

# Data Sheet

## SYNAGIS<sup>®</sup>

### NAME OF MEDICINE

Palivizumab 50mg and 100mg

CAS Number: 188039-54-5

### DESCRIPTION

Palivizumab is a humanized IgG1 monoclonal antibody directed to an epitope in the A antigenic site of the fusion protein of respiratory syncytial virus (RSV).

This humanized monoclonal antibody is composed of 95% human and 5% murine amino acid sequences. Palivizumab is composed of two heavy chains and two light chains having a molecular weight of approximately 148,000 Daltons.

Palivizumab is supplied as a sterile lyophilised product for reconstitution with sterile water for intramuscular injection. Upon reconstitution, palivizumab contains the following excipients: 47 mM histidine, 3.0 mM glycine and 5.6% mannitol and the active ingredient, palivizumab, at a concentration of 100 milligrams per mL. The reconstituted solution should appear clear or slightly opalescent.

### PHARMACOLOGY

#### ***Mechanism of Action***

Palivizumab exhibits neutralising and fusion-inhibitory activity against RSV. These activities inhibit RSV replication in laboratory experiments. Although resistant RSV strains may be isolated in laboratory studies, a panel of clinical RSV isolates were all neutralised by palivizumab. Palivizumab serum concentrations of approximately 30 µg/mL have been shown to produce a mean 99% reduction in pulmonary RSV replication in the cotton rat model.

The *in vivo* neutralising activity of the active ingredient in palivizumab was assessed in a randomized, placebo-controlled study of 35 paediatric patients tracheally intubated because of RSV disease. A total of 17 of the 35 children enrolled received intravenous infusions of palivizumab at a dose of 15 mg/kg. For patients with both a day 0 and day 1 result the mean decline in RSV log pfu (plaque forming units) from day 0 to day 1, measured in tracheal aspirates was 0.6 in patients given placebo and 1.7 in patients given palivizumab (p=0.004, Wilcoxon rank sum test). There was no statistically significant difference between placebo and palivizumab in the reduction of RSV replication in nasal washings. Mean serum palivizumab levels were 131.3 µg/mL (range: 33.4 to 198.4) on day 1 and 105.5 µg/mL (range: 23.3 to 204.1) on day 2.

## Pharmacokinetics

Two formulations were studied in the clinical development of palivizumab. Early studies used a liquid phosphate-buffered saline formulation with a concentration of 10 mg palivizumab/mL. All other studies used the commercial lyophilised formulation. In all studies, the collection of multiple serum samples from children was intentionally limited to reduce the number of blood draws in these patients. Therefore, a complete assessment of the pharmacokinetics on the commercial formulation by intramuscular administration could only be obtained from a study performed in adult volunteers. Given the volume constraints for intramuscular dosing, the maximum dose that could be studied in adults was 3 mg/kg. Repeat single 3 mg/kg intramuscular doses were studied in four healthy adults with the results as follows:

**Table 1: Pharmacokinetics in Healthy Adults (n = 4) at 3 mg/kg Dose by Intramuscular Administration**

Dose Period	C <sub>max</sub> (µg/mL)	t <sub>max</sub> (days)	AUC <sub>0-∞</sub> (µg/day/mL)	t <sub>1/2</sub> (days)
1 (Days 0-30)	28.2 ± 6.48	4.50 ± 1.732	906 ± 195.0	20.7 ± 8.24
2 (Days 30-60)	33.6 ± 4.62	5.50 ± 1.732	812 ± 214.7	12.6 ± 2.59

There have been three studies in paediatric patients using the commercial formulation intramuscularly including the IMPact-RSV trial. The overall mean 30-day serum trough levels and ranges are given below:

**Table 2: Mean Serum Trough Concentrations Paediatric Prophylaxis Studies at 15 mg/kg Dose by Intramuscular Administration**

15 mg/kg Dose	Arithmetic Mean (µg/mL)
30 Day Post-Injection 1	n = 414
Mean	41.7
Range	0.0-172.8
30 Day Post-Injection 2	n = 382
Mean	62.0
Range	0.0-377.5
30 Day Post-Injection 3	n = 366
Mean	72.9
Range	0.0-590.0
30 Day Post-Injection 4	n = 959
Mean	74.0
Range	0.0-839.5
30 Day Post-Injection 5	n = 55
Mean	99.3
Range	39.6-217.0

n = number of patients in which serum level was determined 30 days after the injection

The pharmacokinetics of palivizumab appear to show a linear relationship between dose and mean area under the serum concentration time curve. Metabolism has not been assessed.

The 30 days post dose mean serum concentration was > 30 µg/mL, which is the level associated in preclinical studies with a 2 log reduction in pulmonary RSV titres. There is considerable individual variation in palivizumab serum concentration at any timepoint and some individuals will be below 30 µg/mL at 30 days post dose.

In a phase III/IV, multicenter evaluation of the immunogenicity of Palivizumab in children who previously received Palivizumab prophylaxis and children receiving the drug for the first time (W99-310), the mean serum concentrations following the first and fourth injections were approximately 60 and 90 µg/mL.

In paediatric patients less than or equal to 24 months of age with haemodynamically significant congenital heart disease (CHD) who received palivizumab, underwent cardiopulmonary bypass for open-heart surgery, and were assessed for palivizumab serum concentrations pre and post cardiac bypass surgery (N=139), the mean serum palivizumab concentration was approximately 100 µg/mL pre-cardiac bypass and declined to approximately 40 µg/mL after bypass.

A prospective, phase II, open-label trial, designed to evaluate pharmacokinetics, safety and immunogenicity after administration of 7 doses of palivizumab within a single RSV season was conducted in 18 preterm infants born at less than 34 weeks gestation. Results indicated that adequate mean palivizumab levels were achieved in all 18 participants.

## **CLINICAL TRIALS**

The safety and efficacy of palivizumab were assessed in a randomised, double-blind, placebo-controlled trial (IMPact-RSV Trial) of RSV disease prophylaxis among children with premature birth and children with bronchopulmonary dysplasia and in a randomised double-blind, placebo-controlled trial of RSV disease prophylaxis among children with haemodynamically significant congenital heart disease (CHD Study).

### ***IMPact-RSV Trial***

This trial, conducted at 139 centres in the United States, Canada and the United Kingdom, studied patients less than or equal to 24 months of age with bronchopulmonary dysplasia (BPD) and patients with premature birth (less than or equal to 35 weeks gestation) who were less than or equal to 6 months of age at study entry. Patients with uncorrected congenital heart disease were excluded from enrolment. In this trial, 500 patients were randomised to receive five monthly placebo injections and 1,002 patients were randomised to receive five monthly injections of 15 mg/kg of palivizumab. Subjects were randomised into the study and were followed for safety and efficacy for 150 days. Ninety-nine percent of all subjects completed the study and 93% received all five injections. The primary endpoint was the incidence of RSV hospitalisation.

The incidence of RSV related hospitalisation was 10.6% in the placebo group and 4.8% in the palivizumab group, a relative reduction of 54.8% (P<0.001). There was also a statistically significant reduction in RSV hospitalisation for the subgroups of children with BPD (38.5% relative reduction, p=0.038) and those with prematurity (78.1% relative reduction for children with gestation ≤ 35 weeks, p<0.001 and 54% relative reduction for children with gestation ≤ 32 weeks, p<0.05). The smallest relative risk reductions and therefore the least benefit occurred in children with the most severe BPD - those requiring ongoing oxygen (94% relative

risk) or oxygen in the last 6 months (70% relative risk). Children receiving ongoing steroids who were treated with palivizumab had a higher rate of hospitalisation for RSV infection than did those receiving ongoing steroids who were not treated with palivizumab (relative risk 139%). No statistical significance levels are available for the BPD subgroups.

Among secondary endpoints, the incidence of ICU admission during hospitalisation for RSV infection was lower among subjects receiving palivizumab (1.3%) than among those receiving placebo (3.0%) but there was no difference in the mean duration of ICU care between the two groups for patients requiring ICU care. Overall, the data do not suggest that RSV illness was less severe among patients who received palivizumab and who required hospitalisation due to RSV infection than among placebo patients who required hospitalisation due to RSV infection. Palivizumab did not alter the incidence and mean duration of hospitalisation of non-RSV respiratory illness or the incidence of otitis media.

**Table 3: Secondary Efficacy Endpoints from IMPact-RSV Trial**

	Placebo	Synagis 15 mg/kg	p-value <sup>[1]</sup>
Number of Children	N = 500	N = 1002	---
Days of RSV Hospitalization			< 0.001
Total Days	313.1	364.6	
Total Days/100 Children <sup>[2]</sup>	62.6	36.4	
ICU Admitted:			0.03
No	485 (97.0%)	989 (98.7%)	
Yes	15 (3.0%)	13 (1.3%)	
Days of ICU Stay			0.02
Total Days	63.5	133.6	
Total Days/100 Children <sup>[2]</sup>	12.7	13.3	
Mechanical Ventilation Required:			0.28
No	499 (99.8%)	995 (99.3%)	
Yes	1 (0.2%)	7 (0.7%)	
Days of Mechanical Ventilation			0.21
Total Days	8.3	83.7	
Total Days/100 Children <sup>[2]</sup>	1.7	8.4	
Hospital Days of Increased Supplemental O <sub>2</sub> Therapy <sup>[3]</sup>			< 0.001
Total Days	253.0	304.0	
Total Days/100 Children <sup>[2]</sup>	50.6	30.3	
RSV Hospital Days with LRI Score $\geq$ 3			< 0.001
Total Days	237.0	297.0	
Total Days/100 Children <sup>[2]</sup>	47.4	29.6	

1. P-values for total days of RSV hospitalisation/100 children, ICU stay/100 children, mechanical ventilation/100 children, increased supplemental oxygen/100 children and RSV hospital days with LRI score  $\geq$  3/100 children were obtained from Wilcoxon Rank Sum Test. P-values for incidence of ICU stay and incidence of mechanical ventilation were obtained from Fisher's exact test.

2. The total days divided by the total number of children randomized and multiplied by 100.

3. For O<sub>2</sub> supplementation above pre-illness value.

**Table 4: Incidence of RSV Hospitalisation by Stratum for Study MI-CP048**

	<b>Palivizumab</b>	<b>Placebo</b>	<b>% Reduction</b>	<b>p-value</b>
<b>Cyanotic Stratum</b>	n = 339	n = 343	29%	0.285
RSV hospitalisation*	19 (5.6%)	27 (7.9%)		
No SRV hospitalisation	320 (94.4%)	316 (92.1%)		
<b>Other Stratum</b>	n = 300	n = 305	58%	0.003
RSV hospitalisation	15 (5.0%)	36 (11.8%)		
No RSV hospitalisation	285 (95.0%)	269 (88.2%)		

\* children with >1 hospitalisation were counted only once

p-value obtained from Fisher's exact test

**Table 5: Secondary Efficacy Endpoints for Study MI-CP048**

	<b>Palivizumab</b>	<b>Placebo</b>	<b>% Reduction</b>	<b>p-value</b>
<b>Days RSV hospitalisation</b>				
Total Days	367	836	56%	0.003
Days/100 children	57.4	129.0		
<b>RSV hospital days of ↑ supplemented oxygen</b>				
Total Days	178	658	73%	0.014
Days/100 children	27.9	101.5		
<b>RSV associated ICU admission</b>				
Yes	13 (2.0%)	24 (3.7%)	46%	0.094
Total Days	101	461		0.80
Days/100 children	15.9	71.2	78%	
<b>RSV associated Mechanical ventilation</b>				
Yes	8 (1.3%)	14 (2.2%)	41%	0.282
Total Days	42	354		0.224
Days/100 children	6.5	54.7		

p-values for total days were obtained from the Wilcoxon test; p-values for incidence were obtained from Fisher's exact test.

## **CHD Study**

This trial, conducted at 76 centres in the United States, Canada, France, Germany, Poland, Sweden and the United Kingdom, studied patients less than or equal to 24 months of age with haemodynamically significant CHD. In this trial, 648 patients were randomised to receive five monthly placebo injections and 639 patients were randomised to receive five monthly injections of 15 mg/kg of palivizumab. The trial was conducted during four consecutive RSV seasons. Subjects were stratified by cardiac lesion (cyanotic vs. other) and were followed for safety and efficacy for 150 days. Ninety-six percent (96%) of all subjects completed the study and 92% received all five injections. The primary endpoint was the incidence of RSV hospitalisation.

RSV hospitalisations occurred among 63 of 648 (9.7%) patients in the placebo group and 34 of 639 (5.3%) patients in the palivizumab group, a 45% reduction ( $p=0.003$ ). The reduction of RSV hospitalisation was consistent over time, across geographic regions, across stratification by anatomic cardiac lesion (cyanotic vs. other) and within subgroups of children defined by gender, age, weight, race and presence of RSV neutralizing antibody at entry. The secondary efficacy endpoints that showed significant reductions in the palivizumab group compared to placebo included total days of RSV hospitalisation (56% reduction,  $p=0.003$ ) and total RSV days with increased supplemental oxygen (73% reduction,  $p=0.014$ ).

## **Extended Dose Study**

An open label, prospective safety and pharmacokinetics study examined the safety, tolerance and pharmacokinetics of palivizumab when administered for up to 7 months in Saudi Arabia, a subtropical region where the reported RSV season is frequently longer than in temperate countries. Eighteen preterm infants (less than 34 weeks gestation), ranging in age from newborn to 29 weeks, with or without chronic lung disease (CLD), judged to be at risk for RSV infection, and palivizumab naïve, were included in the study. Palivizumab 15mg/kg was injected once per month, for up to 7 months during the RSV season.

Adequate mean palivizumab levels, previously correlated with protection, were achieved. No significant elevations of anti-palivizumab antibody titer were observed. These results suggest that in this age group seven palivizumab doses are non-immunogenic and are not associated with increased adverse events.

## **Preclinical safety data**

In a human tissue cross-reactivity study, biotinylated palivizumab did not stain in a specific fashion to the more than 30 human adult and neonatal tissues studied.

Acute toxicity studies in three species, the Sprague Dawley rat, the cynomolgus monkey and the NZW rabbit demonstrated tolerance at the site of injection as well as lack of specific systemic toxicity.

In the cotton rat model, pretreatment with palivizumab was shown to reduce mean pulmonary viral titres (replication) by a mean of 99% at serum concentrations of approximately 30  $\mu\text{mL}$ . At no concentration was increased viral replication seen, nor was there an increase in pulmonary inflammation or histopathology at any palivizumab concentration examined. No

RSV mutants escaped therapy and reinfection with RSV after palivizumab exposure did not enhance RSV viral titres (replication) or the resultant pulmonary histopathology.

## **INDICATIONS**

Synagis is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in children at high risk of RSV disease. Safety and efficacy were established in children with bronchopulmonary dysplasia (BPD), infants with a history of prematurity (gestational age < 35 weeks at birth) and children with haemodynamically significant congenital heart disease (CHD). (See Clinical Trials)

## **CONTRAINDICATIONS**

Synagis is contraindicated in patients with known hypersensitivity to Synagis or to any of its excipients. It is also contraindicated in patients with known hypersensitivity to other humanised monoclonal antibodies.

## **PRECAUTIONS**

Allergic reactions including very rare anaphylaxis and anaphylactic shock have been reported following palivizumab administration. In some cases, fatalities have been reported (see **ADVERSE REACTIONS/Postmarketing Experience**).

Medications for the treatment of severe hypersensitivity reactions, including anaphylaxis and anaphylactic shock should be available for immediate use following administration of palivizumab. If a severe hypersensitivity reaction occurs, therapy with palivizumab should be discontinued. As with other agents administered to this population, if milder hypersensitivity reactions occur, caution should be used on re-administration of palivizumab.

As with any intramuscular injection, palivizumab should be given with caution to patients with thrombocytopenia or any coagulation disorder.

The single-use vial of palivizumab does not contain a preservative. Injections should be given within three hours after reconstitution.

A moderate to severe acute infection or febrile illness may warrant delaying the use of palivizumab, unless, in the opinion of the physician, withholding palivizumab entails a greater risk. A mild febrile illness, such as a mild upper respiratory infection, is not usually reason to defer administration of palivizumab.

### ***Carcinogenesis, Mutagenesis and Impairment of Fertility***

Carcinogenesis, mutagenesis and reproductive toxicity studies have not been performed.

## ***Use in Pregnancy***

Palivizumab is not indicated for adult usage and animal reproduction studies have not been conducted. It is also not known whether palivizumab can cause foetal harm when administered to a pregnant woman or could affect reproductive capacity.

## **INTERACTIONS WITH OTHER MEDICINES**

No formal drug-drug interaction studies were conducted, however no interactions have been described to date. In the IMPact RSV Study, the proportions of patients in the placebo and palivizumab groups who received routine childhood vaccines, influenza vaccine, bronchodilators or corticosteroids were similar and no incremental increase in adverse reactions was observed among patients receiving these agents.

Since the monoclonal antibody is specific for RSV, palivizumab is not expected to interfere with the immune response to vaccines, including live viral vaccines.

## **ADVERSE EFFECTS**

In the combined paediatric prophylaxis studies which studied premature infants with or without BPD, the proportions of subjects in the placebo and palivizumab groups who experienced any adverse event or any serious adverse event were similar. As shown in Table 6, very common ( $\geq 10\%$ ) adverse events reported with Synagis include upper respiratory infection, otitis media, rhinitis, fever, rash, cough, diarrhoea and wheeze. Table 6 also provides a listing and incidence of all common ( $\geq 1\%$ ) adverse events when compared to placebo.

**Table 6: Summary of Adverse Events Reported in More Than 1.0% of Synagis Group, Paediatric Prophylaxis Studies**

Adverse Event Code	Synagis [N = 1,168]		Placebo [N = 520]	
	No. of Patients		No. of Patients	
URI	573	(49.1%)	253	(48.7%)
Otitis Media	449	(38.4%)	209	(40.2%)
Rhinitis	348	(29.8%)	130	(25.0%)
Fever	301	(25.8%)	144	(27.7%)
Rash	295	(25.3%)	116	(22.3%)
Cough	213	(18.2%)	95	(18.3%)
Diarrhoea	179	(15.3%)	96	(18.5%)
Wheeze	154	(13.2%)	72	(13.8%)
Nervousness	114	(9.8%)	54	(10.4%)
Vomiting	109	(9.3%)	51	(9.8%)
Bronchiolitis	107	(9.2%)	52	(10.0%)
Conjunctivitis	105	(9.0%)	56	(10.8%)
Pain	94	(8.0%)	35	(6.7%)

Pneumonia	89	(7.6%)	45	(8.7%)
Oral Moniliasis	87	(7.4%)	47	(9.0%)
Gastroenteritis	85	(7.3%)	49	(9.4%)
Infection, Viral	83	(7.1%)	38	(7.3%)
Hernia	71	(6.1%)	30	(5.8%)
AST Increased	70	(6.0%)	19	(3.7%)
Anaemia	66	(5.7%)	10	(1.9%)
Respiratory Disorder	64	(5.5%)	36	(6.9%)
Gastrointestinal Disorder	62	(5.3%)	30	(5.8%)
Constipation	59	(5.1%)	35	(6.7%)
Fungal Dermatitis	52	(4.5%)	26	(5.0%)
ALT Increased	35	(3.0%)	14	(2.7%)
Accidental Injury	34	(2.9%)	17	(3.3%)
Dyspnoea	30	(2.6%)	12	(2.3%)
Eczema	29	(2.5%)	15	(2.9%)
Injection Site Reaction, Other	28	(2.4%)	11	(2.1%)
Pharyngitis	28	(2.4%)	7	(1.3%)
Study Drug Injection Site Reaction	27	(2.3%)	9	(1.7%)
Flu Syndrome	25	(2.1%)	19	(3.7%)
Bronchitis	22	(1.9%)	13	(2.5%)
Miscellaneous Procedure	22	(1.9%)	12	(2.3%)
RSV	22	(1.9%)	21	(4.0%)
Apnoea	20	(1.7%)	13	(2.5%)
Flatulence	20	(1.7%)	10	(1.9%)
Sinusitis	19	(1.6%)	12	(2.3%)
Ear Disorder	18	(1.5%)	10	(1.9%)
Urinary Tract Infection	18	(1.5%)	7	(1.3%)
Asthma	17	(1.5%)	10	(1.9%)
Failure to Thrive	16	(1.4%)	5	(1.0%)
Seborrhoea	16	(1.4%)	7	(1.3%)
Injection Site Reaction	15	(1.3%)	1	(0.2%)
BUN Increased	13	(1.1%)	4	(0.8%)
Croup	13	(1.1%)	9	(1.7%)
Feeding Abnormal	13	(1.1%)	17	(3.3%)
Liver Function Tests Abnormal	13	(1.1%)	5	(1.0%)
Ecchymosis	12	(1.0%)	4	(0.8%)
Hypertonia	12	(1.0%)	1	(0.2%)

## CHD Study

In the randomised, double-blind, placebo-controlled trial of RSV disease prophylaxis among children with haemodynamically significant congenital heart disease, the proportion of subjects in the placebo and palivizumab groups who experienced any adverse event or any serious adverse events were similar. No significant differences in morbidity or mortality were observed.

Adverse events that occurred in more than 1% of patients receiving palivizumab and for which the incidence was 1% greater in the palivizumab group than in the placebo group are shown in Table 7.

**Table 7: Adverse Events by Body System (Total Population)**

BODY SYSTEM	PALIVIZUMAB	PLACEBO	p-value
Total number of events	4169	4518	
Total number of children with one or more events	611 (95.6%)	625 (96.5%)	0.477
Haemic and lymphatic system	52 (8.1%)	70 (10.8%)	0.107
Endocrine system	5 (0.8%)	3 (0.5%)	0.504
Metabolic and nutritional disorders	48 (7.5%)	72 (11.1%)	0.028
Nervous system	89 (13.9%)	106 (16.4%)	0.244
Special senses	237 (37.1%)	250 (38.6%)	0.605
Cardiovascular system	286 (44.8%)	315 (48.6%)	0.180
Respiratory system	525 (82.2%)	547 (84.4%)	0.296
Digestive system	323 (50.5%)	344 (53.1%)	0.372
Skin and Appendages	197 (30.8%)	224 (34.6%)	0.154
Musculoskeletal	3 (0.5%)	5 (0.8%)	0.726
Urogenital system	41 (6.4%)	54 (8.3%)	0.202
Body as a whole	342 (53.5%)	332 (51.2%)	0.435

Other adverse events reported in 1% or more of the palivizumab group included:

Metabolic and Nutritional Disorders	Anaemia, failure to thrive
Nervous System	Nervousness, somnolence
Cardiovascular System	Coagulation disorder, haemorrhage, hypokalemia, congestive heart failure, thrombocytopenia, heart failure, cardiovascular disorder, pericardial effusion, tachycardia, bradycardia
Respiratory System	Otitis media, rhinitis, cough, wheeze, bronchiolitis, pneumonia, respiratory disorders, dyspnoea, pharyngitis, pleural effusion, hyperventilation, stridor, pulmonary hypertension, lung oedema, atelectasis, pneumothorax, hypoxia, bronchitis, RSV, apnoea, sinusitis, ear disorder, croup
Digestive System	Diarrhoea, vomiting, oral moniliasis, gastroenteritis, gastrointestinal disorder, constipation, flatulence, feeding abnormalities

Skin and Appendages	Rash, fungal dermatitis, eczema
Urogenital System	Urinary tract infection
Body as a Whole	Pain (primarily teething), viral infection, accidental injury, oedema, bacterial infection, fungal infection, sepsis, flu syndrome

### **Extended Dose Study**

No reported adverse events were considered related to palivizumab and no deaths were recorded.

### **Immunogenicity**

In the IMpact-RSV trial, the incidence of anti-palivizumab antibody following the fourth injection was 1.1% in the placebo group and 0.7% in the palivizumab group. In paediatric patients receiving palivizumab for a second season, one of the fifty-six patients had transient, low titre reactivity. This reactivity was not associated with adverse events or alteration in palivizumab serum concentrations. Immunogenicity was not assessed in the CHD Study.

In one infant in the Extended Dose Study (n=18), after the second dose of palivizumab, transient low levels of anti-palivizumab antibody, dropping to undetectable levels at the fifth and seventh dose, were observed.

### **Postmarketing Experience**

The following adverse reactions have been reported with palivizumab therapy. 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 palivizumab exposure (see also PRECAUTIONS)

#### ***Blood and the lymphatic system disorders***

Thrombocytopenia

#### ***Immune system disorders***

Allergic manifestations to palivizumab (including immediate hypersensitivity reactions such as anaphylaxis, anaphylactic shock, angioedema, dyspnoea, asthma, bronchospasm and pruritus). In some cases fatalities have been reported.

#### ***Nervous system disorders***

Convulsions

#### ***Respiratory, thoracic and mediastinal disorders***

Apnoea,

#### ***Skin and subcutaneous tissue disorders***

Urticaria

A compliance registry (REACH program) of nearly 20,000 palivizumab-treated infants obtained treatment schedules and spontaneously reported adverse events. 1250 enrolled infants received 6 injections, 183 infants received 7 injections and 27 infants received either 8

or 9 injections. From this registry and from routine post-marketing reports, adverse events observed in patients following a sixth or greater dose were similar in character and frequency to those after the initial five doses.

## **DOSAGE AND ADMINISTRATION**

The recommended dose of palivizumab is 15 mg/kg of body weight, given once a month during anticipated periods of RSV risk in the community. Where possible, the first dose should be administered prior to commencement of the RSV season and subsequent doses should be administered monthly throughout the RSV season. To avoid risk of reinfection, it is recommended that children receiving palivizumab who become infected with RSV continue to receive monthly doses of palivizumab for the duration of the RSV season.

Palivizumab is administered in a dose of 15 mg/kg once a month intramuscularly, preferably in the anterolateral aspect of the thigh. The gluteal muscle should not be used routinely as an injection site because of the risk of damage to the sciatic nerve. The dose per month = [patient weight (kg) x 15 mg/kg / 100 mg/mL of Synagis]. The injection should be given using standard aseptic technique. Injection volumes over 1 mL should be given as a divided dose.

Reconstituted palivizumab is to be administered by intramuscular injection only.

Palivizumab should not be mixed with any medications or diluents other than Water for Injections.

Each palivizumab vial is for use in one patient on one occasion only. To prevent the transmission of infectious diseases, sterile disposable syringes and needles should be used. Do not reuse syringes and needles.

### **Preparation for Administration**

Note: Both the 50mg and 100mg vials contain an overfill to allow the withdrawal of 50mg or 100mg, respectively, when reconstituted following the directions below.

#### *50 mg Vial*

- To reconstitute, remove the tab portion of the vial cap and clean the rubber stopper with 70% ethanol or equivalent.
- Due to the high protein concentration of reconstituted palivizumab, SLOWLY add 0.6 mL of Water for Injections along the inside wall of the vial to minimize foaming. After the water is added, tilt the vial slightly and gently rotate the vial for 30 seconds. DO NOT SHAKE VIAL.
- Reconstituted palivizumab should stand at room temperature for a minimum of 20 minutes until the solution clarifies.
- Reconstituted palivizumab does not contain a preservative and should be administered within 3 hours of reconstitution.
- Single-use vial. Discard unused contents.

When reconstituted as recommended, the solution contains 100 mg/mL palivizumab.

### 100 mg Vial

- To reconstitute, remove the tab portion of the vial cap and clean the rubber stopper with 70% ethanol or equivalent.
- Due to the high protein concentration of reconstituted palivizumab, SLOWLY add 1.0 mL of Water for Injections along the inside wall of the vial to minimize foaming. After the water is added, tilt the vial slightly and gently rotate the vial for 30 seconds. DO NOT SHAKE VIAL.
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### OVERDOSAGE

From post-marketing experience, overdoses as high as 60mg/kg have been reported without any untoward medical events.

For advice on the management of overdose please contact the Poisons Information Centre. In Australia please call 13 11 26 and in New Zealand 0800 764 766.

### PRESENTATION AND STORAGE CONDITIONS

Palivizumab is supplied as a kit including a single dose vial and an ampoule of Water for Injections for reconstitution. A description of each component follows:

Palivizumab single-use vial: 4 mL, clear, colourless type I glass vial with stopper and flip-off seal containing 50 mg powder for solution for injection

Palivizumab single-use vial: 10 mL, clear, colourless type I glass vial with stopper and flip-off seal containing 100 mg powder for solution for injection.

Sterile Water for Injections: 2 mL clear, colourless type I glass ampoule containing 1 mL Sterile Water for Injections.

Store at 2 to 8°C. Refrigerate. Do not freeze.

Store in the original container.

Do not use beyond the expiration date.

\* This presentation is not marketed in New Zealand

## **NAME AND ADDRESS OF SPONSOR**

Abbott Australasia Pty Ltd  
32-34 Lord Street  
Botany NSW 2019  
Australia

Abbott Laboratories (NZ) Ltd  
4 Pacific Rise  
Mt Wellington  
Auckland

## **POISON SCHEDULE OF MEDICINE**

S4 - Prescription Only Medicine

## **DATE OF PREPARATION**

18 August 2011

Version 11