



Coverage, Access, Reimbursement & Education Support

Copay Program Enrollment Details:

Please see below for your patients copay assistance information for Somatuline® Depot (lanreotide):

Enrollment Start Date:

Medical Copay Information

Payor ID: 56155

Group: 00003717

Member Number:

Pharmacy Copay Information

BIN: 610020

Group: 99994459

PCN: PDMI

Member Number:

Please see the full copay assistance program eligibility criteria & terms and conditions on the sign up page of portal.IPSENCARES.com or IPSENCARES.com

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