You may pay as little as*

$0 for each Somatuline® Depot prescription

2 Steps to Receive Your Somatuline Depot Assistance:

1. Enroll in the Somatuline Depot Copay Assistance Program via online enrollment at **IPSENCARES.com** or a paper form. After you enroll, a Patient Access Manager will reach out to review the copay program details with you.

2. Once enrolled, you should share your copay assistance information with your doctor and/or your specialty pharmacy.

IPSENCARES®
Coverage, Access, Reimbursement & Education Support

For 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**

*Please see Patient Eligibility & Terms and Conditions on pages 2-3

SCAN THE QR CODE >
to enroll into the **IPSEN CARES 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.

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Somatuline®Depot
(lanreotide) Injection 60 mg 90 mg 120 mg

Somatuline Depot Copay Assistance Program

Patient Eligibility & Terms and Conditions (continued):

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.

IPSENCARES®
Coverage, Access, Reimbursement & Education Support

Somatuline® Depot
(lanreotide) Injection 60 mg 90 mg 120 mg

Frequently Asked Questions

What does the Somatuline Depot Copay Assistance Program cover?

The Copay Assistance Program covers the patient's out of pocket cost for the prescription medicine, and its applicable administration copay, where allowed by state law up to the annual calendar year maximum copay program benefit amount. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

Can I also enroll with the help of my doctor?

Yes. You and your doctor can fill out an Enrollment Form together to apply for the Copay Assistance Program.

I have Medicare. Am I eligible for the Somatuline Depot Copay Assistance Program?

No. Patients are not eligible for the Somatuline Depot Copay Assistance Program if they are enrolled in any government programs, including but not limited to Medicare Part B, Medicare Part D, Medicaid, Medigap, or Tricare.

I don't have insurance. Am I eligible for the Somatuline Depot Copay Assistance Program?

Uninsured patients who are not eligible to participate in state or federally funded programs can apply for the Patient Assistance Program.

SEE THE PATIENT ELIGIBILITY & TERMS AND CONDITIONS FOR THE SOMATULINE DEPOT COPAY ASSISTANCE PROGRAM ON PAGES 2 AND 3.

Somatuline® Depot
(lanreotide) Injection 60 mg 90 mg 120 mg