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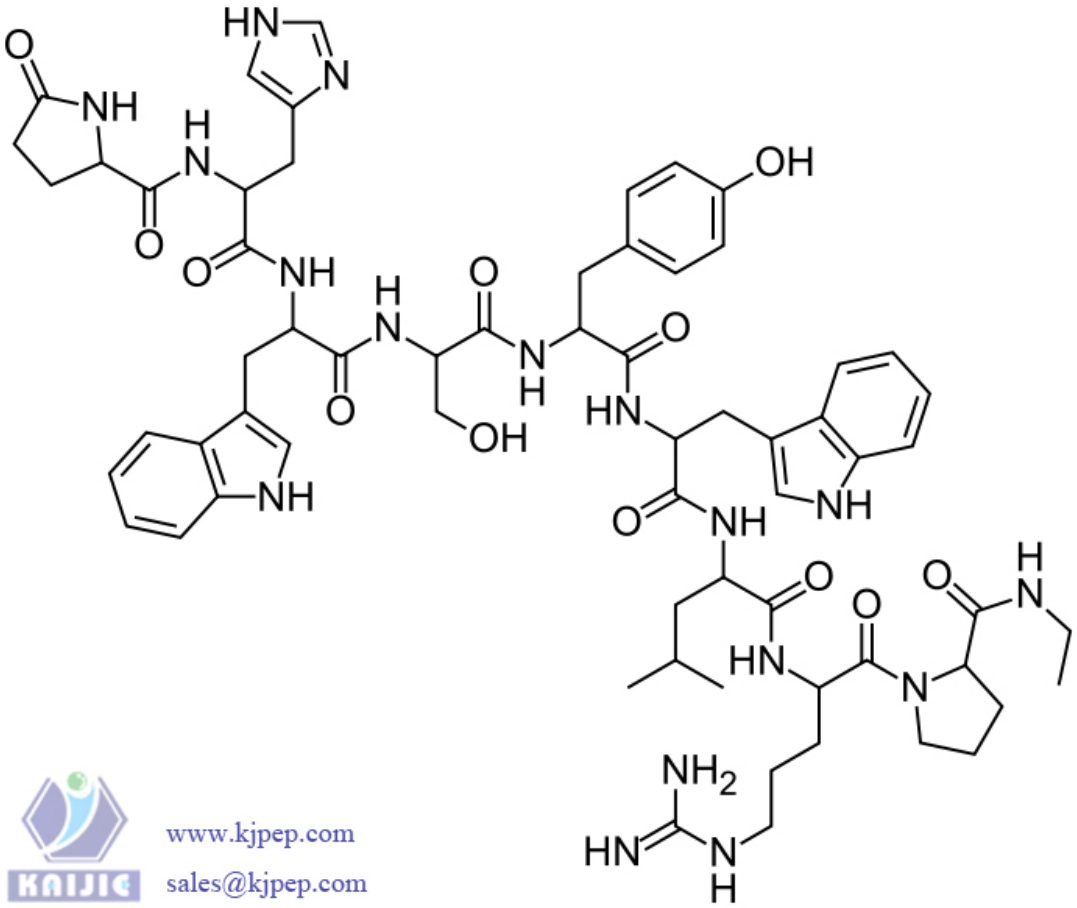
About Author

Chengdu Kaijie Biopharm Co, Ltd. (KJBP) is one of leading peptide manufacturers in Asia. With its highest capacity of production in China and the outstanding quality of peptide products, Kaijie holds a unique position.

Deslorelin



1. Adult Dosage (Normal Dosage, Subcutaneous route**)**

1.1 Endometriosis

a) Deslorelin 100 micrograms subcutaneously daily for 28 days (beginning on day 5 of the menstrual cycle) has been used in the treatment of endometriosis

However, further studies are needed to investigate efficacy of the drug in these patients.

1.2 Premenstrual syndrome

a) Deslorelin 50 micrograms subcutaneously daily, beginning on day 1 to 3 of the menstrual cycle, has been used in the treatment of premenstrual syndrome. However, further studies are needed to assess the potential role of **deslorelin** in this condition.

2. Pediatric Dosage (Normal Dosage, Subcutaneous route)

1) Effective doses of **deslorelin** in the treatment of children with central PRECOCIOUS PUBERTY and combined peripheral and central precocious puberty have ranged from 1 to 8 micrograms/kilogram subcutaneously once daily. The optimal dose appears to be 4 micrograms/kilogram/day
2) In one double-blind study involving 29 children with central precocious puberty, daily subcutaneous doses of **deslorelin** 2 micrograms/kilogram/day were similarly as effective as doses of 4 micrograms/kilogram/day with regard to gonadotropin suppression and clinical response. However, the 4 microgram/kilogram/day dose is recommended until a longer-term study in larger numbers of children can be performed to confirm these findings. There is no evidence of greater toxicity with the higher dose.
3) Long-term treatment with daily subcutaneous **deslorelin** (18 months to 6 years) has produced sustained beneficial effects in precocious puberty

2.0 Pharmacokinetics

2.1 Onset and Duration

A) Onset

1) Initial Response

a) Central precocious puberty, subcutaneous: 1 to 3 months

1) Significant decreases in basal and luteinizing-hormone-releasing hormone (LHRH)-stimulated gonadotropin levels have occurred after 1 to 3 months of therapy with **DESLORELIN** in children with central precocious puberty. Estradiol levels (girls) and testosterone levels (boys) have also fallen significantly after 1 month of treatment. Beneficial clinical effects (eg, reduction in rate of linear growth and skeletal maturation) have occurred after 3 to 11 months of treatment in children with central or combined peripheral and central precocious puberty.

2) A 25% decrease in vaginal maturation score after 8 weeks of **DESLORELIN** therapy in girls with idiopathic precocious puberty has been reported.

B) Duration

1) Multiple Dose

a) Precocious puberty, subcutaneous: 8 weeks after discontinuation.

1) Basal and LHRH-stimulated gonadotropin levels return to pretreatment values within 8 weeks after discontinuance of **DESLORELIN** therapy in children with precocious puberty. Estradiol levels rise to pretreatment levels 1 week after cessation of **DESLORELIN** in these patients