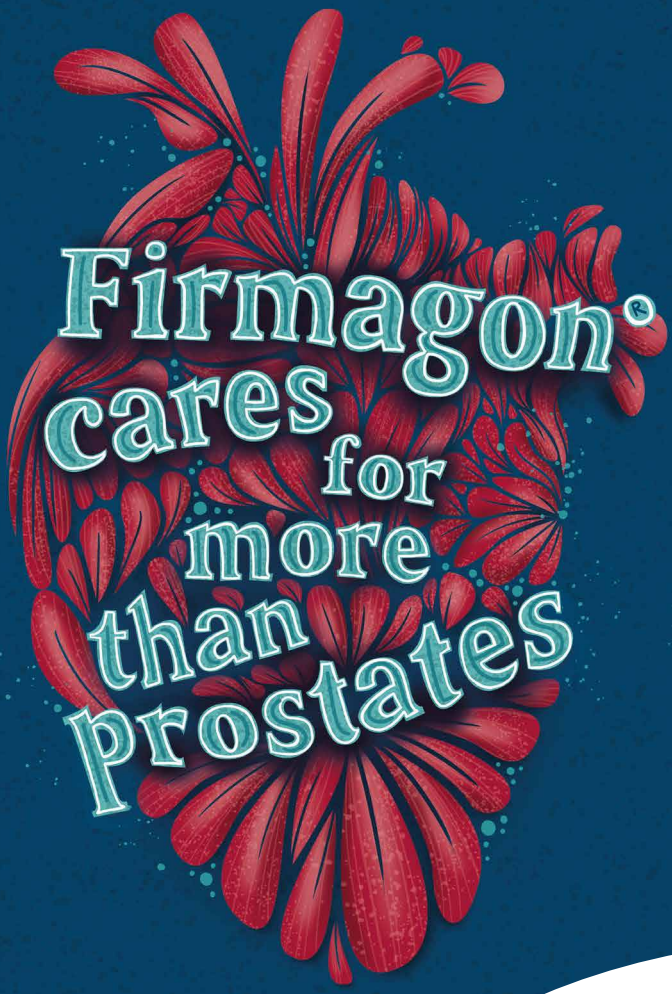
FIRMAGON® (degarelix) is a gonadotrophin releasing hormone (GnRH) antagonist indicated for the treatment of adult male patients with advanced hormone-dependent prostate cancer, also in combination with radiotherapy and as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced hormone-dependent prostate cancer.[1,2]



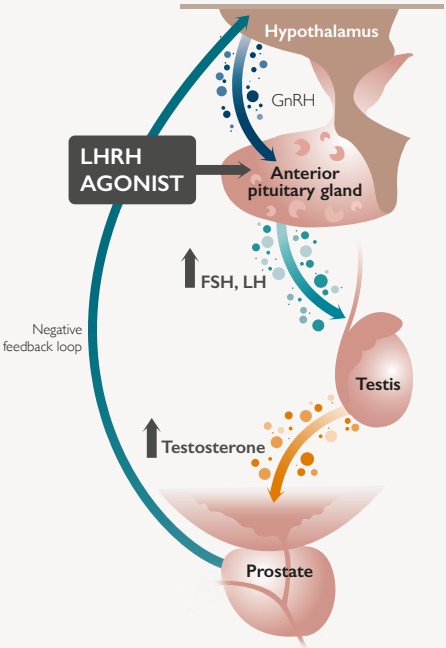
Discover an ADT in a different class[3]

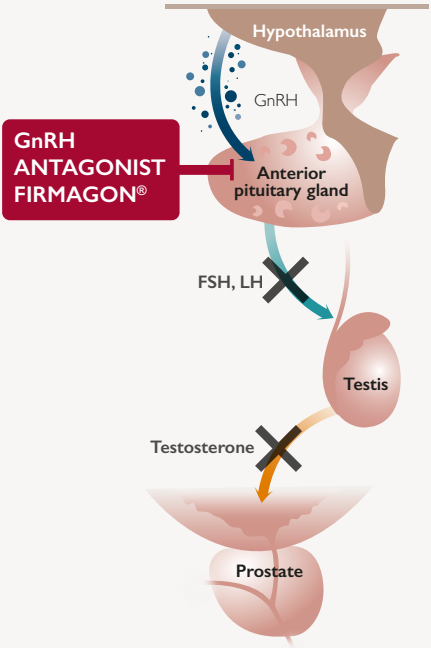
FIRMAGON®
degarelix
Think beyond the prostate

FIRMAGON® is an ADT in a different class[3]

LHRH agonists overstimulate GnRH receptors, initially inducing an increase of LH, FSH and testosterone (which can lead to clinical flare) before causing suppression…

…whereas **GnRH antagonists** like FIRMAGON® block GnRH receptors leading to immediate and profound suppression of LH, FSH and testosterone, and so **achieve rapid symptom relief**. [3]





Adapted from Drudge-Coates, L. 2009[3]

FIRMAGON® reduces the risk of CV events[4-9]

CVD is the leading cause of death in prostate cancer patients, after prostate cancer itself.[10,11]

FIRMAGON® reduces the risk of CV events particularly in patients with pre-existing CVD,[4-9] improving overall survival vs. LHRH agonists[12]

During the first year of treatment there is a 56% relative risk reduction and 8.2% absolute risk reduction for patients with pre-existing CVD[4*]

- Significantly lower risk of experiencing a CV event or death for FIRMAGON® patients vs. patients receiving LHRH agonists (HR: 0.44; 95% CI: 0.26–0.74; p=0.002)[4*]

With FIRMAGON®, the number needed to treat to prevent 1 CV event is 12[4]

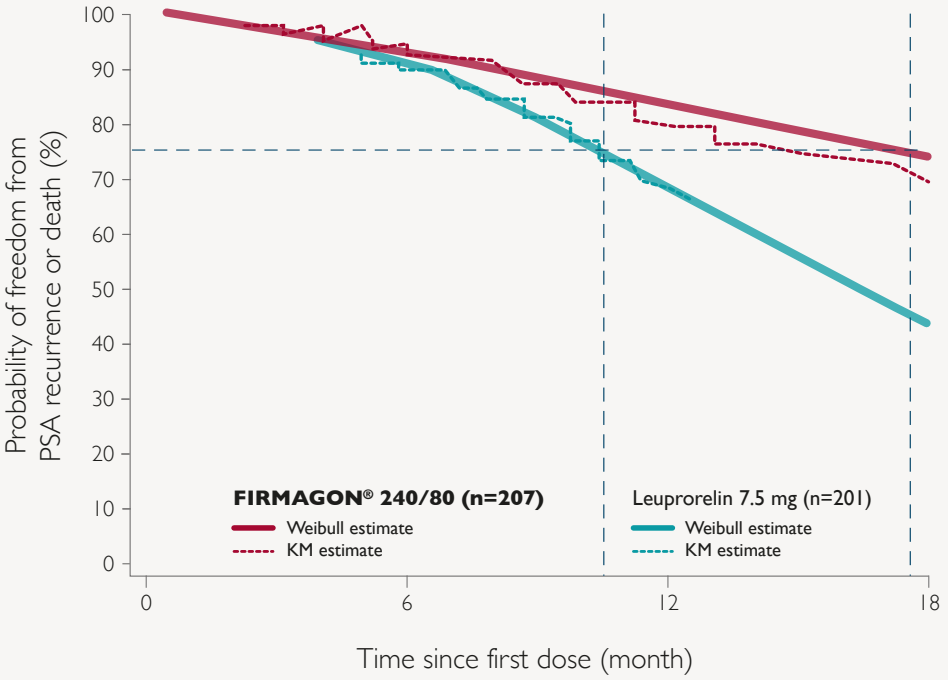
* Retrospective pooled analysis from six Phase III, prospective, RCTs of prostate cancer patients (n=2,328) initiated on FIRMAGON® or LHRH agonists.[4]

FIRMAGON® delays progression[12-15]

Patients with high-risk prostate cancer are more likely to have progressive or recurrent disease.[16,17*]

FIRMAGON® delays PSA failure or death by 7 months

(secondary endpoint) in high-risk patients[13**] and can maintain this response long-term vs. LHRH agonists[12-15]



Adapted from Boccon-Gibod L. et al. 2011[13]

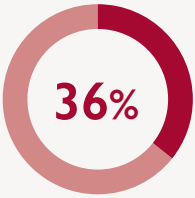
* High-risk cancer patients are defined as those who have PSA >20 ng/ml, a Gleason score of 8-10 or clinical stage ≥T2c.[17]

** As calculated using the Weibull estimate.
In a long-term extension of a Phase 3 trial. Delay defined as time taken for 25% of patients with a baseline PSA ≥ 20 ng/ml to experience PSA failure or death (TTP25%). TTP25% was significantly longer with FIRMAGON® than leuprorelin (514 vs. 303 days, p=0.001).[13]
The primary endpoint of the trial was suppression of testosterone to ⊠ 0.5 ng/ml at all monthly measurements from day 28 to day 364.[13]

FIRMAGON® controls symptoms[12,18]

Disease-related symptoms such as urinary-associated problems and bone and back pain can have a negative impact on patients' quality of life, affecting their sex lives, mental well-being and energy levels.[19,20]

A pooled analysis of five randomised controlled trials demonstrated that **FIRMAGON® significantly reduces joint, musculoskeletal and LUTS adverse events** vs. LHRH agonists[12]

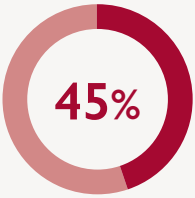


relative risk reduction in joint-related symptoms[12*] (n=1,920)

HR: 0.64
95% CI: 0.42–0.98
p=0.041

relative risk reduction in LUTS[12] (n=1,920)**

HR: 0.50
95% CI: 0.39–0.66
p<0.001



relative risk reduction in musculoskeletal events[12†] (n=1,920)

HR: 0.55
95% CI: 0.40–0.76
p<0.001

* Absolute values for joint-related signs and symptoms are not reported in the paper.[12]
** Crude incidence of a urinary tract event was 12% vs. 18% for FIRMAGON® and LHRH agonist respectively.[12]
† Crude incidence of a musculoskeletal event was 8% vs. 12% for FIRMAGON® and LHRH agonist respectively.[12]

FIRMAGON® licensed indications

FIRMAGON® is indicated for the treatment of adult male patients with advanced hormone-dependent prostate cancer, also in combination with radiotherapy and as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced hormone-dependent prostate cancer.[1,2]

The only GnRH antagonist approved in the following settings:

<table>
<tr><th colspan="3">Localised prostate cancer</th><th rowspan="2">Locally advanced PCa</th><th rowspan="2">Metastatic PCa</th></tr>
<tr><th>Low risk</th><th>Intermediate risk</th><th>High risk</th></tr>
<tr><td>PSA <10 ng/mL</td><td>PSA 10-20 ng/mL</td><td>PSA >10 ng/mL</td><td>Any PSA</td><td>Any PSA</td></tr>
<tr><td>+ Gleason score <7</td><td>OR Gleason score =7</td><td>OR Gleason score >7</td><td>Any Gleason score</td><td>Any Gleason score</td></tr>
<tr><td>cT1-2a</td><td>OR T2b</td><td>OR T2c</td><td>T3-4 or N1</td><td>T3/4, N1, M1</td></tr>
<tr><td></td><td></td><td colspan="3">FIRMAGON® extended licence</td></tr>
<tr><td></td><td colspan="4">FIRMAGON® initial licence</td></tr>
</table>

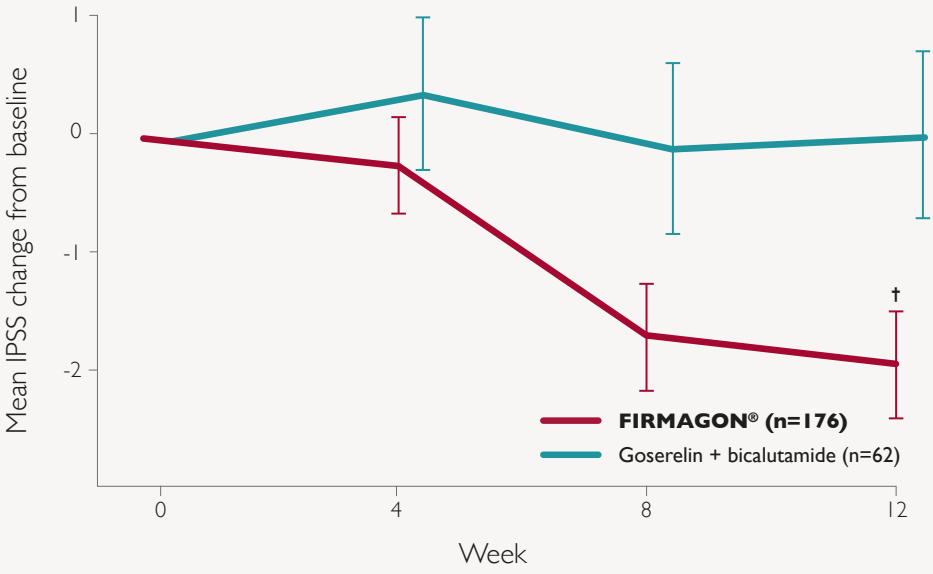
Adapted from European Association of Urology Guidelines, 2022[21]

FIRMAGON® is an effective neo-adjuvant treatment in high-risk prostate cancer[18,22,23]

In Phase IIIb trials, FIRMAGON® achieved **comparable[18,22] or greater[23] total prostate volume (TPV) reduction** vs. goserelin + bicalutamide from baseline to Week 12 in patients with TPV >30ml*

FIRMAGON® demonstrated **superiority in LUTS relief** for symptomatic patients vs. goserelin + bicalutamide[18,22,23*]

Change in International Prostate Symptom Score (IPSS)[18**]



Mean IPSS change at week 12
degarelix: -1.71 ± 0.42
goserelin: 0.11 ± 0.65
Adjusted difference: -1.42 [CI: -2.81, -0.035] p=0.044

Adapted from Mason M, et al. 2013[18]
*Data from 3 separate Phase IIIb studies
**The primary endpoint of non-inferiority TPV reduction was met and the secondary endpoint was IPSS.
† p<0.05

FIRMAGON® dosage and administration[1,2]

INITIATION DOSE

240 mg

First month of treatment

240 mg administered as TWO deep subcutaneous injections of 120 mg each[1] (NB. 3 x 80 mg injections are not equivalent)

MAINTENANCE DOSE

80 mg

Monthly administration from second month onwards

administered as ONE deep subcutaneous injection[2]

STARTING DOSE	MAINTENANCE DOSES			
Month 1 240mg Injection (2x120mg)	**Month 2** 80mg Injection	**Month 3** 80mg Injection	**Month 4** 80mg Injection	Continue with maintenance dose for as long as treatment is required 80mg Injection

To watch a short video on how to reconstitute and administer FIRMAGON®, scan the QR code or visit: **www.hcp.ferring.co.uk/urology/firmagon**

SCAN ME

FIRMAGON® vs. LHRH agonists in prostate cancer provides the following benefits:

- Reduced risk of CV events in patients with pre-existing CVD[4-9]
- Improvement in overall survival rates vs LHRH agonists[12]
- Delays PSA failure or death by 7 months* and can maintain this response long-term and increase PSA progression-free survival at 1 year, sustained to 5 years in high-risk patients[12,13,15**]
- Significant reduction in disease-related symptoms, improving QoL (reduces joint, musculoskeletal and urinary tract events)[12,18]
- 82% patient satisfaction with FIRMAGON® administration at 6 months, improved to 83.6% at 12 months[24]

*As calculated using the Weibull estimate.
**High-risk is defined as patients with baseline PSA >20 ng/ml.

For further resources scan the QR code or visit the website

www.hcp.ferring.co.uk/urology/firmagon

SCAN ME

Date of preparation: April 2023
UK-FN-2200052

FERRING PHARMACEUTICALS

Abbreviations: ADT, androgen deprivation therapy; CI, confidence interval; CV, cardiovascular; CVD, cardiovascular disease; FSH, follicle-stimulating hormone; GnRH, gonadotrophin releasing hormone; HR: hazard ratio; LH, luteinising hormone; LHRH, luteinising hormone-releasing hormone; LUTS, lower urinary tract symptoms; OS, overall survival; PSA, prostate specific antigen; QoL, quality of life.

References: 1. FIRMAGON® 120mg injection Summary of Product Characteristics. Ferring Pharmaceuticals Ltd. October 2022. Available at: https://www. medicines.org.uk/emc/product/6537. Last accessed: April 2023. **2.** FIRMAGON® 80 mg injection Summary of Product Characteristics. Ferring Pharmaceuticals Ltd. October 2022. Available at: https://www.medicines.org.uk/emc/product/6535. Last accessed: April 2023. Coates L. Int J Urol Nurs 2009;3(3):85–92. **4.** Albertsen PC, *et al.* Eur Urol 2014;65:565–573. **5.** Davey P and Kirby MG. World J Urol 2021;39: 307–315. **6.** Margel D, *et al.* J Urol 2019;202(6):1199–1208. **7.** Perrone V, *et al.* Ther Clin Risk Manag 2020;16:393–401. **8.** Cone EB, Oncol 2020;38:6 Suppl 34. **9.** Zhang KW, *et al.* J Urol 2021;206:613–622 **10.** Plummer C, *et al.* Trends Urol Men's Health 2017;13–18. **11.** Chowdhury S, *et al.* BJU Int 2013;112(2):182-9. **12.** Klotz L, *et al.* Eur Urol 2014;66:1101–1108. **13.** Boccon-Gibod L, 2011;3:127–140. **14.** Tombal B, *et al.* Eur Urol 2010;57:836–842. **15.** Crawford DE, *et al.* Urology 2014;83:1122–1128. **16.** Cancer Research UK. Prostate cancer survival statistics. Available at: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/survival#heading- Three. Last accessed: April 2023. **17.** UCSF. Prostate Cancer Risk Assessment and the UCSF-CAPRA Score. Available at: https://urology.ucsf.edu/research/cancer/prostate-cancer-risk-assessment-and-the-ucsf-capra-score. Last accessed: April 2023. **18.** Mason M, *et al.* Clin Oncol 2013:25:190–196. **19.** NHS. Prostate cancer. Symptoms. Available at: https://www.nhs.uk/conditions/prostate-cancer/symptoms/. Last accessed: April 2023. **20.** Prostate Cancer UK. Living with prostate cancer. Available at: https://prostatecanceruk.org/prostate-information/living-with-prostate-cancer. Last accessed: April 2023. **21.** EAU - EANM - ESTRO - ESUR - ISUP - SIOG Guidelines on Prostate Cancer, 2022. Available at: https://uroweb.org/guidelines/prostate-cancer. Last accessed: April 2023. **22.** Axcrona K, *et al.* BJU Int 2012;110:1721–1728. **23.** Anderson J, *et al.* Urol Int 2013;90:321–328. **24.** Roshani H, *et al.* Curr Urol 2021;15:204–208.

Prescribing Information: Firmagon® (degarelix) 120 mg and 80 mg powder and solvent for solution for injection. **Please consult the full Summary of Product Characteristics before prescribing. Name of Product:** Firmagon 120 mg and 80 mg powder and solvent for solution for injection. **Composition:** Each vial contains 120 mg or 80 mg degarelix (as acetate). **Indication:** Firmagon® is a gonadotrophin releasing hormone (GnRH) antagonist indicated for treatment of adult male patients with advanced hormone-dependent prostate cancer, for treatment of high-risk localised and locally advanced hormone dependent prostate cancer in combination with radiotherapy, and as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced hormone dependent prostate cancer. **Dosage and administration:** For subcutaneous use only in the abdominal region. Starting dose – 240 mg administered as two subcutaneous injections of 120 mg each. Maintenance dose – 80 mg administered monthly as one subcutaneous injection. The first maintenance dose should be given one month after the starting dose. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special Warnings and Precautions:** Long-term androgen deprivation therapy may prolong the QT interval. The benefit/risk ratio must be thoroughly appraised in patients with a history of a corrected QT interval over 450 msec, in patients with a history of or risk factors for torsades de pointes and in patients receiving concomitant medicinal products that might prolong the QT interval as Firmagon has not been studied in these patients. A thorough QT study showed that there was no intrinsic effect of Firmagon on QT/QTc interval. Monitoring of liver function in patients with known or suspected hepatic disorder is advised during treatment. Firmagon has not been studied in patients with severe renal impairment, patients with a history of severe untreated asthma, anaphylactic reactions or severe urticaria, or angioedema. It can be anticipated that long periods of testosterone suppression in men will have effects on bone density. Diabetic patients may require more frequent monitoring of blood glucose when receiving androgen deprivation therapy. Cardiovascular disease such as stroke and myocardial infarction has been reported in the medical literature in patients with androgen deprivation therapy. Therefore, all cardiovascular risk factors should be taken into account. **Interactions:** Medicinal products known to prolong the QTc interval or medicinal products able to induce torsades de points such as Class IA (e.g. quinidine, disopyramide) or Class III (e.g. amiodarone, sotalol, dofetilide, ibutilide) antiarrhythmic drugs, methadone, moxifloxacine, antipsychotics, etc. should be carefully evaluated. **Driving and using machines:** Common adverse reactions of fatigue and dizziness may influence the ability to drive and use machines. **Side effects:** Very Common: hot flush, injection site adverse reactions. Common: anaemia, weight increase, insomnia, dizziness, headache, diarrhoea, nausea, liver transaminases increased, hyperhidrosis (incl. night sweats), rash, musculoskeletal pain and discomfort, gynaecomastia, testicular atrophy, erectile dysfunction, chills, pyrexia, fatigue, Influenza-like illness. Uncommon: hypersensitivity, hyperglycemia/ diabetes mellitus, cholesterol increased, weight decreased, appetite decreased, changes in blood calcium, depression, libido decreased, mental impairment, hypoaesthesia, vision blurred, cardiac arrhythmia (incl. atrial fibrillation), palpitations, QT prolongation, hypertension, vasovagal reaction (incl. hypotension), dyspnoea, constipation, vomiting, abdominal pain, abdominal discomfort, dry mouth, bilirubin increased, alkaline phosphatase increased, urticaria, skin nodule, alopecia, pruritus, erythema, osteoporosis/osteopenia, arthralgia, muscular weakness, muscle spasms, joint swelling/stiffness, pollakiuria, micturition urgency, dysuria, nocturia, renal impairment, incontinence, testicular pain, breast pain, pelvic pain, genital irritation, ejaculation failure, malaise, peripheral oedema. Rare: neutropenic fever, anaphylactic reactions, myocardial infarction, cardiac failure. Please consult the full Summary of Product Characteristics for further information about side effects. **Presentation:** contains 2 vials of 120 mg powder for solution for injection and 2 solvent prefilled syringes, 2 vial adaptors and 2 administration needles. Firmagon 80 mg contains 1 vial of 80 mg powder for solution for injection and 1 solvent pre-filled syringe, 1 vial adaptor and administration needle. Solvent for both 120 mg and 80 mg: Water for injection. **Authorisation Number:** 80 mg: 03194/0129, 120 mg: 03194/0128. **Marketing Authorisation Holder:** Ferring Pharmaceuticals A/S, Kay Fiskers P lads 11, DK-2300 Copenhagen S, Denmark. POM. **Basic NHS price:** Firmagon 120 mg - £260.00; Firmagon 80 mg - £129.37 **Date of preparation:** October 2022 Firmagon registered trademark. **PI Job Code:** UK-FN-220041

Adverse events should be reported.
Reporting forms and information can be found at
www.mhra.gov.uk/yellowcard
Adverse events should also be reported to
Ferring Pharmaceuticals Ltd. Tel: 0800 111 4126.
Email: medical.uk@ferring.com