**How to take MENOPUR**

Always take MENOPUR exactly as your doctor has told you. You should 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 but this may be adjusted depending on your response (up to a maximum of 225 IU). A particular dose should be given for at least 7 days before the dose is changed. It is recommended that the dose should be increased by 37.5 IU each time (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.

In patients not receiving a GnRH agonist, MENOPUR treatment should be started on day 2 or 3 of the menstrual cycle (day 1 is the first day of your period).

Treatment 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. Normal 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 these step-by-step instructions and the subsequent administration of MENOPUR.

Your doctor or nurse will help you prepare and inject your medication at home.

If you have any questions, call your doctor or nurse.
The first injection of MENOPUR should be given under the supervision of a doctor. MENOPUR is provided as a powder, and must be dissolved (reconstituted) before it is injected. The solvent (liquid) which you should use to dilute MENOPUR is provided with the powder. This vial contains medication for use in one patient on one occasion only. You need to make sure you only draw up the amount of medication that your doctor has prescribed for you. Your doctor has prescribed for you a dose of MENOPUR in IU (units).

1. Before you start
Wash your hands with antibacterial soap and prepare a clean work surface. Have these supplies ready:
- A vial (or vials) of MENOPUR and a vial of sodium chloride 0.9% (sterile solvent) that is conveniently packaged with your medicine
- A sterile syringe and needles for reconstitution and administration

2. Preparing your medicine by diluting MENOPUR
Remember: Only the sodium chloride (sterile solvent) provided must be used to reconstitute MENOPUR. MENOPUR is provided as a powder, and must be diluted before it is injected. The liquid which you should use to dilute MENOPUR is provided with the powder. MENOPUR should only be diluted immediately before use.

3. Injecting your medicine

- Firmly attach the long, thick needle (drawing up/reconstitution needle) to the syringe (Figure A).
- Break the liquid ampoule with the dot pointing towards you.
- Insert the needle in the liquid ampoule.

- Hold the syringe in one hand. Use your other hand to gently grasp a fold of skin in the abdomen, etc. While keeping the plunger in your syringe, use your other hand to grasp the fold of skin like a dart and quickly insert the needle all the way into the skin fold. Depress the plunger of the syringe with a steady motion until all the fluid is injected beneath the skin. (Figure D).
- Release the skin fold and pull the needle straight out.

- Once you have your prescribed dose drawn up into the syringe, replace the reconstitution needle with the small, subcutaneous needle by twisting the small needle clockwise onto the syringe (Figure D). Hold the syringe straight up. Draw back slightly on the plunger and tap the syringe so that any air bubbles rise to the top. Slowly press the plunger until all the air is out of the syringe and a small drop of solution forms at the tip of the needle. Carefully recap the needle to keep it sterile. The solution is now ready for injection. Your doctor or nurse will tell you where to inject (e.g. front of the thigh, abdomen, etc.). Remove cap from the needle.
- If an uncapped needle EVER comes into contact with anything other than MENOPUR or sterile solvent, do not inject yourself with it. Immediately remove the needle and replace it with a new sterile needle.

If you have been prescribed more than one vial of MENOPUR powder per injection, you can draw up the solution (the first MENOPUR dilution) back into the syringe and inject it into a second vial of powder. You can do this with up to three vials of powder in total – but only do as your doctor has told you.

3. Injecting your medicine

- Firmly attach the long, thick needle (drawing up/reconstitution needle) to the syringe (Figure A).
- Break the liquid ampoule with the dot pointing towards you.
- Insert the needle in the liquid ampoule.

- Hold the syringe straight up. Draw back slightly on the plunger and tap the syringe so that any air bubbles rise to the top. Slowly press the plunger until all the air is out of the syringe and a small drop of solution forms at the tip of the needle. Carefully recap the needle to keep it sterile. The solution is now ready for injection. Your doctor or nurse will tell you where to inject (e.g. front of the thigh, abdomen, etc.). Remove cap from the needle.
- If an uncapped needle EVER comes into contact with anything other than MENOPUR or sterile solvent, do not inject yourself with it. Immediately remove the needle and replace it with a new sterile needle.

Further information

What MENOPUR contains
The active substance is highly purified menotrophin (human menopausal gonadotrophin, HMG) corresponding to follicle stimulating hormone activity FSH 75 IU and luteinizing hormone activity LH 75 IU.

The other ingredients in the powder are:
- Lactose monohydrate
- Polysorbate 20
- Sodium hydroxide

The ingredients in the solvent are:
- Water
- Sodium chloride
- Hydrochloric acid

What MENOPUR looks like and contents of the pack
MENOPUR is a powder and solvent for solution for injection. The carton contains five or ten clear glass vials which contain a light powder. The carton also contains an equal number of clear glass ampoules containing a colourless solvent.

Not all pack sizes may be marketed.

Distributor
Pharmaco (NZ) Ltd
4 Fisher Crescent
Mt Wellington
Auckland 1060

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