Prescribing Information

Pelgraz ▼ (pegfilgrastim) 6 mg solution for injection in pre-filled syringe

Please refer to the Summary of Product Characteristics (SmPC) before prescribing.

Presentation: Each pre-filled syringe contains 6mg of pegfilgrastim in 0.6 mL solution for injection. **Indications:** Reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes). **Dosage and Administration:** Therapy should be initiated and supervised by physicians experienced in oncology and/or haematology. One 6mg dose (a single pre-filled syringe) is recommended for each chemotherapy cycle, given at least 24 hours after cytotoxic chemotherapy. *Paediatric population:* Safety and efficacy in children and adolescents has not been established. No recommendation on a posology can be made. *Renal impairment:* No dose change is recommended, including for those patients with end-stage renal disease. *Method of administration:* Injections should be given subcutaneously into the thigh, abdomen or upper arm. **Contraindications:** Hypersensitivity to pegfilgrastim or to any of the excipients of Pelgraz. **Warnings and Precautions:** *Traceability:* To improve traceability of biological medicinal products, the trade name should be clearly recorded. *Acute myeloid leukaemia (AML):* Use with caution in this patient population. Should not be used in patients with myelodysplastic syndrome, chronic myelogenous leukaemia, and in patients with secondary AML. Particular care should be taken to distinguish the diagnosis of blast transformation of chronic myeloid leukaemia from AML. Safety and efficacy of pegfilgrastim administration in *de novo* AML patients aged <55 years with cytogenetics t(15;17) have not been established or in patients receiving high dose chemotherapy. Should not be used to increase the dose of cytotoxic chemotherapy beyond established dose regimens. *Pulmonary adverse reactions:* Pulmonary adverse reactions, in particular interstitial pneumonia, have been reported after granulocyte-colony stimulating factor (G-CSF) administration. Patients with a recent history of pulmonary infiltrates or pneumonia may be at higher risk. The onset of pulmonary signs such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates, and deterioration in pulmonary function along with increased neutrophil count may be preliminary signs of Adult Respiratory Distress Syndrome (ARDS). In such circumstances pegfilgrastim should be discontinued at the discretion of the physician and the appropriate treatment given. *Glomerulonephritis:* Has been reported in patients receiving filgrastim and pegfilgrastim, generally resolving after dose reduction or withdrawal. Urinalysis monitoring is recommended. *Capillary leak syndrome:* Has been reported after G-CSF administration and is characterised by hypotension, hypoalbuminaemia, oedema and haemoconcentration. Patients who develop symptoms should be closely monitored and receive standard symptomatic treatment, which may include a need for intensive care. *Splenomegaly and splenic rupture:* Generally asymptomatic cases of splenomegaly and cases of splenic rupture, including some fatal cases, have been reported following administration of pegfilgrastim. Therefore, spleen size should be carefully monitored (e.g. clinical examination, ultrasound). A diagnosis of splenic rupture should be considered in patients reporting left upper abdominal pain or shoulder tip pain. *Thrombocytopenia and anaemia:* Treatment with pegfilgrastim alone does not preclude thrombocytopenia and anaemia because full dose myelosuppressive chemotherapy is maintained on the prescribed schedule. Regular monitoring of platelet count and haematocrit is recommended. Special care should be taken when administering single or combination chemotherapeutic medicinal products which are known to cause severe thrombocytopenia. *Sickle cell anaemia:* Sickle cell crises have been associated with the use of pegfilgrastim in patients with sickle cell trait or sickle cell disease, therefore use caution when prescribing, monitor appropriate clinical parameters and laboratory status and be attentive to the possible association of this medicinal product with splenic enlargement and vaso-occlusive crisis. *Leukocytosis:* White blood cell (WBC) counts of 100 x 10^9/L or greater have been observed in less than 1% of patients receiving pegfilgrastim. No adverse reactions directly attributable to this degree of leukocytosis have been reported. Such elevation in WBCs is transient, typically seen 24 to 48 hours after administration and is consistent with the pharmacodynamic effects of this medicinal product. A WBC count should be performed at regular intervals during therapy. If leukocyte counts exceed 50 x 10^9/L after the expected nadir, this medicinal product should be discontinued immediately. *Hypersensitivity:* Including anaphylactic reactions, occurring on initial or subsequent treatment have been reported. Permanently discontinue pegfilgrastim in patients with clinically significant hypersensitivity. Do not administer to patients with a history of hypersensitivity to pegfilgrastim or filgrastim. If a serious allergic reaction occurs, appropriate therapy should be administered, with close patient follow-up over several days. *Immunogenicity:* Potential for immunogenicity. Rates of generation of antibodies against pegfilgrastim is generally low. Binding antibodies do occur as expected with all biologics; however, they have not been associated with neutralising activity at present. *Aortitis:* Has been reported after filgrastim or pegfilgrastim administration in healthy subjects and in cancer patients. Symptoms included fever, abdominal pain, malaise, back pain and increased inflammatory markers (e.g. C-reactive protein and WBC count). In most cases aortitis was diagnosed by CT scan and generally resolved after withdrawal of filgrastim or pegfilgrastim.

Mobilisation of PBPC: Safety and efficacy for the mobilisation of peripheral blood progenitor cells in patients or healthy donors has not been adequately evaluated. *Other special precautions:* Increased haematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone-imaging findings. This should be considered when interpreting bone-imaging results. *Excipients with known effect:* This medicinal product contains 50mg sorbitol in each unit volume, which is equivalent to 30mg per 6mg dose. Contains less than 1 mmol (23mg) sodium per 6mg dose, that is to say essentially 'sodium-free'. *All patients:* Needle cover of the pre-filled syringe contains dry natural rubber (a derivative of latex), which may cause allergic reactions. **Fertility, Pregnancy & Lactation**: *Pregnancy:* Pegfilgrastim is not recommended during pregnancy and in women of childbearing potential not using contraception. *Breast-feeding:* There is insufficient information on the excretion of pegfilgrastim/metabolites in human milk, a risk to the newborns/ infants cannot be excluded. **Adverse Events include:** *Adverse events which could be considered serious: Common:* Thrombocytopenia; *Uncommon:* Sickle cell crisis, splenic rupture, hypersensitivity-type reactions (including angioedema, dyspnoea, anaphylaxis), capillary leak syndrome, respiratory failure, adult respiratory distress syndrome, pulmonary adverse reactions (including interstitial pneumonia, pulmonary oedema and pulmonary fibrosis), Sweet's syndrome (acute febrile dermatosis), glomerulonephritis; *Rare:* Aortitis, pulmonary haemorrhage. *Other Very Common adverse events:* Headache, nausea, bone pain. *Other Common adverse events:* Leukocytosis, musculoskeletal pain (myalgia, arthralgia, pain in extremity, back pain, neck pain), injection site pain, non-cardiac chest pain. See SmPC for details of other adverse events. **Presentation and Price:** £686.37 **Legal Category:** POM **Further information is available from:** Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS. **Marketing Authorisation Numbers:** EU/1/18/1313/001 **Date of PI Preparation:** September 2018 **Job bag number:** UK&IE/PEG/0007/08-18

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 Accord-UK LTD on 01271 385257