IPSEN CARES™

Coverage, Access, Reimbursement & Education Support

ENROLMENT FORM

Please fax completed form, toll-free to 1.844.686.0661.
For more information about the program, call 1.855.215.2288
8 a.m. to 8 p.m. ET/5 a.m. to 5 p.m. PT, Monday to Friday.
www.ipsencares.ca

PATIENT INFORMATION

First name: _____ Last name: _____ Male ☐ Female ☐

Date of birth (dd/mm/yyyy): _____ Current medications: _____

_____

Address: _____ City: _____

Province: _____ Postal code: _____ Preferred telephone: _____

SERVICE REQUEST

Reimbursement assessment ☐ Injection services ☐ Injection training ☐

PATIENT CONSENT

I hereby confirm that I have read and understand the patient consent information on the reverse of this form, and that I agree to participate in the IPSEN CARES program.

Patient's signature: _____ Date: _____

PRESCRIPTION INFORMATION (Physician to complete)

Somatuline® Autogel® indication:

NET (enteropancreatic) ☐ Dose (sc) 120 mg ☐ Frequency Q4 weeks ☐

Acromegaly ☐ Dose (sc) 60 mg ☐ 90 mg ☐ 120 mg ☐ Frequency Q4 weeks ☐ Q6 weeks ☐ Q8 weeks ☐ Other: _____

Date of first injection (dd/mm/yyyy): _____ Other instructions: _____

_____

Repeats: _____ Allergies ☐ Details: _____

Physician's signature: _____ Physician's name (Print): _____

PHYSICIAN / OFFICE INFORMATION

Hospital/clinic name and address: _____

City: _____ Province: _____ Postal code: _____

Physician's telephone: _____ Administrator's telephone: _____

Fax: _____ E-mail: _____

PHYSICIAN CONSENT

I hereby confirm that I have obtained verbal consent or, where necessary, have on file an authorization from the patient to disclose and authorize further disclosure of the patient's health and insurance information for the purposes of enrolment and participation in the IPSEN CARES program.

Physician's signature: _____ Date: _____

Somatuline® Autogel®
(lanreotide) Injection

IPSEN
Innovation for patient care

IPSEN Cares is a confidential care and support program that provides valuable services to patients for whom Somatuline® Autogel® therapy has been prescribed.

- Reimbursement specialists work to maximize available coverage, and help patients to apply for other types of financial assistance, when appropriate.
- Nurse case managers provide Somatuline® Autogel® education, and coordinate injection training for patients and/or caregivers in the clinic or at home.
- Registered nurses administer Somatuline® Autogel® at the clinic or at home, and train patients to self-administer when appropriate.

PATIENT CONSENT INFORMATION

Consent to disclosure and use of personal information/personal health information

The IPSEN CARES program (Program) is sponsored and offered by IPSEN Biopharmaceuticals Canada Inc. (IPSEN) in partnership with its agents and affiliates. By signing this Enrolment Form, you agree to enroll in the Program.

You authorize your doctor or other healthcare professional to disclose your personal information/personal health information to IPSEN and its agents for the purpose of administering the Program. You agree that this authorization includes both any initial disclosure of personal information on enrolment in the Program and ongoing communication between your doctor, IPSEN and its agents during the course of your participation in the Program, for the purpose of administering the Program.

You authorize IPSEN and its agents to collect data relating to you in a way that cannot be identified as relating to you, to use and disclose the data for the purpose of monitoring and/or improving the Program, as well as conducting health economic or disease outcomes-based studies and analyses, in accordance with IPSEN's Privacy Policy, and as required or permitted by law. IPSEN's Privacy Policy can be obtained by calling the IPSEN CARES program at 1.855.215.2288.

You consent to being contacted by a program coordinator in connection with the administration of the Program services.

By signing this form, you confirm that you have read the Program patient consent information, that you have had the opportunity to ask your doctor and/or other healthcare professional any questions you may have about the Program, and that all questions you have asked have been answered to your satisfaction.

Disclosure

By signing this form you also confirm your understanding of and consent to the following:

From time to time, the Program may be required to disclose your personal information/personal health information to third parties involved in delivering services under this Program. For example, personal information/personal health information regarding drug-related adverse events may be collected by the Program and provided to Health Canada, a regulatory authority that is involved in collecting reports of drug-related adverse events. However, the details provided by the Program will not disclose your identity, but will include information such as your initials, your date of birth, your age, weight, height and other relevant incidental information, and any suspected adverse event you may have experienced. You consent to being contacted by an Ipsen representative to obtain further information or clarification regarding any adverse event you may experience. Similarly, you consent to an Ipsen representative contacting your doctor or other healthcare professional for the same purpose.

Some of the third parties to whom your personal information/personal health information may be disclosed may not be in Canada, so your personal information/personal health information may be transmitted and/or stored outside of Canada. Examples of such third parties may include pharmacies, insurance companies, or publicly-funded drug payment programs.

To the extent that the Program provides you with assistance in obtaining coverage or reimbursement for the cost of Somatuline® Autogel® from your provincial drug benefits program, insurance company, or other funding source, the Program will make all reasonable efforts, but cannot guarantee success in obtaining such coverage or reimbursement.

Changes to the Program

You understand and agree that IPSEN may at any time, and without advance notice, modify the services provided by the Program, modify the eligibility requirements to obtain such services, discontinue the Program in whole or in part, and terminate assistance provided under the Program.

From time to time, IPSEN may appoint a new agent(s)/service provider(s) to assist in the administration of the Program. You authorize IPSEN to transfer your personal information/personal health information to any new party selected by IPSEN in relation to the administration of the Program.

Consent to be contacted

In addition to the possibility of being contacted as described above, and on the front of this form, you also agree that you may be contacted by an agent of IPSEN for the purpose of customer satisfaction surveys with respect to the Program, and you consent to your contact details being provided to IPSEN's agent for this purpose.

Withdrawing consent

You understand that you have the right to revoke your consent at any time by contacting the Program at 1.855.215.2288. However, you understand that your personal information/personal health information already collected and/or disclosed will be retained and cannot be retrieved. You also understand that if you revoke your consent you thereby withdraw from the Program and will no longer be entitled to the services offered by the Program.

[Pr]Somatuline® Autogel® (lanreotide) is indicated for the long-term treatment of patients with acromegaly due to pituitary tumors who have had inadequate response to or cannot be treated with surgery and/or radiotherapy, and for the relief of symptoms associated with acromegaly. The goal of treatment is to reduce growth hormone (GH) and age-adjusted insulin-like growth factor 1 (IGF-1) levels and where possible to achieve normalization of the values. Somatuline® Autogel® is indicated for the treatment of enteropancreatic neuroendocrine tumors in patients with Grade 1 or a subset of Grade 2 (equivalent to Ki67 <10%) unresectable, locally advanced or metastatic disease to delay progression. The effectiveness of Somatuline® Autogel® is based on a phase III placebo-controlled study which demonstrated a benefit in progression-free survival in patients classified with stable disease by RECIST criteria (<20% growth) over 12 to 24 weeks. There was no evidence of an overall survival benefit. Data on hindgut tumors were limited (see CLINICAL TRIALS).

Consult the product monograph at www.ipsen.ca/SomatulinePMEN or by calling 1-855-215-2288 for conditions of clinical use, contraindications, warnings, precautions, adverse reactions, drug interactions, and dosing.

www.ipsencares.ca

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IPSEN CARES™ IPSEN Innovation for patient care