Support **PLUS** Enrollment Form

LPP-0501222-P05

Questions? Call 1-855-587-7667

1. Please fax completed form to Support PLUS at 1-866-866-0325. **2.** Give patient's parent/guardian the attached Support PLUS Welcome sheet.

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: ____/____/____ month/date/year

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

Gender: ☐ M ☐ F ☐ Check here if an interpreter is needed

By enrolling in Lupron Support PLUS, you will have access to live nurse support. These nurses 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. AbbVie, its affiliates, collaborators and agents ("AbbVie") will use your personal information, including your health information, collected through your enrollment and participation in the programs to: 1. provide you with AbbVie product-related support and communications; and 2. perform research and analytics.

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

The categories of personal information collected on this form include patient contact, insurance, and prescription information. The personal information collected will be used for purposes of program enrollment. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information visit https://privacy.abbvie

2 PRIMARY GUARDIAN

First name: _____ Last name: _____ Relationship to patient: _____

*Preferred phone number: _____ Email address: _____

3 INSURANCE INFORMATION*

Primary Insurance:

Policyholder Name: _____ DOB: _____

Prescription Insurance: _____

Rx Group #: _____ Rx ID #: _____

Rx BIN: _____ Rx PCN: _____

Phone: _____

Secondary Insurance:

Policyholder Name: _____ DOB: _____

Prescription Insurance: _____

Rx Group #: _____ Rx ID #: _____

Rx BIN: _____ Rx PCN: _____

Phone: _____

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL ONLY

4 PRESCRIBER INFORMATION*

To be completed by prescriber

*Prescriber Name: _____ *NPI _____ *Office contact name: _____

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

*Phone: _____ Extension: _____ *Fax: _____

5 PRESCRIPTION AND PHARMACY INFORMATION*

Required for prescriptions only

LUPRON DEPOT-PED PRESCRIPTION ☐ New ☐ Restart ☐ Continuing (start date: _____) Date of first injection: _____

SHIPPING PREFERENCE **Date Needed:** _____ Deliver medication to: ☐ Prescriber ☐ Patient

CENTRAL PRECOCIOUS PUBERTY

☐ LUPRON DEPOT-PED 7.5 mg (1-month supply)	Sig: Administer IM once a month	#1 kit	Refills: _____
☐ LUPRON DEPOT-PED 11.25 mg (1-month supply)	Sig: Administer IM once a month	#1 kit	Refills: _____
☐ LUPRON DEPOT-PED 15 mg (1-month supply)	Sig: Administer IM once a month	#1 kit	Refills: _____
☐ LUPRON DEPOT-PED 11.25 mg (3-month supply)	Sig: Administer IM once every 3 months	#1 kit	Refills: _____
☐ LUPRON DEPOT-PED 30 mg (3-month supply)	Sig: Administer IM once every 3 months	#1 kit	Refills: _____

DIAGNOSIS FOR WHICH LUPRON DEPOT-PED IS BEING PRESCRIBED _____

Primary Diagnosis: ☐ ICD-10: E22.8 ☐ ICD-10: E30.1 ☐ ICD-10: E30.9 ☐ Other ICD-10: _____

Date of Diagnosis: _____ Date of Onset of Secondary Sexual Characteristics: _____

☐ I DO NOT WANT LUPRON DEPOT-PED DISPENSED AT THIS TIME. PLEASE ONLY VERIFY THE FOLLOWING BENEFITS: _____

☐ Patient's coverage through pharmacy/medical benefit ☐ Patient's coverage through buy/bill

Patient Preferred Pharmacy: _____

PRESCRIBER SIGNATURE: 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.*

Dispense as written/do not substitute. Date

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-PED Support **PLUS** is an AbbVie-sponsored program that provides personalized patient support ("LUPRON DEPOT-PED Support **PLUS**"). The categories of personal information on this form include prescriber contact information, NPI, and prescription information. The personal information collected will be used for purposes of program enrollment and implementation. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information visit https://privacy.abbvie.

Please see next page for In Home Nurse Injection Service Authorization.

Please see Indication and Important Safety Information on the next page.
Please see full Prescribing Information.

LUPRON DEPOT-PED®
(leuprolide acetate for depot suspension)

Support **PLUS** In-Home Nurse Injection Service–Authorization

The LUPRON Support PLUS **In-Home Nurse Injection Service** requires a physician recommendation and a signed Parent/Legal Guardian Authorization to begin the process. Please fax signed form to 1-866-866-0325. For questions, please call toll-free at 1-855-587-7667.

TO BE COMPLETED BY **HEALTHCARE PROFESSIONAL**

☐ The patient is at risk of abandoning the course of therapy I have prescribed without the use of the LUPRON DEPOT-PED In-Home Nurse Injection Service.

Patient's Name: _____ Case Number: _____

I, [Physician/Practitioner] _____, hereby authorize the patient to participate in the LUPRON DEPOT-PED In-Home Nurse Injection Service managed by Support PLUS. I understand that the intent of this Service is to provide intramuscular (IM) injections of LUPRON DEPOT-PED at the dose prescribed by me in my patient's home by a nurse trained in administering IM injections to ensure that my patient remains on the prescribed therapy. I acknowledge that I, or a healthcare professional operating under my supervision and at my direction, have administered or will administer to the patient the first injection of LUPRON DEPOT-PED prior to the patient's participation in the Service. I further acknowledge that the patient's participation in this Service is done at my request, and that the administration of the IM injection and overall Service is performed at all times under my supervision. I may terminate at any time my patient's participation in the Service by contacting Support PLUS at 1-855-587-7667. I further acknowledge that all treatment decisions regarding LUPRON DEPOT-PED (including my decision to prescribe LUPRON DEPOT-PED and/or to change the prescribed dose) are made based upon my independent clinical judgment. I further acknowledge that my participation in this Service is not intended to influence my prescribing decisions. I will not seek compensation or reimbursement of any kind for the services performed by or through the Service.

TO BE COMPLETED BY **PARENT/LEGAL GUARDIAN**

Your child's doctor has prescribed LUPRON DEPOT-PED® therapy and recommended the In-Home Nurse Injection Service.

Patient's Name: _____

Parent/Legal Guardian Name: _____ Relationship to patient: _____ Phone: _____

SUPPORT PLUS PROGRAM PRIVACY NOTICE AND ENROLLMENT (Read the following carefully, then check the box where indicated)

I understand that the Support PLUS Program is an AbbVie-sponsored coordination of care program designed to provide personalized treatment support. For my child to participate in the program, I understand that AbbVie & Partners will use and disclose my child's Personal Information, collected at enrollment and through participation in the program, for only the following purposes:

(1) ☐ To enroll my child in the Support PLUS Program, which includes informational materials, reimbursement services, and in-home injection and telephonic nurse support.

(2) ☐ To contact me with AbbVie communications about its products, services, research, events, programs and other information that may be of interest to me using the contact information I provide, with my understanding that I may withdraw my consent at any time by calling 855-587-7667, or by writing PO Box 5923, Louisville, KY 40255.

(3) ☐ Using only de-identified information, to improve, develop, and evaluate products, services, materials, and programs related to my child's condition or treatment, as well as for health-economic outcomes and market research.

I understand AbbVie & Partners will not sell or rent my child's Personal Information. I understand that my child's participation in the Support PLUS Program is voluntary. I may cancel my child's participation at any time by calling 1-855-587-7667, but such cancellation will not affect use of my child's information occurring before my request was processed.

☐ I agree to enroll my child identified above in the Support PLUS In-Home Nurse Injection Service.
☐ I have read, understood, and agree to the Authorization to release my child's Personal Information to AbbVie & Partners.

*Support PLUS is provided by AbbVie and does not work under the direction of your healthcare professional (HCP) or give medical advice. Nurses are trained to direct patients to their HCP for treatment-related advice, including further referrals.

The categories of personal information collected on this form include patient, guardian name, and phone number. The personal information collected will be used for purposes of program enrollment and management. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information visit https://privacy.abbvie

Parent/Legal Guardian Signature _____ Date _____

INDICATION[1]

Central Precocious Puberty

LUPRON DEPOT-PED® (leuprolide acetate for depot suspension) 7.5 mg, 11.25 mg, and 15 mg for 1-month and 11.25 mg and 30 mg for 3-month administration are indicated for the treatment of pediatric patients with central precocious puberty (CPP).

IMPORTANT SAFETY INFORMATION[1]

CONTRAINDICATIONS

- Hypersensitivity to gonadotropin-releasing hormone (GnRH), GnRH agonists, or any of the excipients in LUPRON DEPOT-PED. Anaphylactic reactions to synthetic GnRH or GnRH agonists have been reported.
- Pregnancy: LUPRON DEPOT-PED may cause fetal harm.

WARNINGS AND PRECAUTIONS

Initial Rise of Gonadotropins and Sex Steroid Levels

- During the early phase of therapy or after subsequent doses, gonadotropins and sex steroids may rise above baseline because of the initial stimulatory effect of the drug. Therefore, an increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

Psychiatric Events

- Psychiatric events have been reported in patients taking GnRH agonists, including LUPRON DEPOT-PED. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment.

Convulsions

- Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including LUPRON DEPOT-PED. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions, such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

Pseudotumor Cerebri (Idiopathic Intracranial Hypertension)

- Pseudotumor cerebri (idiopathic intracranial hypertension) have been reported in pediatric patients receiving GnRH agonists, including LUPRON DEPOT-PED. Monitor patients for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred vision, diplopia, loss of vision, pain behind the eye or pain with eye movement, tinnitus, dizziness, and nausea.

ADVERSE REACTIONS

- The most common (≥2%) adverse reactions in the LUPRON DEPOT-PED clinical studies were:
  - LUPRON DEPOT-PED 7.5 mg, 11.25 mg, and 15 mg for 1-month administration: injection site reactions including abscess, emotional lability, acne/seborrhea, vaginitis/vaginal bleeding/vaginal discharge, pain, rash including erythema multiforme, headache, and vasodilation.
  - LUPRON DEPOT-PED 11.25 mg and 30 mg for 3-month administration: injection site pain, increased weight, headache, altered mood, and injection site swelling.
- Diagnostic tests of pituitary gonadotropic and gonadal functions conducted during treatment and up to 6 months after discontinuation may be affected.
- The safety and effectiveness of LUPRON DEPOT-PED have not been established in pediatric patients less than 1 year old.
- LUPRON DEPOT-PED must be administered by a healthcare professional.

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

Please see full Prescribing Information.

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LUPRON DEPOT-PED®
(leuprolide acetate for depot suspension)

Support **PLUS**

Welcome

to LUPRON DEPOT-PED® Support PLUS Program

Designed for your child—and you

We are committed to helping you and your child understand LUPRON DEPOT-PED treatment, answering your questions, and supporting you throughout your treatment with LUPRON DEPOT-PED.

Starting a new medication can raise a lot of questions.
That's why we are here to help you along the way.

With Lupron Support PLUS you can expect:

Help with navigating your insurance coverage

Assistance with identifying possible ways to save on your medicine

Live nurse support

Guidance on your child's treatment

Call us at **1-855-LUPRON-P** (1-855-587-7667) to get started with the support you need.

*Certified nurses 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.

For more information 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 the Medication Guide, and discuss with your doctor.

LUPRON DEPOT-PED®
(leuprolide acetate for depot suspension)

Use for LUPRON DEPOT-PED®
(leuprolide acetate for depot suspension)[1]

LUPRON DEPOT-PED 7.5 mg, 11.25 mg, and 15 mg for 1-month and 11.25 mg and 30 mg for 3-month administration are prescribed for the treatment of children with central precocious puberty (CPP).

It is not known if LUPRON DEPOT-PED is safe and effective in children under 2 years of age.

Important Safety Information for LUPRON DEPOT-PED[1]

What is the most important information I should know about LUPRON DEPOT-PED?

- During the first 2 to 4 weeks of treatment, LUPRON DEPOT-PED can cause an increase in some hormones. During this time, you may notice more signs of puberty in your child, including vaginal bleeding. **Call your child's doctor if these signs continue after the second month of treatment with LUPRON DEPOT-PED.**
- Some people taking gonadotropin-releasing hormone (GnRH) agonists like LUPRON DEPOT-PED have had new or worsened mental (psychiatric) problems. Mental (psychiatric) problems may include emotional symptoms such as:
  - Crying
  - Irritability
  - Restlessness (impatience)
  - Anger
  - Acting aggressive

Call your child's doctor right away if your child has any new or worsening mental symptoms or problems while taking LUPRON DEPOT-PED.

- Some people taking GnRH agonists like LUPRON DEPOT-PED have had seizures. The risk of seizures may be higher in people who:
  - Have a history of seizures
  - Have a history of epilepsy
  - Have a history of brain or brain vessel (cerebrovascular) problems or tumors
  - Are taking a medicine that has been connected to seizures, such as bupropion or selective serotonin reuptake inhibitors (SSRIs)

Seizures have also happened in people who have not had any of these problems. **Call your child's doctor right away if your child has a seizure while taking LUPRON DEPOT-PED.**

- Increased pressure in the fluid around the brain can happen in children taking gonadotropin-releasing hormone (GnRH) agonist medicines, including LUPRON DEPOT-PED. **Call your child's doctor right away if your child develops any of the following symptoms during treatment with LUPRON DEPOT-PED:**
  - Headache
  - Eye problems, including blurred vision, double vision, and decreased eyesight
  - Eye pain
  - Ringing in the ears
  - Dizziness
  - Nausea

LUPRON DEPOT-PED should not be taken if your child is:

- Allergic to GnRH, GnRH agonist medicines, or any ingredients in LUPRON DEPOT-PED. See the end of the Medication Guide for a complete list of ingredients in LUPRON DEPOT-PED.
- Pregnant or becomes pregnant. LUPRON DEPOT-PED can cause birth defects or loss of the baby. If your child becomes pregnant, call your child's doctor.

Before your child receives LUPRON DEPOT-PED, tell their doctor about all of your child's medical conditions, including if they:

- Have a history of mental (psychiatric) problems
- Have a history of seizures
- Have a history of epilepsy
- Have a history of brain or brain vessel (cerebrovascular) problems or tumors
- Are taking a medicine that has been connected to seizures, such as bupropion or selective serotonin reuptake inhibitors (SSRIs)
- Are breastfeeding or plan to breastfeed. It is not known if LUPRON DEPOT-PED passes into the breast milk

Tell your child's doctor about all the medicines your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will your child receive LUPRON DEPOT-PED?

- Your child's doctor should do tests to make sure your child has CPP before treating them with LUPRON DEPOT-PED.
- LUPRON DEPOT-PED is given as a single-dose injection into your child's muscle each month or every 3 months by a doctor or trained nurse. Your child's doctor will decide how often your child will receive the injection.
- Keep all scheduled visits to the doctor. If a scheduled dose is missed, your child may start having signs of puberty again. The doctor will do regular exams and blood tests to check for signs of puberty.

What are the possible side effects of LUPRON DEPOT-PED?

LUPRON DEPOT-PED may cause serious side effects. See "What is the most important information I should know about LUPRON DEPOT-PED?"

- **The most common side effects of LUPRON DEPOT-PED received 1 time each month include:**
  - Injection site reactions such as pain, swelling, and abscess
  - Weight gain
  - Pain throughout body
  - Headache
  - Acne or red, itchy rash and white scales (seborrhea)
  - Serious skin rash (erythema multiforme)
  - Mood changes
  - Swelling of vagina (vaginitis), vaginal bleeding, and vaginal discharge
- **The most common side effects of LUPRON DEPOT-PED received every 3 months include:**
  - Injection site reactions such as pain and swelling
  - Weight gain
  - Headache
  - Mood changes

These are not all the possible side effects of LUPRON DEPOT-PED. **Call your child's doctor for medical advice about side effects.**

This is the most important information to know about LUPRON DEPOT-PED. For more information, talk to your child's doctor or 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-PED [package insert]. North Chicago, IL: AbbVie Inc.

Please see accompanying full Prescribing Information, including the Medication Guide, and discuss with your doctor.

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