

LupronDepot[®]

(leuprolide acetate for depot suspension)

3.75 mg/ -3 Month 11.25 mg

Taking control can start here.

Your strength.
Our therapy.

Use Endometriosis

Taking LUPRON DEPOT Alone

LUPRON DEPOT[®] (leuprolide acetate for depot suspension) 3.75 mg or 11.25 mg is used for the management of endometriosis, including pain relief and reduction of endometriotic lesions.

Taking LUPRON DEPOT in Combination with Norethindrone Acetate

LUPRON DEPOT 3.75 mg or 11.25 mg in combination with norethindrone acetate is used for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms.

Use of norethindrone acetate in combination with LUPRON DEPOT 3.75 mg or 11.25 mg is referred to as add-back therapy, and is intended to reduce the thinning of bone and reduce hot flashes associated with use of LUPRON DEPOT 3.75 mg or 11.25 mg.

Limitations of Use

The total duration of therapy with LUPRON DEPOT 3.75 mg or 11.25 mg plus add-back therapy should not exceed 12 months due to concerns of bone thinning.

SAFETY CONSIDERATIONS

- You should not receive LUPRON DEPOT if you are pregnant, think you may be pregnant, or are planning to become pregnant during treatment with LUPRON DEPOT; have undiagnosed uterine bleeding; or have experienced any type of allergic reaction to LUPRON DEPOT or similar drugs
- Thinning of your bones can occur and may not be completely reversible after stopping treatment; do not exceed the prescribed duration of treatment
- LUPRON DEPOT may cause harm to your unborn child
- A condom, a diaphragm with contraceptive jelly, or a copper IUD is required to prevent pregnancy
- Serious allergic reactions can occur
- Endometriosis symptoms, such as pelvic pain or pressure or pain during intercourse, may increase during the first days of therapy
- Convulsions have occurred in patients taking LUPRON DEPOT
- Development or worsening of depression has occurred in patients taking norethindrone acetate
- If your doctor prescribes norethindrone acetate as add-back therapy in combination with LUPRON DEPOT 3.75 mg or 11.25 mg, please refer to the norethindrone acetate prescribing information for more information about its safe and effective use.

Please see Use and Important Safety Information on page 5.

Please see accompanying full Prescribing information for LUPRON DEPOT 3.75 mg, or visit: https://www.rxabbvie.com/pdf/lupron3_75mg.pdf

Please see accompanying full Prescribing information for LUPRON DEPOT 11.25 mg, or visit: https://www.rxabbvie.com/pdf/lupron3month11_25mg.pdf

Your Strength.

You've probably been dealing with endometriosis symptoms for years.



On average,
it takes more than
9 years
for women with
endometriosis to find
the right diagnosis.¹

Pain is the most common symptom of endometriosis.²

You may be dealing with^{2,3}:

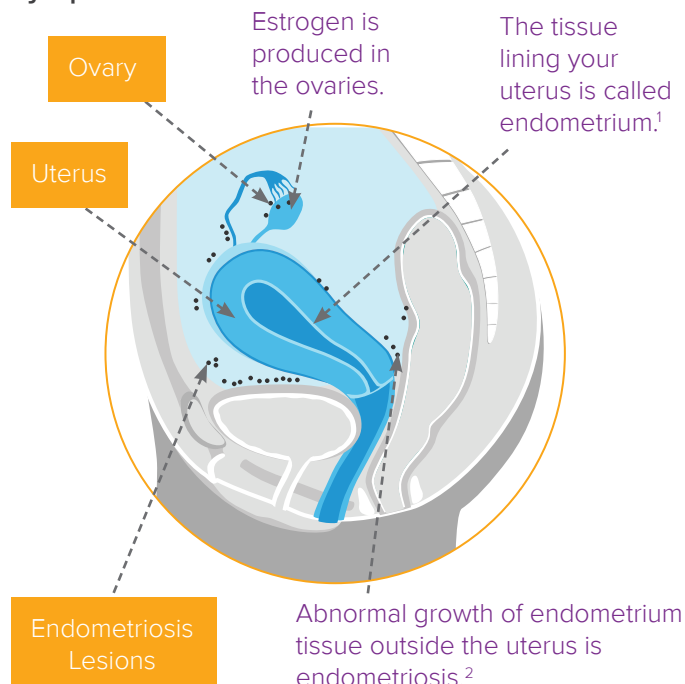
- Pelvic and lower back pain—especially surrounding your periods
- Painful intercourse
- Painful periods
- Painful urination and/or bowel movements

Finding the cause of your pain can be frustrating.^{1,4}

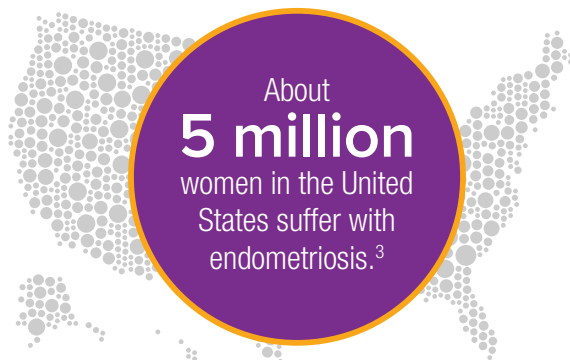
There are many possible causes of pelvic pain, which can make diagnosing endometriosis difficult.³⁻⁵ On top of that, your pain level won't necessarily relate to the number or size of endometriosis lesions.⁶

Endometriosis is a common health problem in women. It occurs when endometrium—tissue that normally lines the uterus—grows outside the uterus. These abnormal growths are called lesions.²

Estrogen fuels the growth of lesions, which then bleed and break down, causing your painful symptoms.²



You are not alone.



Our Therapy: LUPRON DEPOT + Add-Back.*

LUPRON DEPOT® turns off the fuel that feeds endometriosis.

LUPRON DEPOT therapy decreases estrogen.

By reducing the amount of estrogen in the body, LUPRON DEPOT turns off the fuel that feeds endometriosis to help relieve pain and shrink endometriosis lesions.⁷

In 2 clinical studies, LUPRON DEPOT helped relieve pain in women with endometriosis.⁸

Women Who Found Relief

Within 30 days of completing treatment with LUPRON DEPOT (6 months of therapy)

53%

of 155 patients found **relief from pelvic pain**

56%

of 129 patients found **relief from pain during intercourse**

Women Who Sustained Relief

12 months after completing treatment with LUPRON DEPOT (6 months of therapy)

53%

of 30 patients found **continued relief from pelvic pain**

76%

of 25 patients found **continued relief from pain during intercourse**

Safety Considerations

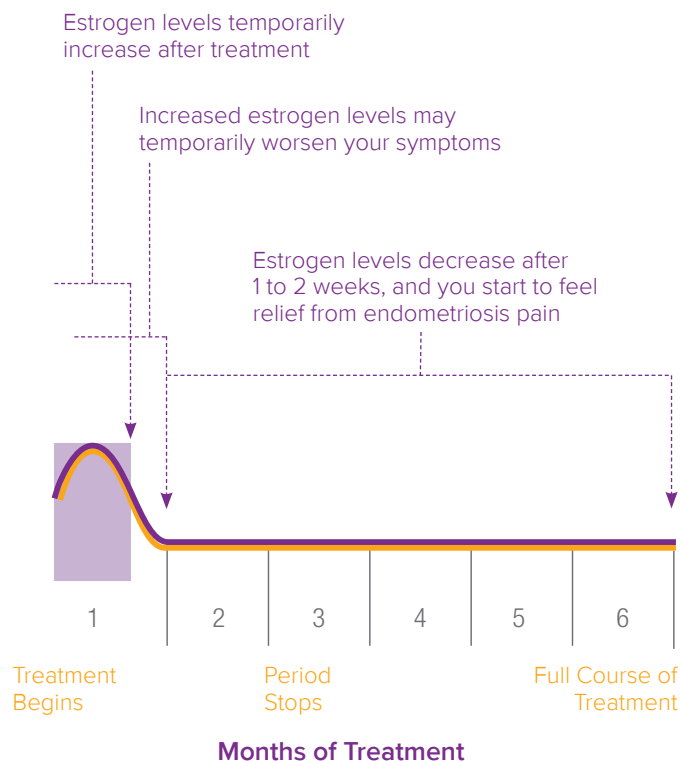
In clinical trials, the most common side effects of LUPRON DEPOT, occurring in >10% of patients, include hot flashes/sweats, headache/migraine, vaginitis, depression/emotional lability, general pain, weight gain/loss, nausea/vomiting, decreased libido, and dizziness.⁷

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What to expect during a full 6-month course of LUPRON DEPOT therapy⁷



For illustrative purposes only. Responses may vary by individual patients.

If your endometriosis symptoms recur after your initial course of therapy, your doctor can prescribe an additional 6 months of treatment, along with add-back* therapy. Your doctor should assess your bone density before retreatment. Retreatment should be limited to 6 months.⁷

Will I go into early menopause?

LUPRON DEPOT does not put you into menopause, although you may experience similar effects such as hot flashes and a break from your normal menstrual cycle. These effects are **temporary** and **reversible** after therapy is stopped. In a clinical study, **95% of women resumed a normal cycle within 3 months after the end of LUPRON DEPOT therapy.**⁷

*Norethindrone acetate 5 mg.

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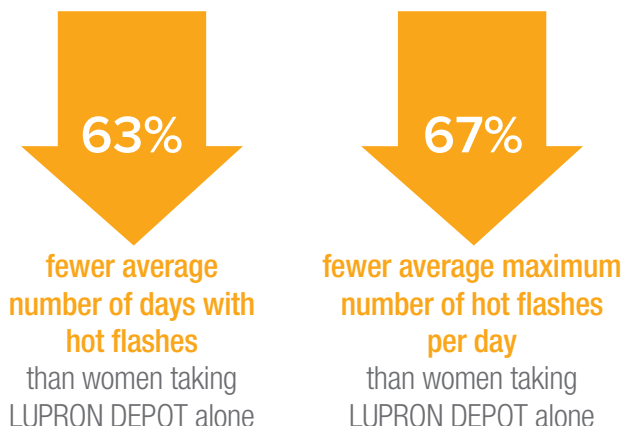
Visit LupronGyn.com to learn more

Our Therapy: LUPRON DEPOT + Add-Back.*
Add-back* manages side effects without making your treatment less effective.

Taking Control Can Start Here.

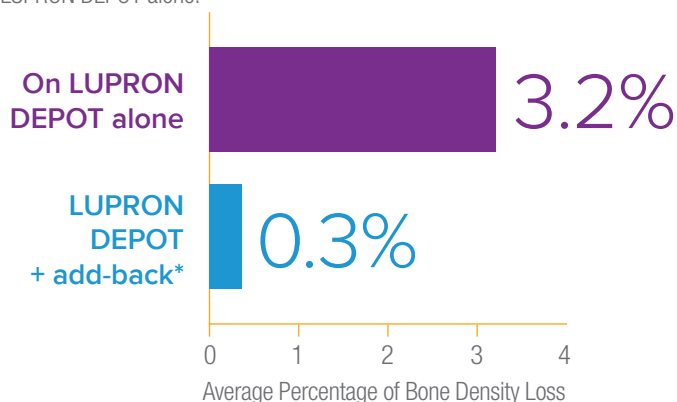
Add-back* helps reduce hot flashes.

In a clinical study, after 6 months of therapy, patients taking LUPRON DEPOT® + add-back* reported⁷



Add-back* helps minimize loss of bone density.

Women taking LUPRON DEPOT + add-back* therapy also experienced significantly less bone density loss at 6 months than women taking LUPRON DEPOT alone.⁷



Safety Considerations

Thinning of your bones can occur and may not be completely reversible after stopping treatment; do not exceed the prescribed duration of treatment.⁷

*Norethindrone acetate 5 mg.

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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 insurance coverage for LUPRON DEPOT® (leuprolide acetate for depot suspension) who meet eligibility criteria. This 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 Veterans Affairs programs) or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. For full Terms and Conditions, visit [LupronGyn.com](https://www.LupronGyn.com) or call 1-855-587-7663 for additional information. To learn about AbbVie's privacy practices and your privacy choices, visit <https://privacy.abbvie.com>

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Learn more about treating endometriosis with LUPRON DEPOT [here](https://www.LupronGyn.com).

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References:

1. Greene R, Stratton P, Cleary SD, Ballweg ML, Sinaii N. Diagnostic experience among 4,334 women reporting surgically diagnosed endometriosis. *Fertil Steril*. 2009;91(1):32-39. 2. The American College of Obstetricians and Gynecologists (ACOG). FAQ Endometriosis. ACOG website. <http://www.acog.org/Patients/FAQs/Endometriosis>. Published October 2018. Accessed February 1, 2019. 3. Office on Women's Health. Endometriosis. Womenshealth.gov website. <https://www.womenshealth.gov/a-z-topics/endometriosis>. Updated December 20, 2017. Accessed January 10, 2018. 4. Mao AJ, Anastasi JK. Diagnosis and management of endometriosis: the role of the advanced practice nurse in primary care. *J Am Acad Nurse Pract*. 2010;22(2):109-116. 5. Armstrong C. ACOG updates guideline on diagnosis and treatment of endometriosis. *Am Fam Physician*. 2011;83:84-85. 6. ACOG. *Obstet Gynecol*. 2010;116:223-236. Management of endometriosis. Practice Bulletin No. 114. 7. LUPRON DEPOT 3.75 mg and -3 Month 11.25 mg [package insert]. 8. Data on File ABBVRR162821.

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Use

Endometriosis

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Limitations of Use

The total duration of therapy with LUPRON DEPOT 3.75 mg or 11.25 mg plus add-back therapy should not exceed 12 months due to concerns of bone thinning.

Important Safety Information

General Safety Information

- Do not take LUPRON DEPOT 3.75 mg and 11.25 mg if you are or may be pregnant, have undiagnosed uterine 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. You should be aware that if you have these conditions, treatment with LUPRON DEPOT alone for endometriosis is not advisable and combination with norethindrone acetate should be considered. Add-back therapy can help reduce the bone loss that occurs with the use of LUPRON DEPOT alone. If a second course of treatment with LUPRON DEPOT is being considered, bone mineral testing is recommended and retreatment should include combination with norethindrone acetate. If your doctor prescribes you norethindrone acetate in combination with LUPRON DEPOT 3.75 mg or 11.25 mg for endometriosis, please refer to the norethindrone acetate prescribing information for more information about its safe and effective use.
- LUPRON DEPOT may cause harm to your unborn child. 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.
- Serious allergic reactions have been reported with LUPRON DEPOT use. Asthma was reported in women with a history of asthma, sinusitis, and environmental or drug allergies. Serious allergic reactions have also occurred.
- After beginning LUPRON DEPOT, your estrogen levels will increase during the first days of therapy. 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.

Important Safety Information (Contd.)

- Seizures have been observed in patients taking LUPRON DEPOT, including patients who have a history of seizures or conditions related to seizures or in patients who are taking medications that are connected to seizures. Seizures have also been reported in patients without any of these conditions.
- Depression may occur or worsen while taking LUPRON DEPOT, especially in patients who have a history of depression. Patients should be carefully observed during treatment. Immediately report thoughts and behaviors of concern to your doctor.
- The most common side effects of LUPRON DEPOT included hot flashes/sweats, headache/migraine, decreased libido (interest in sex), depression/emotional lability (changes in mood), dizziness, nausea/vomiting, pain, vaginitis, and weight gain. These are not all of the possible side effects of LUPRON DEPOT. Talk to your doctor for medical advice about side effects.
- LUPRON DEPOT for endometriosis has been limited to women 18 years of age and older. LUPRON DEPOT is not indicated in postmenopausal women.
- LUPRON DEPOT must be administered in your doctor's office.

This is the most important information to know about LUPRON DEPOT. For more information, talk to your 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.

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US-LUPR-220407 October 2022

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