

# Product Fact Sheet

<b>Supplied and Marketed by</b>	IPSEN BIOPHARMACEUTICALS, INC. Medical Information: 1-855-463-5127	IPSEN CARES®: 1-866-435-5677	<a href="http://www.SomatulineDepot.com">www.SomatulineDepot.com</a>
<b>Product Name</b>	SOMATULINE® DEPOT		
<b>Established Name</b>	Lanreotide Injection		
<b>Indications</b>	SOMATULINE® DEPOT (lanreotide) injection is a somatostatin analog indicated for: <ul style="list-style-type: none"><li>• the long-term treatment of agromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy</li><li>• the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival</li><li>• the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy</li></ul>		
<b>Product Information</b>	<b>NDCs</b>	<b>Product Description</b>	<b>Dispensing/Sale Pack Quantity</b>
	15054-1120-04	120 mg Single-dose Sterile Prefilled Syringe	1
	15054-1090-04	90 mg Single-dose Sterile Prefilled Syringe	1
	15054-1060-04	60 mg Single-dose Sterile Prefilled Syringe	1
<b>Product Availability</b>	SOMATULINE DEPOT continues to be available through your wholesaler as a Specialty Distributor sourced product or directly through a number of Specialty Distributors. Please contact your supplier for a list of Specialty Distributors. A limited number of Specialty Pharmacies are also authorized to dispense the medication; please call IPSEN CARES® at 866-435-5677 to assess if a patient's insurance allows this medication to be accessed through Specialty Pharmacy.		
<b>Dispensing Pack Dimensions</b>	<b>Approximate Dimensions - Unit</b> Depth: 4.25", height 1", width 12"		
<b>Storage and Handling Information</b>	Store SOMATULINE DEPOT in the refrigerator at 2°C to 8°C (36°F to 46°F). Protect from light. Store in the original package.		
<b>Sales Unit to Trade</b>	One dispensing pack.		
<b>Product Expiration</b>	The expiration date is printed on each dispensing pack and syringe label.		
<b>Prescription Legend</b>	Prescription only.		
<b>Dosage and Administration</b>	<b>Recommended Dosage</b> <ul style="list-style-type: none"><li>• Acromegaly: 90 mg every 4 weeks for 3 months. Adjust thereafter based on growth hormone (GH) and/or insulin-like growth factor 1 (IGF-1) levels. See full Prescribing Information for titration regimen</li><li>• GEP-NETs: 120 mg every 4 weeks</li><li>• Carcinoid syndrome: 120 mg every 4 weeks. If patients are already being treated with SOMATULINE DEPOT for GEP-NETs, do not administer an additional dose for carcinoid syndrome</li></ul> <b>Administration</b> <ul style="list-style-type: none"><li>• For deep subcutaneous injection only</li><li>• Intended for administration by a healthcare provider</li><li>• Administer in the superior external quadrant of the buttock</li><li>• Alternate injection sites</li></ul>		
<b>Important Safety Information</b>	<b>Contraindications</b> <ul style="list-style-type: none"><li>• SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide.</li></ul> <b>Warnings and Precautions</b> <ul style="list-style-type: none"><li>• <b>Cholelithiasis and Gallbladder Sludge</b><ul style="list-style-type: none"><li>- SOMATULINE DEPOT may reduce gallbladder motility and lead to gallstone formation.</li><li>- Periodic monitoring may be needed.</li><li>- If complications of cholelithiasis are suspected, discontinue SOMATULINE DEPOT and treat appropriately</li></ul></li><li>• <b>Hypoglycemia or Hyperglycemia</b><ul style="list-style-type: none"><li>- Patients treated with SOMATULINE DEPOT may experience hypoglycemia or hyperglycemia.</li><li>- Blood glucose levels should be monitored when SOMATULINE DEPOT treatment is initiated, or when the dose is altered, and antidiabetic treatment should be adjusted accordingly.</li></ul></li></ul> <p><b>Please see additional Important Safety Information on the reverse.</b></p>		

Please see accompanying full [Prescribing Information](#) and [Patient Information](#).



# Product Fact Sheet

## Important Safety Information (Continued)

### • Cardiovascular Abnormalities

- SOMATULINE DEPOT may decrease heart rate.
- In cardiac studies with acromegalic patients, the most common cardiac adverse reactions were sinus bradycardia, bradycardia, and hypertension.
- In patients without underlying cardiac disease, SOMATULINE DEPOT may lead to a decrease in heart rate without necessarily reaching the threshold of bradycardia.
- In patients suffering from cardiac disorders prior to treatment, sinus bradycardia may occur. Care should be taken when initiating treatment in patients with bradycardia.

### • Thyroid Function Abnormalities

- Slight decreases in thyroid function have been seen during treatment with lanreotide in acromegalic patients.
- Thyroid function tests are recommended where clinically appropriate.

### • Monitoring/Laboratory Tests: In acromegaly, serum GH and IGF-1 levels are useful markers of the disease and effectiveness of treatment.

### Adverse Reactions

- **Acromegaly:** Adverse reactions in >5% of patients who received SOMATULINE DEPOT were diarrhea (37%), cholelithiasis (20%), abdominal pain (19%), nausea (11%), injection-site reactions (9%), constipation (8%), flatulence (7%), vomiting (7%), arthralgia (7%), headache (7%), and loose stools (6%).
- **GEP-NETs:** Adverse reactions >10% of patients who received SOMATULINE DEPOT were abdominal pain (34%), musculoskeletal pain (19%), vomiting (19%), headache (16%), injection site reaction (15%), hyperglycemia (14%), hypertension (14%), and cholelithiasis (14%).
- **Carcinoid Syndrome:** Adverse reactions occurring in the carcinoid syndrome trial were generally similar to those in the GEP-NET trial. Adverse reactions occurring in  $\geq$ 5% of patients who received SOMATULINE DEPOT and at least 5% greater than placebo were headache (12%), dizziness (7%), and muscle spasm (5%).

**Drug Interactions:** SOMATULINE DEPOT may decrease the absorption of cyclosporine (dosage adjustment may be needed); increase the absorption of bromocriptine; and require dosage adjustment for bradycardia-inducing drugs (e.g., beta-blockers).

### Special Populations

- **Lactation:** Advise women not to breastfeed during treatment and for 6 months after the last dose.
- **Moderate to Severe Renal and Hepatic Impairment:** See full prescribing information for dosage adjustment in patients with acromegaly.

To report SUSPECTED ADVERSE REACTIONS, contact Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Please see additional Important Safety Information throughout.

## Special Shipping Requirements

SOMATULINE DEPOT is labeled with specific transportation and storage requirements. Care should be taken to ensure that temperature control at 2°C to 8°C (36°F to 46°F) is maintained during these activities. When shipping SOMATULINE DEPOT, a foam or gel refrigerant ice that has been frozen hard at -18°C (0°F) for a minimum of 24 hours should be used. SOMATULINE DEPOT should never be exposed to dry ice. Ipsen will ship SOMATULINE DEPOT in a manner that maintains its temperature to meet the requirements stated above during transport from Ipsen to the product destination. Specialty Distributors and Specialty Pharmacies should also package and ship SOMATULINE DEPOT 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

For questions regarding returns, please contact Ipsen Customer Service at 1-844-944-7736.

## Order Information

Ipsen Distribution Customer Service: 1-844-944-7736

## Product Information and Adverse Event Reporting

Ipsen Medical Information  
Phone: 1-855-463-5127      Fax: 1-866-681-1063      Email: [medinfo.USA@ipsen.com](mailto:medinfo.USA@ipsen.com)

## Reimbursement Information

IPSEN CARES® 1-866-435-5677  
Monday through Friday 8:00 AM to 8:00 PM ET

## Patient and Provider Support Program

IPSEN CARES helps patients get access to their prescribed medications with the information and support they need.  
Website: [www.ipsencares.com](http://www.ipsencares.com)      Phone: 1-866-435-5677

## J-Code

J1930

Please see accompanying full [Prescribing Information](#) and [Patient Information](#).