patients can have their prescription(s) for URSO ForteTM, URSO 250[®], CANASA[®], CARAFATE[®] (tablet or suspension), BENTYL[®] (tablets), VIOKASE[®] 16, VIOKASE[®] (powder) or ULTRASE[®] MT filled, and the pharmacy will be reimbursed by submitting a Universal Claim Form to McKesson Specialty Arizona Inc., the Program administrator.

Includes the following products:

- URSO ForteTM/URSO 250[®] (ursodiol tablets, USP)
- CANASA[®] (mesalamine, USP) Suppositories
- CARAFATE[®] (sucralfate) Tablets and Suspension
- BENTYL[®] (dicyclomine hydrochloride, USP) Tablets
- VIOKASE[®] 16 (pancrelipase, USP) Tablets
- VIOKASE[®] (pancrelipase, USP) Powder
- ULTRASE[®] MT (pancrelipase) Capsules

How do patients use the ASSIST ProgramSM Pharmacy Card?

Patients take their prescription(s), along with their ASSIST ProgramSM Pharmacy Card, to a retail pharmacy to obtain medication.

Is there a cost to use the ASSIST ProgramSM Pharmacy Card?

There is no cost to apply for the ASSIST ProgramSM Pharmacy Card; however, patients must pay a standard \$3 pharmacy dispensing fee and may be subject to minor additional costs.

What if I have additional questions?

Patients and physicians may speak directly to a Customer Service Representative by contacting the ASSIST ProgramSM Line at (866) AXCAN-RX (866-292-2679), Monday through Friday, 9 am - 5 pm, Eastern Time, excluding holidays.



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ASSIST PROGRAMSM

Call (866) 292-2679
to determine eligibility.



Please visit our Web site at
www.axcan.com for
important product information.

Getting Started with the Axcan Pharma™ ASSIST ProgramSM

STEP 1

The patient or physician calls (866) 292-2679 to determine eligibility and qualify for 30-day presumptive eligibility.

STEP 2

If the patient qualifies for 30-day presumptive eligibility, an application and business reply envelope will be mailed to the patient or physician. Completed applications returned to the ASSIST ProgramSM are processed for a period up to 330 days of additional drug coverage.

STEP 3

The patient receives approval letter and pharmacy card (the physician receives a copy of approval letter). The patient and physician are notified in writing if patient does not qualify.

STEP 4

The physician prescribes the appropriate dosage strength for URSO Forte™, URSO 250®, CANASA®, CARAFATE® (tablet or suspension), BENTYL® (tablets), VIOKASE® 16, VIOKASE® (powder) or ULTRASE® MT. The patient presents a valid prescription and ASSIST ProgramSM Pharmacy Card to pharmacy to receive benefit. Please note that the prescriber DEA # is required on prescription.

We are focused
gastroenterology

Overview

Axcan Pharma™ is a leading North American specialty pharmaceutical company within the field of gastroenterology. The Company's activities underscore its single, well-defined Mission – to improve the quality of care and treatment of patients suffering from gastrointestinal diseases and related disorders by providing effective therapies, products, and specialized programs that meet the needs of these patients and their caregivers.

The ASSIST ProgramSM, from Axcan Pharma™, helps meet the needs of low income patients who lack insurance coverage. This program allows for a recurring 30-day supply of URSO Forte™, URSO 250®, CANASA®, CARAFATE® (1 gm tablet or 10 mL suspension), BENTYL® (10 mg or 20 mg tablets), VIOKASE® 16, VIOKASE® (powder) or ULTRASE® MT over a period of 360 days.

Questions & Answers

What is the ASSIST ProgramSM Pharmacy Card?

The ASSIST ProgramSM Pharmacy Card is a "patients in need" prescription card. It provides eligible patients, at minimal cost(s), with medication for selected Axcan Pharma™ products.

Who is eligible for the Program?

Participants eligible for the ASSIST ProgramSM Pharmacy Card:

- Have total annual incomes below Federal Poverty level
- Have LIMITED prescription drug coverages
- Are residents of the United States