

Assistance With Private Insurance Copay or Coinsurance Costs For SOMATULINE® Depot



SOMATULINE® DEPOT COPAY ASSISTANCE PROGRAM

FINANCIAL ASSISTANCE



- 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



ACCESS SUPPORT

- When SOMATULINE® Depot is covered under the medical benefit, copay assistance will be sent to the provider's office
- A Pharmacy Benefit copay assistance program is also available for patients accessing product through this channel
- Easy enrollment online, by fax, or by phone
- Most benefit verifications are completed within 1 business day†

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 eligible claim payment to patient's provider typically within 7 business days via either EFT 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.

*Please see Patient Eligibility & Terms and Conditions below.



Online Support Offerings Are Available Through the IPSEN CARES® Provider Portal

Dedicated Patient Access Specialists Are Available to Help



Enroll patients in the SOMATULINE® Depot Copay Assistance Program* (accessing & submitting forms)



Check benefit verifications and enrollment status



Get answers to frequently asked administrative questions

IPSEN CARES® Provides Coverage, Access, Reimbursement, and Education Support



A single point of contact for billing and coding details, as well as prior authorization and appeals information



Patient Assistance program provides free product for eligible uninsured patients



Nurse Home Health Administration program offers eligible patients the option of getting their SOMATULINE® Depot injection at home/office, if recommended by their HCP

For more information, visit www.ipsencares.com or call 1-866-435-5677

Monday – Friday 8:00 AM – 8:00 PM ET

* **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 2019 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, 2019.

† Data on file, IPSEN CARES® Statistics—9/2014-12/2018. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; 2018.

Somatuline Depot is a registered trademark of Ipsen Pharma S.A.S.

IPSEN CARES is a registered trademark of Ipsen S.A.

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