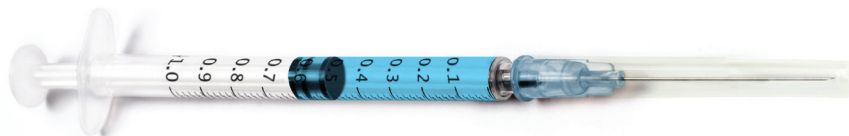


**Standouts know
*it stands out.****

*Isosulfan Blue Injection 1% is the *only* commercially available FDA-approved blue dye indicated for sentinel lymph node mapping.

- 💡 Approximately **500,000 sentinel lymph node mapping** procedures are performed in the United States every year†
- 💡 By 2005, **two-thirds of female patients** diagnosed with breast cancer have had a sentinel lymph node mapping procedure done‡
- 💡 In some patients diagnosed with melanoma, biopsy of the sentinel lymph nodes provides **important staging information**.² Isosulfan Blue is the only available FDA-approved blue dye indicated for this procedure



Indications and Important Risk Information

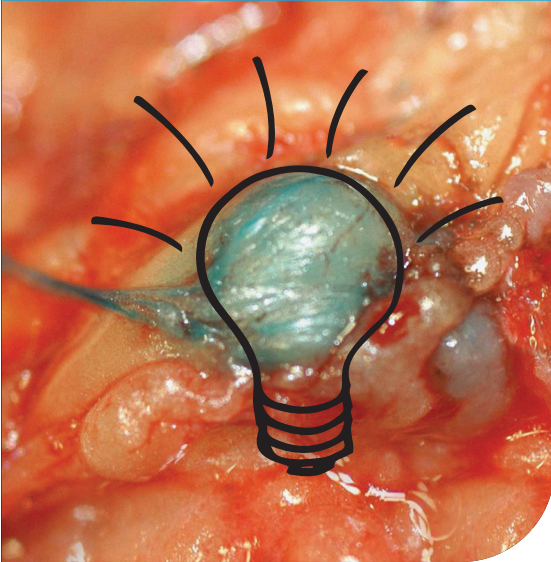
Isosulfan Blue Injection 1% upon subcutaneous administration, delineates lymphatic vessels draining the region of injection. It is an adjunct to lymphography in: primary and secondary lymphedema of the extremities; chyluria, chylous ascites or chylothorax; lymph node involvement by primary or secondary neoplasm; and lymph node response to therapeutic modalities.

Contraindicated in patients hypersensitive to triphenylmethane or related compounds. Life-threatening anaphylactic reactions have occurred after Isosulfan Blue Injection 1% administration and are more likely to occur in patients with a history of bronchial asthma, allergies, drug reactions or previous reactions to triphenylmethane dyes.

Please see additional Important Risk Information continued on back cover.

ISOSULFAN BLUE
INJECTION 1%

 **Mylan®**
Seeing
is believing



Isosulfan Blue Injection 1%

- 💡 **Isosulfan Blue is the only commercially available FDA-approved blue dye indicated for sentinel lymph node mapping and has a history of use for more than 30 years**
- 💡 FDA approved as bioequivalent to Lymphazurin 1% (isosulfan blue)[§]
- 💡 Overall 97.4% effective in identifying at least one sentinel lymph node in a study of 543 patients^{1,3}
- 💡 Ready to inject, with no reconstitution or dilution prior to administration necessary

- 💡 In this study, <1% of patients receiving Isosulfan Blue experienced an allergic reaction, all of whom recovered within 1 hour with no or minimal symptomatic therapy³
- 💡 Trained personnel should be available to carry out emergency care, including resuscitation, for at least 60 minutes after administration⁴
- 💡 Overall incidence of hypersensitivity reaction in approximately 2% of patients, including life-threatening anaphylactic reactions⁴
- 💡 Adverse skin reactions include transient or long-term blue coloration⁴

— See Important Risk Information on this and previous page



For more information, including how to order Isosulfan Blue, visit isosulfanblue.mylan.com.

Important Risk Information (continued)

Trained personnel should be available to administer emergency care including resuscitation. Monitor patients closely for at least 60 minutes after administration of Isosulfan Blue Injection 1%.

Isosulfan Blue Injection 1% interferes with peripheral blood pulse oximetry. Arterial blood gases may be needed. Admixture of Isosulfan Blue Injection 1% with local anesthetics results in precipitation. Use a separate syringe for local anesthetics.

Please see accompanying full Prescribing Information for Isosulfan Blue Injection 1%.

Results may vary from depicted visual.

¹Approximately 20% of sentinel lymph node procedures utilized Isosulfan Blue. IMS Health Procedure Data 2013.

³In an analysis of 490,899 women who were diagnosed with early-stage breast cancers (T1a, T1b, T1c and T2N0) and treated at approximately 1,400 institutions, the use of sentinel lymph node biopsy increased from 26.8% in 1998 to 65.5% in 2006.

[§]Lymphazurin is a registered trademark of Covidien LP, but this product is not currently commercially available.

¹In the study by Hirsch and colleagues, the 543 patients who received Isosulfan Blue were divided into 3 groups according to the clinical indication for the lymphangiogram. Group 1 (n=508) included patients with possible lymph node involvement by primary or secondary malignancy; group 2 (n=28) included patients with possible primary lymphatic disease; and group 3 (n=7) included patients with chyluria, chylous ascites or chylothorax. Inadequate identification of lymphatics occurred in 5, 9 and 0 patients in groups 1, 2 and 3, respectively.

ISOSULFAN BLUE
INJECTION 1%

 **Mylan**[®]
Seeing
is believing

References: 1. Chen AY, Halpern MT, Schrag NM, Stewart A, Leitch M, Ward E. Disparities and trends in sentinel lymph node biopsy among early-stage breast cancer patients (1998-2005). *J Natl Cancer Inst*. 2008;100(7):462-474. 2. Morton DL, Wen DR, Wong JH, et al. Technical details of intraoperative lymphatic mapping for early stage melanoma. *Arch Surg*. 1992;127(4):392-399. 3. Hirsch JI, Tisnado J, Cho SR, Beachley MC. Use of isosulfan blue for identification of lymphatic vessels: experimental and clinical evaluation. *AJR Am J Roentgenol*. 1982;139(6):1061-1064. 4. Isosulfan Blue Injection 1% [package insert]. Rockford, IL: Mylan Institutional LLC; 2013.