

# LUPRON DEPOT SAVINGS CARD\*

**RxBIN:** 601341

**RxPCN:** OHCP

**RxGrp:** OH9014011

**RxID:**

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

**LupronDepot**<sup>®</sup>  
(leuprolide acetate for depot suspension)

3.75 mg/-3 Month 11.25 mg

You could pay  
as little as:

**\$10**

per dose  
for LUPRON DEPOT

## Lupron Depot Co-pay Full Terms and Conditions

Terms and Conditions apply. This benefit covers LUPRON DEPOT® (leuprolide acetate for depot suspension). Eligibility: Available to patients with commercial insurance coverage for LUPRON DEPOT who meet eligibility criteria. Co-pay assistance program is not available to patients receiving 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 Veterans Affairs programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the LUPRON DEPOT Co-pay Savings Card and patient must call LUPRON DEPOT at 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 Savings Program from any third-party payers. Offer subject to change or discontinuation without notice. Restrictions, including monthly maximums, may apply. Subject to all other terms and conditions, the maximum monthly benefit that may be available solely for the patient's benefit under the co-pay assistance program is \$300.00 per month during the calendar year for patients receiving LUPRON DEPOT every month or \$600.00 per month during the calendar year for patients receiving LUPRON DEPOT every 3 months. The actual application and use of the benefit available under the co-pay assistance program may vary on a monthly, quarterly, and/or annual basis, depending on each individual patient's plan of insurance and other prescription drug costs. This assistance offer is not health insurance. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. To learn about AbbVie's privacy practices and your privacy choices, visit <https://privacy.abbvie>