

**ANNEX I**  
**SUMMARY OF PRODUCT CHARACTERISTICS**

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

### 1. NAME OF THE MEDICINAL PRODUCT

ALPROLIX 250 IU powder and solvent for solution for injection

ALPROLIX 500 IU powder and solvent for solution for injection

ALPROLIX 1000 IU powder and solvent for solution for injection

ALPROLIX 2000 IU powder and solvent for solution for injection

ALPROLIX 3000 IU powder and solvent for solution for injection

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

#### ALPROLIX 250 IU powder and solvent for solution for injection

Each vial contains nominally 250 IU eftrenonacog alfa. After reconstitution, each mL of solution for injection contains approximately 50 IU eftrenonacog alfa.

#### ALPROLIX 500 IU powder and solvent for solution for injection

Each vial contains nominally 500 IU eftrenonacog alfa. After reconstitution, each mL of solution for injection contains approximately 100 IU eftrenonacog alfa.

#### ALPROLIX 1000 IU powder and solvent for solution for injection

Each vial contains nominally 1000 IU eftrenonacog alfa. After reconstitution, each mL of solution for injection contains approximately 200 IU eftrenonacog alfa.

#### ALPROLIX 2000 IU powder and solvent for solution for injection

Each vial contains nominally 2000 IU eftrenonacog alfa. After reconstitution, each mL of solution for injection contains approximately 400 IU eftrenonacog alfa.

#### ALPROLIX 3000 IU powder and solvent for solution for injection

Each vial contains nominally 3000 IU eftrenonacog alfa. After reconstitution, each mL of solution for injection contains approximately 600 IU eftrenonacog alfa.

The potency (International Units) is determined using the European Pharmacopoeia one stage clotting test against an in-house standard that is referenced to the WHO factor IX standard. The specific activity of ALPROLIX is 55-84 IU/mg protein.

Eftrenonacog alfa (recombinant human coagulation factor IX, Fc fusion protein (rFIXFc)) has 867 amino acids. It is a high purity factor product produced by recombinant DNA technology in a human embryonic kidney (HEK) cell line, without the addition of any exogenous human- or animal-derived protein in the cell culture, purification or final formulation.

Excipient with known effect: 0.3 mmol (6.4 mg) sodium per vial.

For the full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Powder and solvent for solution for injection.

Powder: lyophilised, white to off-white powder or cake.  
Solvent: the solution is clear to colourless.

## **4. CLINICAL PARTICULARS**

### **4.1 Therapeutic indications**

Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency).

ALPROLIX can be used for all age groups.

### **4.2 Posology and method of administration**

Treatment should be under the supervision of a physician experienced in the treatment of haemophilia.

#### Previously untreated patients

The safety and efficacy of ALPROLIX in previously untreated patients have not yet been established. No data are available.

#### Treatment monitoring

During the course of treatment, appropriate determination of factor IX levels is advised to guide the dose to be administered and the frequency of repeated injections. Individual patients may vary in their response to factor IX, demonstrating different half-lives and recoveries. Dose based on bodyweight may require adjustment in underweight or overweight patients. In the case of major surgical interventions in particular, precise monitoring of the substitution therapy by means of coagulation analysis (plasma factor IX activity) is indispensable.

When using an in vitro thromboplastin time (aPTT)-based one stage clotting assay for determining factor IX activity in patients' blood samples, plasma factor IX activity results can be significantly affected by both the type of aPTT reagent and the reference standard used in the assay. This is of importance particularly when changing the laboratory and/or reagents used in the assay.

Measurements with a one-stage clotting assay utilising a kaolin-based aPTT reagent will likely result in an underestimation of activity level.

#### Posology

Dose and duration of the substitution therapy depend on the severity of the factor IX deficiency, on the location and extent of the bleeding and on the patient's clinical condition.

The number of units of recombinant factor IX Fc administered is expressed in International Units (IU), which are related to the current WHO standard for factor IX products. Factor IX activity in plasma is expressed either as a percentage (relative to normal human plasma) or in International Units (relative to an International Standard for factor IX in plasma).

One International Unit (IU) of recombinant factor IX Fc activity is equivalent to that quantity of factor IX in one mL of normal human plasma.

#### On demand treatment

The calculation of the required dose of recombinant factor IX Fc is based on the empirical finding that 1 International Unit (IU) factor IX per kg body weight raises the plasma factor IX activity by 1% of normal activity (IU/dL). The required dose is determined using the following formula:

Required units = body weight (kg) x desired factor IX rise (%) (IU/dL) x {reciprocal of observed recovery (IU/kg per IU/dL)}

The amount to be administered and the frequency of administration should always be oriented to the clinical effectiveness in the individual case. If a repeat dose is required to control the bleed, the prolonged half-life of ALPROLIX should be taken into account (see section 5.2). The time to peak activity is not expected to be delayed.

In the case of the following haemorrhagic events, the factor IX activity should not fall below the given plasma activity level (in % of normal or IU/dL) in the corresponding period. Table 1 can be used to guide dosing in bleeding episodes and surgery:

Table 1: Guide to ALPROLIX dosing for treatment of bleeding episodes and surgery

<b>Degree of haemorrhage / Type of surgical procedure</b>	<b>Factor IX level required (%) (IU/dL)</b>	<b>Frequency of doses (hours)/ Duration of therapy (days)</b>
<u>Haemorrhage</u>		
Early haemarthrosis, muscle bleeding or oral bleeding	20-40	Repeat injection every 48 hours, until the bleeding episode as indicated by pain is resolved or healing is achieved.
More extensive haemarthrosis, muscle bleeding or haematoma	30-60	Repeat injection every 24 to 48 hours until pain and acute disability are resolved.
Life threatening haemorrhages	60-100	Repeat injection every 8 to 24 hours until threat is resolved.
<u>Surgery</u>		
Minor surgery including tooth extraction	30-60	Repeat injection after 24 hours, as needed until healing is achieved <sup>1</sup> .
<u>Major surgery</u>	80-100 (pre- and post-operative)	Repeat injection every 8 to 24 hours as necessary until adequate wound healing, then therapy at least for another 7 days to maintain a factor IX activity of 30% to 60% (IU/dL).

<sup>1</sup> In some patients and circumstances the dosing interval can be prolonged up to 48 hours (see section 5.2 for pharmacokinetic data).

### Prophylaxis

For long term prophylaxis against bleeding, the recommended starting regimens are either:

- 50 IU/kg once weekly, adjust dose based on individual response or
- 100 IU/kg once every 10 days, adjust interval based on individual response. Some patients who are well-controlled on a once every 10 days regimen might be treated on an interval of 14 days or longer.

The highest recommended dose for prophylaxis is 100 IU/kg

### Elderly population

There is limited experience in patients  $\geq$  65 years.

### Paediatric population

For children below the age of 12 years, higher or more frequent doses may be required and the recommended starting dose is 50-60 IU/kg every 7 days. For adolescents of 12 years of age and above, the dose recommendations are the same as for adults. See sections 5.1 and 5.2.

The highest recommended dose for prophylaxis is 100 IU/kg

### Method of administration

Intravenous use.

In case of self-administration or administration by a caregiver appropriate training is needed.

ALPROLIX should be injected intravenously over several minutes. The rate of administration should be determined by the patient's comfort level and should not exceed 10 mL/min.

For instructions on reconstitution of the medicinal product before administration, see section 6.6.

### **4.3 Contraindications**

Hypersensitivity to the active substance (recombinant human coagulation factor IX, and/or Fc domain) or to any of the excipients listed in section 6.1.

### **4.4 Special warnings and precautions for use**

#### Hypersensitivity

Allergic type hypersensitivity reactions have been reported with ALPROLIX. If symptoms of hypersensitivity occur, patients should be advised to discontinue use of the medicinal product immediately and contact their physician. Patients should be informed of the early signs of hypersensitivity reactions including, hives, generalised urticaria, tightness of the chest, wheezing, hypotension and anaphylaxis.

In case of anaphylactic shock, standard medical treatment for shock should be implemented.

#### Inhibitors

After repeated treatment with human coagulation factor IX products, patients should be monitored for the development of neutralising antibodies (inhibitors) that should be quantified in Bethesda Units (BU) using appropriate biological testing.

There have been reports in the literature showing a correlation between the occurrence of a factor IX inhibitor and allergic reactions. Therefore, patients experiencing allergic reactions should be evaluated for the presence of an inhibitor. It should be noted that patients with factor IX inhibitors may be at an increased risk of anaphylaxis with subsequent challenge with factor IX.

Because of the risk of allergic reactions with factor IX products, the initial administrations of factor IX should, according to the treating physician's judgement, be performed under medical observation where proper medical care for allergic reactions could be provided.

#### Thromboembolism

Because of the potential risk of thrombotic complications with factor IX products, clinical surveillance for early signs of thrombotic and consumptive coagulopathy should be initiated with appropriate biological testing when administering this product to patients with liver disease, to patients post-operatively, to newborn infants, or to patients at risk of thrombotic phenomena or disseminated intravascular coagulation (DIC). The benefit of treatment with ALPROLIX in these situations should be weighed against the risk of these complications.

#### Cardiovascular events

In patients with existing cardiovascular risk factors, substitution therapy with FIX may increase the cardiovascular risk.

#### Catheter-related complications

If a central venous access device (CVAD) is required, risk of CVAD-related complications including local infections, bacteraemia and catheter site thrombosis should be considered.

#### Recording of batch number

It is strongly recommended that every time that ALPROLIX is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the medicinal product.

#### Paediatric population

The listed warnings and precautions apply both to adults and children.

#### Excipient related considerations

This medicinal product contains 0.3 mmol (or 6.4 mg) sodium per vial. To be taken into consideration by patients on a controlled sodium diet.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

No interactions of ALPROLIX with other medicinal products have been reported. No interaction studies have been performed.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy and breast-feeding

Animal reproduction studies have not been conducted with ALPROLIX. A placental transfer study in mice was conducted (see section 5.3). Based on the rare occurrence of haemophilia B in women, experience regarding the use of factor IX during pregnancy and breast-feeding is not available. Therefore, factor IX should be used during pregnancy and breast-feeding only if clearly indicated.

##### Fertility

There are no fertility data available. No fertility studies have been conducted in animals with ALPROLIX.

#### **4.7 Effects on ability to drive and use machines**

ALPROLIX has no influence on the ability to drive and use machines.

#### **4.8 Undesirable effects**

##### Summary of the safety profile

Hypersensitivity or allergic reactions (which may include angioedema, burning and stinging at the infusion site, chills, flushing, generalised urticaria, headache, hives, hypotension, lethargy, nausea, restlessness, tachycardia, tightness of the chest, tingling, vomiting, wheezing) have been observed rarely and may in some cases progress to severe anaphylaxis (including shock). In some cases, these reactions have progressed to severe anaphylaxis, and they have occurred in close temporal association with development of factor IX inhibitors (see also 4.4). Nephrotic syndrome has been reported following attempted immune tolerance induction in haemophilia B patients with factor IX inhibitors and a history of allergic reaction.

Patients with haemophilia B may develop neutralising antibodies (inhibitors) to factor IX. If such inhibitors occur, the condition will manifest itself as an insufficient clinical response. In such cases, it is recommended that a specialised haemophilia centre be contacted.

There is a potential risk of thromboembolic episodes following the administration of factor IX products, with a higher risk for low purity preparations. The use of low purity factor IX products has been associated with instances of myocardial infarction, disseminated intravascular coagulation, venous thrombosis and pulmonary embolism. The use of high purity factor IX is rarely associated with thromboembolic complications.

##### Tabulated list of adverse reactions

The frequencies in the table below were observed in a total of 153 patients with severe haemophilia B in phase III clinical studies and an extension study. The total number of exposure days was 17,080 with a median of 100 (range 1-351) exposure days per subject.

Table 2 presented below is according to the MedDRA system organ classification (SOC and Preferred Term Level).

Frequencies have been evaluated according to the following convention: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data).

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Table 2: Adverse reactions reported for ALPROLIX in clinical trials

MedDRA System Organ Class	Adverse reactions	Frequency category
Metabolism and nutrition disorders	Decreased appetite	Uncommon
Nervous system disorders	Headache	Common
	Dizziness	Uncommon
	Dysgeusia	Uncommon
Cardiac disorders	Palpitations	Uncommon
Vascular disorders	Hypotension	Uncommon
Gastrointestinal disorders	Paresthesia oral	Common
	Breath odour	Uncommon
Renal and urinary disorders	Obstructive uropathy	Common
	Haematuria	Uncommon
	Renal colic	Uncommon
General disorders and administration site conditions	Fatigue	Uncommon
	Infusion site pain	Uncommon

#### Post Marketing Experience

In post-marketing experience, FIX inhibitor development and hypersensitivity (including anaphylaxis) have been observed.

#### Paediatric population

Frequency, type and severity of adverse reactions in children are expected to be similar as in adults. For extent and age characterisation of the safety database in children see section 5.1.

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

### 4.9 Overdose

The effects of higher than recommended doses of ALPROLIX have not been characterised.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antihemorrhagics, blood coagulation factor IX, ATC code: B02BD04

#### Mechanism of action

Factor IX is a single chain glycoprotein with a molecular mass of about 68,000 Dalton. It is a vitamin-K dependent coagulation factor. Factor IX is activated by factor XIa in the intrinsic coagulation pathway and by the factor VII/tissue factor complex in the extrinsic pathway. Activated factor IX, in combination with activated factor VIII, activates factor X. Activated factor X converts prothrombin into thrombin. Thrombin then converts fibrinogen into fibrin and a clot is formed. Haemophilia B is an X-linked hereditary disorder of blood coagulation due to decreased levels of factor IX and results in bleeding into joints, muscles or internal organs, either spontaneously or as a result of accidental or surgical trauma. By replacement therapy the plasma level of factor IX is increased thereby enabling a temporary correction of the factor deficiency and correction of the bleeding tendencies.

ALPROLIX (eftrenonacog alfa) is a long-acting, fully recombinant, fusion protein comprising human coagulation factor IX covalently linked to the Fc domain of human immunoglobulin G1, and produced by recombinant DNA technology.

The Fc region of human immunoglobulin G1 binds with the neonatal Fc receptor. This receptor is expressed throughout life as part of a naturally occurring pathway that protects immunoglobulins from lysosomal degradation by cycling these proteins back into circulation, resulting in their long plasma half-life.

#### Clinical efficacy and safety

The safety, efficacy, and pharmacokinetics of ALPROLIX was evaluated in 2 multinational, open-label, pivotal studies; a phase 3 study, referred to as study I and a phase 3 paediatric study, referred to as study II (see Paediatric population).

Study I compared the efficacy of each of 2 prophylactic treatment regimens (fixed weekly interval and individualised interval) to on demand treatment. The study enrolled a total of 123 previously treated male patients (12 to 71 years of age) with severe haemophilia B ( $\leq 2\%$  endogenous FIX activity). All patients received treatment with ALPROLIX and were followed for up to 77 weeks.

In the fixed weekly interval arm, subjects received ALPROLIX for routine prophylaxis starting at 50 IU/kg. In the individualised interval arm, subjects received ALPROLIX for routine prophylaxis at a fixed dose of 100 IU/kg in a dosing interval starting at every 10 days. In addition, study I evaluated haemostatic efficacy in the treatment of bleeding episodes; and determined haemostatic efficacy during perioperative management in subjects undergoing major surgical procedures.

#### Prophylaxis fixed weekly and individualised intervals:

For evaluable subjects enrolled in the prophylaxis fixed weekly interval arm of study I, the median weekly dose was 45.17 IU/kg (interquartile range 38.1-53.7). For evaluable subjects enrolled in the prophylaxis individualised interval arm of study I, the median interval was 12.53 days (interquartile range 10.4-13.4).

Median Annualised Bleeding Rates (ABR) in subjects evaluable for efficacy were 2.95 (interquartile range 1.01-4.35) for subjects on prophylaxis fixed weekly interval, 1.38 (interquartile range 0.00-3.43) for subjects on individualized interval and 17.69 (interquartile range 10.77-23.24) for subjects on demand. No bleeding episodes were experienced in 42% of subjects while on individualised prophylaxis and in 23% of subjects while on weekly prophylaxis. There was a lower proportion of subjects in individualised interval prophylaxis with  $\geq 1$  target joint at baseline than in weekly prophylaxis (27.6% and 57.1%, respectively). Of note, ABR is not comparable between different factor concentrates and between different clinical studies.

Treatment of bleeding: Of the 636 bleeding events observed during study I, 90.4 % were controlled with 1 injection and overall 97.3% with 2 or fewer injections. The median average dose per injection to treat a bleeding episode was 46.07 (interquartile range 32.86-57.03) IU/kg. The median overall dose to treat a bleeding episode was 51.47 IU/kg (interquartile range 35.21-61.73) in the weekly prophylaxis arm, 49.62 IU/kg (35.71-94.82) in the individualised interval prophylaxis arm and 46.58 IU/kg (33.33-59.41) in the on demand treatment arm.

#### Paediatric population

Study II enrolled a total of 30 previously treated male pediatric patients with severe hemophilia B ( $\leq 2\%$  endogenous FIX activity). Patients were less than 12 years of age (15 were  $<6$  years of age and 15 were 6 to  $<12$  years of age). All patients received treatment with ALPROLIX and were followed for up to 52 weeks.

All of the 30 patients were treated with ALPROLIX on an individualized prophylactic dose regimen starting with 50-60 IU/kg every 7 days, with adjustment of dose to a maximum of 100 IU/kg and dosing interval to a minimum of once weekly and a maximum of twice weekly.

### Prophylaxis Individualised Regimen:

The median average weekly dose of ALPROLIX was 59.40 IU/kg (interquartile range, 52.95 to 64.78 IU/kg) for subjects <6 years of age and 57.78 IU/kg (interquartile range, 51.67 to 65.01 IU/kg) for subjects 6 to <12 years of age. The median dosing interval overall was 6.99 day (interquartile range, 6.94 to 7.03) with no difference in the median dosing interval between age cohorts. With the exception of one patient whose last prescribed dose was 100 IU/kg every 5 days, the other 29 patients last prescribed doses were up to 70 IU/kg every 7 days. No bleeding episodes were experienced in 33% of paediatric subjects.

Median annualised bleeding rates in subjects <12 years of age evaluable for efficacy were 1.97 (interquartile range 0.00-3.13).

Treatment of bleeding episodes: Of the 60 bleeding events observed during study II, 75% were controlled with 1 injection, and overall 91.7% of bleeding episodes were controlled with 2 or fewer injections. The median average dose per injection to treat a bleeding episode was 63.51 (interquartile range, 48.92-99.44) IU/kg. The median overall dose to treat a bleeding episode was 68.22 IU/kg (interquartile range, 50.89-126.19).

### Perioperative management (surgical prophylaxis):

A total of 29 major surgical procedures were performed and assessed in 19 subjects (17 adults, 1 adolescent and 1 paediatric patient <12 years of age) in study I and an extension study. Of the 29 major surgeries, 24 surgeries (82.8%) required a single pre-operative dose to maintain hemostasis during surgery. The median average dose per injection to maintain hemostasis during surgery was 94.7 IU/kg (range: 49 to 152 IU/kg). The total dose on the day of surgery ranged from 51 to 318 IU/kg and the total dose in the 14 day perioperative period ranged from 60 to 1947 IU/kg.

## 5.2 Pharmacokinetic properties

All pharmacokinetic studies with ALPROLIX were conducted in previously treated patients with severe haemophilia B. Data presented in this section were obtained by one-stage clotting assay with a silica-based aPTT reagent calibrated against factor IX plasma standards.

Pharmacokinetic properties were evaluated in 22 subjects ( $\geq 19$  years) receiving ALPROLIX (rFIXFc). Following a washout period of at least 120 hours (5 days), the subjects received a single dose of 50 IU/kg of ALPROLIX. Pharmacokinetic samples were collected pre-dose and then subsequently at 11 time points up to 240 hours (10 days) post-dose. Pharmacokinetic parameters of the non-compartmental analysis after 50 IU/kg dose of ALPROLIX are presented in Table 3.

Table 3: Pharmacokinetic parameters of ALPROLIX (50 IU/kg dose)

Pharmacokinetic parameters <sup>1</sup>	ALPROLIX (95% CI)
	N=22
Incremental Recovery (IU/dL per IU/kg)	0.92 (0.77-1.10)
AUC/Dose (IU*h/dL per IU/kg)	31.58 (28.46-35.05)
C <sub>max</sub> (IU/dL)	46.10 (38.56-55.11)
CL (mL/h/kg)	3.17 (2.85-3.51)
t <sub>1/2</sub> (h)	77.60 (70.05-85.95)
t <sub>1/2α</sub> (h) <sup>2</sup>	5.03 (3.20-7.89)
t <sub>1/2β</sub> (h) <sup>2</sup>	82.12 (71.39-94.46)
MRT (h)	95.82 (88.44-106.21)
V <sub>ss</sub> (mL/kg)	303.4 (275.1-334.6)

Time to 1% (days) <sup>2</sup>	11.22 (10.20-12.35)
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<sup>1</sup> Pharmacokinetic parameters are presented in Geometric Mean (95% CI)

<sup>2</sup> These pharmacokinetic parameters obtained from the compartmental analysis

**Abbreviations:** CI = confidence interval; C<sub>max</sub> = maximum activity; AUC = area under the FIX activity time curve; t<sub>1/2</sub> = terminal half-life; t<sub>50α</sub> = distribution half-life; t<sub>50β</sub> = elimination half-life; CL = clearance; V<sub>ss</sub> = volume of distribution at steady-state; MRT = mean residence time.

The elimination half-life of ALPROLIX (82 hours) is influenced by the Fc region, which in animal models was shown to be mediated by neonatal Fc receptor cycling pathways.

A population pharmacokinetic model was developed based on FIX activity data from 161 subjects of all ages (2-76 years of age) weighing between 12.5 kg to 186.7 kg in three clinical studies (12 subjects in a phase 1/2a study, 123 subjects in study I and 26 subjects in study II). The estimate of CL of ALPROLIX for a typical 70 kg adult is 2.30 dL/h and steady-state volume of distribution of ALPROLIX is 194.8 dL, respectively. The observed mean (SD) activity time profile following a single dose of ALPROLIX in patients with severe haemophilia B is shown below (see Table 4).

Table 4: The Observed Mean (SD) FIX activity [IU/dL] following a single dose of ALPROLIX<sup>1</sup> for patients ≥ 12 years of Age

Dose (IU/kg)	10 mins	1h	3h	6h	24h	48h	96h	144h	168h	192h	240 h	288 h
50	52.9 (30.6)	34.5 (7.3)	28.7 (6.7)	25.1 (5.1)	15.1 (3.9)	9.7 (3.0)	5.0 (1.6)	3.4 (1.1)	3.2 (1.9)	2.6 (1.0)	2.1 (0.9)	NA
100	112 (24)	NA	77.1 (12.8)	NA	36.7 (8.0)	21.8 (4.8)	10.1 (2.6)	NA	4.81 (1.67)	NA	2.86 (0.98)	2.30 (0.94)

<sup>1</sup> See section 4.2; NA: Not available

### Paediatric population

Pharmacokinetic parameters of ALPROLIX were determined for adolescents in study I (pharmacokinetic sampling was conducted pre-dose followed by assessment at multiple time points up to 336 hours (14 days) post-dose) and for children in study II (pharmacokinetic sampling was conducted pre-dose followed by assessment at 7 time points up to 168 hours (7 days) post-dose). Table 5 presents the pharmacokinetic parameters calculated from the paediatric data of 35 subjects less than 18 years of age.

Table 5: Comparison of PK Parameters of ALPROLIX (rFIXFc) by Age Category

PK Parameters <sup>1</sup>	Study II		Study I
	<6 years (2, 4)	6 to <12 years (6, 10)	12 to <18 years (12, 17)
	N = 11	N = 13	N = 11
IR (IU/dL per IU/kg)	0.5989 (0.5152, 0.6752)	0.7170 (0.6115, 0.8407)	0.8470 (0.6767, 1.0600)
AUC/Dose (IU*h/dL per IU/kg)	22.71 (20.32, 25.38)	28.53 (24.47, 33.27)	29.50 (25.13, 34.63)
t <sub>1/2</sub> (h)	66.49 (55.86, 79.14)	70.34 (60.95, 81.17)	82.22 (72.30, 93.50)
MRT (h)	83.65 (71.76, 97.51)	82.46 (72.65, 93.60)	93.46 (81.77, 106.81)
CL (mL/h/kg)	4.365 (3.901, 4.885)	3.505 (3.006, 4.087)	3.390 (2.888, 3.979)
V <sub>ss</sub> (mL/kg)	365.1 (316.2, 421.6)	289.0 (236.7, 352.9)	316.8 (267.4, 375.5)

<sup>1</sup> PK parameters derived from noncompartmental analysis are presented in Geometric Mean (95% CI)

**Abbreviations:** CI = confidence interval; IR = incremental recovery; AUC = area under the FIX activity time curve; t<sub>1/2</sub> = terminal half-life; MRT = mean residence time; CL = clearance; V<sub>ss</sub> = volume of distribution at steady-state

### 5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on thrombogenicity test in rabbits (Wessler stasis model) and repeated dose toxicity studies (which included assessment of local toxicity, male reproductive organs and electrocardiographic parameters) in rats and monkeys. Studies to investigate genotoxicity, carcinogenicity, toxicity to reproduction or embryo-foetal development have not been conducted. In a placental transfer study, ALPROLIX has been shown to cross the placenta in small amounts in mice.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

#### Powder

Sucrose

L-histidine

Mannitol

Polysorbate 20

Sodium hydroxide (for pH adjustment)

Hydrochloric acid (for pH adjustment)

#### Solvent

Sodium chloride

Water for injections

### 6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

Only the provided infusion set should be used because treatment failure can occur as a consequence of coagulation factor IX adsorption to the internal surfaces of some injection equipment.

### 6.3 Shelf life

#### Unopened vial

4 years

During the shelf-life, the product may be stored at room temperature (up to 30°C) for a single period not exceeding 6 months. The date that the product is removed from refrigeration should be recorded on the carton. After storage at room temperature, the product may not be returned to the refrigerator. The product should not be used beyond the expiry date printed on the vial or six months after removing the carton from refrigeration, whichever is earlier.

#### After reconstitution

Chemical and physical stability has been demonstrated for 6 hours when stored at room temperature (up to 30°C). If the product is not used within 6 hours, it must be discarded. From a microbiological point of view, the product should be used immediately after reconstitution. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user. Protect product from direct sunlight.

### 6.4 Special precautions for storage

Store in a refrigerator (2°C - 8°C). Do not freeze. Keep the vial in the outer carton in order to protect from light.

For storage conditions after reconstitution of the medicinal product, see section 6.3.

## **6.5 Nature and contents of container and special equipment for use, administration**

Each pack contains:

- powder in a type 1 glass vial with a chlorobutyl rubber stopper
- 5 mL solvent in a type 1 glass pre-filled syringe with a bromobutyl rubber plunger stopper
- a plunger rod
- a sterile vial adapter for reconstitution
- a sterile infusion set
- alcohol swab(s)
- plaster(s)
- gauze pad(s).

Pack size of 1.

## **6.6 Special precautions for disposal and other handling**

The powder for injection in each vial must be reconstituted with the supplied solvent (sodium chloride solution) from the pre-filled syringe using the sterile vial adapter for reconstitution.

The vial should be gently swirled until all of the powder is dissolved.

Please see package leaflet, for additional information on reconstitution and administration.

The reconstituted solution should be clear to slightly opalescent and colourless. Reconstituted medicinal product should be inspected visually for particulate matter and discoloration prior to administration. Do not use solutions that are cloudy or have deposits.

This product is for single use only.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

## **7. MARKETING AUTHORISATION HOLDER**

Swedish Orphan Biovitrum AB (publ)  
SE-112 76 Stockholm  
Sweden

## **8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/16/1098/001  
EU/1/16/1098/002  
EU/1/16/1098/003  
EU/1/16/1098/004  
EU/1/16/1098/005

## **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 12 May 2016

## **10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

## **ANNEX II**

- A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

**A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE AND  
MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**

Name and address of the manufacturer(s) of the biological active substance

Biogen Inc.  
5000 Davis Drive  
Research Triangle Park  
North Carolina  
27709-4627  
United States

Name and address of the manufacturer(s) responsible for batch release

Swedish Orphan Biovitrum AB (publ)  
Strandbergsgatan 49  
11276 Stockholm  
Sweden

**B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2)

**C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

• **Periodic safety update reports**

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder shall submit the first periodic safety update report for this product within 6 months following authorisation.

**D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE  
OF THE MEDICINAL PRODUCT**

• **Risk Management Plan (RMP)**

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

**ANNEX III**  
**LABELLING AND PACKAGE LEAFLET**

## **A. LABELLING**

## **PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

### **CARTON**

#### **1. NAME OF THE MEDICINAL PRODUCT**

ALPROLIX 250 IU powder and solvent for solution for injection

ALPROLIX 500 IU powder and solvent for solution for injection

ALPROLIX 1000 IU powder and solvent for solution for injection

ALPROLIX 2000 IU powder and solvent for solution for injection

ALPROLIX 3000 IU powder and solvent for solution for injection

eftrenonacog alfa

recombinant coagulation factor IX, Fc fusion protein

#### **2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Powder: 250 IU eftrenonacog alfa (approx. 50 IU/mL after reconstitution),

Powder: 500 IU eftrenonacog alfa (approx. 100 IU/mL after reconstitution)

Powder: 1000 IU eftrenonacog alfa (approx. 200 IU/mL after reconstitution)

Powder: 2000 IU eftrenonacog alfa (approx. 400 IU/mL after reconstitution)

Powder: 3000 IU eftrenonacog alfa (approx. 600 IU/mL after reconstitution)

#### **3. LIST OF EXCIPIENTS**

Powder:

sucrose, L- histidine, mannitol, polysorbate 20, sodium hydroxide, hydrochloric acid

Solvent:

sodium chloride

water for injections

#### **4. PHARMACEUTICAL FORM AND CONTENTS**

Powder and solvent for solution for injection

Content: 1 powder vial, 5 mL solvent in pre-filled syringe, 1 plunger rod, 1 vial adapter, 1 infusion set, 2 alcohol swabs, 2 plasters, 1 gauze

#### **5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Intravenous use, after reconstitution.

Read the package leaflet before use.

An instructional video on how to prepare and administer ALPROLIX is available by scanning the QR code with a smartphone or via the website

QR code to be included + <http://www.alprolix-instructions.com/>

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

Use within 6 hours after reconstitution.

**9. SPECIAL STORAGE CONDITIONS**

Keep the vial in the outer carton in order to protect from light.

Store in a refrigerator.

Do not freeze.

Can be stored at room temperature (up to 30°C) for a single period up to 6 months. Must not be returned to refrigerator after storage at room temperature.

Date removed from refrigerator:

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Swedish Orphan Biovitrum AB (publ)  
SE-112 76 Stockholm  
Sweden

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/16/1098/001  
EU/1/16/1098/002  
EU/1/16/1098/003  
EU/1/16/1098/004  
EU/1/16/1098/005

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

ALPROLIX 250

ALPROLIX 500

ALPROLIX 1000

ALPROLIX 2000

ALPROLIX 3000

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC: {number}

SN: {number}

NN: {number}

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS**

**VIAL LABEL**

**1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION**

ALPROLIX 250 IU powder for injection

ALPROLIX 500 IU powder for injection

ALPROLIX 1000 IU powder for injection

ALPROLIX 2000 IU powder for injection

ALPROLIX 3000 IU powder for injection

eftrenonacog alfa  
recombinant coagulation factor IX  
IV

**2. METHOD OF ADMINISTRATION**

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT**

250 IU

500 IU

1000 IU

2000 IU

3000 IU

**6. OTHER**

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS**  
**PRE-FILLED SYRINGE LABEL**

**1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION**

Solvent for ALPROLIX  
sodium chloride  
water for injections

**2. METHOD OF ADMINISTRATION**

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT**

5 mL

**6. OTHER**

**B. PACKAGE LEAFLET**

## Package leaflet: Information for the user

**ALPROLIX 250 IU powder and solvent for solution for injection**  
**ALPROLIX 500 IU powder and solvent for solution for injection**  
**ALPROLIX 1000 IU powder and solvent for solution for injection**  
**ALPROLIX 2000 IU powder and solvent for solution for injection**  
**ALPROLIX 3000 IU powder and solvent for solution for injection**

eftrenonacog alfa recombinant coagulation factor IX, Fc fusion protein

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

**Read all of this leaflet carefully before you start using this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

### What is in this leaflet

1. What ALPROLIX is and what it is used for
2. What you need to know before you use ALPROLIX
3. How to use ALPROLIX
4. Possible side effects
5. How to store ALPROLIX
6. Contents of the pack and other information
7. Instructions for preparation and administration

#### 1. What ALPROLIX is and what it is used for

ALPROLIX contains the active substance eftrenonacog alfa, recombinant coagulation factor IX, Fc fusion protein. Factor IX is a protein produced naturally in the body necessary for the blood to form clots and stop bleeding.

ALPROLIX is a medicine used for the treatment and prevention of bleeding in all age groups of patients with haemophilia B (inherited bleeding disorder caused by factor IX deficiency).

ALPROLIX is prepared by recombinant technology without addition of any human- or animal-derived components in the manufacturing process.

#### How ALPROLIX works

In patients with haemophilia B, factor IX is missing or not working properly. ALPROLIX is used to replace the missing or deficient factor IX. ALPROLIX increases factor IX level in the blood and temporarily corrects the bleeding tendency. The Fc fusion protein in ALPROLIX increases the length of time that the medicine works.

#### 2. What you need to know before you use ALPROLIX

##### Do not use ALPROLIX:

- if you are allergic to eftrenonacog alfa or any other ingredients of this medicine (listed in section 6).

## **Warnings and precautions**

Talk to your doctor, pharmacist or nurse before using ALPROLIX.

- There is a small chance that you may experience an anaphylactic reaction (a severe, sudden allergic reaction) to ALPROLIX. Signs of allergic reactions may include, generalised itching, hives, tightness of the chest, difficulty breathing and low blood pressure. If any of these symptoms occur, stop the injection immediately and contact your doctor.
- Talk to your doctor if you think that your bleeding is not being controlled with the dose you receive, as there can be several reasons for this. For example, the formation of antibodies (also known as inhibitors) to factor IX is a known complication that can occur during the treatment of haemophilia B. The antibodies prevent the treatment from working properly. This would be checked by your doctor. Do not increase the total dose of ALPROLIX to control your bleed without talking to your doctor.

Patients with a factor IX inhibitor may be at an increased risk of anaphylaxis during future treatment with factor IX. Therefore, if you experience allergic reactions such as those described above, you should be tested for the presence of an inhibitor.

Factor IX products may increase the risk of unwanted blood clots in your body, especially if you have risk factors for developing blood clots. Symptoms of a possible unwanted blood clot may include: pain and/or tenderness along a vein, unexpected swelling of an arm or leg or sudden shortness of breath or difficulty breathing.

### Catheter-related complications

If you require a central venous access device (CVAD), risk of CVAD-related complications including local infections, presence of bacteria in the blood and catheter -site blood clots should be considered.

### Documentation

It is strongly recommended that every time ALPROLIX is given, the name and batch number of the product are recorded.

## **Other medicines and ALPROLIX**

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines.

## **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

## **Driving and using machines**

ALPROLIX has no influence on the ability to drive and use machines.

## **ALPROLIX contains sodium**

This medicine contains 6.4 mg sodium per vial after preparation. Talk to your doctor if you are on a controlled sodium diet.

## **3. How to use ALPROLIX**

Treatment with ALPROLIX will be started by a doctor who is experienced in the care of patients with haemophilia. Always use this medicine exactly as your doctor has told you (see section 7). Check with your doctor, pharmacist or nurse if you are not sure.

ALPROLIX is given as an injection into a vein. You or somebody else may administer ALPROLIX after receiving adequate training. Your doctor will decide the dose of ALPROLIX (in International Units or “IU”) you will receive. The dose will depend on your individual needs for replacement factor IX therapy and on

whether it is used for prevention or treatment of bleeding. Talk to your doctor if you think that your bleeding is not being controlled with the dose you receive.

How often you need an injection will depend on how well ALPROLIX is working for you. Your doctor will perform appropriate laboratory tests to make sure that you have adequate factor IX levels in your blood.

### **Treatment of bleeding**

The dose of ALPROLIX is calculated depending on your body weight and the factor IX levels to be achieved. The target factor IX levels will depend on the severity and location of the bleeding.

### **Prevention of bleeding**

If you are using ALPROLIX to prevent bleeding, your doctor will calculate the dose for you.

The usual dose of ALPROLIX is 50 IU per kg of body weight, given once a week or 100 IU per kg of body weight, given once every 10 days. The dose or interval may be adjusted by your doctor. In some cases, especially in younger patients, shorter dosing intervals or higher doses may be necessary.

### **Use in children and adolescents**

ALPROLIX can be used in children and adolescents of all ages. In children below the age of 12 years, higher doses or more frequent injections may be needed and the usual dose is 50 to 60 IU per kg of body weight, given once every 7 days.

### **If you use more ALPROLIX than you should**

Tell your doctor as soon as possible. You should always use ALPROLIX exactly as your doctor has told you, check with your doctor, pharmacist or nurse if you are not sure.

### **If you forget to use ALPROLIX**

Do not take a double dose to make up for a forgotten dose. Take your dose as soon as you remember and then resume your normal dosing schedule. If you are not sure what to do, ask your doctor, pharmacist or nurse.

### **If you stop using ALPROLIX**

Do not stop using ALPROLIX without consulting your doctor. If you stop using ALPROLIX you may no longer be protected against bleeding or a current bleed may not stop.

If you have any further questions on the use of this medicine, ask your doctor, pharmacist or nurse.

## **4. Possible side effects**

Like all medicines, this medicine can cause side effects, although not everybody gets them.

If severe, sudden allergic reactions (anaphylactic reaction) occur, the injection must be stopped immediately. You must contact your doctor immediately if you experience any of the following symptoms of allergic reactions: swelling of the face, rash, generalised itching, hives, tightness of the chest, difficulty breathing, burning and stinging at the injection site, chills, flushing, headache, general feeling of being unwell, nausea, restlessness, fast heartbeat, and low blood pressure.

The following side effects may occur with this medicine.

**Common side effects (may affect up to 1 in 10 people):** headache, mouth numbness or tingling, pain in your side with blood in your urine (obstructive uropathy).

**Uncommon side effects (may affect up to 1 in 100 people):** dizziness, taste alteration, bad breath, feeling tired, pain at the injection site, rapid heartbeat, blood in the urine (haematuria), pain in your side (renal colic), low blood pressure, and decreased appetite.

## Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

## 5. How to store ALPROLIX

Keep this medicine out of the sight and reach of children.

Store in a refrigerator (2°C - 8°C). Do not freeze. Store in the original pack in order to protect from light.

Alternatively, ALPROLIX may be stored at room temperature (up to 30°C) for a single period not exceeding 6 months. Please record on the carton the date that ALPROLIX is removed from the refrigerator and set at room temperature. After storage at room temperature, the product must not be put back in the refrigerator.

Do not use this medicine after the expiry date which is stated on the carton and the vial label after "EXP". The expiry date refers to the last day of that month. Do not use this medicine if it has been stored at room temperature for longer than 6 months.

Once you have prepared ALPROLIX it should be used right away. If you cannot use the prepared ALPROLIX solution immediately, it should be used within 6 hours when stored at room temperature. Do not refrigerate the solution after preparation. Protect the solution from direct sunlight.

The prepared solution will be clear to slightly opalescent and colourless. Do not use this medicine if you notice that it is cloudy or contains visible particles.

This product is for single use only.

Discard any unused solution appropriately. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

## 6. Contents of the pack and other information

### What ALPROLIX contains

#### Powder:

- The active substance is eftrenonacog alfa (recombinant coagulation factor IX, Fc fusion protein). Each vial of ALPROLIX contains nominally 250, 500, 1000, 2000 or 3000 IU eftrenonacog alfa.
- The other ingredients are sucrose, L-Histidine, mannitol, polysorbate 20, sodium hydroxide and hydrochloric acid. If you are on a controlled sodium diet, see section 2.

#### Solvent:

5 mL sodium chloride and water for injections.

### What ALPROLIX looks like and contents of the pack

ALPROLIX is provided as a powder and solvent for solution for injection. The powder is a white to off-white powder or cake. The solvent provided for preparation of the solution to inject, is a clear, colourless solution. After preparation, the solution to inject is clear to slightly opalescent and colourless.

Each pack of ALPROLIX contains 1 powder vial, 5 mL solvent in pre-filled syringe, 1 plunger rod, 1 vial adapter, 1 infusion set, 2 alcohol swabs, 2 plasters and 1 gauze pad

### Marketing Authorisation Holder and Manufacturer

Swedish Orphan Biovitrum AB (publ)  
SE-112 76 Stockholm

Sweden

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

**België/Belgique/Belgien**

Swedish Orphan Biovitrum BVBA

Tél/Tel: + 32 2880 6119

e-mail: benelux@sobi.com

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Swedish Orphan Biovitrum SARL

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e-mail: mail.fr@sobi.com

**Lietuva**

Oy Swedish Orphan Biovitrum Ab

c/o UAB CentralPharma Communications

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e-mail: centralpharma@centralpharma.lt

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e-mail: benelux@sobi.com

**Norge**

Swedish Orphan Biovitrum AS

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**Polska**

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**Hrvatska**

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e-mail: mail.dk@sobi.com

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**Latvija**

Oy Swedish Orphan Biovitrum Ab  
c/o CentralPharma Communications SIA  
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e-mail: centralpharma@centralpharma.lv

**România**

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e-mail: mail.ro@sobi.com

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e-mail: mail.si@sobi.com

**Slovenská republika**

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e-mail: mail.se@sobi.com

**United Kingdom**

Swedish Orphan Biovitrum Ltd  
  
Tel: + 44 1223 891854  
e-mail: mail.uk@sobi.com

**This leaflet was last revised in**

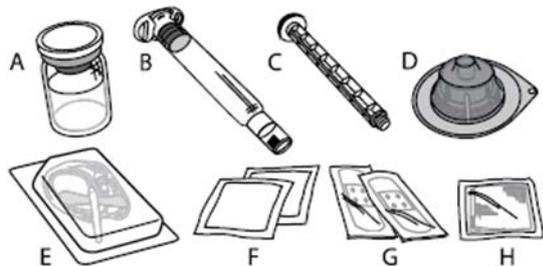
Detailed information on this medicine is available on the European Medicines Agency web site:  
<http://www.ema.europa.eu>. There are also links to other websites about rare diseases and treatments.

Please turn the leaflet over for section 7. Instructions for preparation and administration

## 7. Instructions for preparation and administration

The procedure below describes the preparation and administration of ALPROLIX.

ALPROLIX is administered by intravenous (IV) injection after dissolving the powder for injection with the solvent supplied in the pre-filled syringe. ALPROLIX pack contains:



- A) 1 Powder vial
- B) 5 mL Solvent in pre-filled syringe
- C) 1 Plunger rod
- D) 1 Vial adapter
- E) 1 Infusion set
- F) 2 Alcohol swabs
- G) 2 Plasters
- H) 1 Gauze pad

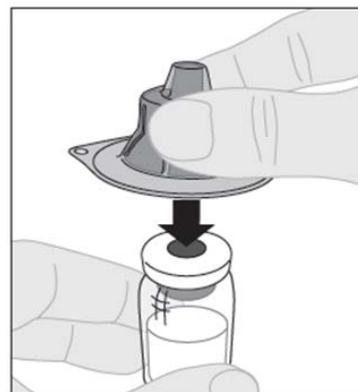
ALPROLIX should not be mixed with other solutions for injection or infusion.

Wash your hands before opening the pack.

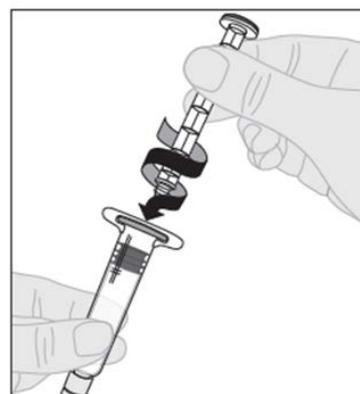
### Preparation:

1. Check the name and strength of the package, to make sure it contains the correct medicine. Check the expiry date on the ALPROLIX carton. Do not use if the product has expired.	
2. If ALPROLIX has been stored in a refrigerator, allow the vial of ALPROLIX (A) and the syringe with solvent (B) to reach room temperature before use. Do not use external heat.	
3. Place the vial on a clean flat surface. Remove the plastic flip-top cap from the ALPROLIX vial	<p>The illustration shows a hand holding the vial steady while the other hand uses a thumb to lift the plastic cap. A curved arrow indicates the upward motion of the cap.</p>
4. Wipe the top of the vial with one of the alcohol swabs (F) provided in the pack, and allow to air dry. Do not touch the top of the vial or allow it to touch anything else once wiped.	<p>The illustration shows a hand holding the vial while the other hand uses an alcohol swab to wipe the top surface of the vial.</p>
5. Peel back the protective paper lid from the clear plastic vial adapter (D). Do not remove the adapter from its protective cap. Do not touch the inside of the vial adapter package.	

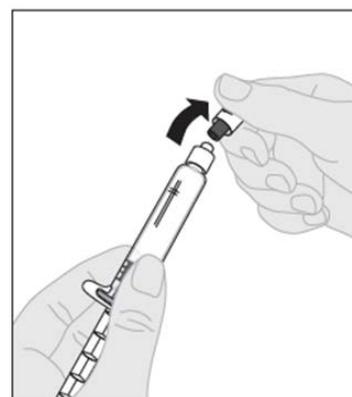
6. Hold the vial adapter in its protective cap and place it squarely over the top of the vial. Press down firmly until the adapter snaps into place on top of the vial, with the adapter spike penetrating the vial stopper.



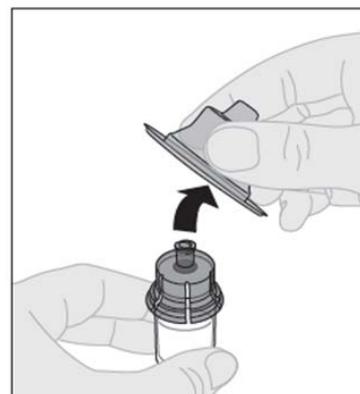
7. Attach the plunger rod (C) to the solvent syringe by inserting the tip of the plunger rod into the opening in the syringe plunger. Turn the plunger rod firmly clockwise until it is securely seated in the syringe plunger.



8. Break off the white, tamper-resistant, plastic cap from the solvent syringe by bending at the perforation cap until it snaps off. Set the cap aside by placing it with the top down on a flat surface. Do not touch the inside of the cap or the syringe tip.



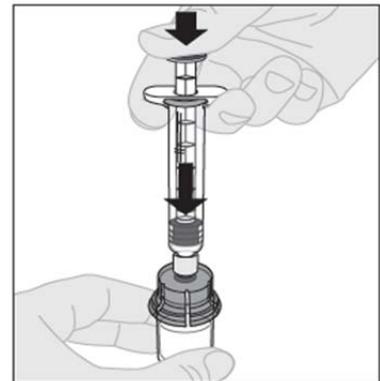
9. Lift the protective cap away from the adapter and discard.



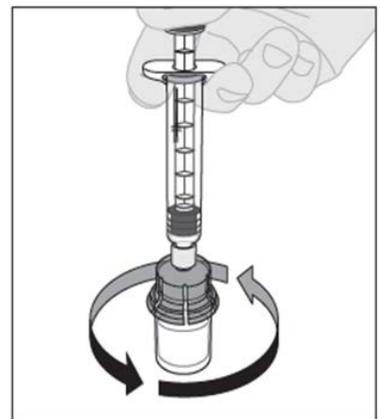
10. Connect the solvent syringe to the vial adapter by inserting the tip of the syringe into the adapter opening. Firmly push and turn the syringe clockwise until it is securely connected.



11. Slowly depress the plunger rod to inject all the solvent into the ALPROLIX vial.

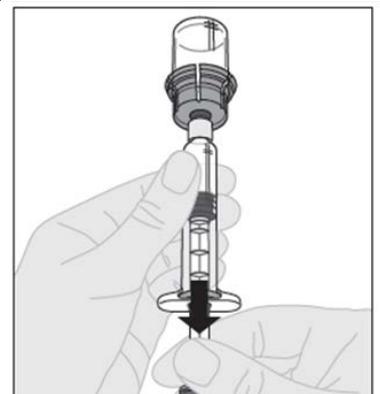


12. With the syringe still connected to the adapter and the plunger rod pressed down, gently swirl the vial until the powder is dissolved. Do not shake.

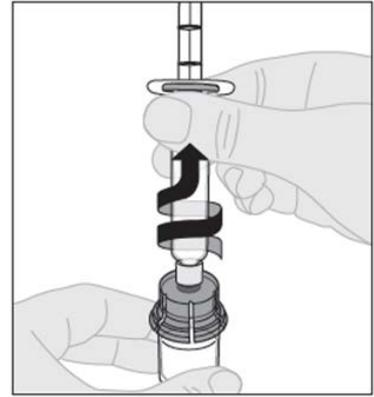


13. The final solution must be inspected visually before administration. The solution should appear clear to slightly opalescent and colourless. Do not use the solution if cloudy or contains visible particles.

14. Ensuring that the syringe plunger rod is still fully pressed down, invert the vial. Slowly pull on the plunger rod to draw back all the solution through the vial adapter into the syringe.



15. Detach the syringe from the vial adapter by gently pulling and turning the vial counterclockwise.



Note: If you use more than one vial of ALPROLIX per injection, each vial should be prepared separately as per the previous instructions (steps 1 to 13) and the solvent syringe should be removed, leaving the vial adapter in place. A single large luer lock syringe may be used to draw back the prepared contents of each of the individual vials.

16. Discard the vial and the adapter.

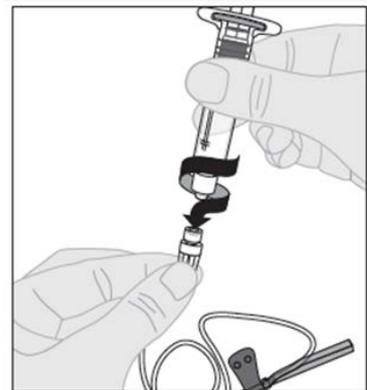
Note: If the solution is not to be used immediately, the syringe cap should be carefully put back on the syringe tip. Do not touch the syringe tip or the inside of the cap.

After preparation, ALPROLIX can be stored at room temperature for up to 6 hours before administration. After this time, the prepared ALPROLIX should be discarded. Protect from direct sunlight.

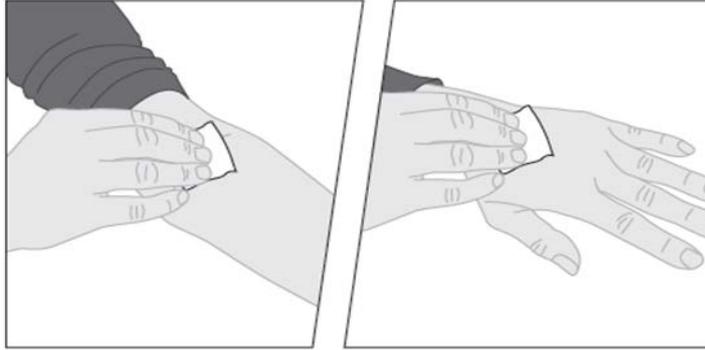
### **Administration (Intravenous Injection):**

ALPROLIX should be administered using the infusion set (E) provided in this pack.

1. Open the infusion set package and remove the cap at the end of the tubing. Attach the syringe with the prepared ALPROLIX solution to the end of the infusion set tubing by turning clockwise.



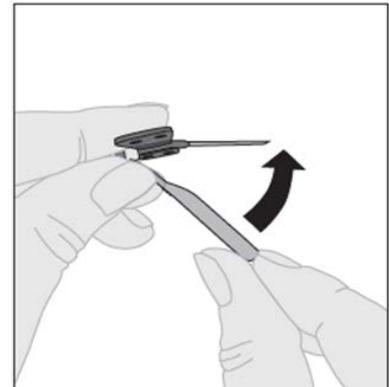
2. If needed apply a tourniquet and prepare the injection site by wiping the skin well with the other alcohol swab provided in the pack.



3. Remove any air in the infusion set tubing by slowly depressing on the plunger rod until liquid has reached the infusion set needle. Do not push the solution through the needle. Remove the clear plastic protective cover from the needle.

4. Insert the infusion set needle into a vein as instructed by your doctor or nurse and remove the tourniquet. If preferred, you may use one of the plasters (G) provided in the pack to hold the plastic wings of the needle in place at the injection site. The prepared product should be injected intravenously over several minutes. Your doctor may change your recommended injection rate to make it more comfortable for you.

5. After completing the injection and removing the needle, you should fold over the needle protector and snap it over the needle.



6. Please safely dispose of the used needle, any unused solution, the syringe and the empty vial in an appropriate medical waste container as these materials may hurt others if not disposed of properly. Do not reuse equipment.

**ANNEX IV**

**SCIENTIFIC CONCLUSIONS AND GROUNDS FOR THE VARIATION  
TO THE TERMS OF THE MARKETING AUTHORISATION**

### **Scientific conclusions**

Taking into account the PRAC Assessment Report on the PSUR(s) for eftrenonacog alfa, the scientific conclusions of CHMP are as follows:

Following evaluation of the available evidence, the marketing authorisation holder confirmed the signal on hypersensitivity and consequently updated sections 4.4 and 4.8 of the SmPC.

Hypersensitivity is a well-known adverse reaction in context with coagulation factor treatment with anaphylaxis representing the most severe form of a hypersensitivity reaction.

The CHMP agrees with the scientific conclusions made by the PRAC.

### **Grounds for the variation to the terms of the marketing authorisation(s)**

On the basis of the scientific conclusions for eftrenonacog alfa the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing eftrenonacog alfa is unchanged subject to the proposed changes to the product information

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.