

Savings up to **\$20,000** per year for treatment costs for eligible patients with the Somatuline Depot Copay Assistance Program\*

You may pay  
as little as  
**\$0** for each  
Somatuline Depot  
prescription



## 2 Simple Steps to Receive Your Somatuline Depot Assistance:

1. A Patient Access Specialist will enroll you in the Somatuline Depot Copay Assistance Program, if eligible, and review the program requirements with you.
2. IPSEN CARES will provide your copay assistance information to your doctor's office or your Specialty Pharmacy with instructions on how to utilize the assistance.

**IPSENCARES™**

Coverage, Access, Reimbursement & Education Support

For questions about the Somatuline Depot Copay Assistance Program, call: **1-866-435-5677** Monday – Friday 8:00 AM to 8:00 PM ET.

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

\*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

# Somatuline Depot 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 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 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.

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.

## Patient Eligibility & Terms and Conditions (continued):

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.

# Frequently Asked Questions

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## What does the Somatuline Depot Copay Assistance Program cover?

The program covers out-of-pocket costs for drug and administration fees associated with Somatuline Depot for patients who do not have a federally funded insurance plan.

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

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

Yes, uninsured patients who are not eligible to participate in state or federally funded programs are eligible for the Somatuline Depot Copay Assistance Program. For cash-pay patients, the maximum copay benefit amount per treatment is \$1,666.66, and the annual maximum is \$20,000 in total.

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



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