Lupron Depot Support **PLUS** Enrollment Form

LPC-03052024-A03

Questions? Call <844-458-7876>

Please fax completed form to Support PLUS at 866-867-0465

Patients will receive a call within 1 business day from a Support PLUS Specialist to confirm enrollment
Lupron Depot Support PLUS Specialists are provided by AbbVie and do not work under the direction of your healthcare professional (HCP) or give medical advice. They are trained to direct patients to their healthcare professionals for treatment-related advice, including further referrals.

1 PATIENT INFORMATION*

To be completed by the patient or legally authorized person. Please print clearly. All fields marked with an asterisk (*) are required

*First name: _____ *Last name: _____ *Date of birth _____ (mm/dd/yyyy)

*Phone: _____ Mobile phone: _____ Email: _____

*Address: _____ *City: _____ *State: _____ *ZIP: _____

Best time to call: Monday – Friday ☐ Any time ☐ Morning ☐ Afternoon ☐ Evening ☐ Check here if an interpreter is needed

Privacy Notice: For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, visit https://abbv.ie/PrivacyPatient.

Consent to process my sensitive personal information: Through my submission of the LUPRON DEPOT Support PLUS Enrollment and Prescription Form, I consent to the collection, use, and disclosure of my personal health data, as described in the Privacy Notice above and in AbbVie's Privacy Notice in the "How We May Disclose Personal Data" section. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting "Your Privacy Choices" on AbbVie's website.

2 INSURANCE INFORMATION*

Primary Insurance:

Policy Holder Name: _____ DOB: _____

Prescription Insurance: _____

Rx Group #: _____ Rx ID #: _____

Rx BIN: _____ Rx PCN: _____

Phone: _____

Secondary Insurance:

Policy Holder Name: _____ DOB: _____

Prescription Insurance: _____

Rx Group #: _____ Rx ID #: _____

Rx BIN: _____ Rx PCN: _____

Phone: _____

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL ONLY

3 PRESCRIBER INFORMATION*

To be completed by prescriber

*Prescriber Name: _____ *Specialty: ☐ URO ☐ Other *NPI _____

Address: _____ City: _____ State: _____ ZIP: _____

*Office contact name: _____ *Phone: _____ *Fax: _____

Privacy Notice for Prescriber: For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties visit, https://abbv.ie/PrivacyHCP.

4 PRESCRIPTION AND PHARMACY INFORMATION*

Required for prescriptions only

***Diagnosis** for which Lupron Depot is being prescribed: ICD-10 _____

☐ **I do NOT want Lupron Depot dispensed at this time.**

Please only verify the following benefits:

☐ Coverage through Buy and Bill ☐ Coverage through Pharmacy

LUPRON DEPOT PRESCRIPTION INFORMATION

☐ New ☐ Restart ☐ Continuing Start Date: _____

SHIPPING PREFERENCE (Pharmacy Benefit Only)

☐ Deliver medication to prescriber ☐ Deliver to patient

Date Needed: _____

ADVANCED PROSTATE CANCER

☐ Lupron Depot 7.5 mg (1-month supply)	Sig: Administer IM once a month	#1 kit	Refills: _____
☐ Lupron Depot 22.5 mg (3-month supply)	Sig: Administer IM once every 3 months	#1 kit	Refills: _____
☐ Lupron Depot 30 mg (4-month supply)	Sig: Administer IM once every 4 months	#1 kit	Refills: _____
☐ Lupron Depot 45 mg (6-month supply)	Sig: Administer IM once every 6 months	#1 kit	Refills: _____

_____

Prescriber signature (required) Date (mm/dd/yyyy)

Prescriber must manually sign (rubber stamps, signature by other office personnel for the prescriber, and computer-generated signatures will not be accepted). I certify that I complied with the Health Insurance Portability and Accountability Act of 1996 and relevant state privacy laws in submitting the patient information described in this enrollment form.

For states requiring handwritten expressions of Product Selection, use this area (e.g., medically necessary, may not substitute, dispense as written, etc.)

I request Health Plans and Pharmacy Benefits Managers (PBMs) provide patient benefit information and the necessary prior authorization forms to RxCrossroads, and authorize plans and PBMs to do so if the plan or PBM requires such authorization.

Important Information

By submitting this form, you are referring the above patient to AbbVie's patient support program to determine eligibility and receive support related to an AbbVie product. Please share this information with your patient.

Please see Indication and Important Safety Information on next page.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/lupronuro_pi.pdf.

Support **PLUS** Program

LuproNDepot® (leuprolide acetate for depot suspension)

US-LUPR-240021 February 2024

Indication and Important Safety Information

Indication[1]

LUPRON DEPOT® (leuprolide acetate for depot suspension) 7.5 mg for 1-month, 22.5 mg for 3-month, 30 mg for 4-month, and 45 mg for 6-month administration are indicated for the treatment of advanced prostatic cancer.

Important Safety Information[1]

- LUPRON DEPOT is contraindicated in patients with hypersensitivity to GnRH agonists or any of the excipients in LUPRON DEPOT.
- LUPRON DEPOT causes an initial increase in serum testosterone (~50% above baseline) during the first few weeks of treatment. This initial increase can cause:
  - Transient worsening of symptoms, or additional signs and symptoms of prostate cancer.
  - Temporary increase in bone pain, which can be managed symptomatically.
  - Ureteral obstruction and spinal cord compression have been reported with GnRH agonists. Spinal cord compression may contribute to paralysis with or without fatal complications. Observe patients with vertebral metastasis and/or urinary tract obstruction closely.
- The use of GnRH agonists may lead to an increased risk of metabolic changes, such as hyperglycemia, diabetes, hyperlipidemia, and non-alcoholic fatty liver disease. Monitor for signs and symptoms of metabolic syndrome including lipids, blood glucose level, and/or HbA1c and manage according to current treatment guidelines.
- An increased risk of myocardial infarction, sudden cardiac death, and stroke has been reported in association with the use of GnRH agonists in men, although the risk appears low. Evaluate the risks carefully, including cardiovascular risk factors, when determining prostate cancer treatment. Patients receiving a GnRH agonist should be monitored for signs and symptoms of cardiovascular disease and managed appropriately.
- Androgen deprivation therapy (ADT) may prolong the QT/QTc interval. Consideration should be given to whether the benefits of ADT outweigh the potential risks in patients with congenital long QT syndrome, congestive heart failure, frequent electrolyte abnormalities, and in patients taking drugs known to prolong the QT interval. Correct electrolyte abnormalities and consider periodic monitoring of electrocardiograms and electrolytes.
- Postmarketing reports of convulsions have been observed in patients on leuprolide acetate therapy, including patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and in patients on concomitant medications associated with convulsions, such as bupropion and SSRIs. Convulsions have also been reported in the absence of any of the conditions mentioned above.
- Periodic monitoring of serum testosterone and PSA levels is recommended.
- LUPRON DEPOT may cause fetal harm when administered to a pregnant woman. Advise pregnant patients and females of reproductive potential of the potential risk to the fetus.
- LUPRON DEPOT may impair fertility in males of reproductive potential.
- In controlled clinical trials of advanced prostatic cancer patients receiving LUPRON DEPOT, the following adverse events occurred in >10% of patients:
  - LUPRON DEPOT 7.5 mg for 1-month administration: hot flashes/sweats, general pain, edema, urinary disorders, GI disorders, and respiratory disorders.
  - LUPRON DEPOT 22.5 mg for 3-month administration: hot flashes/sweats, general pain, testicular atrophy, GI disorders, urinary disorders, injection site reactions, and joint disorders.
  - LUPRON DEPOT 30 mg for 4-month administration: hot flashes/sweats, injection site reactions, general pain, edema, urinary disorders, joint disorders, GI disorders, asthenia, flu syndrome, skin reactions, and headache.
  - LUPRON DEPOT 45 mg for 6-month administration: hot flush/flushing, upper respiratory tract infection/influenza-like illness, injection site pain/discomfort, and fatigue/lethargy.

Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/lupronuro_pi.pdf.

Reference: 1. LUPRON DEPOT [package insert]. North Chicago, IL: AbbVie Inc.

Support **PLUS** Program

LuproNDepot®
(leuprolide acetate for depot suspension)