A summary of

“Gonadotrophin Products: Empowering Patients to Choose The Product That Meets Their Needs”

Nancy Weiss, RN

With a managed care analysis of the article by Maria Lopes, MD, MS
“Gonadotrophin Products: Empowering Patients To Choose The Product That Meets Their Needs”

From a managed care perspective, gonadotropin self-injections may be an effective approach to follicle-stimulating hormone (FSH) therapy. Optimal outcomes with self-administered therapy depend on maximizing adherence, minimizing errors, and controlling pain and stress associated with drug administration, all of which have been shown to benefit from patient education and involvement in choice of therapy. In this single-center study, comprehensive nurse-led training classes on conventional syringe-or pen-injection FSH delivery techniques enabled participants to identify a preferred method, with the majority of patients opting for a device in the form of a disposable follitropin alfa prefilled pen.

G onadotropin self-injection is used for ovulation induction or controlled ovarian hyperstimulation. However, self-injection may raise anxiety levels and prompt a flood of questions from patients and their partners. It has been proposed that training couples scheduled for gonadotropin therapy in self-injection techniques may enable them to make an informed choice from among the various treatment options (including urine-derived or highly purified recombinant human follicle-stimulating hormone [FSH] given by conventional needles and syringes, reusable pens, or disposable pens), which could in turn improve drug delivery technique, treatment success, and patient satisfaction (Weiss 2007).

Several studies have indicated that injection techniques that reduce pain, minimize administration challenges, and control stress yield better patient compliance (Markle 2002), as does providing patients with a choice in selecting a self-injection technique (Greenfield 1988). The present study was designed to determine whether providing comprehensive instructional and interactive nurse-led injection training might help patients to understand their options better, and to participate in selecting a preferred FSH delivery device (Weiss 2007).

Materials and methods
Couples who visited a women’s health center in Palo Alto, Calif., for ovulation induction or assisted reproduction and who received nurse-led training classes on self-injectable medications between January 2006 and January 2007 were eligible for this prospective survey. A specialist nurse led 2 to 5 couples per session in a single 2- to 2.5-hour class, where the couples received information (oral presentation, handouts, and multimedia aids) on various gonadotrophin formulations and the differences between injection devices, as well as interactive demonstrations and a training tool (provided by the manufacturer) on three options for delivery of FSH therapy (Table). Products utilizing conventional needles and syringes for reconstitution/transfer were discussed and briefly demonstrated; those that required injection or reconstitution devices (follitropin alfa prefilled pen, follitropin beta cartridge and pen, urofollitropin with recon-

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Delivery options presented in nurse-led training sessions for FSH self-injection</th>
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<tbody>
<tr>
<td><strong>Administration format</strong></td>
<td><strong>FSH form</strong></td>
</tr>
<tr>
<td>Conventional needles and syringe</td>
<td>Urofollitropin</td>
</tr>
<tr>
<td></td>
<td>Recombinant follitropin alfa</td>
</tr>
<tr>
<td>Reusable injection device</td>
<td>Recombinant follitropin beta</td>
</tr>
<tr>
<td>Disposable, prefilled injection</td>
<td>Recombinant follitropin alfa</td>
</tr>
</tbody>
</table>

FSH-follicle-stimulating hormone
Adapted from Weiss 2007
stitution device) were demonstrated in more detail.

To avoid bias, the couples were not aware that their opinions would be subsequently surveyed. Only after training were the couples asked to complete a questionnaire that would measure the effectiveness of the training session and materials.

**Results**

Of 123 subjects who participated in FSH injection training, all of whom were intending to self-administer (or to assist their partner in administering) injectable gonadotropins either immediately after training or at some point in the future, 65.9 percent (n=81) were women. None had undergone prior reproductive therapy, although some had received a single injection of chrorionic gonadotropin. On the questionnaire, virtually all subjects reported that the training session had provided clear and concise information on the three delivery devices and most felt that the demonstrations and training tools had offered adequate clarification of treatments and techniques for them to select a product most suitable to their needs.

Of the 123 patients who underwent training, 111 subsequently declared a preference for a particular administration technique and 94 identified the specific product they preferred. Most participants who identified a preference opted for a pen device — 84.6 percent selected a pen, compared with 5.7 percent who chose needle-free reconstitution and conventional syringe (P<0.0001). A significantly greater proportion of subjects (68.1 percent [n=64] of those with a preference) selected the follitropin alfa prefilled pen for FSH administration (Figure 1). The follitropin beta cartridge and pen was chosen by 24.5 percent of subjects with a preference (n=23; P<0.0001) and 7.4 percent chose the urofolitropin with needle-free reconstitution and conventional syringe (n=7; P<0.0001).

Among those who stated a preference, 89 subjects provided reasons for their choice (Figure 2). The reasons cited most often by subjects for choosing a product were ease of use, design intended to minimize error, and simplicity and reliability of dosing. Among those patients who chose ease-of-use as the reason for their preference, 71.1 percent (37/52) chose the follitropin alfa prefilled pen as their preferred product. For those patients who preferred a method that would minimize errors, almost all (22/23) chose to use the follitropin alfa prefilled pen (P=0.004). Of the patients who gave the dosing mechanism as a reason for FSH device preference, 63 percent (24/38) preferred the follitropin alfa prefilled pen, 34.2 percent (13/38) favored the follitropin beta cartridge and pen, and 2.6 percent chose the urofolitropin with needle-free reconstitution device. Shelf life

![Figure 1](source.png)

**FIGURE 1**

Most survey subjects preferred the follitropin alfa prefilled pen than other delivery devices (n=94)

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle-free reconstitution, conventional syringe</td>
<td>7.4%</td>
</tr>
<tr>
<td>Follitropin beta cartridge and pen</td>
<td>24.5%</td>
</tr>
<tr>
<td>Follitropin alfa prefilled pen</td>
<td>68.1%</td>
</tr>
</tbody>
</table>

Source: Weiss 2007

![Figure 2](source.png)

**FIGURE 2**

Key reasons that patients selected a gonadotropin self-delivery device

- **Follitropin alfa prefilled pen (n=60)**
- **Follitropin beta cartridge and pen (n=22)**
- **Device for needle-free reconstitution with conventional syringe (n=7)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Participants selecting reason (n)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of use</td>
<td>37</td>
<td>0.004</td>
</tr>
<tr>
<td>Less chance of error</td>
<td>13</td>
<td>0.039</td>
</tr>
<tr>
<td>Dosing mechanism</td>
<td>2</td>
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</tbody>
</table>

Source: Reprinted with permission from Weiss 2007
and whether the product was ready to use were substantially less relevant to the subjects’ choice of self-administration device.

More than 90 percent of subjects in each preference group reported that the training nurse did not influence their choice of delivery method.

**Discussion**

This study showed that a single, 2- to 2.5-hour, nurse-led, informational and interactive training session that described the available options for self-delivery of FSH for ovulation induction or assisted reproduction enabled women and their partners to identify an injection device that best met their needs and addressed their concerns about self-injection therapy. It also revealed that pen-delivery devices were considered the most appealing FSH self-administration method, chosen by 104 out of 111 subjects (84.6 percent) with a preference. The greatest proportion of patients selected the follitropin alfa prefilled pen (68.1 percent), including 22 out of 23 subjects (95.7 percent) who stated that minimizing administration errors was an important consideration in their choice. By comparison, only 1 out of 23 of subjects hoping to minimize error chose the follitropin beta cartridge and pen.

Self-administration of medication makes it a rational choice over daily visits to the physician’s office, but the degree to which outcomes can be maximized with self-injection has been shown to depend both on the selection of a convenient, easy-to-use, and less painful delivery device and the provision of thorough patient education on successful technique and product safety (Platteau 2003, Somkuti 2006). Furthermore, offering patients a role in selecting the treatment they feel best suits their needs and expectations can improve patient satisfaction and compliance (Heisler 2002, Schattner 2006). The results of the questionnaire used in this study revealed that subjects at this women’s health center, by gaining a greater understanding of infertility therapy and the differences among treatments through comprehensive nurse-led training sessions, felt they were able to make informed decisions and did not have to rely solely on their health care practitioners’ choice for self-injection method.

The preferred injectable FSH delivery product in this survey was the follitropin alfa prefilled pen. The significantly greater proportion of patients who selected this delivery method reported doing so because they considered it easy-to-use, with a simple and reliable dosing mechanism, and little chance for error. These findings suggest that comprehensive product education methods, including information sessions, demonstrations, handouts, and interactive tools, are an integral part of successful FSH self-injection, and allow patients to choose a delivery device based on those features that will enhance their commitment to the successful completion of therapy.

**References**


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Managed Care Considerations
Managing Infertility

By Maria Lopes, MD, MS

The management of infertility poses significant challenges, as well as opportunities for managed care organizations and their members and providers. As discussed in this Clinical Brief, the study by Weiss (2007) has shown that ease-of-use, minimizing dosing errors, and reliability are of the utmost importance to patients when given a choice of gonadotropin administration devices. In addition, attributes such as being easier to use and needing less training have been shown to correlate to patient preference for the follitropin alfa prefilled pen (Welcker 2006).

As discussed by Weiss herein, when selecting an injection device, patient choice is important. It is also important to consider benefit coordination between the medical benefit and the pharmacy benefit. This requires an integrated approach between the health plan and the practicing physician — often the reproductive endocrinologist — the office staff, and the member. There is considerable opportunity to leverage pharmacy cost through the selection of a preferred gonadotropin by examining “pull-through” strategies with the pharmaceutical manufacturer. Part of what will drive successful pull-through is assistance with patient education; empowering patients to choose the device best suited for their individual needs is a particularly valuable component of this. It also is important to understand how the physician office staff’s needs can be met in a way that helps to facilitate patient education, and it can be useful to learn staff preferences in line with a particular plan’s formulary management.

Successful buy-in from large infertility practices is key to realizing pull-through results and benefit alignment with advantages to the plan, and possibly to the member if there is a differential in member copayment or coinsurance. This may require significant outreach to reproductive endocrinologists on the part of the health plan and the pharmaceutical manufacturer to ensure proper training of the office staff and training/retraining of members on the use of the preferred product. Some MCOs may lack the expertise or the resources to devote to the persistent monitoring of infertility practices and the discussion of such issues with providers. A reproductive endocrinologist in the community could be an invaluable resource to health plans in working through the barriers and assisting practices with these issues.

Physician concerns also may exist. These include dealing with the disruption that may arise from training issues, such as the additional time demands on the nurse and a reduction in office productivity. A pharmaceutical company that is committed to working with practices through the provision of appropriate education materials can help address these issues. In addition to assisting with training services, pharmaceutical companies can inform health plans if there are physician offices that have patients who are running into reimbursement barriers.

Successful partnerships between MCOs and physicians require that training issues be addressed to maintain office efficiency and to minimize errors as patients transition from one gonadotropin to another. Provider concerns about usage and administration often can be alleviated through training and promoting effective care coordination. All of these steps can enable a collaborative approach between payers, providers, and members in managing infertility.

References


Maria Lopes, MD, MS, is an obstetrician and gynecologist in clinical practice for more than six years. She has a BA in Biochemistry from Wesleyan University, received her medical degree from the University of Connecticut, and has a master’s in administrative medicine from the University of Wisconsin. She has been in the managed care industry for more than 14 years as chief medical officer of Group Health, Inc., and as former chief medical director of Horizon Blue Cross Blue Shield of New Jersey. She has extensive experience in disease and case management and employee health and wellness, as well as in quality initiatives to improve HEDIS and clinical outcomes.
DESCRIPTION

Gonal-ß RFF Pen (follitropin alfa injection) is a human follicle stimulating hormone (FSH) preparation of recombinant DNA origin, which consists of two non-covalently linked, non-identical glycoproteins designated as the α- and β-subunits. The α- and β-subunits have 92 and 111 amino acids, respectively, and their primary and tertiary structures are indistinguishable from those of human follicle stimulating hormone. Recombinant human FSH production occurs in genetically modified Chinese Hamster Ovary (CHO) cells cultured in bioreactors. Purification by immunomachromatography using an antibody specifically binding FSH results in a highly purified preparation with a consistent FSH isomorph profile, and a high specific activity. The protein content is assessed by size exclusion high pressure liquid chromatography. The biological activity of follitropin alfa is determined by measuring the increase in ovary weight in female rats. In vivo biological activity of follitropin alfa has been calibrated against the first International Standard for recombinant human follicle stimulating hormone established in 1995 by the Expert Committee on Biological Standards of the World Health Organization. Gonal-ß RFF Pen contains no luteinizing hormone (LH) activity. Based on available data derived from physico-chemical tests and bioassays, follitropin alfa and follitropin beta, another recombinant follicle stimulating hormone product, are indistinguishable.

Gonal-ß RFF Pen is a disposable, prefilled drug delivery system intended for the subcutaneous injection of multiple and variable doses of a liquid formulation of follitropin alfa. Each Gonal-ß RFF Pen is filled with 415 IU (30 mg), 568 IU (41 mg), or 1026 IU (75 mg) follitropin alfa to deliver at least 300 IU (22 mcg) in 0.5 mL, 450 IU (33 mcg) in 0.75 mL, or 900 IU (66 mcg) in 1.5 mL, respectively. Each Pen also contains 60 mg/mL sucrose, 3.0 mg/mL m-cresol, 1.1 mg/mL disodium hydrogen phosphate dihydrate, 0.45 mg/mL sodium dihydrogen phosphate monohydrate, 0.1 mg/mL methiothrine, 0.1 mg/mL Poloxamer 188. O-phosphoric acid and/or sodium hydride is used for pH adjustment. Under current storage conditions, Gonal-ß RFF Pen may contain up to 10% of oxidized follitropin alfa.

CLINICAL PHARMACOLOGY

Gonal-ß RFF Pen (follitropin alfa injection) stimulates ovarian follicular growth in women who do not have primary ovarian failure. FSH, the active component of Gonal-ß RFF Pen is the primary hormone responsible for follicular recruitment and development. In order to effect final maturation of the follicle and ovulation in the absence of an endogenous LH surge, human choricronic gonadotropin (hCG) must be given following the administration of Gonal-ß RFF Pen when monitoring of the patient indicates that sufficient follicular development has occurred. There is interpatient variability in response to FSH administration.

Pharmacokinetics

Single-dose pharmacokinetics of follitropin alfa were determined following subcutaneous administration of 300 IU Gonal-ß RFF Pen to 21 pre-menopausal healthy female volunteers who were adequately down regulated with a GnRh agonist. The descriptive statistics for the pharmacokinetic parameters are presented in Table 1.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Population</th>
<th>Healthy Volunteers (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose (IU)</td>
<td>300 IU SC in a single dose</td>
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<tr>
<td>t1/2 (hr)</td>
<td>53 ± 52%</td>
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<tr>
<td>Cmax (IU/L)</td>
<td>9.83 ± 23%</td>
<td></td>
</tr>
<tr>
<td>tmax (hr)</td>
<td>15.5 ± 43%</td>
<td></td>
</tr>
<tr>
<td>Mean %CV</td>
<td>884 ± 20%</td>
<td></td>
</tr>
<tr>
<td>Abbreviations: Cmax: peak concentration (above baseline); tmax: time of Cmax; t1/2: elimination half life</td>
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</table>

Absorption

The absorption rate of Gonal-ß RFF Pen following subcutaneous administration is slower than the elimination rate. Hence, the pharmacokinetics of Gonal-ß RFF Pen are absorption rate-limited.

Distribution

Human tissue or organ distribution of FSH has not been determined for Gonal-ß RFF Pen.

Metabolism/Excretion

FSH metabolism and excretion following administration of Gonal-ß RFF Pen have not been studied in humans.

Special populations: Safety, efficacy, and pharmacokinetics of Gonal-ß RFF Pen in patients with renal or hepatic insufficiency have not been established.

Drug-Drug Interactions: No drug-drug interaction studies have been conducted (see PRECAUTIONS).

CLINICAL STUDIES

The safety and efficacy of Gonal-ß RFF Pen have been examined in two clinical studies: one study (Study 22240) for ovulation induction and one study (Study 21884) for Assisted Reproductive Technologies (ART).

1. Ovulation Induction (OI): Study 22240 was a phase II, assessor-blind, randomized, comparative, multinational, multicenter study in oligo-anovulatory infertile women undergoing ovulation induction. Patients were randomized to either Gonal-ß RFF Pen (n=83), administer subcutaneously, or a comparator recombinant human FSH. The use of insulin-sensitizing agents was allowed during the study. Efficacy was assessed using the mean ovulation rate in the first cycle of treatment. The cycle 1 ovulation rate (primary outcome) for Gonal-ß RFF Pen is presented in Table 2. Additionally, this table includes cumulative secondary outcome results from cycle 1 through 3. Study 22240 was not powered to demonstrate differences in these secondary outcomes.

2. Assisted Reproductive Technologies (ART): Study 21884 was a phase III, assessor-blind, randomized, comparative, multinational, multicenter study in ovulatory, infertile women undergoing stimulation of multiple follicles for Assisted Reproductive Technologies (ART) after pituitary down-regulation with a GnRh agonist. Patients were randomized to either Gonal-ß RFF Pen (n=227), administered subcutaneously, or a comparator recombinant human FSH. Randomization was stratified by insemination technique (conventional in-vitro fertilization (IVF) vs. intracytoplasmic sperm injection (ICS)). Efficacy was assessed using the mean number of fertilized oocytes the day after insemination. The initial doses of Gonal-ß RFF Pen were 150 IU a day for patients < 35 years old and 225 IU for patients ≥ 35 years old. The maximal dose allowed for both age groups was 450 IU per day. Treatment outcomes for Gonal-ß RFF Pen are summarized in Table 3.

INDICATIONS AND USAGE

Gonal-ß RFF Pen (follitropin alfa injection) is indicated for the induction of ovulation and pregnancy in the oligo-anovulatory infertile patient in whom the cause of infertility is functional and not due to primary ovarian failure. Gonal-ß RFF Pen is also indicated for the development of multiple follicles in the ovulatory patient participating in an Assisted Reproductive Technology (ART) program.

Selection of Patients:

1. Before treatment with Gonal-ß RFF Pen is instituted, a thorough gynecologic and endocrinologic evaluation must be performed. This should include an assessment of pelvic anatomy. Patients with tubal obstruction should receive Gonal-ß RFF Pen only if enrolled in an in vitro fertilization program.

2. Primary ovarian failure should be excluded by the determination of gonadotropin levels.

3. Appropriate evaluation should be performed to exclude pregnancy.

4. Patients in later reproductive life have a greater predisposition to endometrial carcinoma as well as a higher incidence of anovulatory disorders. A thorough diagnostic evaluation should always be performed in patients who demonstrate abnormal uterine bleeding or other signs of endometrial abnormalities before starting Gonal-ß RFF Pen therapy.

5. Evaluation of the partner’s fertility potential should be included in the initial evaluation.

CONTRAINDICATIONS

Gonal-ß RFF Pen (follitropin alfa injection) is contraindicated in women who exhibit:

1. Prior hypersensitivity to recombinant FSH preparations or one of their excipients.

2. High levels of FSH indicating primary gonadal failure.

3. Uncontrolled thyroid or adrenal dysfunction.

4. Sex hormone dependent tumors of the reproductive tract and accessory organs.

5. Evaluation of the partner’s fertility potential should be included in the initial evaluation.

W W A R N I N G S

Gonal-ß RFF Pen (follitropin alfa injection) should only be used by physicians who are thoroughly familiar with infertility problems and their management.

Gonal-ß RFF Pen is a potent gonadotropic substance capable of causing Ovarian Hyperstimulation Syndrome (OHSS) in women with or without pulmonary or vascular complications. Gonadotropin therapy requires a certain time commitment by both the patient and her healthcare professionals, and requires the availability of appropriate monitoring facilities (see “Precautions/Laboratory Tests”). Safe and effective use of Gonal-ß RFF Pen in women requires monitoring of ovarian response with serum estradiol and vaginal ultrasound on a regular basis. The lowest effective dose should be used.

| Table 2: Cumulative Ovulation and Clinical Pregnancy Rates in Ovulation Induction |
|------------------|------------------|------------------|
| Study 22240     | n=83             |                   |
| Cumulative* Ovulation Rate | Cycle 1         | 72%              |
|                  | Cycle 2         | 89%              |
|                  | Cycle 3         | 92%              |
| Cumulative* Clinical Pregnancy Rate | Cycle 1       | 28%              |
|                  | Cycle 2         | 41%              |
|                  | Cycle 3         | 45%              |
| a Cumulative rates were determined per patient over cycles 1, 2, and 3. |
| b Non-inferior to comparator recombinant human FSH based on a two-sided 95% confidence interval, intent-to-treat analysis. |
| c A clinical pregnancy was defined as a pregnancy during which a fetal sac (with or without heart activity) was visualized by ultrasound on day 34-36 after hCG administration. |
| d Secondary efficacy parameter. Study 22240 was not powered to demonstrate differences in this parameter. |

| Table 3: Treatment Outcomes in ART |
|-----------------------|-----------------------|
| Study 21884 | value (n) |
| Mean number of 2PN oocytes per patient | 6.3 (237) |
| Mean number of 2PN oocytes per patient receiving IVF | 6.1 (88) |
| Mean number of 2PN oocytes per patient receiving ICSI | 6.5 (132) |
| Clinical pregnancy rate per attempt | 33.5% (216) |
| Clinical pregnancy rate per embryo transfer | 35.8% (204) |
| Mean treatment duration in days (range) | 9.7 [2-21] (230) |
| a Non-inferior to comparator recombinant human FSH based on a two-sided 95% confidence interval, intent-to-treat analysis. |
| b Study 21884 was not powered to demonstrate differences in subgroups. |
| c A clinical pregnancy was defined as a pregnancy during which a fetal sac (with or without heart activity) was visualized by ultrasound on day 35-42 after hCG administration. |
| d Secondary efficacy parameter. Study 21884 was not powered to demonstrate differences in this parameter. |
Ovarian Stigmata; Fluid in the cul-de-sac; 1. Fluid in the cul-de-sac; 2. Ovarian stigmata; 3. Premature Labor; 4. Postpartum Fever

Multiple Births: Reports of multiple births have been associated with Gonal-f® RFF treatment. In Study 22240 for women receiving Gonal-f® RFF over three treatment cycles, 20% of live births were multiple births. In Study 21884, 35.1% of live births were multiple births in women receiving Gonal-f® RFF. The rate of multiple births is dependent on the number of embryos transferred. The patient should be advised of the potential risk of multiple births before starting treatment.

PRECAUTIONS

General: Careful attention should be given to the diagnosis of infertility in candidates for Gonal-f® RFF Pen (folitropin alfa injection) therapy (see “Indications and Usage/ Selection of Patients”).

Information for Patients:Prior to therapy with Gonal-f® RFF Pen, patients should be informed of the durations of treatment and monitoring of their condition that will be required. The risks of Ovarian Hyperstimulation Syndrome and multiple births in women (see WARNINGS) and other possible adverse reactions (see “ADVERSE REACTIONS”) should also be discussed.

A Patient’s Information Leaflet is provided for patients prescribed Gonal-f® RFF Pen.

Laboratory Tests: In most instances, treatment of women with Gonal-f® RFF Pen results only in follicular recruitment and development. In the absence of an endogenous LH surge, hCG is given when monitoring of the patient indicates that sufficient follicular development has occurred. This may be estimated by ultrasonographic evaluation and measurement of serum estradiol levels. The combination of both ultrasound and serum estradiol measurement are useful for monitoring the development of follicles, for timing of the ovulatory trigger, as well as for detecting ovarian enlargement and minimizing the risk of the Ovarian Hyperstimulation Syndrome and multiple gestation. It is recommended that the number of growing follicles be confirmed using ultrasonography because plasma estrogens do not give an indication of the size or number of follicles. The clinical confirmation of ovulation, with the exception of pregnancy, is obtained by direct and indirect indices of progesterone production. The indices most generally used are as follows:

1. A rise in basal body temperature;
2. Increase in serum progesterone; and
3. Menstruation following a shift in basal body temperature.

When used in conjunction with the indices of progesterone production, sonographic visualization of the ovaries will assist in determining if ovulation has occurred. Sonographic evidence of ovulation may include the following:

1. Fluid in the cul-de-sac; and
2. Ovarian stigmata; and
3. Collapsed follicle; and
4. Secretory endometrium.

Accurate interpretation of the indices of follicle development and maturation require a physician who is experienced in the interpretation of these tests.

Drug Interactions: No drug/drug interactions have been performed.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate the carcinogenic potential of Gonal-f® RFF Pen. However, folitropin alfa showed no mutagenic activity in a series of tests performed to evaluate its potential genetic toxicity including bacterial and mammalian cell mutation tests, a chromosomal aberration test and a micronucleus test. Impaired fertility has been reported in rats, exposed to pharmacological doses of folitropin alfa (40 mg/kg) for extended periods, through reduced fecundity.

Pregnancy: Pregnancy Category X. See CONTRAINDICATIONS.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Since many drugs are excreted in human milk and because of the potential for serious adverse reactions in the nursing infant from Gonal-f® RFF Pen, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

The safety of Gonal-f® RFF was examined in two clinical studies (one ovulation induction study (n=83) and one study in ART (n=237)).

Adverse events (without regard to causality assessment) occurring in at least 2.0% of patients in Study 22240 (ovulation induction) are listed in Table 4.

<table>
<thead>
<tr>
<th>Table 4: Safety Profile in Ovulation Induction Study 22240</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body System</strong></td>
</tr>
<tr>
<td><strong>Preferred Term</strong></td>
</tr>
<tr>
<td><strong>Central and Peripheral Nervous System</strong></td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Dizziness</td>
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<tr>
<td>Migraine</td>
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<tr>
<td><strong>Gastro-intestinal System</strong></td>
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<tr>
<td>Nausea</td>
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<tr>
<td>Flatulence</td>
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<td>Diarrhea</td>
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<td>Toddlache</td>
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<tr>
<td>Dyspepsia</td>
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<tr>
<td>Constipation</td>
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<tr>
<td>Stomatitis Utericante</td>
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<tr>
<td><strong>Neoplasm</strong></td>
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<tr>
<td><strong>Reproductive, Female</strong></td>
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<tr>
<td><strong>Ovarian Hyperstimulation</strong></td>
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<td><strong>Nausea</strong></td>
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<tr>
<td><strong>Abdominal Pain</strong></td>
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<td><strong>Migraine</strong></td>
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<tr>
<td><strong>Pharyngitis</strong></td>
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<tr>
<td><strong>Injection Site Inflammation</strong></td>
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<tr>
<td><strong>Respiratory System</strong></td>
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<td><strong>Sinusitis</strong></td>
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<td><strong>Pharyngitis</strong></td>
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<tr>
<td><strong>Rhinitis</strong></td>
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<tr>
<td><strong>Coughing</strong></td>
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<td><strong>Application Site</strong></td>
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<tr>
<td><strong>Injection Site Inflammation</strong></td>
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<tr>
<td><strong>Body as a Whole—General</strong></td>
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<td><strong>Back Pain</strong></td>
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<td><strong>Injection Site Irritation</strong></td>
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<td><strong>Injection Site Bruising</strong></td>
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<td><strong>Body and Appendages</strong></td>
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<td><strong>Injection Site Swelling</strong></td>
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<td><strong>Urinary System</strong></td>
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<td><strong>Cystitis</strong></td>
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<tr>
<td><strong>Resistance Mechanism</strong></td>
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<tr>
<td><strong>Infection</strong></td>
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</tbody>
</table>

† up to 3 cycles of therapy

† total patients treated with Gonal-f® RFF Pen

Headache occurred in greater than 20% of patients receiving Gonal-f® RFF in this study. Adverse events (without regard to causality assessment) occurring in at least 2.0% of patients in Study 21884 (ART) are listed in Table 5.

<table>
<thead>
<tr>
<th>Table 5: Safety Profile in Assisted Reproductive Technologies Study 21884</th>
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</thead>
<tbody>
<tr>
<td><strong>Body System</strong></td>
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<tr>
<td><strong>Preferred Term</strong></td>
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<tr>
<td><strong>Gastro-intestinal System</strong></td>
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<tr>
<td>Nausea</td>
</tr>
<tr>
<td>Abdominal Enlarged</td>
</tr>
<tr>
<td>Pain</td>
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<tr>
<td>Central and Peripheral Nervous System</td>
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<tr>
<td>Dizziness</td>
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<tr>
<td><strong>Application Site Disorders</strong></td>
</tr>
<tr>
<td>Injection site pain</td>
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<tr>
<td>Injection site inflammation</td>
</tr>
<tr>
<td>Injection site reaction</td>
</tr>
<tr>
<td>Application site edema</td>
</tr>
<tr>
<td>Reproductive, Female</td>
</tr>
<tr>
<td>Immunestral Bleeding</td>
</tr>
</tbody>
</table>

† total patients treated with Gonal-f® RFF Pen

Headache and abdomen enlargement occurred in more than 10% of patients and abdominal pain occurred in more than 20% of patients.

The following medical events have been reported subsequent to pregnancies resulting from gonadotropin therapy in controlled clinical studies:

1. Spontaneous Abortion
2. Ecotropic Pregnancy
3. Premature Labor
4. Postpartum Fever
5. Congenital Abnormalities
There are no indications that use of gonadotropins during ART is associated with an increased risk of congenital malformations. The following adverse reactions have been previously reported during Gonal-® RFF therapy:

1. Pulmonary and vascular complications (see “WARNINGS”),
2. Adrenal insufficiency (as a complication of ovarian enlargement),
3. Mild to moderate ovarian enlargement,

For Informed Patients with Oligo-Anovulation:
Dosage:
The initial dose administered in the subsequent cycles should be individualized for each patient based on her response in the preceding cycle. Doses larger than 300 IU of FSH per day are not routinely recommended. The couple should be encouraged to have intercourse daily, beginning on the day prior to the administration of hCG until ovulation becomes apparent from the indices employed for the determination of pregnancy. Care should be taken to ensure insemination. In light of the indices and parameters mentioned, it should become obvious that, unless a physician is willing to devote considerable time to these patients and be familiar with and conduct the necessary laboratory studies, he/she should not use Gonal-® RFF.

Assisted Reproductive Technologies: As in the treatment of patients with oligo-anovulatory infertility, the dose of Gonal-® RFF Pen to stimulate development of the follicle must be individualized for each patient. For Assisted Reproductive Technologies, therapy with Gonal-® RFF Pen should be initiated in the early follicular phase (cycle day 2 or 3) at a dose of 150 IU per day administered subcutaneously until sufficient follicular development is attained. In most cases, therapy should not exceed ten days. In patients undergoing ART under 35 years old, whose endogenous gonadotropin levels are suppressed, Gonal-® RFF Pen should be initiated at a dose of 150 IU per day for patients 35 years old and older whose endogenous gonadotropin levels are suppressed, Gonal-® RFF Pen should be initiated at a dose of 225 IU per day. Treatment should be continued until adequate follicular development is indicated as determined by serum estradiol and vaginal ultrasound. A response is evident after 7 to 10 days. Subsequent monitoring intervals should be based on individual patient response.

For Infertile Patients with Oligo-Anovulation:
The dose of Gonal-® RFF Pen (follitropin alfa injection) to stimulate development of the follicle must be individualized for each patient.

The lowest dose consistent with the expectation of good results should be used. Over the course of treatment, doses of Gonal-® RFF Pen may range up to 300 IU per day depending on the individual patient response. Gonal-® RFF Pen should be administered until sufficient follicular development is indicated by serum estradiol and vaginal ultrasound. A response is evident after 4 to 7 days. Subsequent monitoring intervals should be based on individual patient response.

It is recommended that the initial dose of the first cycle be 75 IU of Gonal-® RFF Pen per day, administered subcutaneously. An incremental adjustment in dose of up to 37.5 IU may be considered after 14 days. Further dose increases of the same magnitude could be made, if necessary, every seven days. Treatment duration should not exceed 35 days unless an E2 rise indicates imminent follicular development. To complete follicular development and effect ovulation in the absence of an endogenous LH surge, chorionic gonadotropin should be withheld if the serum estradiol is greater than 2,000 pg/mL. If the ovaries are abnormally enlarged or abdominal pain occurs, Gonal-® RFF Pen treatment should be discontinued, hCG should not be administered, and the patient should be advised not to have intercourse; this may reduce the chance of development of the Ovarian Hyperstimulation Syndrome and, should spontaneous ovulation occur, reduce the chance of multiple gestation. A follow-up visit should be conducted in the luteal phase.

The initial dose administered in the subsequent cycles should be individualized for each patient based on her response in the preceding cycle. Doses larger than 300 IU of FSH per day are not routinely recommended and the patient should be advised not to have intercourse; this may reduce the chance of development of the Ovarian Hyperstimulation Syndrome and, should spontaneous ovulation occur, reduce the chance of multiple gestation. A follow-up visit should be conducted in the luteal phase.

The initial dose administered in the subsequent cycles should be individualized for each patient based on her response in the preceding cycle. Doses larger than 300 IU of FSH per day are not routinely recommended.

The dose of Gonal-® RFF Pen (follitropin alfa injection) to stimulate development of the follicle must be individualized for each patient. For Assisted Reproductive Technologies, therapy with Gonal-® RFF Pen should be initiated in the early follicular phase (cycle day 2 or 3) at a dose of 150 IU per day administered subcutaneously until sufficient follicular development is attained. In most cases, therapy should not exceed ten days.

In patients undergoing ART under 35 years old, whose endogenous gonadotropin levels are suppressed, Gonal-® RFF Pen should be initiated at a dose of 150 IU per day for patients 35 years old and older whose endogenous gonadotropin levels are suppressed, Gonal-® RFF Pen should be initiated at a dose of 225 IU per day. Treatment should be continued until adequate follicular development is indicated as determined by serum estradiol and vaginal ultrasound. A response is evident after 7 to 10 days. Subsequent monitoring intervals should be based on individual patient response. The couple should be encouraged to have intercourse daily, beginning on the day prior to the administration of hCG until ovulation becomes apparent from the indices employed for the determination of pregnancy. Care should be taken to ensure insemination. In light of the indices and parameters mentioned, it should become obvious that, unless a physician is willing to devote considerable time to these patients and be familiar with and conduct the necessary laboratory studies, he/she should not use Gonal-® RFF.

Assisted Reproductive Technologies: As in the treatment of patients with oligo-anovulatory infertility, the dose of Gonal-® RFF Pen to stimulate development of the follicle must be individualized for each patient. For Assisted Reproductive Technologies, therapy with Gonal-® RFF Pen should be initiated in the early follicular phase (cycle day 2 or 3) at a dose of 150 IU per day administered subcutaneously until sufficient follicular development is attained. In most cases, therapy should not exceed ten days.

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Administration:
Administer subcutaneously in the abdomen as described in the “Patient’s Information Leaflet” provided for patients prescribed Gonal-® RFF Pen.

Patient Instructions for Use
Make sure you have all the supplies listed below before you begin.

1. Gonal-® RFF Pen
   • Make sure the Gonal-® RFF Pen is at room temperature before using.
   • Make sure the liquid in the Pen is clear. Do not use the Gonal-® RFF Pen if it contains any particles. Get a replacement from your doctor, nurse or pharmacist.

2. One new single-use, disposable administration needle supplied with the Gonal-® RFF Pen.
3. Alcohol wipes and gauze pad.
4. Safety container (hard plastic or metal container) to use for safe disposal of used needles before you start, wash your hands with soap and water. On a clean surface, lay out everything you need.

Preparing the Pen
Note: Read steps 1 through 7 prior to pulling the injection button on the pen. Do not pull the injection button until the dose is dialed and you are ready for injection.

1. Remove the protective pen cap. Clean threaded tip of pen with an alcohol swab.
2. Take a single-use disposable needle provided in the Gonal-® RFF Pen carton. If the peel tab of the needle is damaged or loose, do not use it. Discard the needle and take a new one. Remove the peel tab from the outer needle cap.
3. With the tab removed, hold the outer needle cap firmly in one hand and hold the Pen firmly in the other hand. Press the threaded tip of the Gonal-® RFF Pen into the open end of the needle cap and twist it clockwise until it is securely fixed.
4. Once the needle is securely attached, remove the outer needle cap by gently pulling it straight off. Do NOT remove the inner needle cap—leave it where it is. Do NOT throw away the outer needle cap—you will need it to remove the needle following your injection.

Note: Use only the single-use disposable needles provided within the Gonal-® RFF Pen carton or compatible needles distributed separately by EM Serono, Inc.

Step 5 only needs to be performed before the first use of each new Pen; Otherwise, proceed to Step 6.

5. You must prime the Pen before the first use. You only need to prime the first time you use a new Pen. Do the following steps to get your Pen ready for use:
   • Check to make sure the dose arrow is set at 37.5. If not, turn the dosage dial (black numbers) to align the dose arrow with 37.5.
   • Pull out the injection button as far as it will go.
   • Remove the inner needle cap and hold the Pen with the needle pointing upwards.
   • Tap the drug reservoir gently with your finger so that any air bubbles rise up towards the needle. (If a few small air bubbles remain, do not worry; this is normal.)
   • Keep the needle pointing upright and push in the injection button completely. Stop pushing after you hear the first click. A small amount of liquid should come out of the needle indicating that the pen is ready for use. The amount of liquid seen at the needle tip is part of the extra medicine from the Pen. If no liquid appears the first time, repeat these steps until liquid comes out of the needle tip.
   • Replace the inner needle cap.

6. Select your prescribed dose by turning the dosage dial (black numbers) to the proper dose mark on the dial in front of the arrow mark. Carefully check the dosage dial before proceeding. Once you have set the dose correctly, load the Pen by pulling out the injection button straight as far as it will go. Do not twist the injection button while loading the pen.

7. Check the red dosage confirmation scale on the injection button to ensure the correct dose has been loaded and that the accurate dose will be injected. The loaded dose is shown by the last mark (flat arrow) on the red dosage confirmation scale that is fully visible.

8. Clean the injection site with an alcohol swab and allow it to air dry.
9. Remove the inner needle cap from the needle on the Pen. Do not touch the needle or allow the needle to come in contact with any surface.
10. To inject, insert the needle into the skin at a 90° angle and push the injection button—you will hear the button clicking. After the last click, allow the needle to remain in the skin for at least 5 seconds. This will ensure that you inject the full dose.
11. After the injection is complete, keep the injection button pressed down and remove the needle out of your skin. Apply pressure using a gauze pad.

12. Each time you finish an injection, remove and discard the used needle as follows. Hold the Gonal-® RFF Pen firmly by the drug reservoir. Carefully remove the outer needle cap onto the needle. Gripping the outer needle cap firmly, remove the needle by unscrewing the Pen counter-clockwise and dispose of the needle in your safety container.

13. Replace the Pen cap and store properly. See “HOW SUPPLIED.”

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

HOW SUPPLIED
Gonal-® RFF Pen (follitropin alfa injection) is a disposable, prefilled multiple-dose delivery system contain- ing a sterile, ready-to-use liquid formulation of follitropin alfa. Each Gonal-® RFF Pen is filled with 415 IU, 568 IU, or 1026 IU follitropin alfa to deliver a minimum total of 300 IU in 0.5 mL, 450 IU in 0.75 mL, or 900 IU in 1.5 mL, respectively. Each Pen is supplied in a cart-

The following package combinations are available:
NDC 44087-1113-1 One Gonal-® RFF Pen contains 415 IU to deliver a minimum total of 300 IU/0.5 mL and 5 single-use disposable 29G x ½” needles
NDC 44087-1112-1 One Gonal-® RFF Pen contains 568 IU to deliver a minimum total of 450 IU/0.75 mL and 7 single-use disposable 29G x ½” needles
NDC 44087-1114-1 One Gonal-® RFF Pen contains 1026 IU to deliver a minimum total of 900 IU/1.5 mL and 14 single-use disposable 29G x ½” needles

Store the Gonal-® RFF Pen refrigerated (2°–8°C/36°–46°F) until dispensed. Upon dispensing, the patient may store the pen refrigerated (2°–8°C/36°–46°F) until the expiration date, or at room temperature (20°–

14.5°C/68°–77°F) for up to 28 days. Protect from light. Do not freeze. Discard unused material after 28 days.

Rx only
Manufactured for: EMD Serono, Inc., Rockland, MA 02370 U.S.A.

Revised: October 2008

HOW SHOULD I USE GONAL-® RFF PEN?

• Use Gonal-® RFF Pen exactly as prescribed. Your doctor will prescribe the dose that is right for you and your condition. Do not change the dose of Gonal-® RFF Pen unless your doctor tells you to.

• Do not use Gonal-® RFF Pen for a condition for which it was not prescribed. Do not give Gonal-® RFF Pen to other people, even if they have the same symptoms you have.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF THE GONAL-® RFF PEN?

The most common side effects with the Gonal-® RFF Pen are headache, stomach pain, stomach bloating, nausea, and ovarian hyperstimulation syndrome. Bruising, pain, and redness can happen at the injection site.

Gonal-® RFF Pen and other FSH products can cause serious side effects including:

• Ovarian Hyperstimulation Syndrome (OHSS), OHSS causes fluid to suddenly build up in the stomach area, chest area, and heart area. Stop using Gonal-® RFF Pen and call your doctor right away if you get severe lower stomach area (pelvic) pain, nausea, vomiting, or weight gain.

• Lung and blood vessel problems. FSH products may cause serious lung problems including fluid in the lungs, trouble breathing, and worsening of asthma. Blood vessel problems include blood clots and strokes.

• Multiple births. FSH products can cause multiple births. Your healthcare provider will discuss your chances of multiple births.

These are not all the side effects of Gonal-® RFF Pen. As with any medication, report any and all side effects, symptoms, or physical changes to your healthcare provider.

WHAT SHOULD YOU DO IF YOU FORGET TO TAKE YOUR DOSE?
Do NOT double the dose of Gonal-® RFF Pen prescribed. Contact your doctor if you forget to take a dose of Gonal-® RFF Pen.

REVIEW THESE STEPS BEFORE YOU PREPARE OR ADMINISTER GONAL-® RFF PEN

How do I prepare and use the Gonad-® RFF Pen?

Getting ready
Make sure you have all the supplies listed below before you begin.

1. Gonal-® RFF Pen
• Make sure the Gonal-® RFF Pen is at room temperature before using.

• Make sure the liquid in the Pen is clear. Do not use the Gonal-® RFF Pen if it contains any particles. Get a replacement from your doctor, nurse or pharmacist.
Preparing the Pen

Note: Read steps 1 through 7 prior to pulling the injection button on the pen. Do not pull the injection button until the dose is dialed and you are ready for injection.

1. Remove the protective pen cap. Clean threaded tip of pen with an alcohol swab.

2. Take a single-use disposable needle provided in the Gonal-f® RFF Pen carton. If the peel tab of the needle is damaged or loose, do not use it. Discard the needle and take a new one. Remove the peel tab from the outer needle cap.

3. With the tab removed, hold the outer needle cap firmly in one hand and hold the pen firmly in the other hand. Press the threaded tip of the Gonal-f® RFF Pen into the open end of the needle cap and twist it clockwise until it is securely fixed.

4. Once the needle is securely attached, remove the outer needle cap by gently pulling it straight off. Do NOT remove the inner needle cap—leave it where it is. Do NOT throw away the outer needle cap—you will need it when you are ready to remove the needle following your injection.

Note: Use only the single-use disposable needles provided within the Gonal-f® RFF Pen carton or compatible needles distributed separately by EMD Serono, Inc.

5. You must prime the Pen before the first use. You only need to prime the first time you use a new pen. Do the following steps to get your pen ready for use:
   - Check to make sure the dosage arrow is set at 37.5. If not, turn the dosage dial (black numbers) to align the dose arrow with 37.5.
   - Pull out the injection button as far as it will go.
   - Remove the inner needle cap and hold the Pen with the needle pointing upwards.
   - Tap the drug reservoir gently with your finger so that any air bubbles rise up towards the needle. (If a few small air bubbles remain, do not worry; this is normal).
   - Keep the needle pointing upright and push in the injection button completely. Stop pushing after you hear the first click. A small amount of liquid should come out of the needle indicating that the pen is ready for use. The amount of liquid seen at the needle tip is part of the extra medicine from the Pen. If no liquid appears the first time, repeat these steps until liquid comes out of the needle tip.
   - Replace the inner needle cap.

6. Select your prescribed dose by turning the dosage dial (black numbers) to the proper dose mark on the dial in front of the arrow mark. Carefully check the dosage dial before proceeding. Once you have set the dose correctly, load the Pen by pulling out the injection button straight as far as it will go. Do not twist the injection button while loading the pen.

7. Check the red dosage confirmation scale on the injection button to ensure the correct dose has been loaded and that the accurate dose will be injected. The loaded dose is shown by the last mark (flat arrow) on the red dosage confirmation scale that is fully visible.

   - If you accidentally pull out the injection button with an incorrect dose setting, do not inject. If the set dose is lower than the dose to be administered, discard the dose by pressing all the liquid out into the safety container and repeat the previous steps for setting the dose.

Injecting the dose

Suitable injection sites on the stomach will be advised by your fertility specialist. Occasionally, your fertility specialist may suggest an alternative site.

8. Clean the injection site with an alcohol swab and allow it to air dry.

9. Remove the inner needle cap from the needle on the Pen. Do not touch the needle or allow the needle to touch any surface.

10. To inject, insert the needle into the skin at a 90° angle and push the injection button—you will hear the button clicking. After the last click, allow the needle to remain in the skin for at least 5 seconds. This will ensure that you inject the full dose.

11. After the injection is complete, keep the injection button pressed down and remove the needle out of your skin. Apply pressure using a gauze pad.

12. Each time you finish an injection, remove and discard the used needle as follows. Hold the Gonal-f® RFF Pen firmly by the drug reservoir. Carefully replace the outer needle cap onto the needle. Gripping the outer needle cap firmly, remove the needle by unscrewing the Pen counter-clockwise and dispose of the needle in your safety container.

13. Replace the Pen cap and store properly. See the section “Storing the Gonal-f® RFF Pen Between Uses.”

If there is not enough medicine remaining in the Gonal-f® RFF Pen.

- After several doses, you may not have enough Gonal-f® RFF remaining in the Pen to administer another full dose. The red dosage confirmation scale on the injection button enables you to check that the correct dose has been loaded. Dial your dose and pull out the injection button. It will go out only as far as the amount of drug that is left in the Pen. The amount of drug left in the Pen will be indicated by the last mark (flat arrow) on the red dosage confirmation scale that is fully visible. If this amount is lower than the set dose, the amount of Gonal-f® RFF left in the Pen is not enough to complete your full dose. If the loaded dose is not sufficient to complete your injection you have two options:
  - Inject the partial dose (what is left in the Pen) and then immediately complete the dose with a new Gonal-f® RFF Pen, remembering to measure out only what is required to complete your daily dose.
  - Discard the Gonal-f® RFF Pen and inject the full dose using a new Pen.

It is common for a small amount of drug to be leftover in the Gonal-f® RFF Pen. This is normal. Any drug remaining in the Gonal-f® RFF Pen after your treatment is complete should be discarded.

Storing the Gonal-f® RFF Pen Between Uses

- After each use, the Gonal-f® RFF Pen must be stored away from light and may be stored refrigerated or at room temperature between 36°– 77° F (2°- 25° C) for up to 28 days.
  - Do not store above 77°F (25°C).
  - If you are traveling, keep the Gonal-f® RFF Pen stored away from light and extreme temperatures. Do not freeze.
  - Allow the liquid solution to adjust to room temperature prior to administering your injection.
  - Check that the liquid is clear. Do not use if it contains any particles. Report this to your doctor, nurse or pharmacist immediately.
  - Keep the Gonal-f® RFF Pen and all medicines out of the reach of children.

What are the ingredients in Gonal-f® RFF Pen?

Active ingredient: follitropin alfa (r-hFSH)

Inactive ingredients: sucrose, meta-cresol, di-sodium hydrogen phosphate dihydrate, sodium dihydrogen phosphate monohydrate, methionine, Polysamer 188, D-phosphoric acid and/or sodium hydroxide

Where can more information about the Gonal-f® RFF Pen be obtained?

This leaflet is a summary of the important patient information about the Gonal-f® RFF Pen. If you have any questions or problems, talk to your doctor or other health care provider. The Gonal-f® RFF Pen is manufactured and distributed by EMD Serono, Inc. You can also call toll free 1 866-LETS TRY (1-866-538-7879) or log on to www.fertilityfelines.com.

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