

ovarian failure, presence of uncontrolled non-gonadal endocrinopathies, tumors of the pituitary gland or hypothalamus, sex hormone dependent tumors of the reproductive tract and accessory organs, abnormal uterine bleeding of undetermined origin, ovarian cysts or enlargement of undetermined origin, not due to polycystic ovary syndrome, or prior hypersensitivity to menotropins or MENOPUR. MENOPUR is not indicated in women who are pregnant and may cause fetal harm when administered to a pregnant woman.

Please see additional Important Safety Information on inside and accompanying full Prescribing Information.

POWER YOUR PROTOCOL



Providing both FSH and LH activity

As the only mixed protocol in a vial, dual-action MENOPUR can meet your dosing needs with a 1:1 ratio of both hFSH and hCG-driven LH activity.¹ Each vial of MENOPUR contains 75 IU of hFSH and 75 IU of hCG-driven LH activity.¹

CHOOSE

DUAL-ACTION MENOPUR

IMPORTANT SAFETY INFORMATION (continued)

MENOPUR should only be used by physicians who are thoroughly familiar with infertility problems. MENOPUR is a potent gonadotropic substance capable of causing Ovarian Hyperstimulation Syndrome (OHSS), with or without pulmonary or vascular complications, in women undergoing therapy for infertility. Ovarian torsion has been reported after gonadotropin treatment. Serious pulmonary conditions and thromboembolic events have been reported with MENOPUR. There have been infrequent reports of ovarian neoplasms with MENOPUR. Multiple pregnancies, spontaneous abortion, congenital malformations and ectopic pregnancies have occurred following treatment with MENOPUR.

WITH

DUAL-ACTION MENOPUR

Dosing recommendations¹

- The recommended initial dose of MENOPUR is 225 IU (3 vials) per day in a MENOPUR-only protocol
 - Recommended dose is for women who have received a GnRH agonist for pituitary suppression
- After 5 days, evaluate ovarian response and adjust the dose as needed
 - Do not make dose adjustments more frequently than every
 2 days or by more than 150 IU at each adjustment
- The maximum daily dose of MENOPUR alone or in combination with other FSH products should not exceed 450 IU
- Continue treatment until adequate follicular development is evident (up to a maximum of 20 days), then administer hCG
 - Withhold the administration of hCG in cases where ovarian monitoring suggests an increased risk of OHSS on the last day of MENOPUR

IMPORTANT SAFETY INFORMATION (continued)

The most common adverse reactions (≥2%) in ART include: abdominal cramps; abdomen enlarged; abdominal pain; headache; injection site pain and reaction; injection site in ammation; OHSS.

Please see accompanying full Prescribing Information.







DUAL-ACTION MENOPUR IS THE ONLY MIXED PROTOCOL IN A VIAL¹



MENOPUR contains 75 IU of hFSH and 75 IU of LH activity in a 1:1 ratio¹

- The hFSH in MENOPUR is highly purified and human derived, and the LH activity is hCG driven^{1,2}
- This hCG-driven LH activity is not equivalent to endogenous LH activity³

FSH = follicle-stimulating hormone; hCG = human chorionic gonadotropin; hFSH = human-derived follicle-stimulating hormone; IU = international unit; LH = luteinizing hormone.

References: 1. MENOPUR® (menotropins for injection) [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc. **2.** Wolfenson C, Groisman J, Couto AS, et al. Batch-to-batch consistency of human-derived gonadotrophin preparations compared with recombinant preparations. *Reprod Biomed Online*. 2005;10(4): 442-454. **3.** Choi J, Smitz J. Luteinizing hormone and human chorionic gonadotropin: Origins of difference. *Mol Cell Endocrinol*. 2014;383(1-2):203-213.



