

Patients may pay as little as for each Somatuline® Depot (lanreotide) prescription*

\$0



Somatuline® Depot
(lanreotide) Injection

2 Steps for Your Patients to Receive Somatuline Depot Assistance:

- 1 Scan the QR code below to start enrollment in the Somatuline Depot Copay Assistance Program. Your patient will receive copay assistance information upon completion of the questionnaire.
- 2 Once enrolled, your patient can print out their copay assistance information and share it with your office or the specialty pharmacy.

IPSENCARES®

Coverage, Access, Reimbursement & Education Support



If you have questions about the Somatuline Depot Copay Assistance Program, call (866) 435-5677 Monday - Friday, 8:00 AM - 8:00 PM ET

For additional information, visit us online at IPSENCARES.com

SCAN THE QR CODE to start enrollment in the Somatuline Depot Copay Assistance Program

*Copay Assistance Program 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 must be United States residents (including its territories) and enrolled in IPSEN CARES® to receive copay program benefits. Patients residing in Massachusetts and California are not eligible for copay assistance. Patients residing in 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.

An annual calendar year maximum copay benefit applies. Patients may remain enrolled in copay assistance as long as eligibility criteria is met.

Patients or guardians are 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 or guardians may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, Health Reimbursement Account, or otherwise to a government or private payor. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or its copay assistance vendor are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Claim reimbursement requests must be submitted within 180 days of treatment date. 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. Copay assistance cannot be sold, purchased, traded, or counterfeited. Void if reproduced.

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