

Product Fact Sheet

Supplied and Marketed by	IPSEN BIOPHARMACEUTICALS, INC. Medical Information: 1-855-463-5127 IPSEN CARES®: 1-866-435-5677 www.SomatulineDepot.com		
Product Name	SOMATULINE® DEPOT		
Established Name	Lanreotide Injection		
Indications	<p>SOMATULINE® DEPOT (lanreotide) injection is a somatostatin analog indicated for:</p> <ul style="list-style-type: none"> the long-term treatment of agromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy 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 the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy 		
Product Information	NDCs 15054-1120-04 15054-1090-04 15054-1060-04	Product Description 120 mg Single-dose Sterile Prefilled Syringe 90 mg Single-dose Sterile Prefilled Syringe 60 mg Single-dose Sterile Prefilled Syringe	Dispensing/Sale Pack Quantity 1 1 1
Product Availability	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.		
Dispensing Pack Dimensions	Approximate Dimensions - Unit Depth: 4.25", height 1", width 12"		
Storage and Handling Information	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.		
Sales Unit to Trade	One dispensing pack.		
Product Expiration	The expiration date is printed on each dispensing pack and syringe label.		
Prescription Legend	Prescription only.		
Dosage and Administration	<p>Recommended Dosage</p> <ul style="list-style-type: none"> 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 GEP-NETs: 120 mg every 4 weeks 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 <p>Administration</p> <ul style="list-style-type: none"> For deep subcutaneous injection only Intended for administration by a healthcare provider Administer in the superior external quadrant of the buttock Alternate injection sites 		
Important Safety Information	<p>Contraindications</p> <ul style="list-style-type: none"> SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide. <p>Warnings and Precautions</p> <ul style="list-style-type: none"> Cholelithiasis and Gallbladder Sludge <ul style="list-style-type: none"> SOMATULINE DEPOT may reduce gallbladder motility and lead to gallstone formation. Periodic monitoring may be needed. If complications of cholelithiasis are suspected, discontinue SOMATULINE DEPOT and treat appropriately Hypoglycemia or Hyperglycemia <ul style="list-style-type: none"> Patients treated with SOMATULINE DEPOT may experience hypoglycemia or hyperglycemia. 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. <p>Please see additional Important Safety Information on the reverse.</p>		

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**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.
- **Steatorrhea and Malabsorption of Dietary Fats**
 - New onset steatorrhea, stool discoloration and loose stools have been reported in patients receiving somatostatin analogs, including SOMATULINE DEPOT. Somatostatin analogs reversibly inhibit secretion of pancreatic enzymes and bile acids, which may result in malabsorption of dietary fats and subsequent symptoms of steatorrhea, loose stools, abdominal bloating, and weight loss.
 - If new occurrence or worsening of these symptoms are reported in patients receiving SOMATULINE DEPOT, evaluate patients for potential pancreatic exocrine insufficiency and manage accordingly.
- **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 ≥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.

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

**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 Phone: 1-866-435-5677

J-Code

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