

PROVIDING OPTIONS, FOR HER NEEDS, HER HEALTH



OPTIONS FOR EVERY WOMAN

cases below are for representational purposes only

Loette®



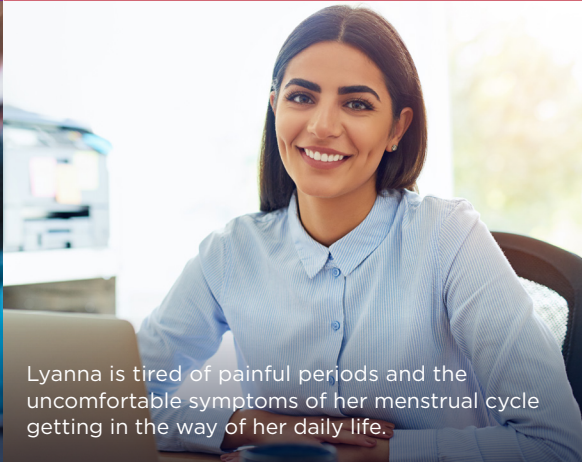
Joey is an active college student that wants an oral contraceptive that can help control her acne without causing weight gain.

Minulet®



Amelia is a free spirit that loves exploring the world without having to worry about her periods.

Nordette®



Lyanna is tired of painful periods and the uncomfortable symptoms of her menstrual cycle getting in the way of her daily life.

Noriday®



Hana wants an oral contraceptive pill that can allow her to continue breastfeeding her little one.

Depo-Provera®



Siti is an air stewardess. She needs a convenient contraceptive that fits her odd hours and irregular working schedule.

WHY CHOOSE LOETTE®?

- Reduces acne and clears complexion⁶
- Does not cause body weight gain⁷
- Low oestrogen-related side effects⁷

WHY CHOOSE MINULET®?

- Option to delay menstruation²

WHY CHOOSE NORDETTE®?

- Decreases incidence of dysmenorrhoea³
- Decreases blood loss and incidence of iron-deficiency anaemia³

WHY CHOOSE NORIDAY®?

- Proven contraceptive efficacy⁸
- Does not affect breast-feeding⁹
- Does not affect infant development⁸
- Does not increase risk of VTE*⁹

WHY CHOOSE DEPO PROVERA®?

- Administered via injection every 3 months⁵
- Return to menstruation 6–8 months after last injection¹⁰

LOETTE®¹

Indication: Prevention of pregnancy and treatment of moderate acne vulgaris

Dosage: 1 tablet daily at the same time for 21 consecutive days followed by a 7-day tablet free interval.



MINULET®²

Indication: Prevention of pregnancy

Dosage: 1 tablet daily at the same time for 21 consecutive days followed by a 7-day tablet free interval.²



NORDETTE®³

Indication: Prevention of pregnancy

Dosage: 1 tablet daily at the same time for 21 consecutive days followed by a 7-day tablet free interval.



NORIDAY®⁴

Indication: Prevention of pregnancy

Dosage: Starting on the first day of menstruation, take 1 tablet at the same time each day. Additional contraceptive precautions should be taken for the first 7 days of the first pack.



DEPO PROVERA®⁵

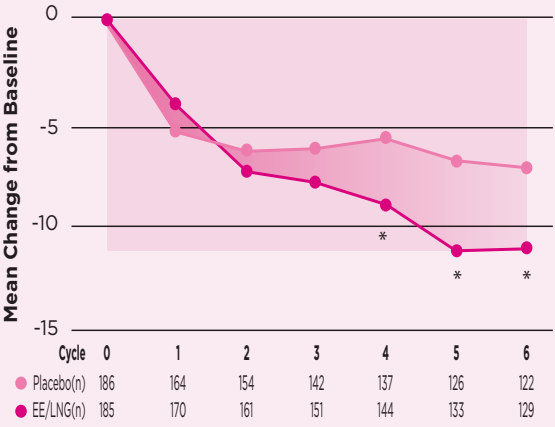
Indications and dosage:

(1) Prevention of pregnancy: Intramuscular injection (150 mg) every 3 months.

(2) Treatment of endometriosis: 50 mg intramuscular injection weekly or 100 mg every 2 weeks for at least 6 months.



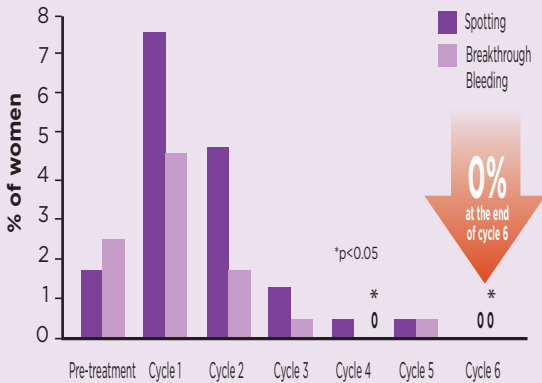
Patients on Loette® experienced significantly decreased inflammatory lesions as early as Cycle 2⁶



Cycle	0	1	2	3	4	5	6
Placebo(n)	186	164	154	142	137	126	122
EE/LNG(n)	185	170	161	151	144	133	129

* significantly different from placebo (P<0.05) *Adapted from Leyden 2002⁶

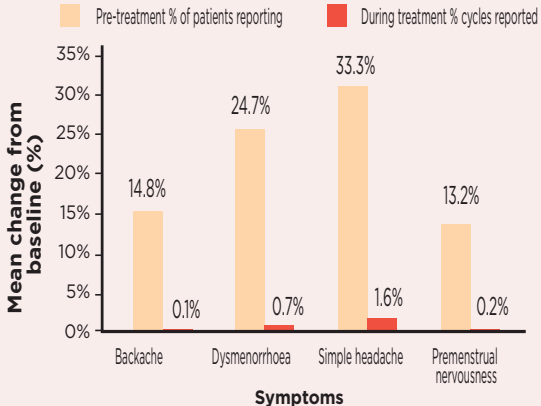
Incidence of spotting and breakthrough bleeding in women 18 to 35 years of age (n=285)¹¹



Cycle	Pre-treatment	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Spotting	~7.5%	~4.5%	~4.5%	~1.2%	~0.2%	~0.2%	0.0%
Breakthrough Bleeding	~2.5%	~1.5%	~1.5%	~0.2%	~0.2%	~0.2%	0.0%

*p<0.05 *Adapted from Aguiar 1996¹¹

Symptoms reported over 1,076 cycles from 238 women¹²



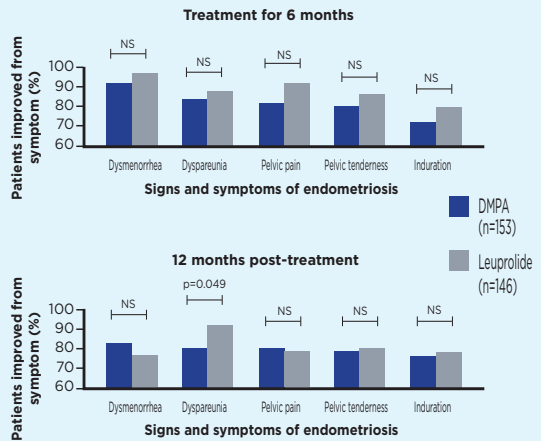
Symptoms	Pre-treatment % of patients reporting	During treatment % cycles reported
Backache	14.8%	0.1%
Dysmenorrhoea	24.7%	0.7%
Simple headache	33.3%	1.6%
Premenstrual nervousness	13.2%	0.2%

*Adapted from Woutersz 1974¹²

Safe to use < 6 weeks post-partum in lactating mothers¹³

Does not affect volume of breast milk produced⁸

Depo Provera® reduces endometriosis-associated symptoms as effectively as leuprolide¹⁴



Signs and symptoms of endometriosis	Treatment for 6 months		12 months post-treatment	
	DMPA (n=153)	Leuprolide (n=146)	DMPA (n=153)	Leuprolide (n=146)
Dysmenorrhea	~90%	~90%	~80%	~80%
Dyspareunia	~80%	~80%	~80%	~80%
Pelvic pain	~80%	~80%	~80%	~80%
Pelvic tenderness	~80%	~80%	~80%	~80%
Induration	~70%	~70%	~70%	~70%

NS= not significant; DMPA= Depo medroxyprogesterone acetate *Adapted from Crosignani 2006¹⁴

References: 1. Loette Product Information, 15 October 2018. 2. Minulet Product Information, 19 April 2018. 3. Nordette Product Information, 27 August 2018. 4. Noriday Product Information, 21 October 2009. 5. Depo Provera Product Information, 4 September 2018. 6. Leyden J, et al. *J Am Acad Dermatol.* 2002;47(3):399-409. 7. Coney P, et al. *Contraception.* 2001;63(6):297-302. 8. Visness CM, et al. *Contraception.* 1995;59:279-281. 9. Lidegaard Ø, et al. *BMJ.* 2009;339:b2890. 10. Westhoff C. *Contraception.* 2003;68:75-87. 11. Aguiar LF, et al. *Gynecol Endocrinol.* 1996;10(55):21-26. 12. Wousters TB. *Curr Med Res Opin.* 1974;2(2):95-100. 13. Armstrong C. *Am Fam Physician.* 2007;75(8):1252-1285. 14. Crosignani PG, et al. *Hum Reprod.* 2006;21(1):248-256.

ABBREVIATED PRODUCT INSERTS

LOETTE[®]: Presentation: Loette 21 Tablet (100mcg levonorgestrel and 20mcg ethinylestradiol). Blister pack of 21's. Indication: 1. Prevention of pregnancy. 2. Treatment of moderate acne vulgaris not controlled by conventional therapy in postmenarchal, premenopausal women ≥ 14 years who accept contraception. Dosage: Take one tablet daily at the same time for 21 consecutive days (preferably after the evening meal or at bedtime), followed by a 7-day tablet-free interval. Each subsequent pack is started on the day after the tablet-free interval. Contraindications: Deep vein thrombosis; Thromboembolism; Hepatic adenomas or carcinomas, or active liver disease (liver function has not returned to normal); Known or suspected carcinoma of the breast, or other known or suspected estrogen dependent neoplasia; Disorders of lipometabolism; Thrombogenic rhythm disorders and thrombogenic valvulopathies; Sickle cell anemia; Diabetes with vascular involvement; Undiagnosed vaginal bleeding; Known or suspected pregnancy; Hypersensitivity to any of the components of LOETTE; Cerebrovascular or coronary artery disease; Uncontrolled hypertension; Hereditary or acquired thrombophilias; Headache with focal neurological symptoms; Pancreatitis associated with severe hypertriglyceridemia. Adverse reactions: Headache, including migraines; Breakthrough bleeding/spotting; Vaginitis, including candidiasis; Mood changes, including depression; changes in libido; Nervousness; dizziness; Nausea; vomiting; abdominal pain; Acne; Breast pain, tenderness, enlargement, secretion; dysmenorrhea; change in menstrual flow; change in cervical ectropion and secretion; amenorrhea; Fluid retention/edema; Changes in weight (increase or decrease). Special precautions: Women are strongly advised not to smoke; Venous and arterial thrombosis and thromboembolism; cervical cancer; breast cancer; hepatic neoplasia/liver disease; gallbladder disease; increase in blood pressure; ocular lesions; migraine/headache; immune: angioedema; carbohydrate and lipid effects; genital bleeding; depression; chloasma; Not indicated for geriatrics(postmenopausal) and paediatrics (premenarche); Individual history, family history and physical examination, including blood pressure measurement should be performed before COC is initiated. Full prescribing information available upon request. API-LOETTE-1018.

MINULET[®]: Presentation: Minulet (gestodene 75mcg and ethinyl estradiol 30mcg). Pack of 21 tablets. 21 x white, round tablets. Indication: Prevention of pregnancy. Dosage: Take one tablet daily at about the same time for 21 consecutive days, followed by a 7-day tablet-free interval. Each subsequent pack is started on the day after the tablet-free interval. Contraindications: Deep vein thrombosis; Thromboembolism; Cerebrovascular or coronary artery disease; Thrombogenic valvulopathies; Thrombogenic rhythm disorders; Known or suspected pregnancy; Diabetes with vascular involvement; Uncontrolled hypertension; Known or suspected carcinoma of the breast, or other known or suspected estrogen dependent neoplasia; Hepatic adenomas or carcinoma, or active liver disease (liver function has not returned to normal); Hypersensitivity to any of the components of MINULET; Hereditary or acquired thrombophilias; Headache with focal neurological symptoms, such as aura; Undiagnosed vaginal bleeding; Pancreatitis associated with severe hypertriglyceridemia; Certain anti-viral hepatitis C virus (HCV) medicinal products such as ombitasvir, paritaprevir, ritonavir and dasabuvir. Adverse reactions: Headache, including migraines; Breakthrough bleeding/spotting; Vaginitis, including candidiasis; mood changes, including depression; changes in libido; Nervousness; dizziness; Nausea; vomiting; abdominal pain; Acne; Breast pain, tenderness, enlargement, secretion; dysmenorrhea; change in menstrual flow; change in cervical ectropion and secretion; amenorrhea; Fluid retention/edema; Changes in weight (increase or decrease). Special precautions: Women are strongly advised not to smoke; Venous and arterial thrombosis and thromboembolism; Ocular lesions; Carcinoma of reproductive organs (cervical and breast cancer); Hepatic neoplasia/liver disease; Migraine/headache; Angioedema; Carbohydrate and lipid effects; Genital bleeding; Depression; Not indicated in geriatrics, pediatrics and pregnancy. Not recommended in nursing mothers. Full prescribing information available upon request. API-MINULET-0418.

NORDETTE[®]: Presentation: Each Nordette package contains 21 white sugar-coated tablets; each tablet containing 0.03 mg ethinyl estradiol and 0.15 mg levonorgestrel. Indication: Prevention of pregnancy. Dosage: Take one tablet daily at the same time for 21 consecutive days, followed by a 7-day tablet-free interval. Each subsequent pack is started on the day after the tablet-free interval. Contraindications: Deep vein thrombosis; Thromboembolism; Cerebrovascular or coronary artery disease; Thrombogenic valvulopathies; Thrombogenic rhythm disorders; Hereditary or acquired thrombophilias; Headache with focal neurological symptoms, such as aura; Diabetes with vascular involvement; Uncontrolled hypertension; Known or suspected carcinoma of the breast, or other known or suspected estrogen dependent neoplasia; Hepatic adenomas or carcinoma, or active liver disease (liver function has not returned to normal); Undiagnosed vaginal bleeding; Pancreatitis associated with severe hypertriglyceridemia; Known or suspected pregnancy; Hypersensitivity to any of the components of Nordette. Adverse reactions: Headache, including migraines; Breakthrough bleeding/spotting; Vaginitis, including candidiasis; Mood changes, including depression; changes in libido; Nervousness; dizziness; Nausea; vomiting; abdominal pain; Acne; Breast pain, tenderness, enlargement, secretion; dysmenorrhea; change in menstrual flow; change in cervical ectropion and secretion; amenorrhea; Fluid retention/edema; Changes in weight (increase or decrease). Special precautions: Women are strongly advised not to smoke; Venous and arterial thrombosis and thromboembolism; Ocular lesions; Elevated blood pressure; Carcinoma of reproductive organs (cervical and breast cancer); hepatic neoplasia / liver disease / hepatitis C; Migraine/headache; Angioedema; Carbohydrate and lipid effects; Genital bleeding; Depression; Not indicated in geriatrics, pediatrics and pregnancy; Not recommended in nursing mothers. Full prescribing information available upon request. API-NORDETTE-0818.

NORIDAY[®]: Presentation: Noriday (350mcg norethisterone) 28's x white, round, flat tablets with beveled edges, approximately 7/32 inches in diameter, engraved 'Searle' on one side and 'NY' on the reverse. Indication: Contraception. Dosage: Starting on the first day of menstruation, take one pill every day at the same time. Additional contraceptive precautions should be taken for the first 7 days of the first pack. Missed pills: If a pill is missed within 3 hours of dosage time then missed pill should be taken as soon as possible. If a pill is taken 3 or more hours late, woman takes the last missed pill as soon as possible and then continues the rest of the pills in the normal manner. Contraceptive protection is recommended for the next 7 days. Changing from another oral contraceptive: The first pill is taken on the day immediately after the patient has finished the previous pack. Use after childbirth, miscarriage or abortion: The first pill should be taken on the 21st day after childbirth. If there is delay in taking the first pill, contraception may not be established until 7 days after the first pill has been taken. After a miscarriage or abortion, patients can take the first pill on the next day. Vomiting and diarrhea may interfere with the absorption. Contraindications: Known, suspected, or a past history of breast, genital or hormone dependent cancer; Acute or severe chronic liver diseases including past or present liver tumours, Dubin-Johnson or Rotor syndrome; Active liver disease; History during pregnancy of idiopathic jaundice or severe pruritus; Disorders of lipid metabolism; Undiagnosed abnormal vaginal bleeding; Known or suspected pregnancy; Hypersensitivity to any component; Existence or history of thrombophlebitis, thromboembolic disorders, cerebral vascular disease, myocardial infarction, angina, or coronary artery disease. Adverse reactions: Some cycle irregularity during the first few months of therapy, spotting or breakthrough bleeding, amenorrhoea, breast discomfort, gastrointestinal symptoms, rash, headaches, migraine, depression, fatigue, nervousness, disturbance of appetite and changes in weight and libido. Special precautions: Malignant hepatic tumours, thrombosis, embolism or haemorrhage has been reported. Risk of coronary artery disease increased by cigarette smoking, hypercholesterolaemia, obesity, diabetes, history of pre-eclamptic toxemia and increasing age. Discontinue at least 4 weeks before elective surgery or during periods of prolonged immobilization. Discontinue if there is any vision or ocular changes, onset of migraine or headache of a new kind which is recurrent, persistent or severe, suspicion of thrombosis or infarction, significant rise in blood pressure or if jaundice occurs. Caution in women who are contact lens wearers, women with epilepsy, a history of migraine or cardiac or renal dysfunction, impaired carbohydrate tolerance, depression, gallstones, a past history of liver disease, varicose veins, hypertension, asthma or any disease that is prone to worsen during pregnancy. Increased risk of congenital abnormalities. POP may offer less protection against ectopic pregnancy than against intrauterine pregnancy. It is advisable to discontinue Noriday three months before a planned pregnancy. Full prescribing information available upon request. API-NORIDAY-1009.

DEPO PROVERA[®]: Presentation: Depo-Provera. Suspension for intramuscular injection. Depot- medroxyprogesterone acetate injectable suspension (150mg/3ml vial). Indications and dosages: 1. Contraception: Recommended dose is 150mg of DMPA injectable suspension every 3 months administered by intramuscular (IM) injection in the gluteal or deltoid muscle. The IM suspension is not formulated for subcutaneous injection. First injection: Given during the first 5 days after the onset of a normal menstrual period; within 5 days postpartum if not breast-feeding; or, if exclusively breast-feeding, at or after 6 weeks postpartum. Second and subsequent injections: If the interval from the preceding injection is greater than 89 days (12 weeks and five days) for any reason, then pregnancy should be excluded before the next injection is given and the patient should use additional contraceptive measures (e.g. barrier) for fourteen days after this subsequent injection. Switching from other methods of contraception: It should be given in a manner that ensures continuous contraceptive coverage based upon the mechanism of action of both methods (e.g., patients switching from oral contraceptives should have their first injection of DMPA within 7 days after taking their last active pill). 2. Gynecology: Use of combined estrogen/progestin therapy in post-menopausal women should be limited to the lowest effective dose and shortest duration consistent with treatment goals and risks for the individual woman and should be periodically evaluated. (i) Treatment of endometriosis: Injectable DMPA given intramuscularly 50 mg weekly or 100 mg every 2 weeks for at least 6 months. (ii) Treatment of menopausal vasomotor symptoms: Injectable DMPA given intramuscularly 150 mg every 12 weeks. 3. Oncology: (i) Recurrent and/or metastatic endometrial of renal cancer: Injectable DMPA 400 to 1000mg intramuscularly per week is recommended initially. If improvement is noted within a few weeks or months and the disease appears stabilized, it may be possible to maintain improvement with as little as 400mg per month (ii) Treatment of hormonally-dependent, recurrent breast cancer in post-menopausal women: Injectable DMPA initial dose 500mg intramuscularly per day for 28 days. The patient should then be placed on a maintenance schedule of 500mg twice weekly if she responds to treatment. Since loss of bone mineral density (BMD) may occur in pre- menopausal women who use DMPA injection long-term, a risk/benefit assessment, which also takes into consideration the decrease in BMD that occurs during pregnancy and/or lactation, should be considered. Contraindications: Known or suspected pregnancy. Undiagnosed vaginal bleeding. Severe liver dysfunction. Known hypersensitivity to MPA or any component of the drug. For contraception/ gynecology use: Known or suspected malignancy of the breast. Adverse reactions: 1. Contraception: Nervousness, depression, libido decreased, headache, dizziness, abdominal pain, discomfort and distension, nausea, alopecia, acne, rash, back pain, vaginal discharge, breast tenderness, fluid retention, asthenia and weight increased or decreased. 2. Gynecology: Drug hypersensitivity, depression, insomnia, nervousness, headache, dizziness, nausea, alopecia, acne, urticaria pruritus, dysfunctional uterine bleeding (irregular, increase, decrease, spotting), cervical discharge, breast pain and tenderness, pyrexia, fatigue, injection site reaction, injection site persistent atrophy/indentation/dimpling and weight increased. 3. Oncology: Weight fluctuation, increased appetite, insomnia, headache, dizziness, tremor, vomiting, constipation, nausea, hyperhidrosis, erectile dysfunction, oedema, fatigue and injection site reaction. Special precautions: Unexpected vaginal bleeding, some degree of fluid retention, history of treatment for clinical depression, diabetic patients, diplopia, sudden partial or complete loss of vision, proptosis, migraine, any patient with a history of venous thromboembolism (VTE), loss of bone mineral density, other birth control methods or endometrial treatments should be considered in the risk/benefit analysis for the use of DMPA injection in women with osteoporotic risk, DMPA injectable suspension does not protect against sexually transmitted infections (STIs) including HIV infection (AIDS) (observational studies describing an association between acquisition of HIV infection and use of DMPA remains unclear), breast cancer, cardiovascular disorders: increased risk of cardiovascular events, such as myocardial infarction, coronary heart disease, stroke and venous thromboembolism, coronary artery disease, stroke, venous thromboembolism/ pulmonary embolism, dementia, ovarian cancer, women who are pregnant and lactating, may decrease endocrine biomarkers; plasma/urinary steroids, gonadotrophins and sex hormone binding globulin. Full prescribing information available upon request. API-DEPO-PROVERA-0918.

Marketing authorization by:



Pfizer (Malaysia) Sdn. Bhd (40131-T)

Level 10 & 11, Wisma Averis, Tower 2, Avenue 5,
Bangsar South, No.8, Jalan Kerinchi,
59200 Kuala Lumpur.
Tel: 603-2281 6000 Fax: 603-2281 6388

Marketing activities by:



DKSH Malaysia Sdn Bhd (4476-U)

B-11-01, The Ascent, Paradigm,
No. 1 Jalan SS7/26A,
47301 Petaling Jaya, Selangor.
Tel: 03-7882 8888 Fax: 03-7882 8688