



Please print the form, sign it, and fax it to IPSEN CARES™ at the number above, or send the form to:
IPSEN CARES™ Program
Ipsen Biopharmaceuticals, Inc.
11800 Weston Parkway
Cary, NC 27513

Patient Authorization

Patient Authorization and Signature - IPSEN CARES™ Program

I authorize my healthcare providers (including those pharmacies that may receive my prescription for Somatuline[®] Depot), to disclose personal health information (PHI) about me, including health information relating to my medical condition, treatment, and insurance coverage, to Ipsen Biopharmaceuticals, Inc., its affiliates, and its agents that have been hired to administer the Ipsen Coverage, Access, Reimbursement & Education Support (IPSEN CARES™) program on its behalf (collectively, "Ipsen") in order for Ipsen to (1) enroll me in IPSEN CARES™; (2) establish my benefit eligibility and potential out-of-pocket costs for Somatuline[®] Depot; (3) communicate with my healthcare providers and health plans about my treatment plan; (4) provide support services including patient education and financial assistance for Somatuline[®] Depot; (5) help get Somatuline[®] Depot shipped to me or my healthcare providers; (6) evaluate my eligibility for home health administration if requested by my physician; and (7) facilitate my participation in Somatuline[®] Depot patient programs that I have elected to receive information about, as indicated below. I agree that, using the contact information I provide, Ipsen may get in touch with me for reasons related to the IPSEN CARES™ program and support services and may leave messages for me that may disclose that I am on Somatuline[®] Depot therapy. I consent to being contacted by an IPSEN CARES™ program representative in order for the program to obtain further information or clarification regarding any adverse event I may experience. Similarly, I consent to a program representative contacting my doctor or other healthcare professional for the same purpose.

I understand that once my PHI has been disclosed to Ipsen, it is no longer protected by federal privacy laws and Ipsen may re-disclose it; however, Ipsen has agreed to protect my PHI by using and disclosing it only for the purposes described above or as required by law. I understand that my healthcare providers may receive remuneration from Ipsen in exchange for my PHI and/or for any therapy support services provided to me.

I can withdraw this authorization by calling IPSEN CARES™ at 1-866-435-5677 or mailing a letter requesting such revocation to IPSEN CARES™, 11800 Weston Parkway, Cary, NC 27513, but it will not change any actions taken before I withdraw authorization. Withdrawal of authorization will end further uses and disclosures of PHI by the parties identified in this form except to the extent those uses and disclosures have been made in reliance upon my authorization. I understand that I may refuse to sign this form and, if I do so, I will not be able to participate in IPSEN CARES™ programs, but it will not affect my eligibility to obtain medical treatment, my ability to seek payment for this treatment or affect my insurance enrollment or eligibility for insurance coverage. This authorization expires one year after the date I sign it below. I understand that I will receive a copy of the signed authorization.

Patient Name _____	Parent/Legal Guardian _____
Name _____	Relationship to Patient _____
Signature _____	Date _____
Patient Date of Birth _____	Patient Phone Number _____

Additional Product and Support Information

In addition to participating in the IPSEN CARES™ program described above, I authorize the disclosure of personal health information (PHI) about me, including health information relating to my medical condition, treatment, and insurance coverage, to Ipsen, its affiliates, and its agents in order for Ipsen to:

- evaluate the effectiveness of Ipsen's patient support programs and conduct market analysis, including aggregating my PHI with other data for such analysis and solicit my opinions about IPSEN CARES™ services.
- provide information to me, which may include marketing and educational material about Somatuline[®] Depot and relevant disease state programs that support patients.
- solicit my opinions regarding Somatuline[®] Depot and Ipsen's products and services and market research.

I understand that I do not have to sign this section of the form in order to participate in the IPSEN CARES™ program and that I may revoke my authorization to receive additional product information at any time. By signing below, I agree that Ipsen and its agents may use and disclose my personal information (including name, address, phone number, and/or email of the parent/caregiver) to provide these services. I understand that my cell phone carrier's standard rates may apply for calls to my cell phone. This authorization is valid for one year after signature. I may revoke this authorization by calling 1-866-435-5677 or by sending a request in writing to IPSEN CARES™, 11800 Weston Parkway, Cary, NC 27513.

Patient Name _____	Parent/Legal Guardian _____
Name _____	Relationship to Patient _____
Signature _____	Date _____

What is Somatuline® Depot (lanreotide) Injection?

Somatuline® Depot is a prescription medicine used for:

- Long-term treatment of adults with acromegaly when surgery or radiotherapy has not worked well enough or the patient is not able to have surgery or radiotherapy.
- Treatment of adults with a type of cancer known as neuroendocrine tumors, from the gastrointestinal tract or the pancreas (GEP-NETs) that has spread or cannot be removed by surgery.

It is not known if Somatuline® Depot is safe and effective in children.

Important Safety Information

Who should not take Somatuline® Depot?

Do not take Somatuline® Depot if you are allergic to lanreotide.

What are the possible side effects of Somatuline® Depot?

Somatuline® Depot may cause serious side effects, including:

- **Gallstones.** Tell your healthcare professional if you get any of these symptoms:
 - sudden pain in your upper right stomach area (abdomen)
 - sudden pain in your right shoulder or between your shoulder blades
 - yellowing of your skin and whites of your eyes
 - fever with chills
 - nausea
- **Changes in your blood sugar** (high blood sugar or low blood sugar). If you have diabetes, test your blood sugar as your healthcare professional tells you to. Your healthcare professional may change your dose of diabetes medicine.
- **Slow heart rate**
- **High blood pressure**

The most common side effects of Somatuline® Depot in people with acromegaly include diarrhea, stomach area (abdominal) pain, nausea, and pain, itching, or a lump at the injection site.

The most common side effects of Somatuline® Depot in people with GEP-NETs include stomach area (abdominal) pain, muscle and joint aches, vomiting, headache, and pain, itching, or a lump at the injection site.

Somatuline® Depot may cause dizziness. If this happens, do not drive a car or operate machinery.

What should I tell my healthcare professional before receiving Somatuline® Depot?

- Tell your healthcare professional if you have diabetes or gallbladder, thyroid, heart, kidney, or liver problems.
- Tell your healthcare professional if you are pregnant or plan to become pregnant as Somatuline® Depot may harm your unborn baby. Tell your healthcare professional if you are breastfeeding or plan to breastfeed. It is not known if Somatuline® Depot passes into your breast milk. You and your healthcare professional should decide if you will take Somatuline® Depot or breastfeed. You should not do both.
- **Tell your healthcare professional about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Somatuline® Depot and other medicines may affect each other, causing side effects. Somatuline® Depot may affect the way other medicines work, and other medicines may affect how Somatuline® Depot works.
- Especially tell your healthcare professional if you take insulin or other diabetes medicines, a cyclosporine (Gengraf®, Neoral®, or Sandimmune®), a medicine called bromocriptine (Parlodel®, Cycloset®), or medicines that lower your heart rate, such as beta blockers.

Tell your healthcare professional if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of Somatuline® Depot. For more information ask your healthcare professional.

You may report side effects to FDA at 1-800-FDA-1088 or Ipsen Biopharmaceuticals, Inc. at 1-888-980-2889.

Please See the Accompanying [Patient Information](#) and [Full Prescribing Information](#).