Package leaflet: Information for the user

MENOPUR[®] 600 IU Powder and solvent for solution for injection

Menotrophin

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects talk to your doctor or nurse. This includes any possible side effects not listed in the leaflet.

What is in this leaflet:

- 1. What MENOPUR is and what it is used for
- 2. What you need to know before you use MENOPUR
- 3. How to use MENOPUR
- 4. Possible side effects
- 5. How to store MENOPUR
- 6. Contents of the pack and other information

1. WHAT MENOPUR IS AND WHAT IT IS USED FOR

MENOPUR is provided as a powder which must be mixed with liquid (solvent) before it is used. It is given as an injection under the skin.

MENOPUR contains two hormones called follicle stimulating hormone (FSH) and luteinizing hormone (LH). FSH and LH are natural hormones produced in both males and females. They help the reproductive organs to work normally. The FSH and LH in MENOPUR are obtained from the urine of postmenopausal women. The active ingredient is highly purified, and is known as menotrophin.

MENOPUR is used to treat female infertility in the following two situations:

i. Women who cannot become pregnant because their ovaries do not produce eggs (including polycystic ovarian disease). MENOPUR is used in women who have already been given a medicine called clomiphene citrate to treat their infertility, but this medicine has not helped.

ii. Women in assisted reproduction programmes (ART) (including *in vitro* fertilisation/embryo transfer [IVF/ET], gamete intra-fallopian transfer [GIFT] and intracytoplasmic sperm injection [ICSI]). MENOPUR helps the ovaries develop many egg sacs (follicles) where an egg might develop (multiple follicular development).

2. WHAT YOU NEED TO KNOW BEFORE YOU USE MENOPUR

Before starting treatment with MENOPUR, you and your partner should be evaluated by a doctor for causes of your fertility problems. In particular you should be checked for the following conditions so that appropriate treatment can be given:

- Underactive thyroid or adrenal glands
- High levels of a hormone called prolactin (hyperprolactinemia)
- Tumours of the pituitary gland (a gland located on the base of the brain)
- Tumours of the hypothalamus (an area located under the part of the brain called the thalamus)

If you know you have any of the conditions listed above, **please tell your doctor before starting treatment with MENOPUR.**

Do not use MENOPUR

- if you are allergic (hypersensitive) to menotrophin or any of the other ingredients of MENOPUR (listed in Section 6)
- if you have tumours of the womb (uterus), ovaries, breasts or parts of the brain like the pituitary gland or hypothalamus
- if you have sacs of fluid known as cysts on your ovaries (ovarian cysts) or enlarged ovaries (unless caused by polycystic ovarian disease)
- if you have any physical defects of the womb (uterus) or other sexual organs
- if you suffer from bleeding from the vagina where the cause is not known
- if you have fibroids (benign tumours) of the womb (uterus)
- if you are pregnant or breastfeeding
- if you have experienced an early menopause

Warnings and precautions

Talk to your doctor:

- if you get pain in the abdomen
- if you get swelling in the abdomen
- if you get nausea
- if you get vomiting
- if you get diarrhoea
- if you gain weight
- if you get difficulty breathing
- if you get decreased urination.

Tell your doctor straight away, even if the symptoms develop some days after the last injection has been given. These can be signs of high levels of activity in the ovaries which might become severe.

If these symptoms become severe, the infertility treatment should be stopped and you should receive treatment in hospital.

Keeping to your recommended dose and careful monitoring of your treatment will reduce your chances of getting these symptoms.

If you stop using MENOPUR you might still experience these symptoms. Please contact your doctor immediately if any of these symptoms occur.

While you are being treated with this medicine, your doctor will normally arrange for you to have **ultrasound scans** and sometimes **blood tests** to monitor your response to treatment.

Being treated with hormones like MENOPUR can increase the risk of:

- Ectopic pregnancy (pregnancy outside of the womb) if you have a history of fallopian tube disease
- Miscarriage
- Multiple pregnancy (twins, triplets, etc)
- Congenital malformations (physical defects present in baby at birth).

Some women who have been given infertility treatment with multiple medicines have developed tumours in the ovaries and other reproductive organs. It is not yet known if treatment with hormones like MENOPUR causes these problems.

Blood clot formation inside the blood vessels (veins or arteries) are more likely to occur in women who are pregnant. Infertility treatment can increase the chances of this happening, especially if you are overweight, have a known blood clotting disease (thrombophilia) or if you or someone in your family (blood relative) has had blood clots. Tell your doctor if you think this applies to you.

Children

There is no relevant use of MENOPUR in children.

Other medicines and MENOPUR

Tell your doctor if you are taking. have recently taken or might take any other medicines, including medicines obtained without a prescription.

Clomiphene citrate is another medicine used in the treatment of infertility. If MENOPUR is used at the same time as clomiphene citrate the effect on the ovaries may be increased.

Pregnancy and breast-feeding

MENOPUR should not be used during pregnancy or breastfeeding.

Driving and using machines

MENOPUR is unlikely to affect your ability to drive and use machines.

Important information about some of the ingredients of MENOPUR

MENOPUR contains less than 1 mmol sodium (23 mg) per dose, so it is essentially 'sodium-free'.

This medicine contains lactose (a sugar). If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

3. HOW TO USE MENOPUR

Always use MENOPUR exactly as your doctor has told you. Check with your doctor if you are not sure.

i. Women who are not ovulating (not producing eggs):

Treatment should start within the first 7 days of the menstrual cycle (day 1 is the first day of your period). Treatment should be given every day for at least 7 days.

The starting dose is normally 75-150 IU daily. This dose may be increased according to your response to the treatment up to a maximum of 225 IU per day. A particular dose should be given for at least 7 days before the dose is changed by your doctor. It is recommended that the dose should be increased by 37.5 IU per adjustment (and not more than 75 IU). The cycle of treatment should be abandoned if there is no response after 4 weeks.

When a good response is obtained a single injection of another hormone called human chorionic gonadotrophin (hCG), at a dose of 5,000 to 10,000 IU, should be given 1 day following the last MENOPUR injection. It is recommended to have sexual intercourse on the day of the hCG injection and the day after. Alternatively, artificial insemination (injection of sperm directly into the womb) may be performed. Your doctor will closely monitor your progress for at least 2 weeks after you have received the hCG injection.

Your doctor will monitor the effect of MENOPUR treatment. Depending on your progress, your doctor may decide to stop treatment with MENOPUR and not give you the hCG injection. In this case, you will be instructed to use a barrier method of contraception (e.g. condom) or not have sexual intercourse until your next period has started.

ii. Women in assisted reproduction programmes:

If you are also receiving treatment with a GnRH agonist (a medicine which helps a hormone called Gonadotrophin Releasing Hormone (GnRH) to work), MENOPUR should be started approximately 2 weeks after the start of the GnRH agonist therapy.

If you are also receiving treatment with a GnRH antagonist, MENOPUR treatment should be started on day 2 or 3 of the menstrual cycle (day 1 is the first day of your period).

MENOPUR should be given every day for at least 5 days. The initial dose of MENOPUR is normally 150 - 225 IU. This dose may be increased according to your response to the treatment up to a maximum of 450 IU per day. The dose should not be increased by more than 150 IU per adjustment. Normally treatment should not continue for more than 20 days.

If enough egg sacs are present, you will be given a single injection of a medicine called human chorionic gonadotrophin (hCG) at a dose of up to 10,000 IU to induce ovulation (release of an egg).

Your doctor will closely monitor your progress for at least 2 weeks after you have received the hCG injection.

Your doctor will monitor the effect of MENOPUR treatment. Depending on your progress, your doctor may decide to stop treatment with MENOPUR and not give you the hCG injection. In this case, you will be instructed to use a barrier method of contraception (e.g. condom) or not have sexual intercourse until your next period has started.

INSTRUCTIONS FOR USE

If your clinic has asked you to inject MENOPUR yourself, you should follow any instructions they provide.

The first injection of MENOPUR should be given under the supervision of a doctor or nurse.

PREPARATION OF MENOPUR 600 IU

MENOPUR is provided as a powder in a vial, and must be dissolved with one syringe of solvent before it is injected. The solvent which you should use to dissolve MENOPUR is provided in a pre-filled syringe in the package.

MENOPUR 600IU must be dissolved with one pre-filled syringe with solvent before use.

After dissolving the powder with the solvent, the vial **contains medication for several days of treatment**, therefore, you need to make sure you only draw up the amount of medication that was prescribed by your doctor.

Your doctor has prescribed you a dose of MENOPUR in IU (units). To obtain the correct dose you should use one of the 9 administration syringes graduated in FSH/LH IU (units) provided.



To do this:



1. Remove the protective cap from the vial of powder and the rubber syringe cap from the pre-filled syringe with solvent (picture 1).

2. Firmly attach the thick needle (reconstitution needle) to the pre-filled syringe with solvent and remove the protective cap from the needle (picture 2).

3. Insert the needle of the pre-filled syringe with the solvent vertically through the centre of the rubber stopper of the powder vial and **slowly inject all** of the solvent to avoid creating bubbles (picture 3).

4. When adding the solvent a slight over-pressure is created in the vial. Therefore, let go of the syringe plunger to let it rise up by itself for about 10 seconds. This will remove the over-pressure in the vial (picture 4).

Remove the syringe and the needle for reconstitution.



5. The powder should quickly dissolve (within 2 minutes) to form a clear solution. Although this normally happens when only a few drops have been added, the entire amount of solvent should be added. To help the powder dissolve, swirl the solution (picture 5). **Do not shake** as this will cause air bubbles to form.

If the solution is not clear or if it contains particles it should not be used.

The vial with powder is now dissolved with one syringe of solvent and is ready to use.

ADMINISTRATION OF MENOPUR

6. Take the administration syringe with pre-fixed needle and insert the needle vertically in the centre of the vial. The administration syringe already contains a small amount of air, which should be injected in the vial above the liquid. Turn the vial upside down and draw the prescribed dose of MENOPUR into the administration syringe for injection (picture 6).

REMEMBER: As this vial contains medication for several days of treatment, you need to make sure you only draw up the amount of medication that was prescribed by your doctor.

7. Remove the syringe from the vial and draw a small amount of air into the syringe (picture 7).

8. Gently flick the administration syringe so that all air bubbles will be collected in the tip (picutre8). Carefully push out all air and push until the first drop of fluid comes out from the needle.

Your doctor or nurse will tell you where to inject. Before injection, disinfect the injection site.



9. To inject, pinch the skin to produce a fold, and insert the needle in one swift motion at 90 degrees to the body. Press down on the plunger gently to inject the solution (picture 9) and then remove the administration syringe.

After removing the administration syringe, apply pressure to the injection site to stop any bleeding. Gently massaging the injection site will help to disperse the solution under the skin.

Do not put used items into normal domestic waste; these should be disposed of appropriately.

10. For the next injection from the already dissolved MENOPUR solution, repeat steps 6 to 9.

If you use more MENOPUR than you should

Please tell a nurse or doctor.

If you forget to use MENOPUR

Do not take a double dose to make up for a forgotten. Please tell a doctor or nurse.

4. POSSIBLE SIDE EFFECTS

Like all medicines, MENOPUR can cause side effects, although not everybody gets them.

Hormones used in the treatment of infertility such as MENOPUR may cause **high levels of activity in the ovaries leading to a disease called Ovarian Hyperstimulation Syndrome (OHSS)**, especially in women with polycystic ovaries. Symptoms include: **pain in the abdomen, swelling in the abdomen, nausea, vomiting, diarrhoea and weight gain.** In cases of severe OHSS **accumulation of fluid in the abdomen, pelvis and/or chest cavity, difficulty breathing, decreased urination, formation of blood clots in blood vessels (thromboembolism) and twisting of ovaries (ovarian torsion)** have been reported as rare complications. If you experience any of these symptoms contact your doctor immediately, even if they develop some days after the last injection has been given. **Allergic (hypersensitivity)** reactions may occur when using this medicine. Symptoms of these reactions might include: **rash, itching, swelling of the throat and difficulty breathing.** If you experience any of these symptoms, contact your doctor immediately.

The following common side effects affect between 1 and 10 of every 100 patients treated:

- Pain in the abdomen
- Headache
- Nausea
- Swelling in the abdomen
- Pelvic pain
- Overstimulation of the ovaries resulting in high levels of activity (ovarian hyperstimulation syndrome)
- Local reactions at the injection site (such as pain, redness, bruising, swelling and/or itching)

The following uncommon side effects affect between 1 and 10 of every 1,000 patients treated:

- Vomiting
- Discomfort in the abdomen
- Diarrhoea
- Fatigue
- Dizziness
- Sacs of fluid within the ovaries (ovarian cysts)
- Breast complaints (include breast pain, breast tenderness, breast discomfort, nipple pain and breast swelling)
- Hot flush

The following rare side effects affect between 1 to 10 of every 10,000 patients treated:

- Acne
- Rash

In addition to the above the following side effects were seen after MENOPUR was marketed and the frequency of these side effects is unknown:

- Eyesight disturbances
- Fever
- Feeling sick
- Allergic reactions
- Increase in weight
- Pains in muscle and joint (e.g. back pain, neck pain and pain in arms and legs)
- Twisting of ovary (ovarian torsion) as a complication of increased activity of ovaries due to overstimulation
- Itching
- Hives
- Blood clots as a complication of increased activity of ovaries due to overstimulation

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Website: www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

5. HOW TO STORE MENOPUR

Keep this medicine out of the sight and reach of children.

Prior to reconstitution store in a refrigerator $(2^{\circ}C - 8^{\circ}C)$. Do not freeze.

After reconstitution, the solution may be stored for a maximum of 28 days at not more than 25°C. Do not freeze. The date of first preparation should be written on the outer carton.

The reconstituted solution should not be administered if it contains particles or is not clear.

Do not use MENOPUR after the expiry date which is stated on the carton and labels after EXP. The expiry date refers to the last day of that month.

Do not throw away medicines via wastewater or household waste. Ask your pharmacist how to dispose of medicines you no longer use. These measures will help protect the environment.

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What MENOPUR contains

The active substance is highly purified menotrophin (human menopausal gonadotrophin, HMG) corresponding to follicle stimulating hormone activity FSH 600 IU and luteinizing hormone activity LH 600 IU.

After reconstitution, 1 ml of the reconstituted solution contains 600 IU highly purified menotrophin.

The other ingredients in the powder are: Lactose monohydrate Polysorbate 20 Sodium phosphate dibasic heptahydrate (for pH adjustment) Phosphoric acid (concentrated) (for pH adjustment)

The ingredients in the solvent are: Water for injections Metacresol

What MENOPUR looks like and contents of the pack

MENOPUR is a powder and solvent for solution for injection.

The product is supplied as a pack of 1 vial of powder, 1 pre-filled syringe with solvent for reconstitution, 1 needle for reconstitution and 9 disposable syringes for administration graduated in FSH/LH units with pre-fixed needles.

Marketing Authorisation Holder

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