LUPRON DEPOT® (leuprolide acetate for depot suspension) 3.75 mg for 1-month and 11.25 mg for 3-month administration with iron therapy are used before fibroid surgery to improve anemia due to vaginal bleeding from fibroids. Your doctor may consider a one-month trial of iron alone as some patients’ anemia will improve with iron alone. It is recommended that LUPRON DEPOT not be used for more than 3 months in patients with fibroids. Experience with LUPRON DEPOT in females has been limited to women 18 years of age and older.

SAFETY CONSIDERATIONS

• You should not receive LUPRON DEPOT if you are or may become pregnant, are breast-feeding or have undiagnosed vaginal bleeding • Increased fibroid symptoms (i.e. abdominal bloating, pelvic pain or pressure) may occur for 1 or 2 weeks after starting this drug • Development or worsening of depression has occurred • A condom, a diaphragm with contraceptive jelly, or a copper IUD is required to prevent pregnancy • Thinning of the bones, which may not be completely reversible, can occur during treatment with this drug • Reports of convulsions have occurred in patients taking leuprolide acetate

Please see Use and Important Safety Information on pages 12–13.
LEARNING ABOUT FIBROIDS

If you have uterine fibroids, you are not alone...

About one in four women with uterine fibroids suffer from symptoms that affect daily life.²

The good news is that there are treatment options for fibroids. This brochure can help you learn more about fibroids, the symptoms they can cause, and treatment considerations to discuss with your doctor.

WHAT ARE FIBROIDS?

Uterine fibroids are growths (or tumors) that develop in the muscular wall of the uterus. They may also be called myomas or leiomyomas. Fibroids are generally benign—that is, they are not cancerous (malignant). Fibroids are the most common kind of growths of the uterus. A woman may have just one fibroid or several.

Uterine fibroids can range in size from as small as a pea (less than 1 inch) up to several inches in diameter.

They may remain very small for a long time, then grow suddenly and rapidly—or they may grow slowly over a number of years.³
TYPES OF FIBROIDS

Uterine fibroids can appear inside the uterus, on its outer surface or within its wall, or attached to the uterus by a stem-like structure.¹

1. Fibroid appears within the uterine wall (Intramural fibroid)
2. Fibroid appears within the outside layer of the uterine wall (Subserosal fibroid)
3. Fibroid appears within the inside layer of the uterine wall (Submucosal fibroid)
4. Fibroid is attached by a stem within the outside layer of the uterine wall (Pedunculated subserosal fibroid)
5. Fibroid is attached by a stem within the inside layer of the uterine wall (Pedunculated submucosal fibroid)

SYMPTOMS OF FIBROIDS

Some possible symptoms associated with fibroids

- Heavy or abnormal menstrual bleeding
- Bleeding between periods
- Anemia
- Pelvic pain or feeling of pressure
- Pain during intercourse or when going to the bathroom
- Enlarged uterus and abdomen
- Miscarriages
- Infertility

It’s important to discuss all symptoms—or if your symptoms change or worsen in any way—with your doctor.
CAUSES OF FIBROIDS AND WHO IS AT RISK

Facts you should know
It is not clear what causes fibroids, but evidence suggests that their growth is related to estrogen and progesterone. **Fibroids are most common in women aged 30–40 years**, but they can occur at any age.³

**Fibroids occur about 3 times more often in African-American women** than in Caucasian women.²

If you’ve been diagnosed with fibroids, **talk to your doctor about treatment options** that may be right for you.

TREATMENT CONSIDERATIONS

The treatment your doctor recommends may depend on your symptoms, the number of fibroids you have, and their location in the body.

Surgical considerations may include a myomectomy or hysterectomy.

- **Myomectomy** involves the surgical removal of uterine fibroids without the removal of the uterus. Fibroids do not regrow after surgery, but new fibroids may develop and need further treatment.
- **Hysterectomy** is the removal of the uterus. The ovaries may or may not be removed. It might also be considered if the fibroids are causing serious complications or discomfort. A hysterectomy is a permanent procedure.

**Anemia related to fibroids**
Excessive bleeding due to fibroids may lead to anemia, which can make you feel abnormally tired. People are considered anemic when they have a lower than normal amount of red blood cells in their blood.³ To assess this, a routine blood test measures the hemoglobin and hematocrit levels.

Raising hemoglobin and hematocrit levels prior to surgery is a treatment consideration you should discuss with your doctor. Clinical studies have shown that LUPRON DEPOT, when used in combination with iron, may raise hemoglobin and hematocrit levels.
PREPARING FOR SURGERY WITH LUPRON DEPOT

To help improve anemia from excessive bleeding due to fibroids and to prepare for surgery, your doctor may recommend LUPRON DEPOT along with an iron supplement for up to three months before your procedure. The use of LUPRON DEPOT may reduce or stop the bleeding by decreasing your body’s production of estrogen.

Clinical studies of 3 months of LUPRON DEPOT with daily iron therapy have shown:¹

• Corrected anemia in 75% of patients as compared to 49% of patients with daily iron therapy alone
• Less excessive vaginal bleeding in 80% of patients
• Relieved symptoms of bloating, pelvic pain and pressure
• 41% average reduction in uterine volume
• 37% average reduction in fibroid volume

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Please see accompanying full Prescribing Information, or visit luprongyn.com/prescribing-information

LUPRON DEPOT THERAPY CONSIDERATIONS

What to expect during a full 3-month course of LUPRON DEPOT therapy¹

Estrogen levels temporarily increase after treatment, which may temporarily worsen your symptoms

Estrogen levels decrease after 1 to 2 weeks*

Period stops†

Months of treatment
For illustrative purposes only. Responses may vary by individual patients.

*As a result of lower estrogen levels, you may experience symptoms such as hot flashes, headaches and vaginal dryness during this time.

†If you don’t get your period within 3 months after stopping LUPRON DEPOT therapy, talk to your doctor.

You should notify your doctor immediately if you develop any new or worsened symptoms after beginning LUPRON DEPOT.

What you should know

There are a few reasons why a woman should not start or continue LUPRON DEPOT therapy. It should not be taken if you are:

• Pregnant
• Breast-feeding
• Experiencing undiagnosed, abnormal vaginal bleeding
• Allergic to any of the ingredients in LUPRON DEPOT
Dosage and length of therapy

LUPRON DEPOT is given in combination with iron therapy as a single injection lasting 3 months (3-month 11.25 mg), or single monthly injections (1-month 3.75 mg) for up to 3 months prior to surgery.

Your doctor may consider a one-month trial of iron alone as some patients’ anemia will improve with iron alone. It is recommended that LUPRON DEPOT not be used for more than 3 months in patients with fibroids. Experience with LUPRON DEPOT in females has been limited to women 18 years of age and older.

SAFETY CONSIDERATIONS¹

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To download your LUPRON DEPOT Savings Card* now, visit: LupronGyn.com

If you have additional questions regarding savings and support, call: 1-855-587-7663

*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.

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 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.

Learn more about treating anemia prior to uterine fibroids surgery with LUPRON DEPOT here.
Use and Important Safety Information for LUPRON DEPOT

USE¹

LUPRON DEPOT® (leuprolide acetate for depot suspension) 3.75 mg for 1-month and 11.25 mg for 3-month administration with iron therapy are used before fibroid surgery to improve anemia due to vaginal bleeding from fibroids. Your doctor may consider a one-month trial of iron alone as some patients’ anemia will improve with iron alone. It is recommended that LUPRON DEPOT not be used for more than 3 months in patients with fibroids. Experience with LUPRON DEPOT in females has been limited to women 18 years of age and older.

IMPORTANT SAFETY INFORMATION¹

Do not take LUPRON DEPOT if you are or may become pregnant, are breast-feeding, have undiagnosed vaginal bleeding, or if you have experienced any type of allergic reaction to LUPRON DEPOT or similar drugs.

Thinning of the bones may occur during therapy with LUPRON DEPOT, which may not be completely reversible in some patients. Since some conditions may increase the possibility of bone thinning, you should tell your doctor if you smoke, use alcohol in excess, have a family history of osteoporosis (thinning of the bones with fractures), or are taking other medications that can cause thinning of the bones.

After beginning LUPRON DEPOT, your estrogen levels will increase for 1 or 2 weeks. During this time, you may notice an increase in your current symptoms. You should notify your doctor if you develop any new or worsened symptoms after beginning LUPRON DEPOT treatment.

LUPRON DEPOT is not a method of birth control. Even though you may not have periods, unprotected intercourse could result in pregnancy. You should use non-hormonal birth control such as condoms, a diaphragm with contraceptive jelly, or a copper IUD to prevent pregnancy. If you think you have become pregnant while on LUPRON DEPOT, talk to your doctor immediately.

There is a possibility of the development or worsening of depression and/or the occurrence of forgetfulness. Patients who have a history of depression should be carefully observed during treatment.

Convulsions have been observed in patients taking leuprolide acetate.

The most common side effects of LUPRON DEPOT include hot flashes, vaginal dryness, headaches, changes in mood, decreased interest in sex, depression, and/or the occurrence of forgetfulness.

LUPRON DEPOT must be administered in your doctor’s office.

For more information, talk with your health care provider.


For prescription use only.

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 cannot afford your medication, contact www.pparx.org for assistance.

Please see accompanying full Prescribing Information, or visit luprongyn.com/prescribing-information

Lupron Depot®
(leuprolide acetate for depot suspension)
3.75 mg/-3 Month 11.25 mg
Lupron Depot®
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3.75 mg/3 Month 11.25 mg

Look inside for valuable savings on LUPRON DEPOT.

Please see Use and Important Safety Information on pages 12–13.

Please see accompanying full Prescribing Information, or visit lupronD.com/prescribing-information

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