PACKAGE LEAFLET: INFORMATION FOR THE USER

MYLOTARG 5 mg powder for concentrate for solution for infusion
gemtuzumab ozogamicin

▼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 or nurse.
- If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What MYLOTARG is and what it is used for

MYLOTARG contains the active substance gemtuzumab ozogamicin, an anticancer medicine, which is made up of a monoclonal antibody linked to a substance intended to kill cancer cells. This substance is delivered to cancer cells by the monoclonal antibody. A monoclonal antibody is a protein which recognises certain cancer cells.

MYLOTARG is used to treat a certain type of cancer called acute myeloid leukaemia (AML) in which the bone marrow makes abnormal white blood cells. MYLOTARG is intended for the treatment of AML for patients age 15 years and above who have not tried other treatments. MYLOTARG is not for use in patients with a type of cancer called acute promyelocytic leukaemia (APL).

2. What you need to know before you are given MYLOTARG

MYLOTARG should not be given if you:
- are allergic to gemtuzumab ozogamicin or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions
When you first receive this medicine and during the course of treatment, tell your doctor or nurse if you:
- **have or ever had liver problems:** MYLOTARG may cause, during or after treatment, a potentially life-threatening condition called hepatic venoocclusive disease, in which the blood vessels in the liver become damaged and obstructed by blood clots which may include fluid retention, rapid weight gain, increased liver size (which may be painful), and ascites (excessive accumulation of fluid in the abdominal cavity).
- **allergic reaction:** experience a high-pitched whistling sound during breathing (wheezing), difficult breathing, shortness of breath or cough with or without mucous, hives, itching, swelling, or feeling fever and chills (signs of an infusion related reaction) during or shortly after the MYLOTARG infusion.

- **infection:** have or think you have, an infection, develop chills or shivering, or feel warm, or have fever. Some infections may be serious and may be life-threatening.
- **bleeding:** have unusual bleeding, bleeding from your gums, bruising easily or getting nose bleeds on a regular basis.
- **anaemia:** have headaches, feel tired, experience dizziness, or look pale .
- **infusion reaction**: experience during or shortly after MYLOTARG infusion symptoms such as dizziness, decreased urination, confusion, vomiting, nausea, swelling, shortness of breath, or heart rhythm disturbances (this may be a potentially life-threatening complication known as tumour lysis syndrome).

Children and adolescents
MYLOTARG must not to be used in children and adolescents under 15 years of age because limited data are available in this population.

Other medicines and MYLOTARG
Tell your doctor or nurse if you are taking, have recently taken, or might take any other medicines. This includes medicines obtained without a prescription and herbal medicines.

Pregnancy, breast-feeding and fertility
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 you are given this medicine.

You must avoid becoming pregnant or fathering a child. Women must use 2 methods of effective contraception during treatment and for at least 7 months after the last dose of treatment. Men must use 2 methods of effective contraception during treatment and for at least 4 months after the last dose of treatment. Contact your doctor immediately if you or your partner becomes pregnant while taking this medicine.

Seek advice regarding fertility preservation before treatment.

If you need treatment with MYLOTARG, you must stop breast-feeding during treatment and for at least 1 month after treatment. Talk to your doctor.

Driving and using machines
If you feel unusually tired, dizzy or have a headache (these are very common side effects of MYLOTARG) you should not drive or use machines**.**

MYLOTARG contains sodium
This medicine contains less than 1 mmol sodium (23 mg) per dose. It is essentially 'sodium-free'.

3. How MYLOTARG will be given

- A doctor or nurse will give you MYLOTARG through a drip in your vein (intravenous infusion [IV]) gradually over 2 hours.
- Your doctor or nurse will decide on the correct dose.
- Your doctor may change your dose, interrupt, or completely stop treatment with MYLOTARG if you have certain side effects.
- Your doctor may lower your dose based on your response to treatment.
- Your doctor will do blood tests during the treatment to check for side effects and for response to treatment.
- Before you receive MYLOTARG, you will be given some medicines to help reduce symptoms such as fever and chills, known as infusion reactions, during or shortly after the MYLOTARG infusion.

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

4. Possible side effects

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

Some of the side effects could be serious and may occur during or after treatment with MYLOTARG. Immediately contact your doctor if you experience any of the following serious side effects (see also section 2 "What you need to know before you are given MYLOTARG"):

- **Liver problems**
  Tell your doctor right away if you have rapid weight gain, feel pain in the upper right side of your abdomen, have accumulation of fluid causing abdominal swelling. Your doctor may do blood tests and find abnormalities in liver blood tests, which might be signs of a potentially life-threatening condition called venoocclusive liver disease.

- **Bleeding (signs of a low number of blood cells known as platelets)**
  Tell your doctor right away if you bruise easily or get nose bleeds on a regular basis, or have black tarry stools, coughing up of blood, bloody sputum, or change in your mental status.

- **Infections (signs of a low number of white blood cells known as neutrophils)**
  Some infections may be serious and can be due to viruses, bacteria, or other causes that may be life-threatening.

- **Complication known as tumour lysis syndrome**
  Tell your doctor right away if you experience dizziness, decreased urination, confusion, vomiting, nausea, swelling, shortness of breath, or heart rhythm disturbances.

- **Infusion reactions**
  Medicines of this type (monoclonal antibodies) can cause infusion reactions such as a rash, shortness of breath, difficulty breathing, a tight chest, chills or fever, back pain.

Other side effects may include:

Very common (may affect more than 1 in 10 people):
- Infections (including serious infections)
- Reduced number of blood platelets (cells that help blood to clot)
- Reduced number of white blood cells which may result in general weakness and a tendency to develop infections
- Reduced number of red blood cells (anaemia) which may result in fatigue and shortness of breath
- High blood sugar
- Decreased appetite
- Headache
- Rapid heartbeat
- Bleeding
- Low blood pressure
- High blood pressure
- Shortness of breath
- Vomiting
- Diarrhoea
- Pain in the abdomen
- Feeling sick (nausea)
- Mouth inflammation
- Constipation
- Abnormalities in liver blood tests (which can be indicators of liver injury)
- Skin rash
- Fever

- Oedema (excess fluid in body tissue, causing swelling of the hands and feet)
- Fatigue
- Chills
- Changes in the levels of different enzymes in the blood (may show in your blood tests)
- Prolonged clotting time
- High level of uric acid in the blood

Common (may affect up to 1 in 10 people):
- Signs of an infusion reaction, such as a rash, shortness of breath, difficulty breathing, a tight chest, chills or fever, back pain during or after MYLOTARG infusion
- Signs of an enlarged liver (hepatomegaly), such as an enlarged belly
- Abnormal liver function
- Excessive accumulation of fluid in the abdomen/stomach
- Indigestion
- Inflammation of the oesophagus (swallowing tube)
- Liver venoocclusive disease (VOD), which includes signs of enlarged liver, pain in the upper right belly, yellowing of the skin and the whites of the eyes, accumulation of fluid in the abdomen, weight gain, abnormal liver blood tests
- Yellowing of the skin or whites of the eyes caused by liver or blood problems (jaundice)
- Redness of the skin
- Itchy skin
- Organ failure

Uncommon (may affect up to 1 in 100 people):
- Liver failure
- Budd-Chiari syndrome, which includes pain in the upper right part of the belly, an abnormally large liver, and/or accumulation of fluid in the belly associated with blood clots in the liver. Symptoms may also include feeling sick (nausea) and/or vomiting.

Frequency unknown (frequency cannot be estimated from the available data):
- Interstitial pneumonia (inflammation of the lungs causing coughing and difficulty breathing)
- Inflammation of the bowel in association with low white blood cell counts
- Inflammation of the urinary bladder resulting in bleeding from the bladder

Reporting of side effects
If you get any side effects, talk to your doctor, 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 MYLOTARG

MYLOTARG will be stored by the health professionals at the hospital or clinic.

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

Do not use this medicine after the expiry date which is stated on the vial label and carton after EXP. The expiry date refers to the last day of that month.

Unopened vial: Store in a refrigerator (2°C–8°C). Do not freeze. Store the vial in the original carton to protect from light.

Reconstituted and diluted solution: Protect the reconstituted and diluted MYLOTARG solutions from light. The solutions should be used immediately. Do not freeze the reconstituted or diluted solution.

If not used immediately:

- Following reconstitution, the original vial may be stored up to 16 hours in a refrigerator (2°C–8°C) or up to 3 hours at room temperature (below 30°C).

- The diluted solution may be stored up to 18 hours in a refrigerator (2°C–8°C) and up to 6 hours at room temperature (below 30°C). The allowed time at room temperature (below 30°C) includes the time required for preparation of the diluted solution, equilibration, if needed, and administration. The maximum time from preparation of the diluted solution through administration should not exceed 24 hours.

Do not use this medicine if you notice any particulate matter or discolouration prior to administration.

Do not throw away any medicines via wastewater or household waste. Ask your doctor 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 MYLOTARG contains

- The active substance is gemtuzumab ozogamicin.
- Each vial contains 5 mg gemtuzumab ozogamicin.
- After reconstitution, each ml of the concentrated solution contains 1 mg gemtuzumab ozogamicin.
- The other ingredients are dextran 40, sucrose, sodium chloride, sodium dihydrogen phosphate monohydrate, disodium hydrogen phosphate anhydrous. See section 2, "MYLOTARG contains sodium".

What MYLOTARG looks like and contents of the pack

MYLOTARG is a powder for concentrate for solution for infusion. It is supplied as white to off-white cake or powder.

Each carton contains 1 amber, glass vial, with rubber stopper and crimp seal with flip-off cap.

Marketing Authorisation Holder

Pfizer Europe MA EEIG
Boulevard de la Plaine 17
1050 Bruxelles
Belgium

This leaflet was last revised in

Other sources of information

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.

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The following information is intended for healthcare professionals only:

Use appropriate aseptic technique for the reconstitution and dilution procedures. MYLOTARG is light sensitive and should be protected from ultraviolet light during reconstitution, dilution and administration.

Reconstitution

- Calculate the dose (mg) of MYLOTARG required.
- Prior to reconstitution, allow the vial to reach room temperature (below 30°C) for approximately 5 minutes. Reconstitute each 5 mg vial with 5 mL of water for injections to obtain a single-use solution of 1 mg/mL of gemtuzumab ozogamicin.
- Gently swirl the vial to aid dissolution. Do not shake.
- Inspect the reconstituted solution for particulates and discolouration. The reconstituted solution may contain small white to off-white, opaque to translucent, and amorphous to fibre-like particles.
- MYLOTARG contains no bacteriostatic preservatives.
- If the reconstituted solution cannot be used immediately, it may be stored in the original vial for up to 16 hours in a refrigerator (2°C–8°C) or up to 3 hours at room temperature (below 30°C). Protect from light and do not freeze.

Dilution

- Calculate the required volume of the reconstituted solution needed to obtain the appropriate dose according to patient body surface area. Withdraw this amount from the vial using a syringe. Mylotarg vials contain 5 mg of drug product with no overfill. When reconstituted to a 1 mg/mL concentration as directed, the extractable content of the vial is 4.5 mg (4.5 mL). Protect from light. Discard any unused reconstituted solution left in the vial.
- Doses must be mixed to a concentration between 0.075 mg/mL to 0.234 mg/mL according to the following instructions:
    - Doses less than 3.9 mg must be prepared for administration by syringe. Add the reconstituted MYLOTARG solution to a syringe with sodium chloride 9 mg/mL (0.9%) solution for injection to a final concentration between 0.075 mg/mL to 0.234 mg/mL. Protect from light.
    - Doses greater than or equal to 3.9 mg are to be diluted in a syringe or an IV bag in an appropriate volume of sodium chloride 9 mg/mL (0.9%) solution for injection to ensure a final concentration between 0.075 mg/mL to 0.234 mg/mL. Protect from light.
- Gently invert the infusion container to mix the diluted solution. Do not shake.

- Following dilution with sodium chloride 9 mg/mL (0.9%) solution for injection, MYLOTARG solution should be infused immediately. If not used immediately, the diluted solution may be stored up to 18 hours in a refrigerator (2°C–8°C) and up to 6 hours at room temperature (below 30°C). The allowed time at room temperature (below 30°C) includes the time required for preparation of the diluted solution, equilibration, if needed, and administration to the patient. The maximum time from preparation of the diluted solution through administration should not exceed 24 hours. Protect from light and do not freeze.
- It is recommended that the infusion container be made of polyvinyl chloride (PVC) with DEHP, ethylene vinyl acetate (EVA) or polyolefin (polypropylene and/or polyethylene).

Administration

- Filtration of the diluted solution is required. An in-line, low protein-binding 0.2 micron polyethersulphone (PES) filter must be used for infusion of MYLOTARG.
- Doses administered by syringe must utilize small bore infusion lines (microbore) with an in-line, low protein-binding 0.2 micron polyethersulphone (PES) filter.
- During the infusion, the intravenous bag or syringes needs to be protected from light using a light (including ultraviolet light) blocking cover. The infusion line does not need to be protected from light.
- Infuse the diluted solution for 2 hours. The infusion must be completed prior to the end of the allowed 6-hour storage of the diluted solution at room temperature (below 30°C).
- Infusion lines made of PVC (DEHP- or non-DEHP-containing), polyurethane or polyethylene are recommended.

Do not mix MYLOTARG with, or administer as an infusion with, other medicinal products.

Disposal

- Toxic waste disposal procedures prescribed for anticancer medicinal products must be used.