SEE WHY

MOST NURSES PREFERRED THE SOMATULINE DEPOT SYRINGE[1]

IN A SIMULATED-USE STUDY

Somatuline® Depot (lanreotide) Injection 120 mg

INDICATIONS

SOMATULINE® DEPOT (lanreotide) is a somatostatin analog indicated for:

- the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival; and
- the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy.

IMPORTANT SAFETY INFORMATION

Contraindications

- SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

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REDESIGNED TO IMPROVE THE ADMINISTRATION EXPERIENCE[2]

When it comes to long-acting SSAs, delivery matters. That's why Somatuline® Depot (lanreotide) syringe was redesigned with patients, caregivers, and healthcare providers taking part in the process. Offering a prefilled dose, sturdy plunger, and needle safety system, the redesigned syringe can help improve the monthly injection process.*

PREFERRED BY 97.8% OF NURSES IN A RECENT SIMULATED-USE STUDY[1]

The redesigned SOMATULINE DEPOT syringe was put to the test against the Sandostatin® LAR Depot (octreotide acetate) for injectable suspension syringe in a simulated-use study. Here's what nurses preferred about the SOMATULINE DEPOT syringe.

Top performance attributes[1]:

Fast administration time from preparation to injection

Easy to use during preparation

What makes the SOMATULINE DEPOT syringe different?[3]

PREFILLED SYRINGE: No reconstitution required. The syringe is ready to inject, which can help reduce preparation time.

See what nurses preferred about the SOMATULINE DEPOT syringe[1]:

From a scale of 1 (not at all) to 5 (very much):

Nurse Preference	Somatuline Depot	Sandostatin LAR Depot
Ease of use during preparation	4.8	2.7
Ease of use during injection	4.5	3.0
Fast to administer from preparation to injection	4.8	2.1
Comfortable to hold during use†	4.5	3.4
Sturdy plunger	4.4	3.4
Convenience of syringe format and packaging†	4.6	1.9

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

- **Cholelithiasis and Gallbladder Sludge**
  - SOMATULINE DEPOT may reduce gallbladder motility and lead to gallstone formation.
  - Periodic monitoring may be needed.
  - If complications of cholelithiasis are suspected, discontinue SOMATULINE DEPOT and treat appropriately.

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TESTED & DEMONSTRATED PREFERENCE IN PRESTO[1]

PRESTO: LONG-ACTING SSA SYRINGE PREFERENCE STUDY

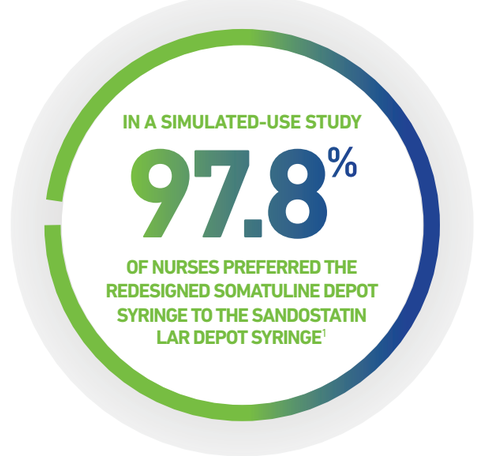
A randomized, multinational, multicenter, noninterventional, simulated-use study:

- **Objective:** The primary objective of this study was to assess the preferences of nurses between the SOMATULINE DEPOT syringe and the SANDOSTATIN LAR DEPOT syringe
- **Participants:** Nurses (N=90) with experience administering SOMATULINE DEPOT and SANDOSTATIN LAR
- **Method:** Nurses attended a single testing session, during which they injected injection pads with each type of syringe twice before reporting their preferences. Data were collected using an anonymous, self-administered, web-based questionnaire
- **Limitations:** Limitations of this study included the need for a change in injection pad after 10 injection sessions due to clogging issues which resulted in 2 separate cohorts, and that the injections performed were simulated. There were imbalances noted in the sociodemographics and the clinical settings of nurses that potentially introduced bias in the reporting of preferences. Another limitation was that some nurse respondents were from the Contract Research Organizations (CRO) network. No assessment of efficacy or safety should be made based on this study

*The Somatuline Depot delivery system was updated in response to feedback, provided by acromegaly and NET patients, nurses, and caregivers, during 4 formative studies regarding the design and functionality of updated delivery device prototypes. The subsequent human factors validation study in 2017 reviewed the use of the updated delivery system by intended users in the intended use environment. Most common errors among HCPs (N=35) were failure to follow correct procedure if the syringe was dropped (34%) and failure to inspect the product before administration (34%); no task errors were specific to the delivery system. Key changes between the previously marketed delivery system and the updated delivery system are: an overcap to improve the ergonomics (and needle shield removal); plunger support for the updated delivery system; and an improved version of the needle safety system.[2]

†From preparation to injection.

PRESTO=The **PRE**ference **ST**udy of lanre**O**tide autogel; NET=neuroendocrine tumors; SSA=somatostatin analog.



IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- **Hypoglycemia or Hyperglycemia**
  - Patients treated with SOMATULINE DEPOT may experience hypoglycemia or hyperglycemia.
  - Blood glucose levels should be monitored when SOMATULINE DEPOT treatment is initiated, or when the dose is altered, and antidiabetic treatment should be adjusted accordingly.

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To learn more about Somatuline Depot:

Visit SomatulineDepotHCP.com

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- **Cardiovascular Abnormalities**
  - SOMATULINE DEPOT may decrease heart rate.
  - In patients without underlying cardiac disease, SOMATULINE DEPOT may lead to a decrease in heart rate without necessarily reaching the threshold of bradycardia.
  - In patients suffering from cardiac disorders prior to treatment, sinus bradycardia may occur. Care should be taken when initiating treatment in patients with bradycardia.

Most Common Adverse Reactions

- **GEP-NETs:** Adverse reactions in >10% of patients who received SOMATULINE DEPOT were abdominal pain (34%), musculoskeletal pain (19%), vomiting (19%), headache (16%), injection site reaction (15%), hyperglycemia (14%), hypertension (14%), and cholelithiasis (14%).
- **Carcinoid Syndrome:** Adverse reactions occurring in the carcinoid syndrome trial were generally similar to those in the GEP-NET trial. Adverse reactions in ≥5% of patients who received SOMATULINE DEPOT and at least 5% greater than placebo were headache (12%), dizziness (7%) and muscle spasm (5%).

Drug Interactions: SOMATULINE DEPOT may decrease the absorption of cyclosporine (dosage adjustment may be needed); increase the absorption of bromocriptine; and require dosage adjustment for bradycardia-inducing drugs (e.g., beta-blockers).

Special Populations

- **Lactation:** Advise women not to breastfeed during treatment and for 6 months after the last dose.

To report SUSPECTED ADVERSE REACTIONS, contact Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

References: 1. Adelman D, Truong Thanh X-M, Feuilly M, Houchard A, Cella D. Evaluation of nurse preferences between the lanreotide autogel new syringe and the octreotide long-acting release syringe: an international simulated-use study (PRESTO). *Adv Ther.* 2020. doi:10.1007/s12325-020-01255-8. **2.** Data on file. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; 2018. This study has been funded by Ipsen. **3.** Ryan P, McBride A, Ray D, et al. Lanreotide vs octreotide LAR for patients with advanced gastroenteropancreatic neuroendocrine tumors: An observational time and motion analysis. *J Oncol Pharm Pract.* 2019;25(6):1425-1433.

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