

 **LUPRON DEPOT  
SAVINGS CARD**

**RxBIN:** 601341

**RxPCN:** OHCP

**RxGrp:** OH9014021

**RxID:**

Eligibility and other restrictions may apply.  
See reverse side for rules.\*

**Lupron Depot**<sup>®</sup>

(leuprolide acetate for depot suspension)

3,75 mg/-3 Month 11,25 mg

**SAVE** with the **SAVINGS CARD**

You pay:

Program pays:

**\$10**

**per dose**  
for LUPRON DEPOT

up to **\$125** for  
1-month dose

up to **\$250** for  
3-month dose

**\$5**

**per month**  
for Add-back<sup>†</sup>

up to **\$25**  
per month  
for generic  
norethindrone  
acetate 5 mg<sup>‡</sup>

<sup>†</sup>Norethindrone acetate 5 mg.

<sup>‡</sup>With a prescription for LUPRON DEPOT.

**\*Eligibility:** Available to patients with commercial prescription insurance coverage for LUPRON DEPOT® (leuprolide acetate for depot suspension) and generic norethindrone acetate who meet eligibility criteria. Co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state or government-funded insurance programs (for example, Medicare (including Part D), Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense or Veteran's Affairs programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state or government-funded healthcare program, patient will no longer be able to use the LUPRON DEPOT® card and patient must call 1-855-587-7663 to stop participation. Patients residing in or receiving treatment in certain states may not be eligible. Patients may not seek reimbursement for value received from the LUPRON DEPOT® card from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply.

**This is not health insurance.**

**TO PHARMACIST:** Please submit the co-pay card authorized for all commercially insured patients by the patient's primary prescription insurance as a secondary transaction to Opus Health. When you use this card, you are confirming that you have not submitted and will not submit a claim for this prescription for reimbursement under any federal, state or government-funded healthcare program, such as Medicare (including Part D), Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense or TRICARE. Pharmacists with questions please call Opus Health at 1-800-364-4767.

Good for out-of-pocket expenses up to \$125 on your 3.75 mg LUPRON DEPOT prescription after the initial \$10 co-pay or up to \$250 on your -3 Month 11.25 mg LUPRON DEPOT prescription after the initial \$10 co-pay and up to \$25 for generic norethindrone acetate after the initial \$5 co-pay on six occasions when accompanied with a prescription for LUPRON DEPOT. AbbVie Inc. reserves the right to rescind, revoke, or amend this offer without notice. LUPRON DEPOT is a registered trademark of AbbVie Inc. You may not combine this offer with any other rebate, coupon, free trial, or similar offer.