



# Somatuline<sup>®</sup> Depot (lanreotide) Injection

## Somatuline<sup>®</sup> Depot Copay Savings Program

Most eligible privately insured patients pay no more than **\$5.00 per prescription<sup>†</sup>**, with a benefit of up to **\$20,000** during the program year

Eligible\* patients may receive up to a **\$20,000** savings during the program year (calendar year)

- Program exhausts after 13 injections, or a maximum annual copay benefit of \$20,000, whichever comes first
- Program resets every January 1st
- Patients must enroll every 12 months from date of acceptance to receive a continued benefit

<sup>†</sup>Some patients may pay more than \$5 per prescription.

### Simple Steps For Enrolled Patients to Receive Their Somatuline<sup>®</sup> Depot Savings

- 1 Provider and patient complete enrollment form and send to IPSEN CARES<sup>®</sup>.
- 2 Patient receives treatment with Somatuline<sup>®</sup> Depot.
- 3 Provider adds IPSEN CARES<sup>®</sup> as a secondary or tertiary in EMR system. IPSEN CARES<sup>®</sup> will fax a letter including Electronic Medical Claims (EMC) information for each patient enrolled. The letter will have information required to enter in to their EMR system (Payer ID/Group ID/ Patient ID) as a secondary or tertiary insurance.
- 4 Electronic claims should be submitted to the patient's primary and secondary insurance and the EMC process will occur in the background. When the claim is electronically submitted to the patient's primary insurance, it will also be sent to secondary/tertiary insurances to be electronically processed for payment.
- 5 The provider will receive an approved or rejected response to all claims submitted similar to when claims are submitted to other insurance companies for payment. If approved, payment will be sent via electronic funds transfer (EFT) or check to the provider, based off the payment preferences they have established with their Electronic Medical Records (EMR) administrator/claims processor.

Note: If an office does not utilize EMC, the provider can utilize the manual claim submission forms, CMS 1500 or UB-04 (old CMS 1450). Forms can be mailed to: Interactive Medical Systems, PO Box 1349, Wake Forest, NC 27588 or may be faxed to 919-562-0021 with the data received from the primary insurance. This will remove rejections for auto-bills for secondary insurance within electronic medical record (EMR) systems.

### Eligible Patients Can Now Save Up to \$20,000 During the Program Year on Out-Of-Pocket Prescription Costs For Somatuline<sup>®</sup> Depot

\*Patient Eligibility & Terms and Conditions: Patients who are eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) in any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE (collectively, "Government Programs") are not eligible for copay assistance through IPSEN CARES<sup>®</sup>. 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 free starter therapy through the IPSEN CARES<sup>®</sup> program are not eligible for the copay assistance program while they are waiting for insurance prescription coverage to begin. Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, also are not eligible for the copay assistance program during current enrollment year.

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 co-pay benefit provided to the patient in the Somatuline<sup>®</sup> Depot Copay Program for the 2018 calendar year. 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. "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<sup>®</sup> 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 the copay benefit.

Patient pays the first \$5 and 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 TrialCard, Incorporated, are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Cash-paying patients are eligible to participate. Data related to your 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 you. 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. Offer expires December 31, 2018.

Somatuline<sup>®</sup> Depot is supplied in strengths of 60 mg/0.2 mL, 90 mg/0.3 mL, and 120 mg/0.5 mL.



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## Frequently Asked Questions

- Q** Will this program replace the Somatuline® Depot Copay Assistance program?
- A** No, this program will run in parallel with the copay program. A patient's eligibility will be determined if he/she is eligible for the medical or pharmacy benefit offer. The patient can only participate in one program at a time.
- Q** How will IPSEN CARES® determine the program for which the patient is eligible?
- A** IPSEN CARES® will perform a benefits verification to determine if the patient requires assistance with pharmacy or medical benefit. The benefits verification will determine the patient's eligibility, and the appropriate offer will be given to the provider. If the patient qualifies for both benefits, IPSEN CARES® will allow the patient and his/her physician to determine which program they will use.
- Q** Can the patient switch between the two programs?
- A** Yes, the patients may switch if their benefit need changes but are subject to an aggregate annual maximum savings of \$20,000.
- Q** How does a patient enroll in the program?
- A** Enrollment for both the medical and pharmacy benefit programs is accomplished via IPSEN CARES®. The patient will need to call 1-866-435-5677 to enroll, or the patient may choose to self-enroll via the Somatuline® Depot Copay Assistance Program Enrollment form found on [www.ipsencares.com](http://www.ipsencares.com).
- Q** Are cash-pay patients still allowed to use the program?
- A** Yes, cash-pay patients may still qualify for the pharmacy benefit program. Eligible cash paying patients will receive up to \$1,666.66 of support per prescription, up to \$20,000 program annual maximum.
- Q** How do patients know that they have been enrolled?
- A** Patients can choose to self-enroll in the program or their physician may enroll them by calling IPSEN CARES®. Once enrolled, an IPSEN CARES® representative will notify patients that they have been enrolled. In addition, patients and their physician will be mailed letters welcoming them into the program.
- Q** How does the physician receive funds for the medical benefit program?
- A** The physician's office will receive funds in the same manner as other medical insurance benefit plans.
- Q** What if a physician cannot submit the claim electronically?
- A** The physician can utilize the manual claim submission forms, CMS 1500 or UB-04 (old CMS 1450). Forms can be mailed to: Interactive Medical Systems, PO Box 1349, Wake Forest, NC 27588 or may be faxed to 919-562-0021 with the data received from the primary insurance. This should help to prevent rejections for auto-bills for secondary insurance within electronic medical record (EMR) systems.

**\*For additional patient eligibility and terms, see reverse side.**

For additional information about the Somatuline® Depot Savings Program, call:

**1-866-435-5677**

Monday - Friday 8:00 AM - 8:00 PM ET

For additional information, visit us online at [www.ipsencares.com](http://www.ipsencares.com)