



**CONFIDENTIAL**

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**Prepared by: S. Swiggers**

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**ORGANON STANDARD UPL OF**

**[TRADENAME] SOLUTION FOR INJECTIONS IN VIALS**

**TRADE NAMES: PUREGON, FOLLISTIM, RECAGON, FERTAVID**

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**PACKAGE LEAFLET: INFORMATION FOR THE USER**

**[Tradename] 50, 75, 100, 150, 200, 225 or 250 IU/0.5 mL solution for injection  
follitropin beta**

**Read all of this leaflet carefully before you start using this medicine.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, please ask your doctor or pharmacist.
- This medicine has been prescribed for you personally. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

**In this leaflet:**

1. What [TRADENAME] is and what it is used for
2. Before [TRADENAME] is administered
3. How [TRADENAME] is administered
4. Possible side effects
5. How to store [TRADENAME]
6. Further information

**1. WHAT [TRADENAME] IS AND WHAT IT IS USED FOR**

[Tradename] solution for injection contains follitropin beta, a hormone known as follicle-stimulating hormone (FSH).

FSH belongs to the group of gonadotrophins, which play an important role in human fertility and reproduction. FSH is needed in women for the growth and development of follicles in the ovaries. Follicles are small round sacs that contain the egg cells.

In men, FSH is needed for the production of sperm.

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[Tradename] is used to treat infertility in any of the following situations:

*Women*

- In women who are not ovulating, [Tradename] can be used to cause ovulation in women who have not responded to treatment with clomifene citrate.
- In women undergoing assisted reproduction techniques, including *in vitro* fertilisation (IVF) and other methods, [Tradename] can be used to bring about the development of multiple follicles.

*Men*

- In men who are infertile due to a hormonal deficiency, [Tradename] can be used for the production of sperm.

**2. BEFORE [TRADENAME] IS ADMINISTERED**

**Do not use [Tradename] if you:**

- are allergic (hypersensitive) to follitropin beta or any of the other ingredients of [Tradename] (For a full list of ingredients, see Section 6)
- have a tumour of the ovary, breast, uterus, testis or brain (pituitary gland or hypothalamus)
- are pregnant
- have heavy or irregular vaginal bleeding where the cause is not known
- suffer from primary ovarian failure
- have ovarian cysts or enlarged ovaries not caused by polycystic ovarian syndrome (PCOS)
- have malformations of the reproductive organs which make a normal pregnancy impossible
- have fibroids in the uterus which make a normal pregnancy impossible
- suffer from primary testicular failure

**Take special care with [Tradename]**

Please inform your doctor if you have experienced an allergic reaction to neomycin and/or streptomycin (antibiotics) in the past.

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*If you are a woman:*

Close supervision by your doctor is very important. Usually ultrasound scans of the ovaries are regularly made, and blood or urine samples are regularly taken. The results of these tests allow your doctor to choose the correct dose of [Tradename] from day to day. This is very important since too high a dose of FSH may lead to rare but serious complications in which the ovaries become overstimulated. This condition is called ovarian hyperstimulation syndrome (OHSS). This may be noticed as severe abdominal swelling, pain in the stomach (abdomen), feeling sick or diarrhoea. Regular monitoring of the response to FSH-treatment helps to prevent ovarian overstimulation.

So contact your doctor without delay if you are experiencing significant stomach pain, also if this occurs some days after the last injection has been given.

After treatment with gonadotrophin preparations, there is an increased chance of having multiple pregnancies. Multiple pregnancies carry an increased health risk for both the mother and her babies around the time of birth. Furthermore, multiple pregnancies and characteristics of the patients undergoing fertility treatment (e.g. age of the female, sperm characteristics) may be associated with an increased risk of congenital abnormalities. There is a slightly increased risk of a pregnancy outside of the womb (an ectopic pregnancy) in women with damaged fallopian tubes.

Treatment with [Tradename] (like pregnancy itself) may increase the risk of thrombosis (the formation of a blood clot in a blood vessel, most often in the veins of the legs or the lungs).

Please discuss this with your doctor, before starting treatment, especially if:

- you already know you have an increased risk of thrombosis
- you, or anyone in your immediate family, have ever had a thrombosis
- you are severely overweight.

*If you are a man:*

Elevated FSH blood levels are indicative of testicular damage. [Tradename] is usually not effective in such cases. To monitor treatment, your doctor may ask you for a semen analysis to be performed 4 to 6 months after the beginning of treatment.

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### Using other medicines

If [Tradename] is used in combination with clomifene citrate, there may be an increased follicular response.

If a GnRH agonist (a medicine used to prevent early ovulation) has been given, higher doses of [Tradename] may be needed to achieve a response.

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

### Pregnancy and breast-feeding

Ask your doctor or pharmacist for advice before taking any medicine. You should not use [Tradename] if you are already pregnant, or suspect that you might be pregnant.

If you are breastfeeding, tell your doctor before using [Tradename].

### Driving and using machines

No effects on the ability to drive and use machines have been observed.

## 3. HOW [TRADENAME] IS ADMINISTERED

Always use [Tradename] exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

### Dosage in women:

Your doctor will decide on the dose of [Tradename] to be given. This dose may be adjusted as your treatment progresses. Further details on the treatment schedule are given below.

There are large differences between women in the response of the ovaries to FSH, which makes it impossible to set a dosage schedule which is suitable for all patients. To find the right dosage, follicle growth is checked by means of ultrasound scanning, and measurement of the amount of estradiol (female sex hormone) in blood or urine.

- Women who are not ovulating

Initially, a starting dose is set by your doctor. This dose is continued for at

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least seven days. If there is no ovarian response, the daily dose will then be gradually increased until follicle growth and/or plasma estradiol levels indicate an adequate response. The daily dose is then maintained until a follicle of adequate size is present. Usually, 7 to 14 days of treatment are sufficient. The administration of [Tradenname] is then stopped and ovulation can be induced by administering human chorionic gonadotrophin (hCG).

- Medically assisted reproduction programs, e.g. IVF

A starting dose is set by your doctor. This dose is continued for at least the first four days. After this, the dose may be adjusted for the individual patient, based upon their ovarian response. When a sufficient number of follicles of adequate size are present, the final phase of maturation of the follicles is induced by administration of hCG. Oocyte (egg) retrieval is performed 34-35 hours later.

#### **Dosage in men:**

[Tradenname] is usually prescribed at a dose of 450 IU/week, mostly in 3 dosages of 150 IU, in combination with another hormone (hCG), for at least 3 to 4 months. If you have not responded after this period, your treatment may carry on for at least 18 months.

#### **Method and route of administration**

The very first injection of [Tradenname] should only be given under medical supervision.

The injections are given slowly into a muscle (for instance in the buttock, upper leg or upper arm) or just under the skin (in the abdominal wall, for example). Injections into a muscle (intramuscular) should only be given by a doctor or a nurse.

Injections under the skin (subcutaneous) may, in some cases, be given by you or your partner. Your doctor will tell you when and how to do this. When the instructions are followed carefully, [Tradenname] will be administered properly and with minimal discomfort.

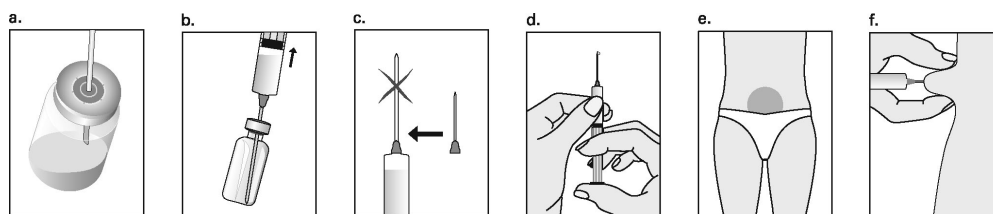
#### **Instructions for use**

##### *Step1 - Preparing the syringe*

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Sterile disposable syringes and needles should be used for administration of [Tradename]. The volume of the syringe should be small enough so that the prescribed dose can be given with reasonable accuracy.

[Tradename] solution for injection comes in a glass vial. Do not use if the solution contains particles or is not clear. First, remove the flip-off cap of the vial. Place a needle on a syringe and pierce the needle through the rubber stopper of the vial (a). Draw the solution up into the syringe (b), and replace the needle with an injection needle (c). Finally hold the syringe with the needle pointing upwards and gently tap the side to force any air bubbles up to the top; then squeeze the plunger until all the air has been expelled, and only [Tradename] solution is left in the syringe (d). If necessary, the plunger may be squeezed further, to adjust the volume to be administered.



### *Step 2 - The injection site*

The best site for subcutaneous injection is in the abdomen around the navel (e) where there is a lot of loose skin and layers of fatty tissue. You should vary the injection site a little with each injection.

It is possible to inject in other areas. Your doctor or nurse will advise you where to inject.

### *Step 3 - Preparing the area*

A few taps at the injection site will stimulate tiny nerve endings and help reduce discomfort when the needle goes in. Hands should be washed and the injection site swabbed with disinfectant (for example chlorohexidine 0.5%) to remove any surface bacteria. Clean about two inches around the point where the needle will go in and let the disinfectant dry for at least one minute before proceeding.

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*Step 4 - Inserting the needle*

Pinch the skin a little. With the other hand, insert the needle at an angle of 90 degrees into the skin's surface (f).

*Step 5 - Checking the correct needle position*

If the needle position is correct the plunger should be quite difficult to draw back. Any blood sucked back into the syringe means that the needle tip has penetrated a vein or artery. If this happens pull out the syringe, cover the injection site with a swab containing disinfectant and apply pressure; the site will stop bleeding in a minute or two. Do not use this solution but flush it away. You should then start again with Step 1 using a new syringe, new needles and a new vial of [Tradename].

*Step 6 - Injecting the solution*

Depress the plunger **slowly** and steadily, so the solution is correctly injected and the skin tissues are not damaged.

*Step 7 - Removing the syringe*

Pull the syringe out quickly and apply pressure to the injection site with a swab containing disinfectant. A gentle massage of the site - while still maintaining pressure - helps disperse the [Tradename] solution and relieve any discomfort.

Any remaining solution should be discarded.

Do not mix [Tradename] with any other medicines.

**If you use more [Tradename] than you should:**

Inform your doctor.

Too high a dose may cause overstimulation of the ovaries. See section on Possible Side Effects.

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**If you forget to use [Tradename]:**

Do not take a double dose to make up for a forgotten dose.

Do tell your doctor that you missed a dose.

**4. POSSIBLE SIDE EFFECTS**

Like all medicines, [Tradename] can cause side effects, although not everybody gets them.

*If you are a woman:*

A complication with FSH treatment is unwanted overstimulation of the ovaries. This condition can become very serious, but the risk can be reduced by careful monitoring of follicle development during treatment. The first symptoms of ovarian overstimulation may be noticed as pain in the stomach (abdomen), feeling sick or diarrhoea. In more severe cases symptoms may include enlargement of the ovaries, accumulation of fluid in the abdomen and/or chest, weight gain and the occurrence of blood clots in the circulation.

Contact your doctor without delay if you are experiencing any of these symptoms, also if they develop some days after the last injection has been given.

**Common side effects** (likely to affect 1 to 10 users in 100):

- Headache
- Injection site reactions (such as bruising, pain, redness, swelling and itching)
- Ovarian hyperstimulation syndrome (OHSS)
- Pelvic pain
- Stomach pain and/or bloating

**Uncommon side effects** (likely to affect 1 to 10 users in 1,000)

- Breast complaints (including tenderness)
- Diarrhoea, constipation or stomach discomfort
- Enlargement of the womb
- Feeling sick
- Hypersensitivity reactions (such as rash, redness, hives and itching)
- Ovarian cysts or enlargement of the ovaries
- Ovarian torsion (twisting of the ovaries)
- Vaginal bleeding

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**Rare side effects** (likely to affect 1 to 10 users in 10,000)

- Blood clots (this may also occur in the absence of unwanted overstimulation of the ovaries, see also "Take special care with [Tradename]" in Section 2)

*If you are a man:*

**Common side effects** (likely to affect 1 to 10 users in 100):

- Acne
- Hardening of the injection site
- Headache
- Rash
- Some breast development
- Testicular cyst

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

## 5. HOW TO STORE [TRADENAME]

Keep out of the reach and sight of children.

Do not use [Tradename] after the expiry date which is stated on the label after 'EXP:'.

### Storage by the pharmacist

Store at 2°C – 8°C (in a refrigerator). Do not freeze.

### Storage by the patient

You have two options:

1. Store at 2°C – 8°C (in a refrigerator). Do not freeze.
2. Store at or below 25°C (at room temperature) for a single period of not more than 3 months.

Make a note of when you start storing the product out of the refrigerator.

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Keep the vial(s) in the outer carton.

The contents of a vial should be used immediately after piercing the rubber stopper.

Do not use [Tradename] if the solution contains particles or is not clear.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

## 6. FURTHER INFORMATION

### What [Tradename] contains

- The active substance is follitropin beta, a hormone known as follicle-stimulating hormone (FSH), at a strength of 50, 75, 100, 150, 200, 225 or 250 IU/0.5 mL solution for injection per vial.
- The other ingredients are sucrose, sodium citrate, L-methionine and polysorbate 20 in water for injections. The pH may have been adjusted with sodium hydroxide and/or hydrochloric acid.

### What [Tradename] looks like and contents of the pack

[Tradename] solution for injection is a clear, colourless solution. It is supplied in a glass vial. It is available in packs of 1, 5 or 10 vials.

Not all pack sizes may be marketed.

### Marketing Authorisation Holder

N.V. Organon, Kloosterstraat 6, Postbus 20, 5340 BH Oss, The Netherlands

### Manufacturer

*[Market specific information must be included in this section where applicable]*

This leaflet was last revised <date of approval> (e.g. April 2010).

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In correspondence please quote the lot or batch number.

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