



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
- IPSEN CARES will confirm with patient on an annual basis that patient still meets criteria for program

Simple Steps for Patients to Receive Their Somatuline Depot Assistance

- 1** Provider and patient complete enrollment form and send to IPSEN CARES.
- 2** Patient is administered Somatuline Depot.
- 3** Provider submits claim to patient's insurance company.
- 4** Once claim is paid, provider submits the following documents via fax (**253-395-8028**)
 - Completed CMS-1500 or CMS-1450 form
 - Explanation of benefits (EOB)/remittance from the patient's primary private insurance showing itemized allowed charges and remaining cost share for the Somatuline Depot therapy
- 5** IPSEN CARES processes eligible claim payment to patient's provider typically within 7-10 business days via either ACH (wire transfer) or check.

*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. 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.

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Frequently Asked Questions

Q How does a patient enroll in the Somatuline Depot Copay Assistance Program?

A Enrollment for either the medical or pharmacy benefit program is accomplished via IPSEN CARES®. The patient and provider complete their respective sections of the Enrollment Form, and the provider submits the form to IPSEN CARES or the patient may choose to self-enroll via the Somatuline Depot Self-Enrollment Form found on www.ipsencares.com.

Q How will IPSEN CARES determine that the patient is eligible*?

A IPSEN CARES will perform a benefit verification to determine if the patient requires assistance with the pharmacy or medical benefit. The benefits verification will determine whether the patient meets the eligibility criteria for the program, and the appropriate offer will be given to the provider and the patient. If the patient qualifies for both benefits, IPSEN CARES will allow the patient and the physician to determine which program to use.

Q Can the patient switch between the two programs?

A Yes, the patient may switch if the benefit need changes, but are subject to an aggregate annual maximum savings of \$20,000.

Q How do patients know that they have been enrolled?

A Patients can choose to self-enroll in the program or their physician can enroll them by submitting an IPSEN CARES Enrollment Form. IPSEN CARES will speak to the patient and physician to review eligibility and enrollment into the program. In addition, the patient and physician will be mailed letters welcoming them into the program.

Q Are cash-pay patients allowed to use the program?

A Yes, cash-pay patients may qualify for the Copay Assistance Program. Eligible cash paying patients will receive up to \$1,666.66 of support per prescription, up to \$20,000 program annual maximum.

Q Where can the Somatuline Depot Copay Assistance Program be used?

A The Somatuline Depot Copay Assistance Program is available to be used in the physician's office/practice or hospital when using the patient's medical benefits. The Copay Assistance Program is also available when using the patient's pharmacy benefit and obtaining the prescription via Specialty Pharmacy.

Q A patient is enrolled in Medicaid. Are they eligible for the Somatuline Depot Assistance Copay Program?

A No. Patients are not eligible for copay assistance if they are enrolled in any state or federally funded programs for which drug prescription 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").

Q A patient has multiple Explanation of Benefits (EOBs) that need payment. Can multiple EOB submissions be sent for payment at one time?

A Yes. Subject to the maximum annual cap and other program restrictions, multiple EOBs can be submitted for consideration at one time, including EOBs 90 days prior to the patient's enrollment date.

Q I have a patient who has two separate documentations (ie, an EOB and a Specialty Pharmacy receipt) for the same date of service. Will this patient be paid for both documents?

A This depends on which services were provided to the patient. Subject to the maximum annual benefit and other restrictions, the Somatuline Depot Copay Assistance Program will cover the cost of the drug and injections (this also includes the physician's visit the same day of injection) where allowable by the state. Our processors will calculate the associated Somatuline Depot costs and reimburse accordingly. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

*See reverse side for Patient Eligibility & Terms and Conditions.

For questions 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