



Please print the form, sign it, and fax it to IPSEN CARES® at the number above, or send the form to:
IPSEN CARES® Program
Ipsen Biopharmaceuticals, Inc.
11800 Weston Parkway
Cary, NC 27513

Patient Authorization

Patient Authorization and Signature - IPSEN CARES® Program

I authorize my healthcare providers (including those pharmacies that may receive my prescription for Somatuline® Depot), to disclose personal health information (PHI) about me, including health information relating to my medical condition, treatment, and insurance coverage, to Ipsen Biopharmaceuticals, Inc., its affiliates, and its agents that have been hired to administer the Ipsen Coverage, Access, Reimbursement & Education Support (IPSEN CARES®) program on its behalf (collectively, "Ipsen") in order for Ipsen to (1) enroll me in IPSEN CARES®; (2) establish my benefit eligibility and potential out-of-pocket costs for Somatuline® Depot; (3) communicate with my healthcare providers and health plans about my treatment plan; (4) provide support services including patient education and financial assistance for Somatuline® Depot; (5) help get Somatuline® Depot shipped to me or my healthcare providers; (6) evaluate my eligibility for home health administration if requested by my physician; and (7) facilitate my participation in Somatuline® Depot patient programs that I have elected to receive information about, as indicated below. I agree that, using the contact information I provide, Ipsen may get in touch with me for reasons related to the IPSEN CARES® program and support services and may leave messages for me that may disclose that I am on Somatuline® Depot therapy. I consent to being contacted by an IPSEN CARES® program representative in order for the program to obtain further information or clarification regarding any adverse event I may experience. Similarly, I consent to a program representative contacting my doctor or other healthcare professional for the same purpose.

I understand that once my PHI has been disclosed to Ipsen, it is no longer protected by federal privacy laws and Ipsen may re-disclose it; however, Ipsen has agreed to protect my PHI by using and disclosing it only for the purposes described above or as required by law. I understand that my healthcare providers may receive remuneration from Ipsen in exchange for my PHI and/or for any therapy support services provided to me.

I can withdraw this authorization by calling IPSEN CARES® at 1-866-435-5677 or mailing a letter requesting such revocation to IPSEN CARES®, 11800 Weston Parkway, Cary, NC 27513, but it will not change any actions taken before I withdraw authorization. Withdrawal of authorization will end further uses and disclosures of PHI by the parties identified in this form except to the extent those uses and disclosures have been made in reliance upon my authorization. I understand that I may refuse to sign this form and, if I do so, I will not be able to participate in IPSEN CARES® programs, but it will not affect my eligibility to obtain medical treatment, my ability to seek payment for this treatment or affect my insurance enrollment or eligibility for insurance coverage. This authorization expires one year after the date I sign it below. I understand that I will receive a copy of the signed authorization.

| | |
|-----------------------------|-------------------------------|
| Patient Name _____ | Parent/Legal Guardian _____ |
| Name _____ | Relationship to Patient _____ |
| Signature _____ | Date _____ |
| Patient Date of Birth _____ | Patient Phone Number _____ |

Additional Product and Support Information

I agree to be contacted by autodialed text messages ("texts") at the mobile phone number I provided for the purpose of helping me stay on therapy. I may opt out of individual communications of the program entirely at any time by calling 866-435-5677 or replying "STOP" by text to the number I receive texts from. Ipsen will not sell or rent my information and will only use my information in accordance with this authorization and my consent. Consent to being contacted by text messages is not a condition of participation in the IPSEN CARES® programs or the purchase of any products. I understand that my cellular service carrier's data and text messaging rates may apply. This authorization is valid for one year from the date I sign the form. Privacy policy at www.ipsecares.com.

In addition to participating in the IPSEN CARES® program above, I would also like to receive information from Ipsen, which may include marketing and educational material about Somatuline® Depot and programs that support patients. I understand that I do not have to sign this section of the form in order to participate in the IPSEN CARES® program and that I may revoke my authorization to receive additional product information at any time. By signing below, I agree that Ipsen and its agents may use and disclose my personal information (including name, address, phone number, and/or email) to provide these services and Ipsen may also contact me to solicit my opinions regarding Somatuline® Depot and 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 for one year from the date I sign the form. I may revoke this authorization, by calling 866.435.5677 or sending a request in writing to: IPSEN CARES®, 11800 Weston Parkway, Cary, NC 27513.

| | |
|--------------------|---|
| Patient Name _____ | Parent/Legal Guardian (if applicable) _____ |
| Name _____ | Relationship to Patient _____ |
| Signature _____ | Date _____ |

Please See full Prescribing Information and Patient Information.
Questions? Call IPSEN CARES® at 1-866-435-5677

IPSEN CARES®
Coverage. Access. Reimbursement & Education Support

What is SOMATULINE® DEPOT (lanreotide) Injection?

SOMATULINE DEPOT is a prescription medicine used in adults for:

- the long-term treatment of people with acromegaly when surgery or radiotherapy have not worked well enough or a patient is unable to have surgery or radiotherapy;
- the treatment of a type of cancer known as neuroendocrine tumors, from the gastrointestinal tract or the pancreas (GEP-NETs) that has spread or cannot be removed by surgery; and
- the treatment of carcinoid syndrome to reduce the need for the use of short-acting somatostatin medicine.

It is not known if SOMATULINE DEPOT is safe and effective in children.

IMPORTANT SAFETY INFORMATION

- **Do not take SOMATULINE DEPOT** if you are allergic to lanreotide.
- **SOMATULINE DEPOT may cause serious side effects**, including:
 - Gallstones
 - Changes to your blood sugar (high or low blood sugar),
 - Slow heart rate, and
 - High blood pressure, and
 - Changes in your thyroid function in acromegaly patients.

Tell your healthcare provider (HCP) if you have any of the following symptoms:

- **Symptoms of gallstones** may include sudden pain in your upper right stomach area (abdomen), sudden pain in your right shoulder or between your shoulder blades, yellowing of your skin and whites of your eyes, fever with chills, and nausea.
- **Symptoms of high blood sugar** may include increased thirst, increased appetite, nausea, weakness or tiredness, urinating more than normal, and fruity smelling breath.
- **Symptoms of low blood sugar** may include dizziness or lightheadedness, sweating, confusion, headache, blurred vision, slurred speech, shakiness, fast heartbeat, irritability or mood changes, and hunger.
- **Symptoms of slow heart rate** may include dizziness or lightheadedness, fainting or near-fainting, chest pain, shortness of breath, confusion or memory problems, and weakness or extreme tiredness.
- SOMATULINE DEPOT can cause the thyroid gland to not make enough thyroid hormone in people with acromegaly. Symptoms of low thyroid levels may include fatigue, weight gain, puffy face, being cold all the time, constipation, dry skin, thinning or dry hair, decreased sweating, and depression.
- **The most common side effects of SOMATULINE DEPOT in people with:**
 - **Acromegaly:** diarrhea; stomach (abdominal) pain; nausea; pain, itching, or a lump at the injection site
 - **GEP-NETs:** stomach area (abdominal) pain; muscle and joint aches; vomiting; headache; pain, itching or a lump at the injection site
 - **Carcinoid syndrome:** headache, dizziness, muscle spasm; side effects were generally similar to those commonly seen with GEP-NETs
- SOMATULINE DEPOT may cause dizziness. If this happens, do not drive a car or operate machinery.
- Tell your HCP right away if you have signs of an allergic reaction after receiving SOMATULINE DEPOT, including swelling of your face, lips or tongue; breathing problems; fainting, dizziness or feeling lightheaded (low blood pressure); itching; skin flushing or redness; rash; or hives.
- **Before taking SOMATULINE DEPOT, tell your HCP about all your medical conditions including if you:** have diabetes; have gallbladder, heart, thyroid, kidney or liver problems; are pregnant or plan to become pregnant; or are breastfeeding or plan to breastfeed. It is not known if SOMATULINE DEPOT will harm your unborn baby or pass into breast milk. You should not breastfeed if you receive SOMATULINE DEPOT and for 6 months after your last dose. SOMATULINE DEPOT may affect your ability to become pregnant.
- **Tell your HCP about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. SOMATULINE DEPOT and other medicines may affect each other, causing side effects. SOMATULINE DEPOT may affect the way other medicines work, and other medicines may affect how SOMATULINE DEPOT works. Your dose of SOMATULINE DEPOT or your other medications may need to be changed. If you have diabetes, your HCP may change your dose of diabetes medication when you first start receiving SOMATULINE DEPOT or if your dose of SOMATULINE DEPOT is changed.
- **Especially tell your HCP if you take:**
 - Insulin or other diabetes medicines,
 - A cyclosporine (Gengraf, Neoral, or Sandimmune), or
 - Medicines that lower your heart rate, such as beta blockers.

Know the medicines you take. Keep a list of them to show your HCP when you get a new medicine.

Tell your HCP if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of SOMATULINE DEPOT. For more information, ask your HCP.

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.