



Somatuline® Depot Virtual Copay Savings Program

Most eligible privately insured patients pay no more than \$5.00 per prescription, with a benefit of up to \$20,000 during the program year

Eligible[†] patients may receive up to a \$20,000 savings during the program year*

Program exhausts after 12 months, 13 injections, or a maximum copay benefit of \$20,000, whichever comes first. Patients must enroll annually to receive a continued benefit. Please see eligibility terms and conditions on reverse side.

Five Simple Steps For Enrolled Patients to Receive Their Somatuline® Depot Savings

- 1 Patient receives treatment with Somatuline® Depot. Physician follows standard procedure for collection of patient copay.
- 2 Provider submits claim to patient's insurance company.
- 3 Patient and provider receive Explanation of Benefits (EOB) statement; patient and/or physician may mail or fax EOB to IPSEN CARES™ at 1-844-745-2352.
- 4 IPSEN CARES™ program coordinator reviews EOB, faxes Somatuline® Depot card details to the patient's provider.
- 5 Physician office uses the Somatuline® Depot card fax to pay for the patient's medication.

More details regarding enrollment are available by calling IPSEN CARES™. If your office does not accept debit card processing for your patient's purchases of Somatuline® Depot through a specialty pharmacy provider, your patient may qualify for a copay card and will receive a savings check with pharmacy receipt.

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

*For patients with commercial insurance that are not considered to be cash-pay patients, the maximum copay amount per prescription is an amount equal to the difference between the maximum copay benefit of \$20,000 and the total amount of copay benefit provided to the patient in the Somatuline® Depot Copay Assistance Program for the 2016 calendar year. Please see next page for full program eligibility rules, terms, and conditions.

“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 the copay benefit. 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. For some patients, financial responsibility may be greater than \$5.

[†]For additional patient eligibility and terms, see reverse side.

IPSEN CARES™
Coverage, Access, Reimbursement & Education Support

For additional information about the Somatuline® Depot Savings Program call:

1-866-435-5677

Monday – Friday 8:00 AM – 8:00 PM ET

Frequently Asked Questions

Q Will this program replace the Somatuline® Depot Copay Assistance program?

A No, this program will run in parallel with the copay program. A patient's eligibility will be determined if he/she is eligible for the copay or the debit card. The patient can only participate in one program per enrollment year.

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. If the patient qualifies for pharmacy benefit, he/she will be issued a copay card. If the patient qualifies for medical benefit, he/she will be enrolled in the virtual debit card program. 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 maximum savings of \$20,000.

Q How does a patient enroll in the program?

A Enrollment for both the copay and virtual debit card 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 still qualify for the copay card program. Cash paying patients will receive up to \$1,666.66 of support per prescription, up to \$20,000 program maximum.

Q How do patients know that they have been enrolled?

A Patients can choose to self-enroll in the copay card 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 the virtual debit card?

A The virtual debit card is faxed to the physician's office/practice after a successful EOB claim has been processed. The debit card will be loaded with the qualified amount and the physician can use it toward the patient's medical benefit. Thirty days after a card is issued, it will expire and a new card will be issued for the next successful EOB.

Q Where can the virtual debit card be used?

A The virtual debit card is part of a closed network and its use is limited to physicians' offices/practices and pharmacies.

Q What happens to the remaining funds if the physician does not use them all?

A These additional funds will remain available until the end of the patient's enrollment year. Each calendar year, the patient will need to re-enroll and submit new EOBs to have funds added to the offer. Funds will not roll over from year to year.

Q Does the virtual card offer need to be activated?

A No, all virtual debit cards are pre-activated.

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

A Yes, multiple EOBs can be submitted at one time, including EOBs 90 days prior to the patient's enrollment date. Please note that sending multiple EOBs is NOT recommended. Multiple EOB submission will trigger multiple faxes to the physician's office. Since virtual debit cards expire every 30 days, all cards assigned to these EOBs would expire on the same day.

Q Can a virtual debit card be re-issued?

A Yes, the physician will need to call 1-855-282-9691 and speak with a call center representative to start the process for a virtual debit card to be re-issued.

*** Terms and Conditions:** Patient pays the first \$5 and 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 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 TrialCard, Incorporated are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Cash-pay patients are eligible to participate. Data related to your 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 you. Void where prohibited by law, taxed, or restricted. Offer expires December 31, 2016.

For patients with commercial insurance that 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 co-pay benefit provided to the patient in the Somatuline® Depot Copay Program for the 2016 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 Eligibility: Patients are not eligible if prescriptions are paid in part or full by any state or federally funded programs, including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE (collectively, "Government Programs"). Patients who begin receiving prescription benefits from such Government Programs at any time will no longer be eligible for copay assistance. 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, also, are not eligible for the copay assistance program during current enrollment year.

For additional information, visit us online at www.ipsencares.com



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Somatuline® Depot
(lanreotide) Injection