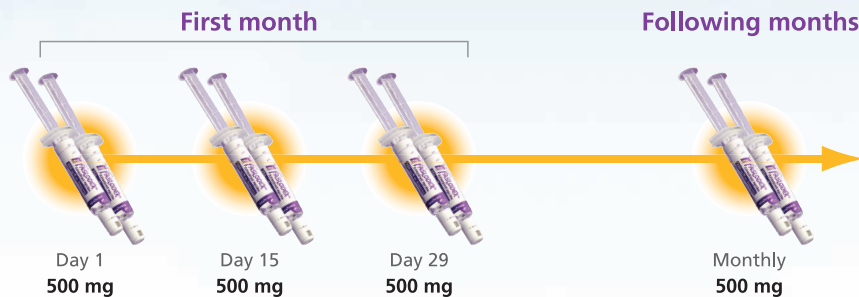


For postmenopausal women with hormone receptor-positive (HR+) metastatic breast cancer with disease progression following antiestrogen therapy...

FASLODEX 500-mg: Dosing Regimen



Dosing Schedule: 500-mg Dose Given as 2 x 250-mg Injections



- Recommended dose is 500 mg to be administered intramuscularly into the buttocks slowly (1-2 minutes per injection) as two 5-mL injections, one in each buttock, on days 1, 15, 29, and once monthly thereafter
- FASLODEX is metabolized primarily in the liver. A 250-mg dose is recommended in patients with moderate hepatic impairment.* FASLODEX has not been evaluated in patients with severe hepatic impairment (Child-Pugh Class C)
- Because FASLODEX is administered intramuscularly, it should be used with caution in patients with bleeding diatheses, thrombocytopenia, or in patients on anticoagulants

Important Safety Information About FASLODEX

FASLODEX is contraindicated in patients with known hypersensitivity to the drug or to any of its components.

Please see full Important Safety Information on reverse side and accompanying full Prescribing Information.

*Defined as Child-Pugh class B—the Child-Pugh classification is a prognostic measure in patients with liver cirrhosis.¹

FASLODEX[®]
fulvestrant *injection*

500MG Strength

Important Safety Information About FASLODEX

FASLODEX is contraindicated in patients with known hypersensitivity to the drug or to any of its components. Hypersensitivity reactions, including urticaria and angioedema have been reported in association with FASLODEX.

Because FASLODEX is administered intramuscularly, it should be used with caution in patients with bleeding diatheses, thrombocytopenia, or in patients on anticoagulants.

FASLODEX is metabolized primarily in the liver. A 250-mg dose is recommended in patients with moderate hepatic impairment. FASLODEX has not been evaluated in patients with severe hepatic impairment (Child-Pugh Class C).

Fetal harm can occur when administered to a pregnant woman. Women should be advised of the potential hazard to the fetus and to avoid becoming pregnant while receiving FASLODEX.

The most common, clinically significant adverse reactions occurring in $\geq 5\%$ of patients receiving FASLODEX were: injection site pain, nausea, bone pain, arthralgia, headache, back pain, fatigue, pain in extremity, hot flash, vomiting, anorexia, asthenia, musculoskeletal pain, cough, dyspnea, and constipation.

Increased hepatic enzymes (ALT, AST, ALP) occurred in $>15\%$ of FASLODEX users and were non dose-dependent.

Approved Use For FASLODEX

FASLODEX is indicated for the treatment of hormone receptor-positive metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy.

Please see accompanying full Prescribing Information.

Reference: 1. Kim WR, Poterucha JJ, Wiesner RH, et al. The relative role of the Child-Pugh classification and the Mayo natural history model in the assessment of survival in patients with primary sclerosing cholangitis. *Hepatology*. 1999;29(6):1643-1648.

www.faslodex.com

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FASLODEX[®]
fulvestrant *injection*
500MG Strength