Somatuline® Depot (lanreotide) Injection 120 mg

SOMATULINE® DEPOT COPAY ASSISTANCE PROGRAM

LEADING THE WAY IN SUPPORT

EASE PATIENTS' FINANCIAL BURDEN

- Eligible Patients* receive up to $20,000 of financial support through the calendar year, with some having no out-of-pocket responsibility for their prescription

PROVIDE ACCESS SUPPORT

- Copay assistance enrollment information will be sent directly to your office when Somatuline Depot is covered under the medical benefit
- Easy enrollment available electronically or by downloading the IPSEN CARES® enrollment form on **ipsencares.com**

WE HELP SIMPLIFY THE PROCESS

For medical benefits

- Assist your patient to enroll in IPSEN CARES®
- IPSEN CARES® provides you with Electronic Medical Claim (EMC) details for your patient
- Add EMC information into your Electronic Medical Records (EMR) system as secondary or tertiary insurance for the patient
- Electronically submit the insurance claim to the insurer and copay program

For pharmacy benefits

- IPSEN CARES® assists with the entire prescription and copay process
- Somatuline Depot is automatically sent to your office from the Specialty Pharmacy

If Somatuline Depot is covered under both pharmacy and medical benefits, you and your patient can decide which method is best.

*Please see Patient Eligibility & Terms and Conditions on page 3.

Please see full Important Safety Information on page 2, and accompanying full Prescribing Information and Patient Information.

INDICATIONS

SOMATULINE® DEPOT (lanreotide) is a somatostatin analog indicated for:

- 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; and
- the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy.

IMPORTANT SAFETY INFORMATION

Contraindications

- SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide.

Warnings and Precautions

- Cholelithiasis and Gallbladder Sludge
  - 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
  - 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.
- Cardiovascular Abnormalities
  - SOMATULINE DEPOT may decrease heart rate.
  - 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.

Most Common Adverse Reactions

- **GEP-NETs:** Adverse reactions in >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 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.

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 accompanying full Prescribing Information and Patient Information.

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PATIENT ELIGIBILITY & TERMS AND CONDITIONS

*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 residing in Massachusetts, Minnesota, Michigan, or Rhode Island can only receive assistance with the cost of Ipsen products but not the cost of related medical services (injection). 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.

Cash-pay patients are eligible to participate. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover Somatuline® Depot. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not considered cash-pay patients and are not eligible for copay assistance through IPSEN CARES®. For patients with commercial insurance who are not considered to be cash-pay patients, the maximum copay benefit amount per prescription is an amount equal to the difference between the annual maximum copay benefit of $20,000 and the total amount of copay benefit provided to the patient in the Somatuline® Depot Copay Program. For cash-pay patients, the maximum copay benefit amount per prescription is $1,666.66, subject to the annual maximum of $20,000 in total. Patient pays any amount greater than the maximum copay savings amount per prescription.

Patient or guardian is 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 may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, or Health Reimbursement Account. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or RxCrossroads by McKesson 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.

IPSEN CARES™
Coverage, Access, Reimbursement & Education Support

Online Support Offerings Are Available Through the IPSEN CARES® Provider Portal

Dedicated Patient Access Specialists are available to help

- Enroll patients in the Somatuline® Depot Copay Assistance Program* (accessing & submitting forms)
- Check benefit verifications and enrollment status
- Get answers to frequently asked administrative questions

IPSEN CARES® Provides Coverage, Access, Reimbursement and Education Support

- A single point of contact for billing and coding details, as well as prior authorization and appeals information
- Patient Assistance and Nurse Home Health Administration programs help ensure your eligible patients can begin treatment and provide support throughout the process

For more information visit www.ipsencares.com
or call (866) 435-5677
Monday through Friday, 8 AM to 8 PM ET

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IPSEN Innovation for patient care

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