ENDOMETRIN PROVIDES

effective LUTEAL PHASE *support*[1]

Proven safety and efficacy[1]

- In a US IVF noninferiority trial of 1211 patients treated with ENDOMETRIN 100 mg BID (n=404), ENDOMETRIN 100 mg TID (n=404), and Crinone 8% (progesterone gel) 90 mg QD (n=403)[1,2]:
  - Ongoing pregnancy rates were 39%, 42%, and 42% (P=NS), respectively[1,2]
  - Live birth rates were 35%, 38%, and 38% (P=NS), respectively[1,2]
- The most common adverse events reported with ENDOMETRIN (100 mg BID and TID) were post-oocyte retrieval pain, abdominal pain, nausea, and ovarian hyperstimulation syndrome[1]

† Study design on reverse side

Indication

ENDOMETRIN® (progesterone) Vaginal Insert is indicated to support embryo implantation and early pregnancy by supplementation of corpus luteal function as part of an Assisted Reproductive Technology (ART) treatment program for infertile women.

Important Safety Information (continued on reverse side)

ENDOMETRIN should not be used in individuals with any of the following conditions: previous allergic reactions to progesterone or any of the ingredients of ENDOMETRIN, undiagnosed vaginal bleeding, known missed abortion or ectopic pregnancy, liver disease, known or suspected breast cancer, active arterial or venous thromboembolism or severe thrombophlebitis, or a history of these events.

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

REPRODUCTIVE HEALTH
HELPING TURN MORE PATIENTS INTO PARENTS

Endometrin®
(progesterone) Vaginal Insert 100mg

ENDOMETRIN provides preferential absorption of progesterone to the endometrial tissue[3]

ENDOMETRIN dissolves rapidly without potential for buildup[1,4]

2 OR 3 TIMES DAILY

ENDOMETRIN offers the flexibility of BID or TID dosing options for personalized protocols[1]

Make ENDOMETRIN the foundation of your luteal phase support protocols

†**Study Design:** Multicenter, randomized, open-label, assessor-blinded, phase 3 clinical trial assessing efficacy and safety of 2 dosage regimens of ENDOMETRIN vaginal micronized progesterone insert, 100 mg BID (n=404) and 100 mg TID (n=404), compared with Crinone 90 mg QD (n=403) for luteal support in assisted reproduction technology in 1211 women aged 19 to 42 years.[1]

Crinone® is a registered trademark of Allergan Sales, LLC.

BID=two times a day; IVF=in vitro fertilization; NS=not significant; QD=once a day; TID=three times a day.

Important Safety Information (continued)

The physician should be alert to earliest signs of myocardial infarction, cerebrovascular disorders, arterial or venous thromboembolism (venous thromboembolism or pulmonary embolism), thrombophlebitis, or retinal thrombosis. ENDOMETRIN should be discontinued if any of these are suspected.

Patients with a history of depression need to be closely observed. Consider discontinuation if symptoms worsen.

ENDOMETRIN should not be recommended for use with other vaginal products (such as antifungal products) as this may alter progesterone release and absorption from the vaginal insert.

The most common adverse reactions reported (greater than 5%) were post-oocyte retrieval pain, abdominal pain, nausea, and ovarian hyperstimulation syndrome.

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

References: 1. ENDOMETRIN® (progesterone) Vaginal Insert 100 mg [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc. **2.** Doody KJ, Schnell VL, Foulk RA, et al. Endometrin for luteal phase support in a randomized, controlled, open-label, prospective in-vitro fertilization trial using a combination of Menopur and Bravelle for controlled ovarian hyperstimulation. *Fertil Steril*. 2009;91(4):1012-1017. **3.** Paulson RJ, Collins MG, Yankov VI. Progesterone pharmacokinetics and pharmacodynamics with 3 dosages and 2 regimens of an effervescent micronized progesterone vaginal insert. *J Clin Endocrinol Metab*. 2014;99(11):4241-4249. **4.** Lee RE. http://www.amerilabtech.com/wp-content/uploads/2012/01/EffervescentTabletsKeyFacts.pdf. Accessed October 8, 2018.

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