

# Staying on Nutropin AQ Therapy



# Adding up the inches

**Nutropin AQ Pen<sup>®</sup> 10**  
for use with **Nutropin AQ Pen<sup>®</sup> 10 mg Cartridge**  
[somatropin (rDNA origin) injection]

**Nutropin AQ<sup>®</sup>**  
[somatropin (rDNA origin) injection]

**Nutropin<sup>®</sup>**  
[somatropin (rDNA origin) for injection]



## What you might not know about growth hormone

### If your child is just starting growth hormone (GH) therapy, you probably have a lot on your mind:

How safe is it? What can we expect? When will we see results? How long will it need to be taken? All of these concerns, and many more, can be addressed by your healthcare professional. But ultimately, successful therapy depends on you and your child. By staying on treatment, your child has the best chance to adjust to therapy and grow.

### Remember:

Growth doesn't happen overnight. It may take several months to see the height changes Nutropin AQ can make.

Please see pages 6-7 for approved uses and important safety information.

The normal effects of GH go beyond physical growth during childhood and puberty to include building and sustaining lean muscle mass, helping to reduce the amount of fat, and building strong bones. These effects appear to be important throughout life.<sup>1</sup>

### Nutropin AQ works just like the GH your body makes.

The Nutropin product your child takes is manufactured, but works the same as the GH you have naturally. It's just that your child has difficulty either producing GH or using the amount they have effectively.

### GH is responsible for more than just growth.

As your child nears and moves through puberty, growth hormone becomes even more necessary for their physical growth. But as they get even older and move into adulthood, they need GH to maintain strong bones, healthy cholesterol levels, and lean muscle mass.<sup>1</sup>

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## What you might not know about growth hormone therapy

**GH therapy offers several benefits in addition to physical growth.<sup>2</sup>**

- Promotes cell growth
- Promotes organ growth
- Promotes protein metabolism

Your child's healthcare professional is your primary source of information. Discuss the potential benefits and risks of GH treatment with your child's pediatric endocrinologist so you are familiar with possible side effects.

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## Treatment of growth hormone deficiency with Nutropin AQ or Nutropin

Nutropin AQ and Nutropin work just like the GH your body produces. Nutropin AQ is a liquid formulation, so there's no need to mix, and can be administered through a prefilled cartridge using the Nutropin AQ Pen.

### The Nutropin AQ Pen

The Nutropin AQ Pen has many patient-friendly features that make it the obvious choice for administering Nutropin AQ therapy.

- Convenient, small, and light, it's easy to transport
- Easy-to-read LCD display
- Dose flash recall
- Protective needle shields and shield lock
- Audible clicks you can feel

Simple steps to delivery of Nutropin AQ, making it easy to use and learn.



**The Nutropin AQ Pen is available in the US by prescription only. Healthcare professionals should provide patient training prior to use.**

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## Pediatric Indications

### Pediatric Growth Hormone Deficiency (GHD)—

Nutropin AQ® [somatropin (rDNA origin) injection] and Nutropin® [somatropin (rDNA origin) for injection] are indicated for the long-term treatment of growth failure due to a lack of adequate endogenous GH secretion.

### Chronic Renal Insufficiency (CRI)—

Nutropin AQ and Nutropin are also indicated for the treatment of growth failure associated with chronic renal insufficiency up to the time of renal transplantation. Nutropin AQ and Nutropin therapy should be used in conjunction with optimal management of chronic renal insufficiency.

### Turner Syndrome (TS)—

Nutropin AQ and Nutropin are also indicated for the long-term treatment of short stature associated with Turner syndrome.

### Idiopathic Short Stature (ISS)—

Nutropin AQ and Nutropin are also indicated for the long-term treatment of idiopathic short stature, also called non-growth hormone-deficient short stature, defined by height SDS  $\leq$  -2.25, and associated with growth rates unlikely to permit attainment of adult height in the normal range, in pediatric patients whose epiphyses are not closed and for whom diagnostic evaluation excludes other causes associated with short stature that should be observed or treated by other means.

#### References:

1. Carrel AL, Allen DB. Effects of growth hormone on body composition and bone metabolism. *Endocrine*. 2000;12(2):163-172.
2. Nutropin AQ® [somatropin (rDNA origin) injection] and Nutropin® [somatropin (rDNA origin) for injection] full prescribing information [package insert]. So. San Francisco, CA: Genentech, Inc.; 2005.

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## Important Safety Information

Your child's healthcare professional is your primary source of information. Discuss the potential benefits and risks of GH treatment with your child's pediatric endocrinologist so you are familiar with possible side effects.

If your child is treated at the hospital for any reason, notify your child's healthcare professional, including your child's pediatric endocrinologist, immediately.

Nutropin AQ and Nutropin should not be used in patients with active cancer and should be discontinued if evidence of cancer develops.

It is important to notify your child's doctor if allergic reactions occur, such as itching, rash, redness, or swelling at the injection site.

Should your child develop a limp or worsened curvature of the spine, or complain of hip or knee pain, notify your child's doctor.

If your child complains of headache, visual changes, nausea, and/or vomiting, notify your child's healthcare professional immediately.

Nutropin AQ and Nutropin should not be used for growth promotion in pediatric patients whose bone growth is completed.

If your child has diabetes, consult your child's doctor, as GH may affect the body's response to insulin.

Discuss with your child's doctor all medications your child is taking, particularly corticosteroids (such as prednisone or hydrocortisone), sex steroids (such as estrogens or testosterone), seizure medication or cyclosporine.

If, in addition to pediatric GH deficiency, your child has been diagnosed with Prader-Willi syndrome, GH should not be used if your child is severely obese or has severe breathing problems. Consult your child's doctor for more information.

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**Please see accompanying full prescribing information for Nutropin AQ and Nutropin for additional safety considerations.**

