**HIGHLIGHTS OF PRESCRIBING INFORMATION**
**These highlights do not include all the information needed to use VOBRIG safely and effectively. See full prescribing information for VOBRIG.**

**VOBRIG™ (leuprolide acetate) injection for subcutaneous use**
**Initial U.S. Approval: 1985**

**----------INDICATIONS AND USAGE----------**
VOBRIG is a gonadatropin releasing hormone (GnRH) agonist indicated for the treatment of central precocious puberty in pediatric patients (1).

**----------DOSAGE AND ADMINISTRATION----------**
- The recommended starting dosage is weight-based and administered as a subcutaneous injection once daily. (2.1)
- VOBRIG prefilled pen delivers doses ranging from 0.8 mg to 2 mg in increments of 0.4 mg. Two injections are required for doses above 2 mg (2.1).
- Increase VOBRING daily dosage by 0.4 mg increments if total down regulation is not achieved with the starting dosage. (2.1)
- Administer VOBRIG subcutaneously into the abdomen or front of middle thighs. Rotate injection sites. (2.1)
- Monitor response with a GnRH stimulation test, basal luteinizing hormone (LH) levels or serum concentrations of sex steroid levels during treatment to ensure adequate suppression. (2.1)
- Assess height and bone age every 6 to 12 months. Discontinue at the appropriate age of onset of puberty. (2.1)

**----------DOSAGE FORMS AND STRENGTHS----------**
Injection: 28 mg/2.8 mL (10 mg/mL) of leuprolide acetate in a single-patient-use prefilled pen. (3)

**----------CONTRAINDICATIONS----------**
- Pregnancy (4, 8.1).
- Hypersensitivity reaction (4).

**----------WARNINGS AND PRECAUTIONS----------**
- Initial Rise of Gonadotropins and Sex Steroid Levels: An increase in clinical signs and symptoms of puberty, including vaginal bleeding may be observed during the first 2-4 weeks of therapy since gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug before being suppressed. (5.1)
- Psychiatric Events: Have been reported in patients taking GnRH agonists. Events include emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms. (5.2)
- Convulsions: Have been observed in patients with or without a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and in patients on concomitant medications that have been associated with convulsions. (5.3)
- Severe Cutaneous Adverse Reactions (SCARs): Have been reported in patients receiving GnRH agonists, including leuprolide products. Interrupt VOBRIG if signs and symptoms of SCARs develop. Permanently discontinue VOBRIG if a SCAR is confirmed. (5.4)
- Pseudotumor Cerebi (Idiopathic Intracranial Hypertension): Have been reported in pediatric patients receiving GnRH agonists, including leuprolide products. Monitor patients for headache, papilledema, and blurred vision. (5.5)

**----------ADVERSE REACTIONS----------**
Most common adverse reactions (≥2%): injection site reactions including abscess, emotional lability, general pain, headache, acne/seborrhea, rash including erythema multiforme, and vaginitis/vaginal bleeding/vaginal discharge, vasodilation. (6.1)

**To report SUSPECTED ADVERSE REACTIONS, contact Sun Pharmaceutical Industries, Inc. at 1-800-818-4555 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch***

**See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.**

**Revised: 8/2026**

---

**FULL PRESCRIBING INFORMATION: CONTENTS***


*Sections or subsections omitted from the full prescribing information are not listed.

## FULL PRESCRIBING INFORMATION

## 1 INDICATIONS AND USAGE

VOBRIG is indicated for the treatment of central precocious puberty in pediatric patients.

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Recommended Dosage and Administration

- The recommended VOBRIG starting dosage is weight-based and administered as a subcutaneous injection once daily (see Table 1). The dosage may need to be adjusted with changes in body weight.

**Table 1. Recommended VOBRIG Weight-Based Starting Dosage for Pediatric Patients***

| Weight | Once Daily Starting Dosage |
|---|---|
| Less than or equal to 16 kg | 0.8 mg |
| Greater than 16 kg up to 24 kg | 1.2 mg |
| Greater than 24 kg up to 32 kg | 1.6 mg |
| Greater than 32 kg up to 40 kg | 2.0 mg |
| Greater than 40 kg up to 48 kg | 2.4 mg |
| Greater than 48 kg | 2.8 mg |

* Once daily starting dosage is based on 0.05 mg/kg/day.

- VOBRIG delivers doses ranging from 0.8 mg to 2 mg in increments of 0.4 mg. Two injections are required for doses above 2 mg.
- Increase VOBRIG daily dosage by 0.4 mg increments if total down regulation is not achieved with the starting dosage.
- Administer VOBRIG subcutaneously into the abdomen or front of the middle thighs. Injection site at abdomen should be at least 2 inches away from the navel. Rotate injection sites. Do not inject into moles, scars, birthmarks, or areas where the skin is tender, bruised, red, or hard.
- Monitor response with a GnRH stimulation test, basal luteinizing hormone (LH) levels or serum concentration of sex steroid levels as judged clinically appropriate to confirm efficacy.
- Assess height (for calculation of growth rate) and bone age every 6 to 12 months. Discontinue VOBRIG at the appropriate age of onset of puberty.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use if particulates and/or discoloration are observed.
- Refer patients and/or caregivers to the Instructions for Use (IFU) for complete administration instructions.

## 3 DOSAGE FORMS AND STRENGTHS

Injection: 28 mg/2.8 mL (10 mg/mL) of leuprolide acetate as a clear colorless to pale yellow solution in a single-patient-use prefilled pen.

## 4 CONTRAINDICATIONS

- Hypersensitivity to GnRH, GnRH agonist analogs or any excipients of VOBRIG. Anaphylactic reactions to GnRH agonist analogs have been reported in the medical literature.
- Pregnancy: VOBRIG may cause fetal harm *[*see *Use in Specific Populations (8.1)]*

## 5 WARNINGS AND PRECAUTIONS

### 5.1 Initial Rise of Gonadotropins and Sex Steroid Levels

During the early phase of therapy, gonadotropins and sex steroids rise above baseline because of the natural stimulatory effect of the drug. Therefore, an increase in clinical signs and symptoms of puberty including vaginal bleeding, may be observed. Instruct patients and caregivers to notify the physician if these symptoms continue beyond the second month after VOBRIG administration.

### 5.2 Psychiatric Events

Psychiatric events have been reported in patients taking GnRH agonists, including leuprolide acetate. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Monitor for development or worsening of psychiatric symptoms during treatment with VOBRIG *[see Adverse Reactions (6.1)]*.

### 5.3 Convulsions

Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including leuprolide acetate. These have included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.

### 5.4 Severe Cutaneous Adverse Reactions

Severe cutaneous adverse reactions (SCAR) have been reported in patients receiving GnRH agonists, including leuprolide products *[*see *Adverse Reactions (6.2)].* These reactions include Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN), drug reaction with eosinophilia and systemic symptoms (DRESS), and acute generalized exanthematous pustulosis (AGEP), including cases with visceral involvement and/or requiring skin grafts.

Monitor patients for signs and symptoms of SCARs such as fever, flu-like symptoms, mucosal lesions, progressive skin rash or lymphadenopathy. Advise patients and caregivers of the signs and symptoms of SCARs.

If a SCAR is suspected, interrupt VOBRIG. Consult a healthcare provider with expertise in the diagnosis and management of SCARs. If a diagnosis of SCARs is confirmed, permanently discontinue VOBRIG.

### 5.5 Pseudotumor Cerebi (Idiopathic Intracranial Hypertension)

Pseudotumor cerebi (idiopathic intracranial hypertension) have been reported in pediatric patients receiving GnRH agonists, including leuprolide products. Monitor patients for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred vision, diplopia, loss of vision, pain behind the eye or pain with eye movement, tinnitus, dizziness, and nausea.

### 5.6 Allergies to Benzyl Alcohol

Patients with known allergies to benzyl alcohol, an ingredient of VOBRIG, may present symptoms of hypersensitivity, usually local, in the form of erythema and induration at the injection site.

## 6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Initial Rise of Gonadotropins and Sex Steroids Levels *[see Warnings and Precautions (5.1)]*
- Psychiatric Events *[see Warnings and Precautions (5.2)]*
- Convulsions *[see Warnings and Precautions (5.3)]*
- Severe Cutaneous Adverse Reactions *[see Warnings and Precautions (5.4)]*
- Pseudotumor Cerebi (Idiopathic Intracranial Hypertension) *[see Warnings and Precautions (5.5)]*

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Potential exacerbation of signs and symptoms during the first few weeks of treatment is a concern in patients with rapidly advancing central precocious puberty.

In two studies of pediatric patients with central precocious puberty, in 2% or more of the patients receiving the drug, the following adverse reactions were reported to have a possible or probable relationship to drug as ascribed by the treating physician. Reactions considered not drug related are excluded.

**Table 2. Adverse Reactions in ≥2% of Pediatric Patients with Central Precocious Puberty Treated with Leuprolide Acetate and with Higher Frequency Compared to Placebo**

| | **Number of Patients N = 421 (Percent)** | |
|---|---|---|
| | **N** | **(%)** |
| Body as a Whole | | |
| Injection Site Reactions Including Abscess* | 37 | (9) |
| General Pain | 12 | (3) |
| Headache | 11 | (3) |
| Cardiovascular System | | |
| Vasodilation | 9 | (2) |
| Integumentary System (Skin and Appendages) | | |
| Acne/Seborrhea | 13 | (3) |
| Rash Including Erythema Multiforme | 12 | (3) |
| Psychiatric System | | |
| Emotional Lability | 19 | (5) |
| Urogenital System | | |
| Vaginitis/Vaginal Bleeding/Vaginal Discharge | 13 | (3) |
| * Most events were mild or moderate in severity. | | |

In those same studies, the following adverse reactions were reported in less than 2% of the patients.

*Body as a Whole* - Aggravation of preexisting tumor and decreased vision, Allergic Reaction, Body Odor, Fever, Flu Syndrome, Hypertrophy, Infection;

*Cardiovascular System* - Bradycardia, Hypertension, Peripheral Vascular Disorder, Syncope;

*Digestive System* - Constipation, Dyspepsia, Dysphagia, Gingivitis, Increased Appetite, Nausea/Vomiting;

*Endocrine System* - Accelerated Sexual Maturity, Feminization, Goiter;

*Hemic and Lymphatic System* - Purpura;

*Metabolic and Nutritional Disorders* - Growth Retarded, Peripheral Edema, Weight Gain;

*Musculoskeletal System* - Arthralgia, Joint Disorder, Myalgia, Myopathy;

*Nervous System* - Hyperkinesia, Somnolence;

*Psychiatric System* - Depression, Nervousness;

*Respiratory System* - Asthma, Epistaxis, Pharyngitis, Rhinitis, Sinusitis;

*Integumentary System (Skin and Appendages)* - Alopecia, Hair Disorder, Hirsutism, Leukoderma, Nail Disorder, Skin Hypertrophy;

*Urogenital System* - Cervix Disorder/Neoplasm, Dysmenorrhea, Gynecomastia/Breast Disorders, Menstrual Disorder, Urinary Incontinence.

Laboratory: The following laboratory events were reported as adverse reactions: antinuclear antibody present and increased sedimentation rate.

**6.2 Postmarketing Experience**

The following adverse reactions have been reported during post-approval use of GnRH agonists, including leuprolide. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

During postmarketing surveillance, which includes other dosage forms and other patient populations, the following adverse events were reported.

*Allergic reactions:* anaphylactic, rash, urticaria, and photosensitivity reactions.

*General disorders and administration site conditions*: chest pain, weight increase, decreased appetite, fatigue, injection site reactions including induration, abscess, and necrosis.

*Metabolic*: diabetes mellitus

*Musculoskeletal System* – Tenosynovitis-like symptoms, severe muscle pain, arthralgia, epiphysiolysis, muscle spasms, myalgia.

*Neurologic* – Peripheral neuropathy, Convulsion, insomnia, pseudotumor cerebri (idiopathic intracranial hypertension),

*Psychiatric adverse events:* Emotional lability, such as crying, irritability, impatience, anger, and aggression, has been observed with GnRH agonists, including leuprolide acetate [see *Warnings and Precautions (5.2)*]; Depression, including rare reports of suicidal ideation and attempt, has been reported for GnRH agonists, including leuprolide acetate, in children treated for central precocious puberty. Many, but not all, of these patients had a history of psychiatric illness or other comorbidities with an increased risk of depression.

*Reproductive System*: vaginal bleeding, breast enlargement.

*Respiratory*: dyspnea.

*Skin and Subcutaneous Tissue:* flushing, hyperhidrosis, erythema multiforme, bullous dermatitis, dermatitis exfoliative, drug reaction with eosinophilia and systemic symptoms, Stevens-Johnson syndrome and toxic epidermal necrolysis, and acute generalized exanthematous pustulosis.

*Vascular:* hypertension, hypotension.

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

Risk Summary

VOBRIG is contraindicated in pregnancy *[see Contraindications (4)]*.

VOBRIG may cause fetal harm based on findings from animal studies and the drug's mechanism of action *[see Clinical Pharmacology (12.1)]*. There are no available data during pregnancy to evaluate for a drug associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Based on animal reproduction studies, leuprolide acetate may be associated with an increased risk of pregnancy complications, including early pregnancy loss and fetal harm. In animal reproduction studies, subcutaneous administration of leuprolide acetate to rabbits during the period of organogenesis caused embryo-fetal toxicity, decreased fetal weights and a dose-dependent increase in major fetal abnormalities in animals at doses less than the recommended human dose based on body surface area using an estimated daily dose. A similar rat study also showed increased fetal mortality and decreased fetal weights but no major fetal abnormalities at doses less than the recommended human dose based on body surface area using an estimated daily dose *(see Data)*.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defects, loss, and other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

*Animal Data*

When administered on day 6 of pregnancy at test dosages of 0.00024, 0.0024, and 0.024 mg/kg (doses less than the recommended human dose) to rabbits, leuprolide acetate produced a dose-related increase in fetal abnormalities compromised of segmental and fusion defects of the skeleton and skull. Since a depot formulation was utilized in the study, a sustained exposure to leuprolide was expected throughout the period of organogenesis and to the end of gestation. Similar studies in rats failed to demonstrate an increase in fetal malformations. There was increased fetal mortality and decreased fetal weights with the two higher doses of the monthly formulation of leuprolide acetate in rabbits and with the highest dose (0.24 mg/kg) in rats.

**8.2 Lactation**

Risk Summary

There are no data on the presence of leuprolide acetate in either animal or human milk, the effects on the breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered with the mother's clinical need for VOBRIG and any potential adverse reactions on the breastfed infant from VOBRIG or from the underlying maternal condition.

**8.3 Females and Males of Reproductive Potential**

Pregnancy Testing

Exclude pregnancy in women of reproductive potential prior to initiating VOBRIG if clinically indicated *[see Use in Specific Populations (8.1)]*.

Contraception

*Females*

VOBRIG may cause embryo-fetal harm when administered during pregnancy. If contraception is indicated, advise females of reproductive potential to use a non-hormonal method of contraception during treatment with VOBRIG *[see Use in Specific Populations (8.1)]*.

Infertility

Based on its pharmacodynamic effects of decreasing secretion of gonadal steroids, fertility is expected to be decreased while on treatment with VOBRIG. Clinical and pharmacologic studies in adults (>18 years) with leuprolide acetate and similar analogs have shown reversibility of fertility suppression when the drug is discontinued after continuous administration for periods of up to 24 weeks *[see Clinical Pharmacology (12.2)]*.

There is no evidence that pregnancy rates are affected following discontinuation of VOBRIG.

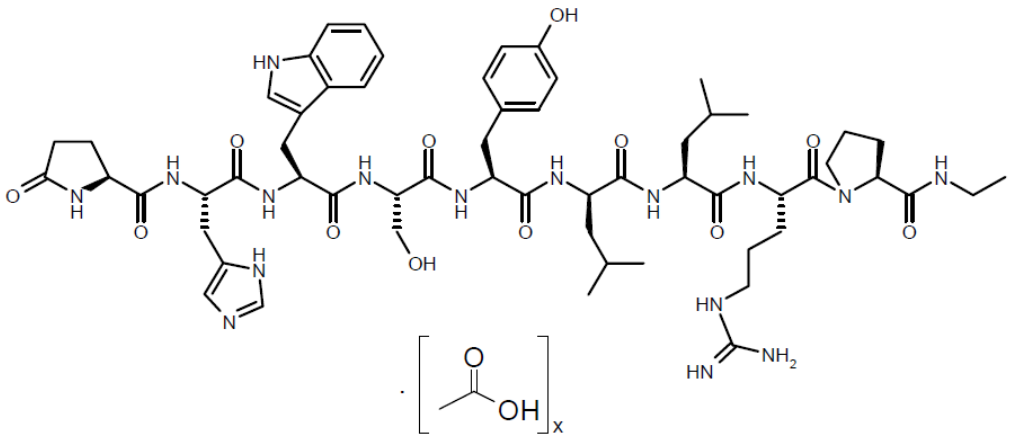
Animal studies (prepubertal and adult rats and monkeys) with leuprolide acetate and other GnRH analogs have shown functional recovery of fertility suppression.

**10 OVERDOSAGE**

No specific antidotes for VOBRIG are known. Contact Poison Control (1-800-222-1222) for latest recommendations.

## 11 DESCRIPTION

Leuprolide acetate is a synthetic nonapeptide analog of naturally occurring gonadotropin releasing hormone (GnRH or LH-RH). The analog possesses greater potency than the natural hormone. The chemical name is 5-oxo-L-prolyl-L-histidyl-L-tryptophyl-L-seryl-L-tyrosyl-D--leucyl-L-leucyl-L-arginyl-N-ethyl-L-prolinamide acetate (salt) with the following structural formula:



Leuprolide acetate, USP is a hygroscopic, white or almost white powder that has a molecular formula of $C_{59}H_{84}N_{16}O_{12}.(C_2H_4O_2)_x$, $x$ = 1 - 2; the molecular weight is 1209.41 (as free base). Leuprolide acetate is soluble in water and 1% v/v glacial acetic acid.

VOBRIG is a sterile, clear colorless to pale yellow solution intended for subcutaneous injection. It is available in a 3 mL disposable single-patient-use pen-injector with a deliverable volume of 2.8 mL containing leuprolide acetate, USP (10 mg/mL); benzyl alcohol, as preservative (11.25 mg/mL); sodium chloride for tonicity adjustment, and water for injection. The pH may have been adjusted with sodium hydroxide and/or glacial acetic acid. The pH range is 4.0 to 5.5.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Leuprolide acetate, a GnRH agonist, acts as a potent inhibitor of gonadotropin secretion (LH and follicle stimulating hormone (FSH)) when given continuously in therapeutic doses. Animal and human studies indicate that following an initial stimulation of gonadotropins, chronic administration of leuprolide acetate results in suppression of ovarian and testicular steroidogenesis. This effect is reversible upon discontinuation of drug therapy.

### 12.3 Pharmacokinetics

A pharmacokinetic study of leuprolide acetate in pediatric patients has not been performed.

Distribution

The mean steady-state volume of distribution of leuprolide following intravenous bolus administration to healthy adult male volunteers was 27 L. *In vitro* binding to human plasma proteins ranged from 43% to 49%.

Elimination

*Metabolism*

In healthy adult male volunteers, a 1 mg bolus of leuprolide administered intravenously revealed that the mean systemic clearance was 7.6 L/h, with a terminal elimination half-life of approximately 3 hours based on a two-compartment model.

In rats and dogs, administration of $^{14}C$-labeled leuprolide was shown to be metabolized to smaller inactive peptides, a pentapeptide (Metabolite I), tripeptides (Metabolites II and III) and a dipeptide (Metabolite IV). These fragments may be further catabolized.

The major metabolite (M-I) plasma concentrations measured in 5 prostate cancer patients reached maximum concentration 2 to 6 hours after dosing and were approximately 6% of the peak parent drug concentration. One week after dosing, mean plasma M-I concentrations were approximately 20% of mean leuprolide concentrations.

*Excretion*

Following administration of leuprolide acetate for depot suspension 3.75 mg to three adult patients, less than 5% of the dose was recovered as parent and M-I metabolite in the urine.

Specific Populations

The pharmacokinetics of the drug in hepatically and renally impaired patients has not been determined.

Drug Interaction Studies

No pharmacokinetic-based drug-drug interaction studies have been conducted with leuprolide acetate. However, because leuprolide acetate is a peptide that is primarily degraded by peptidase and the drug is only about 46% bound to plasma proteins, drug interactions would not be expected to occur.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

A two-year carcinogenicity study with leuprolide acetate was conducted in rats and mice. In rats, a dose-related increase of benign pituitary hyperplasia and benign pituitary adenomas was noted at 24 months when the drug was administered subcutaneously at high daily doses of 0.6 to 4 mg/kg. There was a significant but not dose-related increase of pancreatic islet-cell adenomas in females and of testes interstitial cell adenomas in males (highest incidence in the low dose group). In mice, no leuprolide acetate- induced tumors or pituitary abnormalities were observed at daily doses as high as 60 mg/kg for two years.

Mutagenicity studies have been performed with leuprolide acetate using bacterial and mammalian systems. These studies provided no evidence of a mutagenic potential.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

VOBRIG Injection is supplied as a sterile, clear colorless to pale yellow solution in a single-patient-use pen-injector, containing 28 mg/2.8 mL (10 mg/mL) of leuprolide acetate.

Each VOBRIG carton contains two 2.8 mL disposable single-patient-use prefilled pens (NDC 62756-451-37)

Storage and Handling
Store at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Do not refrigerate or freeze.

Store in original container and protect from light.

Do not use the pen for more than 28 days after first use.

## 17 PATIENT COUNSELING INFORMATION

Advise patients and/or caregivers to read the FDA-approved patient labeling (Medication Guidance and Instruction for Use).

Prior to starting therapy with VOBRIG, the parent or guardian must be aware of the importance of continuous therapy. Adherence to daily drug administration schedules must be accepted if therapy is to be successful. Irregular dosing could restart the maturation process.

*Symptoms After Initial VOBRIG Administration*
Inform patients and caregivers that during the early phase of therapy with VOBRIG, gonadotropins and sex steroids rise above baseline because of the initial stimulatory effect of the drug. Therefore, an increase in clinical signs and symptoms of puberty may be observed. Instruct patients and caregivers to notify the physician if these symptoms continue beyond the second month after VOBRIG administration [see Warnings and Precautions (5.1)].

*Psychiatric Events*
Inform patients and caregivers that psychiatric events have been reported in patients taking GnRH agonists, including leuprolide acetate. Events include emotional lability, such as crying, irritability, impatience, anger, and aggression. Instruct patients and caregivers to monitor for development or worsening of psychiatric symptoms including depression during treatment with VOBRIG *[see Warnings and Precautions (5.2)]*.

*Convulsions*
Inform patients and caregivers that reports of convulsions have been observed in patients receiving GnRH agonists, including leuprolide acetate. Patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions may be at increased risk *[see Warnings and Precautions (5.3)]*.

*Severe Cutaneous Adverse Reactions*
Inform patients and/or caregivers that severe cutaneous adverse reactions (SCARs) may occur during treatment with VOBRIG. Advise patients and/or caregivers to stop VOBRIG and immediately contact their healthcare provider if they experience signs and symptoms of SCARs *[see Warnings and Precautions (5.4)]*.

*Pseudotumor Cerebri (Idiopathic Intracranial Hypertension)*

Inform patients and caregivers that reports of pseudotumor cerebri (idiopathic intracranial hypertension) have been observed in pediatric patients receiving GnRH agonists, including leuprolide acetate. Advise patients and caregivers to monitor for headache, and vision issues such as blurred vision, double vision, loss of vision, pain behind the eye or pain with eye movement, ringing in the ears, dizziness, and nausea. Advise patients and caregivers to contact their healthcare provider if the patient develops any these symptoms. *[see Warnings and Precautions (5.5)]*.

*Injection Site Reactions*

Inform patients and caregivers that injection site related adverse reactions may occur such as transient burning/stinging, pain, bruising, and redness. Advise patients to contact their healthcare provider if they experience rash or severe injection site reactions *[see Adverse Reactions (6.1)]*.

*Pregnancy*

VOBRIG is contraindicated in pregnancy. If the patient becomes pregnant while taking the drug, the patient should be informed of the potential risk to the fetus *[see Use in Specific Populations (8.1)]*.

Distributed by:
Sun Pharmaceutical Industries, Inc.
Cranbury, NJ 08512

Manufactured by:
Sun Pharmaceutical Industries Ltd., India
At M/s. OneSource Specialty Pharma Limited
Plot no.: 2-D1, Obadenahalli,
Industrial area, Doddaballapura, 3rd Phase,
Kasa, Doddaballapura Taluk,
Bengaluru rural, 561203, Karnataka INDIA

For information on VOBRIG, call 1-800-818-4555.

**MEDICATION GUIDE**
**VOBRIG™ (VOH-brig)**
**(leuprolide acetate) injection for subcutaneous use**

**What is the most important information I should know about VOBRIG?**

- **During the first 2 to 4 weeks of treatment, VOBRIG can cause an increase in some hormones**. During this time you may notice more signs of puberty in your child, including vaginal bleeding, breast development, and growth of testicles. **Call your child's healthcare provider if these signs continue after the second month of treatment with VOBRIG.**
- **Some people taking gonadotropin releasing hormone (GnRH) agonists like VOBRIG have had new or worsened mental (psychiatric) problems.** Mental (psychiatric) problems may include emotional symptoms such as:
  - crying
  - irritability
  - restlessness (impatience)
  - anger
  - acting aggressive

**Call your child's healthcare provider right away if your child has any new or worsening mental symptoms or problems while taking VOBRIG**.

- **Some people taking GnRH agonists like VOBRIG have had seizures. The risk of seizures may be higher in people who:**
  - have a history of seizures
  - have a history of epilepsy
  - have a history of brain or brain vessel (cerebrovascular) problems or tumors
  - are taking a medicine that has been connected to seizures such as bupropion or selective serotonin reuptake inhibitors (SSRIs)

  Seizures have also happened in people who have not had any of these problems. **Call your child's healthcare provider right away if your child has a seizure while taking VOBRIG.**
- **Severe cutaneous (skin) adverse reactions may happen during treatment with GnRH agonists like VOBRIG**. **Stop VOBRIG and call your child's healthcare provider right away if your child has any of the following signs or symptoms during treatment with VOBRIG:**
  - skin rash or acne
  - dry skin
  - itching
  - blisters on your skin
  - redness or swelling of your face, hands, or soles of your feet
  - blisters or sores in your mouth
  - peeling of your skin
  - fever
  - muscle or joint aches
  - swollen glands
- **Increased pressure in the fluid around the brain can happen in children taking gonadotropin releasing hormone (GnRH) agonist medicines including VOBRIG. Call your child's healthcare provider right away if your child has any of the following symptoms during treatment with VOBRIG.**
  - headache
  - eye problems, including blurred vision, double vision and decreased eyesight
  - eye pain
  - ringing in the ears
  - dizziness
  - nausea

**What is VOBRIG?**

- VOBRIG is a prescription gonadotropin releasing hormone (GnRH) medicine used for the treatment of children with central precocious puberty (CPP).

**VOBRIG should not be taken if your child is:**

- pregnant or becomes pregnant. VOBRIG can cause birth defects or loss of the baby. If your child becomes pregnant call your healthcare provider.
- allergic to GnRH, GnRH agonist medicines, or any ingredients in VOBRIG. See the end of this Medication Guide for a complete list of ingredients in VOBRIG.

**Before your child receives VOBRIG, tell the healthcare provider about all of your child's medical conditions, including if they:**

- have a history of mental (psychiatric) problems.
- have a history of seizures.
- have a history of epilepsy.
- have a history of brain or brain vessel (cerebrovascular) problems or tumors.
- are taking a medicine that has been connected to seizures such as bupropion or selective serotonin reuptake inhibitors (SSRIs).
- are breastfeeding or plan to breastfeed. It is not known if leuprolide acetate passes into breast milk.

**Tell your healthcare provider about all the medicines your child takes,** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

**How will your child receive VOBRIG?**

- Your child's healthcare provider should do tests to make sure your child has CPP before treating with VOBRIG.
- VOBRIG should be given exactly as the healthcare provider tells you to give it. See detailed "Instructions for Use" that comes with your VOBRIG for information about the right way to give VOBRIG.
- VOBRIG is injected under your child's skin and may be given by your child, a parent, a caregiver or a health professional.
- Keep all scheduled visits to the healthcare provider. If scheduled doses are missed, your child may start having signs of puberty again. The healthcare provider will do regular exams and blood tests to check for signs of puberty.

**What are the possible side effects of VOBRIG?**
**VOBRIG may cause serious side effects. See "What is the most important information I should know about VOBRIG?"**
**The most common side effects of VOBRIG include:**

- injection site reactions such as abscess
- mood changes
- pain throughout the body
- headache
- acne or red, itchy, rash, and white scales (seborrhea)
- serious skin rash (erythema multiforme)
- swelling of vagina (vaginitis), vaginal bleeding, and vaginal discharge.
- flushing (vasodilation)

These are not all the possible side effects of VOBRIG.
**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 VOBRIG?**

- Store the VOBRIG at room temperature between 68°F to 77°F (20° to 25°C). Do not refrigerate or freeze.
- Store in the original container and protect from light.
- **Throw away (dispose of) the pen after 28 days of use** even if the pen has medicine left in it.

**Keep VOBRIG and all medicines out of the reach of children.**

**General information about the safe and effective use of VOBRIG.**
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use VOBRIG for a condition for which it was not prescribed. Do not give VOBRIG 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 VOBRIG that is written for health professionals.

**What are the ingredients in VOBRIG?**

**Active Ingredients:** leuprolide acetate
**Inactive Ingredients:** benzyl alcohol, as preservative; sodium chloride for tonicity adjustment; water for injection. pH may have been adjusted with sodium hydroxide and/or glacial acetic acid.

**Distributed by:**
Sun Pharmaceutical Industries, Inc.
Cranbury, NJ 08512

Manufactured by:
Sun Pharmaceutical Industries Ltd., India
At M/s. OneSource Specialty Pharma Limited
Plot no.: 2-D1, Obadenahalli,
Industrial area, Doddaballapura, 3rd Phase,
Kasa, Doddaballapura Taluk,
Bengaluru rural, 561203, Karnataka INDIA

For more information, call 1-800-818-4555.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Issued: 08/2026

**Instructions for Use**

**VOBRIG™ (VOH-brig)**
**(leuprolide acetate injection) Pen Injector**

**The pen dials the dose in mg**

**Read these instructions before you start using VOBRIG.**
It is important that you understand and follow these instructions carefully to correctly deliver injections using the pen. Ask the healthcare provider about what dose of Leuprolide Acetate you should give before you use the pen for the first time. Contact the healthcare provider if you have any questions about how to inject Leuprolide Acetate.

**VOBRIG comes in a disposable pen containing multiple doses of medicine, and can be used up to 28 days.** This pen can deliver doses ranging from 0.8 mg to 2 mg. **Note:** If your prescribed dose is more than 2 mg (2.1 mg and higher), you will have to deliver two injections to reach your total dose. See the "More than 2 mg" section below steps 4 and 5 for this procedure.

VOBRIG should **only** be used by caregivers and healthcare providers that have been trained to give injections to people with Central Precocious Puberty. You should not use the pen if you have not been trained.

**Important Warnings**
- **Do not** use if any part of the pen appears broken or damaged.
- **Do not** put the pen in water or let water touch the pen. This may cause it to not work properly.
- **Do not** use the pen for more than **28 days** after first use.
- **Do not** store the pen with a needle attached.
- **Do not** reuse pen needles. A new pen needle must be used for each dose.
- **Do not** share the pen or pen needle with anyone else.
- If the pen does not have enough medicine to give the full dose, throw out the pen and use a new one.

**Step 1. Check the Pen**
**A) Wash hands with soap and water (Figure A).**

**Figure A**

**B) Check the expiration date (EXP) (Figure B).**
**Do not** use if the expiration date has passed.

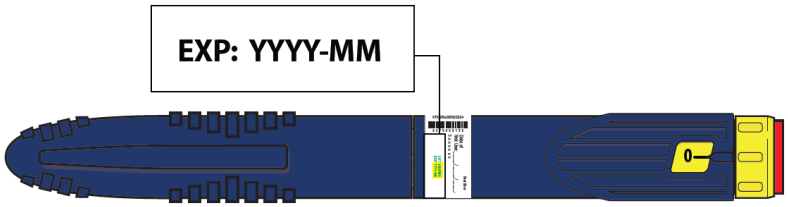



**Figure B**

**C) Pull the cap straight of the pen (Figure C).**

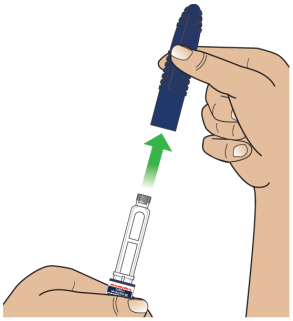


**Figure C**

**D) Check the medicine (Figure D).**

It should be clear and colorless. Small bubbles in the pen will not affect the dose.

**Do not** use if the medicine looks cloudy, colored, or has lumps or particles in it.

Make sure you have enough medicine left in the pen to inject the full dose. When the top of the plunger is at the thickest line on the cartridge (see Figure D), the pen is almost empty.

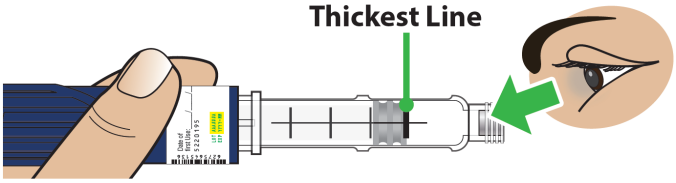



**Figure D**

**Step 2. Attach a Needle**

**A) Gather the following supplies (Figure E):**

- **New Pen Needle**
- **2 Alcohol Swabs**
- **Gauze Pad or Cotton Ball**
- **FDA-Cleared Sharps Container**

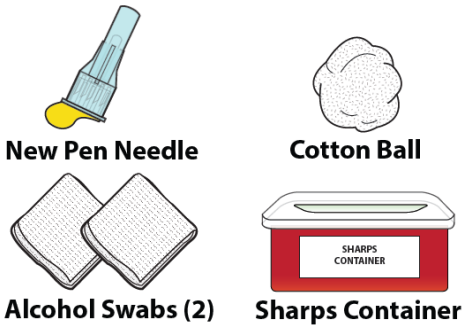



**Figure E**

**B) Wipe the pen seal with an alcohol swab (Figure F).**
Throw away used alcohol swab after wiping pen seal.

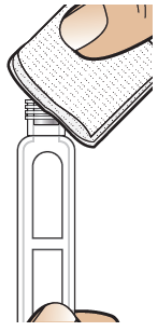


**Figure F**

**C) Attach a new needle.**
Make sure the disposable pen needle size you are using is 31 gauge, 5 mm length.

Peel off the paper backing of the needle.

Push the capped needle straight down onto the pen and screw on to the right (clockwise) until the needle feels snug (Figure G).

**Do not** overtighten the needle. This will make it difficult to remove the needle after the injection.

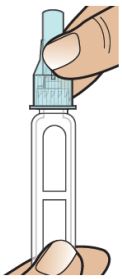


**Figure G**

**D) Remove the outer needle cover and set it aside (Figure H).**
**Important:** Save the outer needle cover for use during needle removal in Step 6.


**Figure H**

**E) Remove the inner needle cover and throw it away (Figure I).**

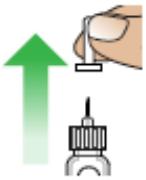


**Figure I**

**Are you using a new pen?**

**If Yes, go to Step 3.**
**If No, and you have already primed your pen, skip Step 3 and go to Step 4.**

**Step 3. Prime the New Pen**
**Note: The following steps are only required if you are using a new pen for the first time.**

If you have already primed the pen, go to Step 4 of the instructions to prepare and give the injection.

**Do not** prime the pen after the first dose. This will result in wasted medicine.

**Prime the new pen by dialing to P and injecting into the air until a stream of liquid comes out the needle, as instructed below.**

**A) Turn the dose set knob to P (Figure J).**
**Note:** this value is only used for new pen priming. This is not your prescribed dose.

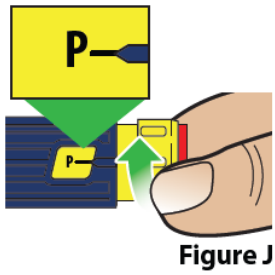



**Figure J**

**B) Hold the pen with the needle pointing up.**

**C) Press the injection button all the way in until it stops, and the dose window returns to "0" (Figure K).**

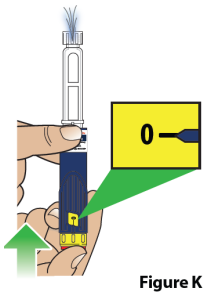



Figure K

**D) Repeat the above procedure until you see a stream of medicine from the needle (Figure L).**

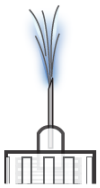


**Figure L**

**Important:** If you still do not see a stream after trying to prime the pen 3 times, the pen may be damaged. Throw out the pen and use a new pen to deliver the injection. Call 1-800-818-4555 or the healthcare provider to troubleshoot this issue or to get a new pen.

**Step 4. Prepare the Injection**

**A) Select the injection site.**

The recommended injection sites are (Figure M):

- The abdomen, staying at least 2 inches away from the belly button (navel).
- The front of the middle thighs.

**Important:** Always change (rotate) injection sites between injections.

**Do not** inject into moles, scars, birthmarks, or areas where the skin is tender, bruised, red, or hard.

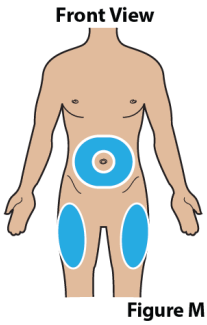



Figure M

**B) Clean the injection site with an alcohol swab (Figure N).**

Let the injection site dry before you inject the dose.

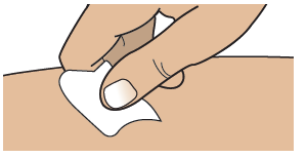


**Figure N**

**C) Dial the dose (Figure O).**

Turn the dose set knob to the prescribed dose. You can select a dose between 0.8 mg to 2 mg. If your dose is more than 2 mg, see the "More Than 2 mg" section below.

It is normal to hear a "clicking" sound as you dial.

Make sure the prescribed dose lines up with the pointer in the center of the window (see Figure O for example of a 1.2 mg dose. You should adjust the dial to your actual dose). **Note:** If you accidentally dial past the prescribed dose, dial the dose set knob back down to the correct amount.

**Important:** The pen cannot be dialed past the amount of medicine left in the cartridge. If the pen does not have enough medicine to give the full dose, throw out the pen and use a new one.


**Figure O**

**Step 5. Give the Injection**

**A) Insert the needle straight into the injection site (Figure P).**

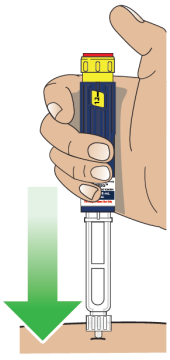


**Figure P**

**B) Deliver the dose.**

Deliver the dose by slowly pressing the injection button all the way down until it stops. The number in the dose window will return to "0" as you press down (Figure Q).

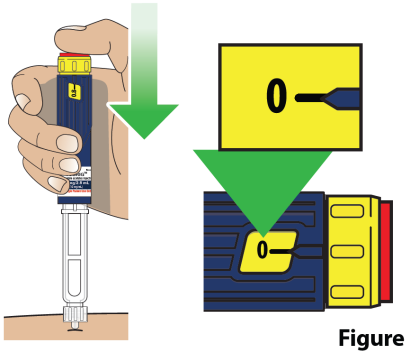



**Figure Q**

**C) Continue to hold the injection button down and count to 15 to make sure you give the full dose (Figure R).**


**Figure R**

**D) Remove the pen from site**

Lift the pen straight up from the injection site (Figure S).

It is normal to see a drop or two of medicine at the tip of the needle. It will not affect the dose. If you see more than 2 drops, you may not have received the full dose. In this case, **do not** inject another dose. Consult with the healthcare provider.

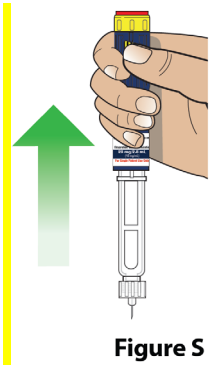


**Figure S**

**How to Give Doses 2.1 mg and higher (2 injections):**

1) Turn the dose set knob to 2 mg (highest dose setting) and give the first injection into a different site than the last injection.
2) Calculate the remaining dose by subtracting 2 mg from the prescribed dose. This is your remaining amount.

3) Turn the dose set knob to the line for the remaining amount. Give the second injection **at least 2 inches away** from the first injection just given.

**Step 6. After the Injection**

**A) Carefully place the outer needle cover back onto the needle.**

Hold the syringe with the needle attached in one hand, slip the needle into the cap without using the other hand and push the capped needle against a firm object (Figure T).

**Do not** recap with the inner needle cover.

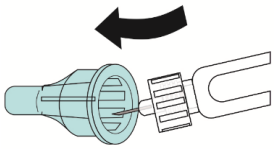


**Figure T**

**B) Unscrew the capped needle by turning to the left (counter clockwise) (Figure U).**

You may have to pinch the outer cover as you unscrew it.

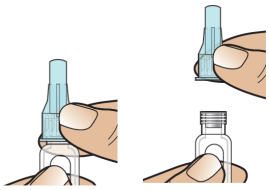


**Figure U**

**C) Throw out the capped needle into a FDA-cleared sharps container (Figure V).**

See the "Disposal of Needles and Syringes" section at the end of this instructions for use.

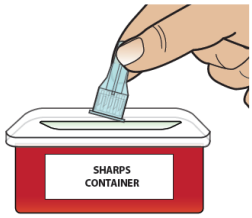



**Figure V**

**D) Put the pen cap back on (Figure W).**

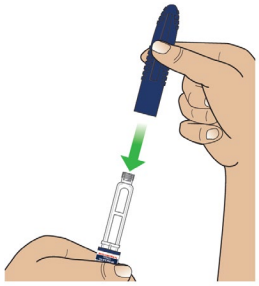


**Figure W**

**E) Treat the injection site.**
If needed, press the injection site lightly with a cotton ball or an alcohol swab. **Do not** rub the area.

**Step 7. Store the Pen**

- Store VOBIG at room temperature between 68°F to 77°F (20°C to 25°C). Do not refrigerate or freeze
- Store the pen with the pen cap on.
- **Do not** store pen with a needle attached.
- **Important: Throw away (dispose of) the pen after 28 days** of use even if the pen has medicine left in it.

**Throwing away (Disposal of) Needles**

Put your used needles in a FDA-cleared sharps disposal container right away after use. **Do not** throw away (dispose of) loose needles in household trash.

**If you do not have a FDA-cleared sharps disposal container, you may use a household container that is:**

- made of a heavy-duty plastic
- can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out
- upright and stable during use
- leak-resistant, and
- properly labeled to warn of hazardous waste inside the container

When your sharps disposal container is almost full, you will need to follow the community guidelines for the right way to dispose of the sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA's website at: http://www.fda.gov/safesharpsdisposal

**Do not** throw away (dispose of) the used sharps disposal container in the household trash unless the community guidelines permit this.

**Do not** recycle the used sharps disposal container.

**Always keep the sharps container away from children and pets.**

**Distributed by:**
Sun Pharmaceutical Industries, Inc.
Cranbury, NJ 08512

Manufactured by:
Sun Pharmaceutical Industries Ltd., India
At M/s. OneSource Specialty Pharma Limited
Plot no.: 2-D1, Obadenahalli,
Industrial area, Doddaballapura, 3rd Phase,
Kasa, Doddaballapura Taluk,
Bengaluru rural, 561203, Karnataka INDIA

**For information on VOBRIG, call 1-800-818-4555.**
**This Instructions for Use has been approved by the U.S. Food and Drug Administration**
Issued: 08/2026