

TRIPTODUR® (triptorelin)

For children 2 years of age and older
with central precocious puberty (CPP)

The first FDA-approved, twice-yearly injectable GnRHa for CPP¹



IMPORTANT SAFETY INFORMATION FOR TRIPTODUR INDICATION

TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).

IMPORTANT SAFETY INFORMATION

Contraindications

TRIPTODUR is contraindicated in:

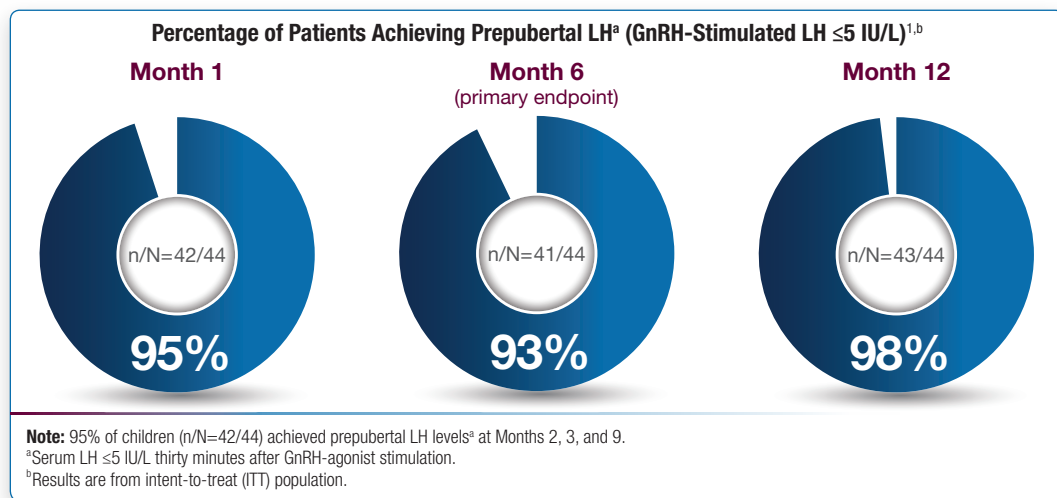
- Individuals with a known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.
- Women who are or may become pregnant. Expected hormonal changes that occur with TRIPTODUR treatment increase the risk for pregnancy loss and fetal harm when administered to a pregnant woman. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be advised of the potential risk to the fetus.

Please see the Important Safety Information continued in piece, and the full accompanying Prescribing Information.

Triptodur®
(triptorelin)
for extended release injectable suspension

TRIPTODUR (triptorelin) was proven to be effective and well tolerated in a multicenter phase 3 study^{1,2}

TRIPTODUR demonstrated LH suppression to prepubertal levels in 93% of children at Month 6 (primary endpoint)¹



- 44 children (39 females) with CPP, 2 to 9 years of age, who were naive to previous GnRHa therapy were administered TRIPTODUR 22.5 mg at a dosing interval of 24 weeks and were evaluated over 2 dosing intervals for a total of 12 months^{1,2}
- TRIPTODUR demonstrated effective suppression of stimulated LH throughout the study⁴

98% of children achieved LH suppression with TRIPTODUR at Month 12¹

There were no substantial, unexpected, or clinically significant changes in laboratory parameters or vital signs in children receiving TRIPTODUR²

- Three patients presented with nonsuppressed LH levels at Month 6²
 - Two of these nonresponders showed prepubertal levels at Month 12, one of whom had a borderline LH value of 5.1 IU/L at Month 6 but a suppressed testosterone level of 2 ng/dL. The other encountered a technical problem with the first injection, which is likely to have played a significant role regarding this treatment failure.
 - The third nonresponder was a 9-year-old overweight boy with a BMI of 23.1 kg/m², who may have required a higher drug dose for adequate hormonal suppression, or who may represent one of the rare children with CPP who do not achieve suppression with GnRH agonists.

LH, luteinizing hormone.
BMI, body mass index.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

Initial Rise of Gonadotropins and Sex Steroid Levels – During the early phase of therapy, gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. Therefore, a transient increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

Please see the Important Safety Information continued in piece, and the full accompanying Prescribing Information.

Clinical signs of puberty

TRIPTODUR (triptorelin) arrested or reversed progression of clinical signs of puberty^{1,2}

Children Achieving Endpoint, %^{1,2,a}

95%

(n/N=42/44)

95% of children showed no increase in the bone age/chronological age ratio at **Month 12**—indicating a slowing of accelerated bone maturation^b

89%

(n/N=39/44)

The Tanner stage* was stable or nonprogressed in **89%** of patients between baseline and **Month 12**^c

^aResults are from ITT population. ^bMonth 6 data: 64% (n/N=28/44). ^cMonth 6 data: 91% (n/N=40/44). At Month 6, 93% of children achieved LH suppression with TRIPTODUR (primary endpoint).¹

*Tanner stage refers to a scale used to measure the onset and progression of pubertal changes as determined by the physical development of secondary sex characteristics.⁵

77% of girls
(n/N=30/39)
exhibited regression
of uterine length at
Month 12¹

100% of boys
(n/N=5/5) showed
absence of
progression of
testicular volume at
Month 12¹



IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

Psychiatric Events – Psychiatric events have been reported in patients taking GnRH agonists. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with TRIPTODUR.

Please see the Important Safety Information continued in piece, and the full accompanying Prescribing Information.

TRIPTODUR CARES

Enroll your patients today:

Toll Free: (833) 401-CARE (2273)

Fax: (877) 650-7041

E-Prescribe:

PANTHERx Rare

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Copay Assistance
Program



Prior authorization
support & appeal
assistance



Support team
available from 8:00
a.m. - 8:00 p.m. ET,
Monday - Friday

ELIGIBLE PATIENTS MAY
PAY AS LITTLE AS

\$5*

Triptodur
(triptorelin)
for extended release injectable suspension

Patient Savings

**Pharmacy and
Medical Benefit:**
Payer ID/BIN: xxxxxxx
GROUP: xxxxxxxxx
ID: xxxxxxxxxxxxx

Eligible patient
may pay
as little as \$

Terms, Conditions, and Eligibility Criteria below

*TERMS AND CONDITIONS

By using TRIPTODUR Copay Assistance, you certify that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below

- Copay Assistance is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma De Salud"]).
- Copay Assistance is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription drugs.
- **Insured must be 18 years of age or older; patients must be 2 years of age or older.**
- Each patient is limited to one active Copay Assistance offer at a time during this offering period, and the Copay Assistance offer is not transferable.
- Copay Assistance may be used once every 145 days. Maximum savings of \$10,000 per year. Up to \$10,000 off of your out-of-pocket cost on the 1st fill and the remaining balance off the out-of-pocket cost on the 2nd fill after patients pay the first \$5 for each fill.
- Copay Assistance cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription.
- **Copay Assistance will be accepted at participating pharmacies.**
- **Copay Assistance is not health insurance.**
- Patients without insurance or for whom their insurance will not cover the medication are entitled to up to \$10,000 off of their out-of-pocket cost on the 1st fill and the remaining balance off the out-of-pocket cost on the 2nd fill.
- This offer is good only in the United States and Puerto Rico as allowed by law.
- Arbor reserves the right to rescind, revoke, or amend Copay Assistance without notice.
- Offer valid from 1/1/2021 to 12/31/2021. No membership fees apply.

For more information on **TRIPTODUR Copay Assistance** or the **TRIPTODUR Care Program**, please contact **(833) 401-CARE (2273)** or visit us at www.Triptodur.com/hcp.



Triptodur[®]
(triptorelin)
for extended release injectable suspension

Long-Lasting LH Suppression With Only 2 Injections per Year¹

TRIPTODUR (triptorelin) is the first FDA-approved, twice-yearly injectable GnRHa for central precocious puberty¹



LH suppression to prepubertal levels¹

- 93% of children achieved LH suppression with TRIPTODUR at Month 6 (primary endpoint).¹

Fewer injections, less burden

- TRIPTODUR may reduce the time burden associated with more frequent injections on patients and providers.
- No coordination of surgical procedures.

Demonstrated **effective**
suppression of stimulated LH
throughout the study⁴

Arrested or reversed progression
of clinical signs of puberty at Month 12^{1,2}

Well tolerated with no discontinuations
over the course of the study^{1,2}

TRIPTODUR is contraindicated in:

- Individuals with a known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH.
- Women who are or may become pregnant. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be advised of the potential risk to the fetus.



The **TRIPTODUR Care Program** provides streamlined and personalized support for patients and healthcare providers, including a dedicated case manager.

To learn more about the **TRIPTODUR Care Program** and patient copay support, call us toll free at **(833) 401-CARE (2273)** or visit **www.Triptodur.com/hcp**.

Our support team is available from 8:00 a.m. - 8:00 p.m. ET, Monday - Friday to assist you with any of your TRIPTODUR needs, including insurance and access support.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

Convulsions – Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including triptorelin. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

Adverse Reactions





In clinical trials for TRIPTODUR, the most common adverse reactions ($\geq 4.5\%$) are injection site reactions, menstrual (vaginal) bleeding, hot flush, headache, cough, and infections (bronchitis, gastroenteritis, influenza, nasopharyngitis, otitis externa, pharyngitis, sinusitis, and upper respiratory tract infection).

You are encouraged to report side effects of prescription drugs to Arbor Pharmaceuticals, LLC Medical Information at 1-866-516-4950 or to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see the Important Safety Information continued in piece, and the full accompanying Prescribing Information.

Twice-Yearly Dosing—Fewer Injections May Lessen the Time Burden for Patients and Providers

TRIPTODUR (triptorelin) is administered as a single intramuscular injection just once every 6 months¹

Treatment Options for CPP ^{1,3}		
Injections per Year		
Injection Every month (4 weeks)		Thirteen injections per year
Injection Every 3 months (12 weeks)		Four injections per year
Injection Every 6 months (24 weeks)		Two injections per year
Implant		
Surgical Subcutaneous Implant* Once every 12 months		*Surgical procedure involving the use of anesthesia. The method of anesthesia utilized (ie, local, conscious sedation, general) is at the discretion of the healthcare provider.

Learn more at www.Triptodur.com/HCP

IMPORTANT SAFETY INFORMATION FOR TRIPTODUR

INDICATION

TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).

IMPORTANT SAFETY INFORMATION

Contraindications

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Warnings and Precautions

Initial Rise of Gonadotropins and Sex Steroid Levels – During the early phase of therapy, gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. Therefore, a transient increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

Psychiatric Events – Psychiatric events have been reported in patients taking GnRH agonists. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with TRIPTODUR.

Convulsions – Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including triptorelin. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

Adverse Reactions

In clinical trials for TRIPTODUR, the most common adverse reactions ($\geq 4.5\%$) are injection site reactions, menstrual (vaginal) bleeding, hot flush, headache, cough, and infections (bronchitis, gastroenteritis, influenza, nasopharyngitis, otitis externa, pharyngitis, sinusitis, and upper respiratory tract infection).

You are encouraged to report side effects of prescription drugs to Arbor Pharmaceuticals, LLC Medical Information at 1-866-516-4950 or to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional safety information, please see accompanying TRIPTODUR full Prescribing Information or visit www.triptodur.com/hcp.

References: 1. Triptodur [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC. 2. Klein K, Yang J, Aisenberg J, et al. Efficacy and safety of triptorelin 6-month formulation in patients with central precocious puberty. *J Pediatr Endocrinol Metab*. 2016;29(11):1241-1248. 3. Carel JC, Eugster EA, Rogol A, et al. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. *Pediatrics*. 2009;123(4):e752-e762. 4. Data on file, Arbor Pharmaceuticals. 5. Emmanuel M, Bokor BR. Tanner Stages. In: *StatPearls*. StatPearls Publishing; 2020. <https://www.ncbi.nlm.nih.gov/books/NBK470280>.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use TRIPTODUR® safely and effectively. See full prescribing information for TRIPTODUR.

TRIPTODUR (triptorelin) for extended-release injectable suspension, for intramuscular use
Initial U.S. Approval: 2000

-----RECENT MAJOR CHANGES-----	
Dosage and Administration (2.3)	06/2018
Dosage and Administration (2.1)	10/2018

-----INDICATIONS AND USAGE-----
TRIPTODUR is a gonadotropin releasing hormone (GnRH) agonist indicated for the treatment of pediatric patients 2 years and older with central precocious puberty. (1)

- DOSAGE AND ADMINISTRATION-----
- Must only be administered by a healthcare provider. (2.1)
 - Administer TRIPTODUR as a single intramuscular injection of 22.5 mg once every 24 weeks. (2.1)
 - Monitor response with LH levels after a GnRH or GnRH agonist stimulation test, basal LH, or serum concentration of sex steroid levels beginning 1 to 2 months following initiation of therapy, during therapy as necessary to confirm maintenance of efficacy, and with each subsequent dose. (2.2)
 - Measure height every 3-6 months and monitor bone age periodically. (2.2)
 - See FPI for complete reconstitution and administration instructions. (2.3)
 - Once TRIPTODUR is mixed, proceed to the next steps and administer without delay. (2.3)
 - The injection of the suspension should be performed rapidly and in a steady and uninterrupted manner in order to avoid any potential blockage of the needle. (2.3)

-----DOSAGE FORMS AND STRENGTHS-----
For extended-release injectable suspension: 22.5 mg of triptorelin as a powder cake for reconstitution with the co-packaged 2 mL of diluent (sterile water) for injection. (3)

- CONTRAINDICATIONS-----
- Hypersensitivity reactions (4)
 - Pregnancy (4, 8.1)

- WARNINGS AND PRECAUTIONS-----
- *Initial Rise of Gonadotropins and Sex Steroid Levels:* An increase in clinical signs and symptoms of puberty may be observed during the first 2-4 weeks of therapy since gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. (5.1)
 - *Psychiatric events* have been reported in patients taking GnRH agonists. Events include emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms. (5.2)
 - *Convulsions* have been observed in patients with or without a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and in patients on concomitant medications that have been associated with convulsions. (5.3)

-----ADVERSE REACTIONS-----
In clinical trials for TRIPTODUR, the most common adverse reactions (≥4.5%) are injection site reactions, menstrual (vaginal) bleeding, hot flush, headache, cough, and infections (bronchitis, gastroenteritis, influenza, nasopharyngitis, otitis externa, pharyngitis, sinusitis, and upper respiratory tract infection). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Arbor Pharmaceuticals, LLC at 1-866-516-4950 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 10/2018

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*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).

2 DOSAGE AND ADMINISTRATION

2.1 Dosing Information

TRIPTODUR must only be administered by a healthcare provider.

The dosage of TRIPTODUR is 22.5 mg reconstituted with accompanying diluent (sterile water) 2 mL, and administered as a single intramuscular injection once every 24 weeks.

TRIPTODUR treatment should be discontinued at the appropriate age of onset of puberty at the discretion of the physician.

2.2 Monitoring

Monitor response to TRIPTODUR with LH levels after a GnRH or GnRH agonist stimulation test, basal LH, or serum concentration of sex steroid levels beginning 1 to 2 months following initiation of therapy, during therapy as necessary to confirm maintenance of efficacy, and with each subsequent dose.

Measure height (for calculation of growth rate) every 3-6 months and monitor bone age periodically.

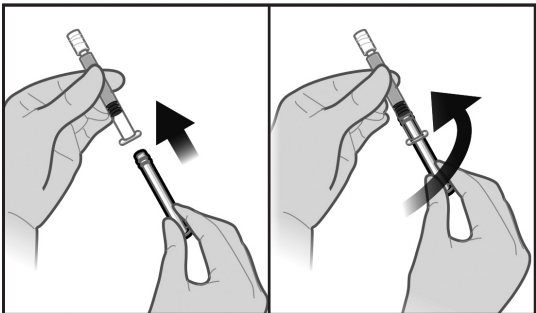
Noncompliance with drug regimen or inadequate dosing may result in inadequate control of the pubertal process with gonadotropins and/or sex steroids increasing above prepubertal levels. If the dose of TRIPTODUR is not adequate switching to an alternative GnRH agonist for the treatment of CPP with the ability for dose adjustment may be necessary.

2.3 Reconstitution and Administration Instructions

*** *Triptodur should be injected immediately after reconstitution in accordance with the detailed instructions below. ****

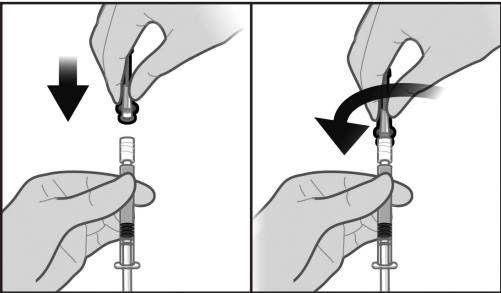
Please read these instructions completely before you begin.

1. Use appropriate aseptic technique for preparation and administration.
2. Screw the plunger rod into the barrel end of the prefilled sterile water diluent syringe.

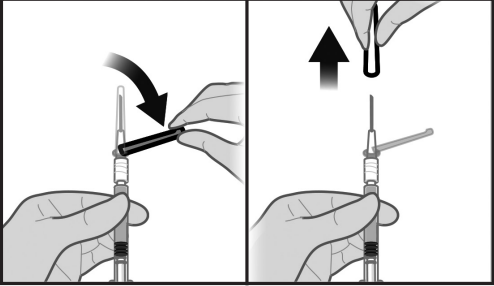


3. To remove the cap, twist to separate from the Luer lock on the syringe barrel.

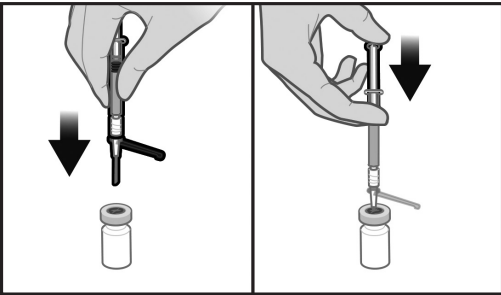
4. **Firmly attach** one of the 21-gauge sterile safety needles onto the prefilled sterile water diluent syringe with a push and clockwise twist. This 21-gauge needle will only be used for reconstitution of the product.



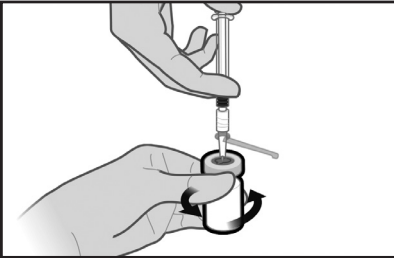
- a. Remove the plastic Flip-off from the vial. Disinfect the visible part of the stopper.
- b. Pull back on the safety cover towards the syringe and away from the 21-gauge needle. Then pull the clear needle shield off.



5. Insert the 21-gauge needle through the stopper. Inject the sterile water diluent into the vial, ensuring the diluent rinses the sides of the vial. Do not release the plunger rod.



6. If the syringe plunger is not maintained in position, it will naturally withdraw product into the syringe. Thoroughly mix the vial with agitation for 30 to 60 seconds, ensuring the diluent rinses the sides of the vial.



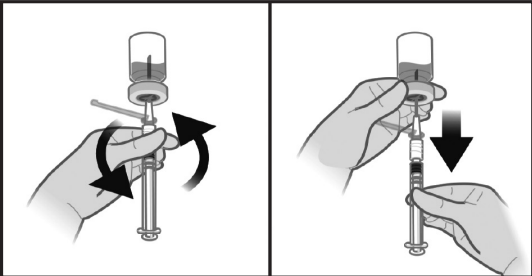
7. Before moving on to the next step, check visually that the suspension appears milky and homogeneous without any visible aggregates or precipitates.
 - a. If the suspension DOES NOT appear milky and homogenous without any visible aggregates or precipitates, continue with the agitation. An up and down agitation can also be used to help eliminate aggregates or precipitates. The complete and homogeneous (milky) suspension of the product may require up to 60 seconds of agitation.

Important: Once mixed, proceed to the next steps and administer without delay.

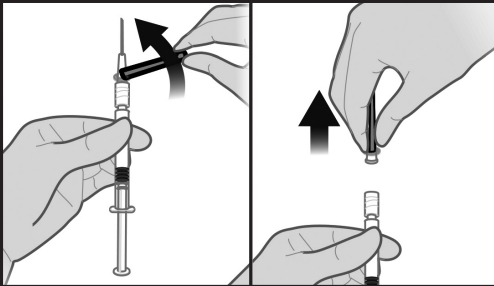
8. The suspension will sediment very quickly so it is imperative to withdraw the suspension into the syringe directly after suspending the product in the vial.

If the sequence of steps to prepare the suspension is interrupted and/or the vial is put aside, the suspension will start to separate into diluent and microgranules.

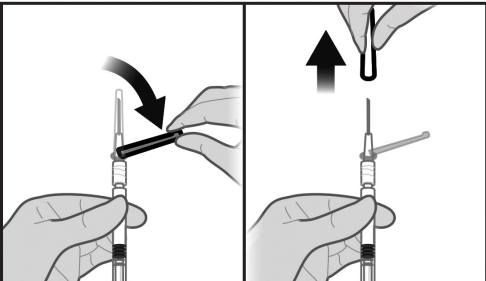
9. Invert the vial and move back the syringe in order to position the end of the 21-gauge needle very near the level of the stopper, making sure the needle lumen is still completely in the vial.
10. Pull back the plunger rod slowly to withdraw the reconstituted product into the syringe, withdrawing as much of the reconstituted product into the syringe as possible. Move the tip of the needle at the level of the stopper so as to be able to withdraw a maximum amount of suspension.



11. Withdraw the needle from the vial and push the safety cover forward toward the needle until you hear and/or feel it lock. Then remove the first 21-gauge needle by grasping the needle hub to disconnect the needle from the syringe and discard it. **This (first) 21-gauge needle will no longer be used.**



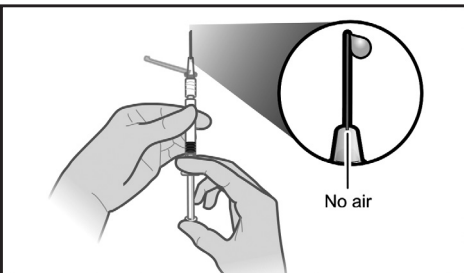
12. **Firmly attach the *second* sterile needle** onto the syringe with a push and clockwise twist and pull back the safety cover towards the syringe. This 21-gauge needle will be used for administration. Triptodur must **only** be administered with a thin-wall 21-gauge needle.



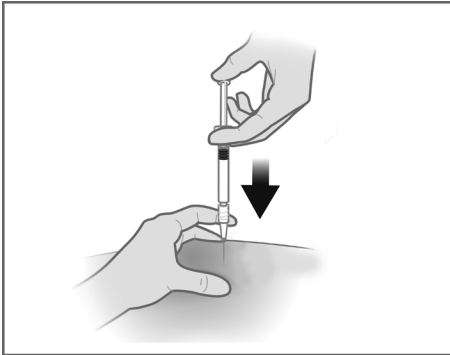
13. Inspect the suspension visually for particulate matter and discoloration.

To minimize the risk of needle blockage during the injection, ensure that the preparation of the injection is not interrupted and/or the mixed suspension syringe is not put aside because the suspension will sediment quickly.

- a. **If the suspension appears milky and homogenous without visible aggregates or precipitates, then prime the needle and administer the suspension immediately.**
 - i. Do not prime the needle if the suspension does not appear milky and homogenous
 - ii. If the suspension does not appear milky and homogenous, continue with an up and down agitation
 - iii. Prime the needle immediately prior to administration of the homogenous suspension



14. Inject the patient intramuscularly, preferably in either buttock or thigh, using the entire contents of the syringe. The injection of the suspension should be performed rapidly and in a steady and uninterrupted manner in order to avoid any potential blockage of the needle. Triptodur must **only** be administered with a thin-wall 21-gauge needle.



15. After administering the injection, immediately activate the safety cover:
 - a. Center your thumb or forefinger on the textured finger pad area of the safety cover and push it forward over the needle until you hear or feel it lock.
 - b. Use the one-handed technique and activate the mechanism away from yourself and others.
 - c. Immediately discard the syringe assembly into a suitable sharps container.

3 DOSAGE FORMS AND STRENGTHS

For extended-release injectable suspension: 22.5 mg of triptorelin as a lyophilized white to slightly yellow powder cake in a single-dose vial for reconstitution with the co-packaged 2 mL of diluent (sterile water) for injection.

4 CONTRAINDICATIONS

- Hypersensitivity: TRIPTODUR is contraindicated in individuals with a known hypersensitivity to triptorelin, any other component of the product, or other GnRH agonists or GnRH *[see Adverse Reactions (6.2)]*.
- Pregnancy: TRIPTODUR may cause fetal harm *[see Use in Specific Populations (8.1)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Initial Rise of Gonadotropins and Sex Steroid Levels

During the early phase of initial therapy or after subsequent doses, gonadotropins and sex steroids may rise above baseline because of a transient stimulatory effect of the drug *[see Clinical Pharmacology (12.2)]*. Therefore, a transient increase in clinical signs and symptoms of puberty, including vaginal bleeding, may be observed during the first weeks of therapy or after subsequent doses.

5.2 Psychiatric Events

Psychiatric events have been reported in patients taking GnRH agonists, including triptorelin. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with TRIPTODUR *[see Adverse Reactions (6)]*.

5.3 Convulsions

Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including triptorelin. These included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above *[see Adverse Reactions (6)]*.

6 ADVERSE REACTIONS

The following serious adverse reactions are described here and elsewhere in the label:

- Initial Rise of Gonadotropins and Sex Steroid Levels *[see Warnings and Precautions (5.1)]*
- Psychiatric Events *[see Warnings and Precautions (5.2)]*
- Convulsions *[see Warnings and Precautions (5.3)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of TRIPTODUR was evaluated in one uncontrolled, open-label single-arm clinical trial in which 44 children with central precocious puberty received two doses of TRIPTODUR and were observed for 12 months. The median age of the study population was 8 years (range 2-9 years) at treatment start; 88.6% of subjects were female, 59.1% were White, 27.3% were Black and 4.5% were Asian. Table 1 shows all the adverse reactions that occurred in at least 2 patients (≥4.5%) during the open-label single-arm trial.

Table 1: Adverse Reactions¹ Occurring in ≥ 2 Patients Treated with TRIPTODUR in an Open-Label Single-Arm Trial

Adverse Reactions	Number of Patients Reporting Event (%) (Total N=44)
Infections & Infestations	
Bronchitis	2 (4.5)
Gastroenteritis	3 (6.8)
Influenza	2 (4.5)
Nasopharyngitis	6 (13.6)
Otitis externa	2 (4.5)
Pharyngitis	2 (4.5)
Sinusitis	2 (4.5)
Upper respiratory tract infection	4 (9.1)
Nervous System Disorders	
Headache	6 (13.6)
Reproductive System & Breast Disorders	
Menstrual (Vaginal bleeding) ²	3 (7.7)
Respiratory, Thoracic & Mediastinal Disorder	
Cough	3 (6.8)
Vascular Disorders	
Hot flush	2 (4.5)

¹Injection site reactions are presented separately

²Includes % of patients with vaginal bleeding or menstrual disorder ("menstrual cycle returned") in 39 females out of N=44.

Other Selected Adverse Reactions:

Injection Site Reactions

Injection site reactions occurring in patients immediately and/or 2 hours after injection include pain (45%), redness (14%), pruritus (2.3%) and swelling (2.3%).

Psychiatric Disorders

Anxiety (2.3%) and mood altered (2.3%)

6.2 Postmarketing Experience

Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The following adverse reactions were reported from postmarketing experience of triptorelin in patients with CPP:

Hypersensitivity Reactions: Anaphylactic shock, anaphylactoid reaction, angioedema, urticaria.

Cardiovascular: Hypertension.

Psychiatric: Emotional lability, such as crying, irritability, impatience, anger, and aggression, has been observed with GnRH agonists, including triptorelin *[see Warnings and Precautions (5.2)]*; Depression, including rare reports of suicidal ideation and attempt, has been reported for GnRH agonists in children treated for CPP. Many, but not all, of these patients had a history of psychiatric illness or other comorbidities with an increased risk of depression.

Nervous System: Convulsions *[see Warnings and Precautions (5.3)]*

Vision Disorders: Visual impairment, visual disturbance

7 DRUG INTERACTIONS

7.1 Drug-Drug Interactions

Results of *in vitro* studies show that drug-drug interactions with triptorelin are unlikely *[see Clinical Pharmacology (12.3)]*. However, in the absence of relevant data and as a precaution, hyperprolactinemic drugs should not be used concomitantly with triptorelin since hyperprolactinemia reduces the number of pituitary GnRH receptors.

7.2 Drug-Laboratory Test Interactions

Administration of TRIPTODUR results in suppression of the pituitary-gonadal system.

The effect of TRIPTODUR on pituitary and gonadal function is expected to disappear within six to twelve months after treatment discontinuation. Therefore, diagnostic tests of pituitary gonadotropic and gonadal functions conducted during treatment or after discontinuation of treatment may be affected.

continued on reverse side

