For help starting the conversation with your healthcare provider about moderate to severe painful sex after menopause, print this page and take it to your next appointment.

Tips from your healthcare provider:
• Give us time for a good discussion. Instead of waiting for your next well visit, make a special appointment.
• If you do wait for a well visit, bring it up at the start of the appointment.
• Do a little bit of research before your appointment and come with a list of questions that are most important to you.

Not sure how to start the conversation? Whether you prefer to be direct or more discreet, here are a few ideas:
• I’ve been having pain during sex
• I have some vaginal symptoms I’d like to discuss
• Sometimes when I’m intimate with my partner, I have pain

Here are 5 questions to help guide the discussion
1. Why am I having painful sex after menopause?
2. What happens if I choose not to treat it? Will the pain go away on its own or will it get worse?
3. Would INTRAROSA be a potential treatment option for me?
4. How should I use INTRAROSA and do I use it every day?
5. What are the possible side effects of INTRAROSA?

Indication
INTRAROSA is a steroid indicated for the treatment of moderate to severe dyspareunia, a symptom of vulvar and vaginal atrophy, due to menopause.

Important Safety Information
INTRAROSA is contraindicated in women with undiagnosed abnormal genital bleeding. Estrogen is a metabolite of prasterone. Use of exogenous estrogen is contraindicated in women with a known or suspected history of breast cancer. INTRAROSA has not been studied in women with a history of breast cancer.

In four 12-week randomized, placebo-controlled clinical trials, the most common adverse reaction with an incidence ≥2 percent was vaginal discharge. In one 52-week open-label clinical trial, the most common adverse reactions with an incidence ≥2 percent were vaginal discharge and abnormal Pap smear.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see following pages for full Prescribing Information.
ADVERSE REACTIONS

In four 12-week randomized, placebo-controlled clinical trials, the most common adverse reaction with an incidence ≥ 2 percent was vaginal discharge. (6.1)

In one 52-week open-label clinical trial, the most common adverse reaction with an incidence ≥ 2 percent was vaginal discharge and abnormal Pap smear. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact AMAG Pharmaceuticals at 1-877-411-2510 or FDA at 1-888-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA approved patient labeling.

Revised: 04/2017
The primary efficacy results obtained in the Intent-to-Treat (ITT) population in Trial 2 are shown in Table 3.

Table 3: Efficacy Summary in Primary 12-Week Trial 2: ITT Population (LOCF)

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>INTRAROSA</th>
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<tbody>
<tr>
<td><strong>Dyspareunia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline Mean Severity</td>
<td>2.56</td>
<td>2.54</td>
</tr>
<tr>
<td>Week 12 Mean Severity</td>
<td>1.30</td>
<td>1.33</td>
</tr>
<tr>
<td>Mean Change in Severity (SD)</td>
<td>-0.34 (0.61)</td>
<td>-0.01 (0.50)</td>
</tr>
<tr>
<td>Difference from Placebo</td>
<td>-0.35</td>
<td>-0.03</td>
</tr>
<tr>
<td>p-value</td>
<td>-</td>
<td>0.032</td>
</tr>
<tr>
<td><strong>% Superficial Cells</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline Mean</td>
<td>2.56</td>
<td>2.54</td>
</tr>
<tr>
<td>Week 12 Mean</td>
<td>2.54</td>
<td>2.49</td>
</tr>
<tr>
<td>Mean Change (SD)</td>
<td>-0.74 (0.57)</td>
<td>-0.35 (0.55)</td>
</tr>
<tr>
<td>Difference from Placebo</td>
<td>-0.35</td>
<td>-0.03</td>
</tr>
<tr>
<td>p-value</td>
<td>-</td>
<td>0.032</td>
</tr>
<tr>
<td><strong>% Parabasal Cells</strong></td>
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<td></td>
</tr>
<tr>
<td>Baseline Mean</td>
<td>2.56</td>
<td>2.54</td>
</tr>
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<td>0.032</td>
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<tr>
<td><strong>Vaginal pH</strong></td>
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<td></td>
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<td>Baseline Mean</td>
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<td>0.032</td>
</tr>
</tbody>
</table>

1 Difference from placebo = INTRAROSA (Week 12 mean – Baseline mean) – Placebo (Week 12 mean – Baseline mean).
2 ANCOVA: Treatment as the main factor and Baseline value as the covariate.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Long-term studies in animals to evaluate carcinogenic potential have not been conducted with prasterone. Two metabolites of prasterone, testosterone and estradiol, are carcinogenic in animals.

Mutagenesis

Prasterone was not genotoxic in the in vitro bacterial mutagenesis assay (Ames test), the in vitro chromosomal aberrations assay with human peripheral blood lymphocytes, and in vivo in the mouse bone marrow micronucleus assay.

Fertility

Fertility studies were not conducted with prasterone.

14 CLINICAL STUDIES

The effectiveness of INTRAROSA on moderate to severe dyspareunia, a symptom of vulvar and vaginal atrophy, due to menopause was examined in two primary 12-week placebo-controlled efficacy trials.

The first clinical trial (Trial 1) was a 12-week randomized, double-blind and placebo-controlled trial that enrolled 255 generally healthy postmenopausal women between 40 to 75 years of age (mean 58.6 years) who, at baseline, identified moderate to severe dyspareunia as their most bothersome symptom of vulvar and vaginal atrophy. In addition to moderate to severe dyspareunia, women had ≤ 5% superficial cells on vaginal smear and a vaginal pH of 5.5. Women were randomized in a 1:1:1 ratio between three treatment groups who received daily INTRAROSA (n=87), one active comparator vaginal insert (n=87), or placebo (n=81). All women were assessed for improvement from Baseline to Week 12 for four co-primary efficacy endpoints: most bothersome moderate to severe symptom of dyspareunia, the percentage of vaginal superficial cells, the percentage of parabasal cells, and vaginal pH.

The second clinical trial (Trial 2) was a 12-week randomized, double-blind and placebo-controlled trial that enrolled 558 generally healthy postmenopausal women between 40 to 80 years of age (mean 59.5 years) who, at baseline, had severe dyspareunia as their most bothersome symptom of vulvar and vaginal atrophy. In addition to dyspareunia, women had ≤ 5% superficial cells on vaginal smear and a vaginal pH of 5. Women were randomized in a 1:1:1 ratio between daily vaginal insert containing 6.5 mg INTRAROSA (n=376) or placebo (n=182). The primary endpoints and study conduct were the same or similar to those in Trial 1.

The primary efficacy results obtained in the Intent-to-Treat (ITT) population in Trial 1 are shown in Table 2.
WHAT IS INTRAROSA VAGINAL INSERTS?
INTRAROSA vaginal inserts are a prescription medicine used in women after menopause to treat moderate to severe pain during sexual intercourse caused by changes in and around the vagina that happen with menopause.

It is not known if INTRAROSA vaginal inserts are safe and effective in children.

DO NOT USE INTRAROSA VAGINAL INSERTS if you have vaginal bleeding that has not been checked by your healthcare provider.

BEFORE USING INTRAROSA VAGINAL INSERTS, tell your healthcare provider about all of your medical conditions, including if you:

• have, have had, or think you may have had breast cancer. Prasterone, an ingredient in INTRAROSA vaginal inserts, is changed in your body to estrogen. Estrogen medicines are not for use in women who have, have had, or think they may have had breast cancer.
• are pregnant or plan to become pregnant. INTRAROSA is only for use in women who are past menopause. It is not known if INTRAROSA vaginal inserts will harm your unborn baby.
• are breastfeeding or plan to breastfeed. INTRAROSA vaginal inserts are only for use in women who are past menopause. It is not known if INTRAROSA passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

HOW SHOULD I USE INTRAROSA VAGINAL INSERTS?

• See the Instructions for Use at the end of this Patient Information for detailed instructions about the right way to use INTRAROSA vaginal inserts.
• Use INTRAROSA vaginal inserts exactly how your healthcare provider tells you to use it.
• Place 1 INTRAROSA vaginal insert in your vagina one time each day at bedtime, using the applicator that comes with INTRAROSA vaginal inserts.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF INTRAROSA VAGINAL INSERTS?
The most common side effects of INTRAROSA vaginal inserts are vaginal discharge and changes on Pap smear.

These are not all of the possible side effects of INTRAROSA vaginal inserts.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

HOW SHOULD I STORE INTRAROSA VAGINAL INSERTS?

• Store INTRAROSA vaginal inserts between 41°F to 86°F (5°C to 30°C).
• INTRAROSA vaginal inserts can be stored at room temperature or in the refrigerator.

KEEP INTRAROSA vaginal inserts and all medicines out of the reach of children.

GENERAL INFORMATION ABOUT THE SAFE AND EFFECTIVE USE OF INTRAROSA VAGINAL INSERTS.
Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use INTRAROSA vaginal inserts for a condition for which it was not prescribed. Do not give INTRAROSA vaginal inserts to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about INTRAROSA vaginal inserts that is written for health professionals.

WHAT ARE THE INGREDIENTS IN INTRAROSA VAGINAL INSERTS?
Active ingredient: prasterone
Inactive ingredient: off-white hard fat (Witepsol)

For more information, go to www.intrarosa.com or call 1-877-411-2510.

INSTRUCTIONS FOR USE

INTRAROSA (IN trah ROE sah) (prasterone) vaginal inserts

How should I use INTRAROSA vaginal inserts?

• INTRAROSA is a vaginal insert that you place in your vagina with an applicator that comes with INTRAROSA vaginal inserts.
• Use 1 INTRAROSA vaginal insert, one time each day at bedtime.
• Each applicator is for one time use only.
• Empty your bladder and wash your hands before handling the vaginal insert and applicator.
• Tear off 1 vaginal insert along the perforations from the 7-vaginal insert strip.

STEP 1
1a. Remove 1 applicator from the package.
1b. Pull back on the plunger until it stops to activate the applicator. The applicator must be activated before use. Place the applicator on a clean surface.

STEP 2
Slowly pull the plastic tabs on the vaginal insert away from each other while keeping the vaginal insert still between your fingers. Carefully remove the vaginal insert from the plastic wrap. If a vaginal insert falls on an unsanitary surface, replace it with a new one.

STEP 3
Place the flat end of the vaginal insert into the open end of the activated applicator as shown. You are now ready to insert the vaginal insert into your vagina.

STEP 4
Hold the applicator between your thumb and middle finger. Leave your index (pointer) finger free to press the applicator plunger after the applicator is inserted into your vagina.

STEP 5
Select the position for insertion of the vaginal insert that is most comfortable for you.

5a. Lying position
STEP 6
Gently slide the vaginal insert end of the applicator into your vagina as far as it will comfortably go.

Do not use force.

STEP 7
Press the applicator plunger with your index (pointer) finger to release the vaginal insert. Remove the applicator and throw it away after use.