vyleesi®
(bremelanotide injection)
1.75 mg/0.3 mL | for subcutaneous use only

Not actual patient.

Give her the power to call the shots

INDICATION

VYLEESI is indicated for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD), as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to:

- A co-existing medical or psychiatric condition,
- Problems with the relationship, or
- The effects of a medication or drug substance.

Acquired HSDD refers to HSDD that develops in a patient who previously had no problems with sexual desire. Generalized HSDD refers to HSDD that occurs regardless of the type of stimulation, situation or partner.

Limitations of Use

- VYLEESI is not indicated for the treatment of HSDD in postmenopausal women or in men.
- VYLEESI is not indicated to enhance sexual performance.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYLEESI is contraindicated in patients who have uncontrolled hypertension or known cardiovascular disease.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

Introducing Vyleesi® (bremelanotide injection)

Vyleesi is the first and only as-needed treatment that has been FDA approved for premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD)[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Transient Increase in Blood Pressure and Decrease in Heart Rate: VYLEESI transiently increases blood pressure and reduces heart rate after each dose. Advise patients that these changes usually resolve within 12 hours. VYLEESI is not recommended in patients at high risk for cardiovascular disease. Consider the patient's cardiovascular risk before initiating VYLEESI and periodically during treatment and ensure blood pressure is well-controlled. To minimize the risk of more pronounced blood pressure effects, patients should not take more than one VYLEESI dose within 24 hours. Patients should not use more than 8 VYLEESI doses per month.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

A novel medicine for an undertreated problem[1,2]

HSDD affects ~1 in 10 premenopausal women in the US[3,4]

HSDD is characterized by low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to[1]:

- **A co-existing medical or psychiatric condition**
- **The effects of a medication or drug substance**
- **Problems with the relationship**

Acquired HSDD refers to HSDD that develops in a patient who previously had no problems with sexual desire. Generalized HSDD refers to HSDD that occurs regardless of the type of stimulation, situation, or partner.[1]

- Vyleesi is not indicated for the treatment of HSDD in postmenopausal women or in men
- Vyleesi is not indicated to enhance sexual performance

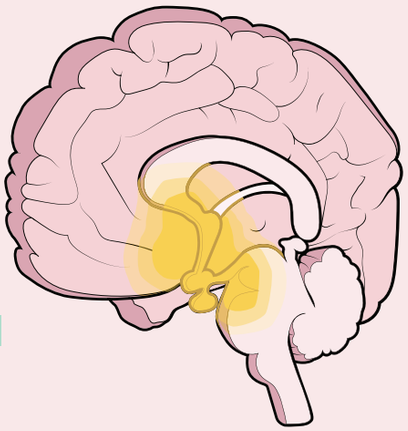
vyleesi® (bremelanotide injection)

Vyleesi® is a melanocortin receptor agonist[1]

Women with hypoactive sexual desire disorder (HSDD) have an imbalance of neurotransmitter activity in the brain that impacts sexual desire: too few excitatory signals (such as dopamine or melanocortins) or too many inhibitory signals (such as serotonin), or a combination of both.[5]

Excitatory signals

- Dopamine
- Norepinephrine
- Oxytocin
- Melanocortins (MCs)



Inhibitory signals

- Serotonin (5-HT)
- Opioids
- Endocannabinoids

Vyleesi is a melanocortin receptor agonist that nonselectively activates several receptor subtypes, the most relevant of which are MC1R and MC4R.[1,5]

The exact mechanism by which Vyleesi improves HSDD in women is unknown.[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Focal Hyperpigmentation: Reported by 1% of patients who received up to 8 doses per month, including involvement of the face, gingiva and breasts. Patients are at higher risk of developing focal hyperpigmentation if they have darker skin and with daily dosing. Resolution of the focal hyperpigmentation was not confirmed in all patients after discontinuation of VYLEESI. Consider discontinuing VYLEESI if hyperpigmentation develops.

Women RECONNECT with their sexual desire

The RECONNECT clinical trials for Vyleesi studied the defining symptoms of HSDD[1,6]

Primary endpoints evaluated using validated tools[1]:

desire

Change in Female Sexual Function Index Desire Domain (FSFI-D) Score to measure improvement in sexual desire from baseline to Week 24

&

distress*

Change in Female Sexual Distress Scale Desire/Arousal/ Orgasm (FSDS-DAO) Item 13 Score to measure reduction in associated distress from baseline to Week 24

Key secondary endpoint evaluated:
Change in number of satisfying sexual events (SSEs) based upon the Revised Female Sexual Encounter Profile (FSEP-R)[1,7]

Key exclusion criteria[8]

- Postmenopausal
- Pregnant or nursing
- Had a history of psychiatric or mental illness and/or alcohol/substance abuse (within 6 months before screening)
- Used medications: testosterone (within 6 months before screening), neuroleptics, lithium, antidepressants, mood stabilizers, benzodiazepines, stimulants, and certain nutritional supplements (within 3 months before screening)

*Distress is defined as feelings of frustration, grief, incompetence, loss, sadness, sorrow, or worry.[9]

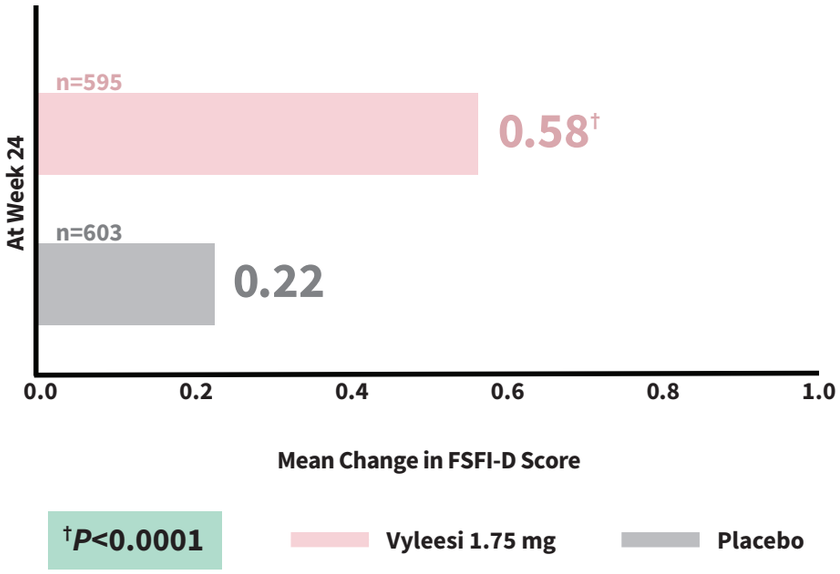
Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

vyleesi® (bremelanotide injection)

Significant increase in sexual desire[1]

CO-PRIMARY ENDPOINT #1

IMPROVEMENTS IN DESIRE: CHANGE IN FSFI-D MEAN SCORES FROM BASELINE TO END OF STUDY (INTEGRATED STUDY DATA*)[1,7]



Scores range from 1.2 (lowest desire) to 6 (highest desire). The desire domain encompasses the first 2 questions in the FSFI.[10]

2.6x increase in desire vs placebo

FSFI-D=Female Sexual Function Index-Desire Domain; FSFI=Female Sexual Function Index.

*Analysis based on MITT (modified intent to treat), defined as all subjects who were randomized, used at least one dose of the double-blind study drug, and had at least 1 double-blind follow-up visit.[1]

†*P*-value from unadjusted Van Elteren test stratified by study.[7]

IMPORTANT SAFETY INFORMATION (CONT'D)

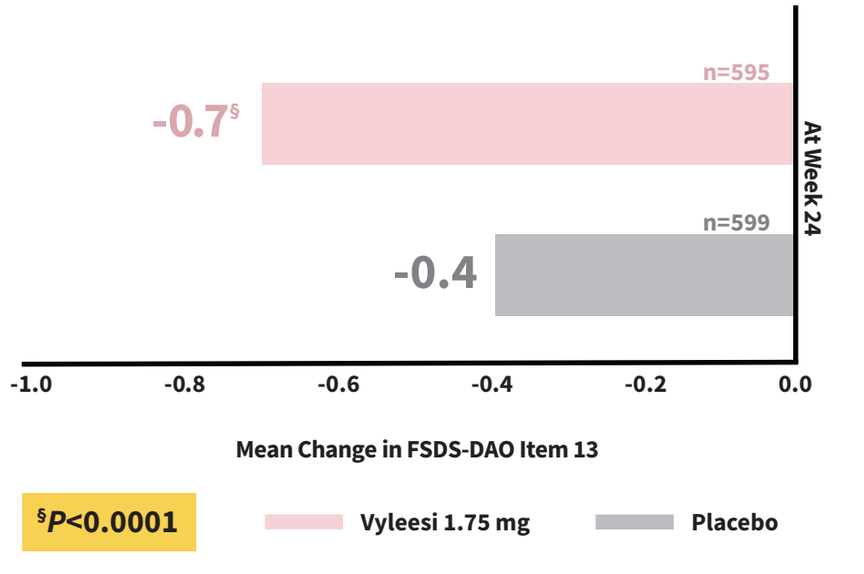
WARNINGS AND PRECAUTIONS (CONT'D)

Nausea: Reported by 40% of patients who received up to 8 monthly doses, requiring anti-emetic therapy in 13% of patients and leading to premature discontinuation for 8% of patients. Nausea improves for most patients with the second dose. Consider discontinuing VYLEESI or initiating anti-emetic therapy for persistent or severe nausea.

Significant decrease in distress[1]

CO-PRIMARY ENDPOINT #2

REDUCTIONS IN DISTRESS: CHANGE IN FSDS-DAO ITEM 13 MEAN SCORES FROM BASELINE TO END OF STUDY (INTEGRATED STUDY DATA‡)[1,7]



Scores range from 0 (Never feel bothered) to 4 (Always feel bothered). Distress related to sexual desire is measured using Question 13 of the FSDS-DAO.[10,11]

1.75x decrease in distress vs placebo

FSDS-DAO=Female Sexual Distress Scale-Desire/Arousal/Orgasm.

‡Analysis based on MITT (modified intent to treat), defined as all subjects who were randomized, used at least one dose of the double-blind study drug, and had at least 1 double-blind follow-up visit.[1]

§*P*-value from unadjusted Van Elteren test stratified by study.[7]

KEY SECONDARY ENDPOINT

Number of satisfying sexual events (SSEs)

There were no statistically significant differences between treatment group and placebo in the change in the number of the SSEs. The number of SSEs a woman experiences is not part of the diagnosis of HSDD.[1,7,10]

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

vyleesi® (bremelanotide injection)

Common adverse reactions

MOST COMMON ADVERSE REACTIONS OCCURRING IN ≥4% OF PATIENTS TREATED WITH VYLEESI® IN RANDOMIZED, DOUBLE-BLIND CONTROLLED TRIALS[1]

	Vyleesi (n=627) %	**Placebo** (n=620) %
Nausea	40.0	1.3
Flushing	20.3	0.3
Injection site reactions*	13.2	8.4
Headache	11.3	1.9
Vomiting	4.8	0.2

Other adverse reactions occurring in ≥ 2% of patients were cough, fatigue, hot flush, paresthesia, dizziness, and nasal congestion.

*Injection site pain, unspecified injection site reactions, erythema, hematoma, pruritus, hemorrhage, bruising, paresthesia, and hypoesthesia.

The majority of events were reported to be mild to moderate in intensity and transient[1]

18% of women discontinued use of Vyleesi due to adverse reactions[1]

Setting patient expectations

If women experienced nausea, it was most likely to occur after the first dose. This **improved for most patients by the second dose**, declining to 3% after subsequent doses.

The median onset of nausea was within 1 hour postdose and **lasted about 2 hours in duration[1]**

Only 8% of women taking Vyleesi discontinued due to nausea[1]

13% of Vyleesi patients received anti-emetic therapy; consider prescribing an anti-emetic for those patients who are bothered by nausea but wish to continue with treatment[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

Most common adverse reactions (incidence >4%) are nausea, flushing, injection site reactions, headache, and vomiting.

DRUG INTERACTIONS

VYLEESI may slow gastric emptying and impact absorption of concomitantly administered oral medications. VYLEESI may significantly decrease the systemic exposure of orally-administered naltrexone; avoid use with orally administered naltrexone-containing products intended to treat alcohol or opioid addiction.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

vyleesi® (bremelanotide injection)

The treatment that lets her call the shots[1,12]

Vyleesi® can be taken when she chooses, letting her take control[1]

- No more than one dose every 24 hours; she can take up to 8 doses of Vyleesi a month
- Your patient can administer Vyleesi at least 45 minutes prior to anticipated sexual activity
- Your patient should be advised to use effective birth control while taking Vyleesi (if pregnancy is suspected, discontinue treatment)

She decides the optimal time to take Vyleesi based upon her own experience with its efficacy and tolerability profile.[1]

SMALL AND COMPACT

ONE-TIME USE
Medicine is fully injected in 5 seconds

Not actual size.

NO REFRIGERATION REQUIRED

A FINE-GAUGE, NONVISIBLE NEEDLE
with protective guard


Not actual patient.

Device rated “excellent” or “very good” by most surveyed patients

Following the clinical trials, a subset of women voluntarily completed an exit survey. The majority of participants gave the Vyleesi autoinjector a high rating (excellent or very good) for ease of use (86.8%), convenience (73.1%), and not needing to take medication every day (79.3%).[6*]

*1,247 women were randomized in the RECONNECT trials. Upon completion of the 24-week double-blind study period, a total of 242 participants (Vyleesi, n=102; placebo, n=140) completed the voluntary quantitative exit survey. The survey comprised 16 questions and was conducted to understand the perceived effects and meaningfulness of Vyleesi to provide additional context to the clinical trial data.[1,6]

IMPORTANT SAFETY INFORMATION (CONT’D)

PREGNANCY

Advise patients to discontinue VYLEESI if pregnancy is suspected. Advise patients to use effective contraception while taking VYLEESI.

A pregnancy exposure registry monitors pregnancy outcomes in women exposed to VYLEESI during pregnancy. Pregnant women exposed to VYLEESI and healthcare providers are encouraged to call the VYLEESI Pregnancy Exposure Registry at 1-800-972-5220.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

vyleesi®
(bremelanotide injection)

Get her started with Vyleesi®

INDICATION

VYLEESI is indicated for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD), as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to:

- A co-existing medical or psychiatric condition,
- Problems with the relationship, or
- The effects of a medication or drug substance.

Acquired HSDD refers to HSDD that develops in a patient who previously had no problems with sexual desire. Generalized HSDD refers to HSDD that occurs regardless of the type of stimulation, situation or partner.

Limitations of Use

- VYLEESI is not indicated for the treatment of HSDD in postmenopausal women or in men.
- VYLEESI is not indicated to enhance sexual performance.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYLEESI is contraindicated in patients who have uncontrolled hypertension or known cardiovascular disease.

The code for HSDD: F52.0

HSDD is miscoded over one-third of the time. Vyleesi may have a prior authorization with some payors. If you have diagnosed your patient with HSDD, the proper diagnosis code in **ICD-10-CM** is **F52.0**.[13,14*†]

2 ways to prescribe Vyleesi

ePrescribe

by choosing one of three exclusive specialty pharmacies in your EHR system:

KnippeRX Specialty Pharmacy Services

BioPlus Specialty Pharmacy

or

Download and fax

the Rx form, prescription, and patient insurance card to the specialty pharmacy listed on the form

Download the Rx form at **VyleesiPro.com**

Save with Vyleesi

the first prescription

$0 copay‡

&

no more than

$99 for refills

HSDD=hypoactive sexual desire disorder.

ICD-10-CM=International Statistical Classification of Disease and Related Health Problems, Tenth Revision, Clinical Modification; ICD-11=International Statistical Classification of Disease and Related Health Problems, Eleventh Revision, EHR=electronic health record.

*Any decision regarding specific coding is at the discretion of the HCP. Provision of this information does not guarantee reimbursement.

†The code for HSDD in ICD-11 is HA00.2.[15]

‡Each patient's eligibility is evaluated on an individual basis. In compliance with federal regulations, patients insured by a government-funded program (Medicaid, TRICARE, etc.) are not eligible. Patients must be 18 or older to qualify. These programs and any assistance provided may be discontinued or modified at any time based on eligibility, state and local laws, and program availability.

Financial assistance applies to the patient's copay, coinsurance, or deductible for patients receiving Vyleesi. Palatin contributions against patient deductible and/or out-of-pocket maximums are subject to possible health plan restrictions. Palatin will help lower the out-of-pocket cost to a $0 copay for the patient's first prescription. Palatin will also provide copay assistance to lower the out of pocket cost for refills to a maximum copay of $99 per 4-pack. Palatin copay assistance will only apply to 2 fills every 30 days. Enrollment into the program cannot be retroactive.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

vyleesi® (bremelanotide injection)

Introduce her to control. Prescribe Vyleesi®

SIGNIFICANT IMPROVEMENTS IN THE DEFINING SYMPTOMS OF HSDD

Women saw an increase in sexual desire and decrease in associated distress[1]

PATIENT TAKES WHEN SHE CHOOSES

- At least 45 minutes prior to sexual activity[1]
- Not more than 1 dose in 24 hours[1]
- Not more than 8 doses per month[1]

DEMONSTRATED SAFETY PROFILE

Most common adverse reactions were reported to be mild to moderate in intensity and transient[1]

vyleesi®
(bremelanotide injection)
1.75 mg/0.3 mL | for subcutaneous use only

HSDD=hypoactive sexual desire disorder.

SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYLEESI is contraindicated in patients who have uncontrolled hypertension or known cardiovascular disease.

WARNINGS AND PRECAUTIONS

Transient Increase in Blood Pressure and Decrease in Heart Rate: VYLEESI transiently increases blood pressure and reduces heart rate after each dose. Advise patients that these changes usually resolve within 12 hours. VYLEESI is not recommended in patients at high risk for cardiovascular disease. Consider the patient's cardiovascular risk before initiating VYLEESI and periodically during treatment and ensure blood pressure is well-controlled. To minimize the risk of more pronounced blood pressure effects, patients should not take more than one VYLEESI dose within 24 hours. Patients should not use more than 8 VYLEESI doses per month.

Please see additional Important Safety Information throughout and full Prescribing Information enclosed.

PALATIN

Indication & Important Safety Information

INDICATION

VYLEESI is indicated for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD), as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to:

- A co-existing medical or psychiatric condition,
- Problems with the relationship, or
- The effects of a medication or drug substance.

Acquired HSDD refers to HSDD that develops in a patient who previously had no problems with sexual desire. Generalized HSDD refers to HSDD that occurs regardless of the type of stimulation, situation or partner.

Limitations of Use

- VYLEESI is not indicated for the treatment of HSDD in postmenopausal women or in men.
- VYLEESI is not indicated to enhance sexual performance.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYLEESI is contraindicated in patients who have uncontrolled hypertension or known cardiovascular disease.

WARNINGS AND PRECAUTIONS

Transient Increase in Blood Pressure and Decrease in Heart Rate: VYLEESI transiently increases blood pressure and reduces heart rate after each dose. Advise patients that these changes usually resolve within 12 hours. VYLEESI is not recommended in patients at high risk for cardiovascular disease. Consider the patient's cardiovascular risk before initiating VYLEESI and periodically during treatment and ensure blood pressure is well-controlled. To minimize the risk of more pronounced blood pressure effects, patients should not take more than one VYLEESI dose within 24 hours. Patients should not use more than 8 VYLEESI doses per month.

Focal Hyperpigmentation: Reported by 1% of patients who received up to 8 doses per month, including involvement of the face, gingiva and breasts. Patients are at higher risk of developing focal hyperpigmentation if they have darker skin and with daily dosing. Resolution of the focal hyperpigmentation was not confirmed in all patients after discontinuation of VYLEESI. Consider discontinuing VYLEESI if hyperpigmentation develops.

Nausea: Reported by 40% of patients who received up to 8 monthly doses, requiring anti-emetic therapy in 13% of patients and leading to premature discontinuation for 8% of patients. Nausea improves for most patients with the second dose. Consider discontinuing VYLEESI or initiating anti-emetic therapy for persistent or severe nausea.

ADVERSE REACTIONS

Most common adverse reactions (incidence >4%) are nausea, flushing, injection site reactions, headache, and vomiting.

DRUG INTERACTIONS

VYLEESI may slow gastric emptying and impact absorption of concomitantly administered oral medications. VYLEESI may significantly decrease the systemic exposure of orally-administered naltrexone; avoid use with orally administered naltrexone-containing products intended to treat alcohol or opioid addiction.

PREGNANCY

Advise patients to discontinue VYLEESI if pregnancy is suspected. Advise patients to use effective contraception while taking VYLEESI.

A pregnancy exposure registry monitors pregnancy outcomes in women exposed to VYLEESI during pregnancy. Pregnant women exposed to VYLEESI and healthcare providers are encouraged to call the VYLEESI Pregnancy Exposure Registry at 1-800-972-5220.

Please see full Prescribing Information available at VyleesiPro.com.

References

1. VYLEESI [package insert]. Cranbury, NJ: Palatin Technologies, Inc.; 2020. **2.** Kingsberg SA. Hypoactive sexual desire disorder: understanding the impact on midlife women. *Female Patient*. 2011;36:1-4. **3.** Shifren JL, Monz BU, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women: prevalence and correlates. *Obstet Gynecol*. 2008;112(5):970-978. **4.** Goldstein I, Kim NN, Clayton AH, et al. Hypoactive sexual desire disorder: International Society for the Study of Women's Sexual Health (ISSWSH) expert consensus panel review. *Mayo Clin Proc*. 2017;92(1):114-128. **5.** Kingsberg SA, Clayton AH, Pfaus JG. The female sexual response: current models, neurobiological underpinnings and agents currently approved or under investigation for the treatment of hypoactive sexual desire disorder. *CNS Drugs*. 2015;29(11):915-933. **6.** Koochaki P, Revicki D, WIlson H, Pokrzywinski R, Jordan R, Lucas J. Conversations with participants in the RECONNECT studies about their experiences with bremelanotide for treatment of hypoactive sexual desire disorder. Presented at: International Society for the Study of Women's Sexual Health (ISSWSH)/International Society for Sexual Medicine (ISSM) Joint Meeting; March 7-10, 2019; Atlanta, GA. **7.** Data on File, Palatin Technologies, Inc.; Integrated Summary of Efficacy: Bremelanotide. **8.** Data on File, Palatin Technologies, Inc.; Study BMT-301. **9.** Parish SJ, Goldstein AT, Goldstein SW, et al. Toward a more evidence-based nosology and nomenclature for female sexual dysfunctions—part II. *J Sex Med*. 2016;13(12):1888-1906. **10.** US Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research. Low sexual interest, desire, and/or arousal in women: developing drugs for treatment. *Fed Reg*. 2016;1(1):1-12 **11.** Dickstein JB, Goldstein SW, Tkachenko N, Kreppner W. Correlation of question 15 of the FSDS-DAO with clinician evaluation of female orgasmic disorder. *J Sex Med*. 2013;10(9):2251-2254. **12.** VYLEESI [Instructions for Use]. Waltham, MA: Palatin Technologies, Inc.; 2019. **13.** Data on file; publication pending. Palatin Technologies, Inc.; 2018. **14.** World Health Organization. *International statistical classification of diseases and related health problems*. 10th revision, 5th ed. Geneva, Switzerland: World Health Organization; 2016. **15.** World Health Organization. *International classification of diseases for mortality and morbidity statistics.* 11th revision, Chapter 17, Conditions related to sexual health, Sexual dysfunctions. https://icd.who.int/browse11/l-m/en#/http%3A%2F%2Fid.who.int%2Ficd%2Fentity%2F711380687. Accessed August 8, 2019.

Help her call the shots at VyleesiPro.com

vyleesi®
(bremelanotide injection)