



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

Somatuline Depot Copay Assistance Program

Most eligible* patients with private insurance pay no copay (\$0 copay), subject to a \$20,000 annual maximum benefit



- 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
- Most patients will not have an copay (until \$20,000 of copay assistance is used)

Simple Steps for Enrolled Patients to Receive Their Somatuline Depot Assistance

1. Provider and patient complete enrollment form and send to IPSEN CARES and patient receives treatment with Somatuline Depot.
2. Provider submits claim to patient's insurance company.
3. Provider adds IPSEN CARES as a secondary or tertiary in EMR system. Provider submits claim to Ipsen utilizing EMR submission to Change Healthcare using CPID 26227, the payer name will be displayed as MSH REIMBUR and the patient's unique ID information.
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. IPSEN CARES processes claim payment to patient's provider within 7 business days via either ACH (wire transfer) or check.

Note: For fax submission of claims, submit the following documents via fax to 888-525-2416: a) completed claim form (Universal, UB or CMS-1500 Claim Form) and b) Primary EOB showing itemized claim from the patient's private insurance company with the cost for products and services listed separately.

Eligible Patients Can Now Save Up to \$20,000 During the Program Year on Out-Of-Pocket Prescription Costs For Somatuline[®] Depot

*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 free starter therapy through the IPSEN CARES[®] 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 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 the 2020 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. 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. Offer expires December 31, 2020.



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

- Q Are patients eligible to receive both pharmacy benefits and medical benefits under the copay assistance program?**
- A** No, eligible patients* may be qualified to receive either a medical or a pharmacy benefit, but not both. 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.
- 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** A payment will be made directly to the physician on the patient's behalf. Payments will either be ACH (wire transfer) or check.
- Q What if a physician cannot submit the claim electronically?**
- A** The physician's office can fax the primary insurance's Explanation of Benefits (EOB) into IPSEN CARES for processing. The EOB must be itemized and show the cost break out for each line item (both product and services). The fax number is 888-525-2416.

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

For additional information about the Somatuline Depot Copay Assistance 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

