



Please fax completed form to Support PLUS at 866-867-0465
Give your patient the Support PLUS Welcome sheet



Patients will receive a call within 1 business day from a Support PLUS Specialist to confirm enrollment

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

By enrolling in Lupron Depot Support **PLUS**, you will have access to a Lupron Depot Support **PLUS** Specialist. SPSs 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 HCP for treatment-related advice, including further referrals. Your personal information will be used solely to provide you with Lupron support and communications, and for AbbVie to perform research and analytics on a de-identified basis. For more information on AbbVie's privacy practices, visit www.abbvie.com/privacy.html

☐ I (the patient) would like to receive news and updates about AbbVie products, clinical trials, research opportunities, programs, and other information that may be of interest to me.

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: _____

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

<input type="checkbox"/> Lupron Depot 7.5 mg (1 month supply)	Sig: Administer IM once a month	#1 kit Refills: _____
<input type="checkbox"/> Lupron Depot 22.5 mg (3 month supply)	Sig: Administer IM once every 3 months	#1 kit Refills: _____
<input type="checkbox"/> Lupron Depot 30 mg (4 month supply)	Sig: Administer IM once every 4 months	#1 kit Refills: _____
<input type="checkbox"/> 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.

Lupron Depot Support **PLUS** is an AbbVie-sponsored program that provides personalized patient support (Lupron Depot Support **PLUS**). The categories of personal information AbbVie, its affiliates, collaborators and agents ("AbbVie") collect in this Enrollment and Prescription Form include contact, insurance, prescription, and medical history information. The personal information collected will be used to provide and manage the Lupron Depot Support **PLUS** program and to perform research and analytics on a de-identified basis.

For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit www.abbvie.com/privacy.html. Please share this information with your patient.

The information contained in this communication is confidential and intended for the addressee. It may contain Protected Health Information (PHI) under HIPAA. PHI is personal and sensitive information related to a person's health. This information is sent to you under circumstances when a participant's authorization is not required. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure, unless permitted by law, is prohibited. If you are not the intended recipient, you are hereby notified that dissemination, disclosure, copying, or distribution of this information is strictly prohibited and may be unlawful. Please notify sender immediately to arrange return of this document.

Please see Indication and Important Safety Information on next page.

Please see accompanying full Prescribing Information.

 Support **PLUS** Program

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 US-LUPR-220176 June 2022

 **LupronDepot**[®]
 (leuprolide acetate for depot suspension)

Indication and Important Safety Information

Indication¹

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 Information¹

- 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 in a small number of patients, which can be managed symptomatically.
 - Isolated cases of ureteral obstruction and spinal cord compression, which may contribute to paralysis with or without fatal complications. Observe patients with vertebral metastasis and/or urinary tract obstruction closely.
- Hyperglycemia and increased risk of developing diabetes have been reported in men receiving GnRH agonists. Monitor blood glucose and/or glycosylated hemoglobin (HbA1c) periodically in men receiving a GnRH agonist, and manage hyperglycemia or diabetes.
- 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](#).

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

Welcome to Lupron Depot Support **PLUS**

Dedicated 1:1 support for your Lupron Depot treatment plan

Starting a new medication can raise a lot of questions.
That's why we're here to help whenever you may need us

Your Lupron Depot Support PLUS Specialist can help you:



Understand
what to expect
when taking
Lupron Depot



Prepare
for upcoming
appointments with
your doctor



Connect
to resources for
insurance support



Find
support in your
community



Your Support **PLUS** Specialist will
call you within **ONE** business day.
This call will come from
(844) 458-7876



If you have questions or miss
your Support **PLUS** Specialist's
call, you can reach us at
(844) 458-7876

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.

To learn about AbbVie's privacy practices and your privacy choices, visit www.abbvie.com/privacy.html.

Please see [Use and Important Safety Information](#)
on the next page.

Please see accompanying full [Prescribing Information](#),
including Medication Guide.

 Support **PLUS** Program

 **LupronDepot**[®]
(leuprolide acetate for depot suspension)
Your Experience Matters

USE and IMPORTANT SAFETY INFORMATION

Use¹

- 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 prescribed for the treatment of advanced prostate cancer.
- LUPRON DEPOT is a prescription medication that must be administered in your doctor's office.

Important Safety Information¹

- LUPRON DEPOT is not for people who have had any type of allergic reaction to LUPRON DEPOT or similar drugs.
- LUPRON DEPOT causes an increase in testosterone during the first few weeks of therapy.
 - Some men may experience temporary new or worsening symptoms of prostate cancer, including urinary symptoms and/or bone pain.
 - If your cancer has spread to the spine or urinary tract, urinary blockage or pressure on the spine may occur and can sometimes lead to paralysis, which may be life-threatening.
 - You may require close medical attention during the first few weeks of therapy. Notify your doctor if you develop any new or worsened symptoms after beginning LUPRON DEPOT treatment.
- High blood sugar and increased risk of diabetes can occur in men using LUPRON DEPOT. Your doctor will monitor your blood sugar during treatment.
- Increased risk of heart attack, sudden death, and stroke can occur in men using LUPRON DEPOT. Discuss this increased risk with your doctor before starting treatment and report any new symptoms during treatment.
- LUPRON DEPOT can affect the electrical activity of your heart. Your doctor must determine if the benefits of using LUPRON DEPOT outweigh the risks, especially if you have congenital long QT syndrome, abnormal blood tests for electrolytes, congestive heart failure, or if you take medications to regulate your heartbeat.
- Convulsions have been observed in patients taking leuprolide acetate, including patients who have a history of seizures, epilepsy, or brain disorders (related to blood vessels, nerves, or tumors), and in those taking medications associated with convulsions. Convulsions have also been reported in patients without any of these conditions.
- Regular blood tests are needed to check your testosterone and prostate-specific antigen (PSA) levels.
- LUPRON DEPOT may cause fetal harm if administered to a pregnant woman.
- LUPRON DEPOT may cause impotence.
- The most common side effects of LUPRON DEPOT include hot flashes/sweats; injection site reaction/pain; general pain; swelling; testicular shrinkage; difficulty urinating; fatigue/weakness; headache; and joint, gastrointestinal, and respiratory problems.

For more information, talk with your healthcare provider.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help.

Visit AbbVie.com/myAbbVieAssist to learn more.

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

Please see accompanying full [Prescribing Information](#), including Medication Guide.

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