

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

CINQAERO 10 mg/mL concentrate for solution for infusion

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each mL of concentrate contains 10 mg of reslizumab (10 mg/mL).

Each vial of 2.5 mL contains 25 mg of reslizumab.

Each vial of 10 mL contains 100 mg of reslizumab.

Reslizumab is a humanised monoclonal antibody produced in mouse myeloma cells (NS0) by recombinant DNA technology.

Excipient with known effect

Each vial of 2.5 mL contains 0.05 mmol (1.15 mg) of sodium.

Each vial of 10 mL contains 0.20 mmol (4.6 mg) of sodium.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Concentrate for solution for infusion (sterile concentrate).

Clear to slightly hazy opalescent, colourless to slightly yellow solution with pH 5.5. Proteinaceous particles might be present.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

CINQAERO is indicated as add-on therapy in adult patients with severe eosinophilic asthma inadequately controlled despite high-dose inhaled corticosteroids plus another medicinal product for maintenance treatment (see section 5.1).

4.2 Posology and method of administration

CINQAERO should be prescribed by physicians experienced in the diagnosis and treatment of the above-mentioned indication (see section 4.1).

Posology

CINQAERO is given as intravenous infusion once every four weeks.

Patients below 35 kg or above 199 kg

The recommended dose is 3 mg/kg body weight. The volume (in mL) required from the vial(s) should be calculated as follows: 0.3 x patient body weight (in kg).

Patients between 35 kg and 199 kg

The recommended dose is achieved using the vial-based dosing scheme in Table 1 below. The recommended dose is based on patient body weight and should only be adjusted for significant changes in body weight.

Table 1: Vial-based dosing scheme* for patients with body weight between 35 kg and 199 kg

Body weight (kg)	Reslizumab total dose (mg)	Numbers of each vial**	
		Vials with 10 mL concentrate (100 mg reslizumab)	Vials with 2.5 mL concentrate (25 mg reslizumab)
35-41	100	1	0
42-49	125	1	1
50-58	150	1	2
59-66	175	1	3
67-74	200	2	0
75-83	225	2	1
84-91	250	2	2
92-99	275	2	3
100-108	300	3	0
109-116	325	3	1
117-124	350	3	2
125-133	375	3	3
134-141	400	4	0
142-149	425	4	1
150-158	450	4	2
159-166	475	4	3
167-174	500	5	0
175-183	525	5	1
184-191***	550	5	2
192-199***	575	5	3

* This dosing scheme is based on a maximum dose of 3 mg/kg.
** The nominal volume of the vials (10 mL or 2.5 mL for each vial) has to be used.
*** Patients weighing more than 188 kg were not studied.

Treatment duration

CINQAERO is intended for long-term treatment.

A decision to continue the therapy should be made at least annually based on disease severity and level of exacerbation control.

Missed dose

If a reslizumab infusion is missed on the planned date, dosing should resume as soon as possible on the indicated dose and regimen. A double dose must not be administered to make up for a missed dose.

Special populations

Elderly

There are limited data available on the use of reslizumab in patients older than 75 years of age. Based on the similar reslizumab exposure observed in patients older than 65 years of age as compared to patients 18 to <65 years of age, no dose adjustment is recommended (see section 5.2).

Renal impairment

No dose adjustment is required in patients with renal impairment (see section 5.2).

Hepatic impairment

No dose adjustment is required in patients with hepatic impairment (see section 5.2).

Paediatric population

The safety and efficacy of CINQAERO in children and adolescents aged up to 17 years have not been established for the indication of CINQAERO. No data are available for children aged up to 11 years. Currently available data in adolescents from 12 to 17 years are described in sections 4.8, 5.1 and 5.2, but no recommendation on a posology can be made.

Method of administration

Intravenous use.

CINQAERO is for intravenous infusion only. It must not be administered by the subcutaneous, oral or intramuscular route.

The appropriate volume of CINQAERO should be dispensed into an infusion bag containing 50 mL sodium chloride 9 mg/mL (0.9%) solution for infusion.

The diluted medicinal product should then be administered as a 20 – 50-minute intravenous infusion through a sterile, non-pyrogenic infusion, single-use, low protein binding filter (0.2 µm). CINQAERO must not be administered as a bolus injection or as undiluted concentrate.

The infusion must be discontinued immediately if the patient experiences a hypersensitivity reaction to reslizumab or to any of the excipients (see section 4.4).

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

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Reslizumab should not be used to treat acute asthma exacerbations.

Asthma-related symptoms or exacerbations may occur during treatment. Patients should be instructed to seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment.

Hypersensitivity and administration-related reactions

Acute systemic reactions, including anaphylactic reactions, have been reported in association with reslizumab (see section 4.8). These adverse reactions were observed during or within 20 minutes after completion of the infusion. Patients should be monitored during and for an appropriate time after administration of reslizumab. If an anaphylactic reaction occurs, administration of reslizumab should be stopped immediately and appropriate medical treatment should be provided; reslizumab must be discontinued permanently (see section 4.3).

Parasitic (helminth) infections

Eosinophils may be involved in the immunological response to some helminth infections. Patients with pre-existing helminth infections should be treated before starting reslizumab therapy. If patients become infected whilst receiving treatment with reslizumab and do not respond to anti-helminth treatment, temporary discontinuation of therapy should be considered.

Sodium content

This medicinal product contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

No formal clinical drug interaction studies have been performed with reslizumab. *In vitro* data indicate that IL-5 and reslizumab are unlikely to affect CYP1A2, 3A4 or 2B6 activity. Based on the characteristics of reslizumab, drug-drug interactions are not expected. Results of population pharmacokinetic analysis confirm that concomitant use of either leukotriene antagonists or systemic corticosteroids does not affect the pharmacokinetics of reslizumab (see section 5.2).

Reslizumab has not been studied in patients concurrently taking immunosuppressant medicinal products other than oral corticosteroids (OCS); therefore, the safety and efficacy profile of reslizumab in these patients is unknown.

Reslizumab has not been studied in patients receiving live vaccines. No data are available on the secondary transmission of infection from persons receiving live vaccines to patients receiving reslizumab or the response to new immunisations in patients receiving reslizumab.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited amount of data (less than 300 pregnancy outcomes) from the use of reslizumab in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of CINQAERO during pregnancy. Reslizumab has a long half-life (see section 5.2). This should be taken into consideration.

Breast-feeding

It is unknown whether reslizumab is excreted in human milk. Available pharmacodynamic/toxicological data in animals have shown excretion of reslizumab in milk. In humans, during the first few days after birth antibodies may be transferred to the newborns through milk. In this short period, a risk to the suckling child cannot be excluded. Afterwards, CINQAERO could be used during breast-feeding if appropriate.

Fertility

There are no fertility data in humans. Available non-clinical data do not suggest an effect on fertility.

4.7 Effects on ability to drive and use machines

CINQAERO has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most frequently reported adverse reaction during treatment was increased blood creatine phosphokinase, which occurred in approximately 2% of patients. Anaphylactic reaction (see section 4.4) occurred in less than 1% of patients.

During controlled clinical studies, the proportion of patients who discontinued due to any adverse event was 5% for both the 3 mg/kg reslizumab and placebo groups.

Tabulated list of adverse reactions

Overall, 2,195 subjects received at least one dose of reslizumab. Of these subjects, 1,006 asthma patients were exposed for at least 6 months, 759 exposed for at least 1 year and 237 exposed for longer than 2 years (up to 3 years). The following adverse reactions have been reported with reslizumab during placebo-controlled asthma studies for up to 52 weeks of treatment with a 3 mg/kg dose given intravenously (1,028 patients). Adverse reactions are listed below in Table 2 by system organ class and frequency (frequencies are defined as: 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).

Table 2: Adverse reactions

System organ class	Frequency	Adverse reaction
<i>Immune system disorders</i>	Uncommon	Anaphylactic reaction*
<i>Musculoskeletal and connective tissue disorders</i>	Uncommon	Myalgia*
<i>Investigations</i>	Common	Blood creatine phosphokinase increased*

*See subsection “Description of selected adverse reactions” below

Description of selected adverse reactions*Anaphylactic reaction*

The serious adverse reaction of anaphylactic reaction was reported and considered related to reslizumab in 3 patients (0.19%) during placebo-controlled and open-label asthma studies. These reactions were observed during or within 20 minutes after completion of the reslizumab infusion and were reported as early as the second dose of reslizumab. They were fully resolved with standard treatment with no residual effect. Manifestations included skin or mucosal involvement, dyspnoea, wheezing, gastrointestinal symptoms and chills. These cases resulted in the discontinuation of treatment. Due to an overlap in signs and symptoms, it was not possible to distinguish between an anaphylactic reaction, another hypersensitivity reaction and an infusion-related reaction in all cases (see section 4.4).

Myalgia

Myalgia was reported in 0.97% of patients (10 out of 1,028) in the 3 mg/kg reslizumab group of the placebo-controlled asthma studies compared with 0.55% of patients (4 out of 730) in the placebo group.

Blood creatine phosphokinase increased

Blood creatine phosphokinase elevations were transient and asymptomatic, and did not lead to treatment discontinuation.

Malignancies

In placebo-controlled clinical studies, 6 out of 1,028 patients (0.6%) receiving 3 mg/kg reslizumab had at least one malignant neoplasm reported compared to 2 out of 730 patients (0.3%) in the placebo group. The malignancies observed in reslizumab-treated patients were diverse in nature and without clustering of any particular tissue type.

Paediatric population

Experience in paediatric patients is limited (see section 5.1). The data did not indicate a difference in the safety profile of reslizumab in paediatric patients compared with that in adult patients.

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 highest single dose administered intravenously was reported at 12.1 mg/kg and had no clinical consequences for the patient. In case of overdose, it is recommended that the patient be monitored for any signs or symptoms of adverse effects and given appropriate symptomatic treatment.

5. PHARMACOLOGICAL PROPERTIES**5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Drugs for obstructive airway diseases, other systemic drugs for obstructive airway diseases; ATC code: R03DX08

Mechanism of action

Reslizumab is a humanised monoclonal antibody (IgG4, κ) against the human interleukin-5 (IL-5). Reslizumab binds specifically to IL-5 and interferes with IL-5 binding to its cell-surface receptor. IL-5 is a key cytokine responsible for the differentiation, maturation, recruitment and activation of human eosinophils. Reslizumab binds human IL-5 with picomolar affinity blocking its biological function; consequently survival and activity of eosinophils are reduced.

Pharmacodynamic effects

Effect on sputum eosinophils

The effect of reslizumab in patients with asthma and elevated sputum eosinophil counts (at least 3%) was evaluated in a 15-week, phase 2, randomised, double-blind, placebo-controlled clinical study with reslizumab 3 mg/kg. Sputum eosinophils were measured in a subset of 38 adult patients at the end of therapy. In this study, the percentage of sputum eosinophils was reduced from a mean baseline value of 17.4% (standard deviation: 15.9%) by 82% at end of therapy in the reslizumab group.

Effect on blood eosinophils

In clinical Studies I and II with reslizumab 3 mg/kg, decreases in blood eosinophil counts were seen following the first dose and maintained through 52 weeks of treatment with no signs of tachyphylaxis. In pooled data, mean eosinophil counts were $655 \mu\text{L}^{-1}$ (n=476) and $654 \mu\text{L}^{-1}$ (n=477) for the placebo and reslizumab treatment groups at baseline and were $514 \mu\text{L}^{-1}$ (n=405) and $61 \mu\text{L}^{-1}$ (n=407) at week 52. Eosinophils began to return towards baseline in those reslizumab patients completing a 90-day follow-up assessment ($394 \mu\text{L}^{-1}$, n=36). Decreases in blood eosinophils were related to reslizumab levels.

The reduction in blood eosinophil counts by reslizumab in anti-reslizumab antibody-positive patients was not different from patients who were anti-reslizumab antibody-negative.

Clinical efficacy and safety

Overview of clinical efficacy

The efficacy of reslizumab in eosinophilic asthma (blood eosinophils $\geq 400 \mu\text{L}^{-1}$) was evaluated in three randomised, double-blind, placebo-controlled studies (Studies I to III) from 16 to 52 weeks' duration involving 1268 patients with moderate to severe asthma inadequately controlled on medium- to high-dose inhaled corticosteroids (ICS) (at least 440 μg of fluticasone propionate daily or equivalent) with or without other controllers; prior stable allergen immunotherapy was allowed.

Studies I and II were 52-week, randomised, placebo-controlled studies in patients who had at least one asthma exacerbation requiring systemic corticosteroid use over the past twelve months. Maintenance OCS (up to 10 mg per day prednisone equivalent) were allowed. The patients received either 13 doses of placebo or reslizumab 3 mg/kg administered once every 4 weeks.

Study III was a 16-week, randomised, placebo-controlled study. There was no prior asthma exacerbation requirement for this study. Maintenance OCS was not allowed. The patients received either four doses of placebo or reslizumab 0.3 mg/kg or 3 mg/kg administered once every 4 weeks.

Table 3 presents the demographics and baseline characteristics of Studies I, II and III.

Table 3: Demographics and baseline characteristics of asthma studies I - III

Demographic or baseline characteristic	Study I (n=489)	Study II (n=464)	Study III (n=315)
Demographics			
Age, mean in years	46.65	46.97	43.89
Asthma duration, mean in years	19.28	18.41	20.35
Pulmonary function tests			
Pre-bronchodilator FEV ₁ ^a , mean % predicted	64.31	69.21	70.14
Eosinophil counts			
Baseline mean blood eosinophil count, μL^{-1}	660	649	614
Exacerbation history			
Mean number of exacerbations in previous year	1.99	1.94	2.03
Proportions of patients in GINA steps 4 and 5^c			
GINA 4, %	68	70	79
GINA 5, %	13	9	<1
Patients with refractory asthma^d			
%	34	31	NA ^b
^a FEV ₁ =forced expiratory volume in 1 second ^b NA=not available ^c The GINA classification is based on the Global Initiative for Asthma (GINA) definition: GINA step 4 patients received medium- to high-dose ICS plus another controller. GINA step 5 patients received in addition, as an add-on, maintenance OCS. ^d The percentage of patients with refractory asthma (based on the American Thoracic Society [ATS]/European Respiratory Society [ERS] 2000 workshop definition for refractory asthma) from Studies I and II was analysed post hoc.			

Studies I and II

The primary efficacy measure for both Studies I and II was the frequency of asthma exacerbations for each patient during the 52-week treatment period. In both studies, an asthma exacerbation was defined as a worsening of asthma that required the following medical intervention:

- 1) use of systemic corticosteroids or an increase in the use of ICS treatment for 3 or more days, and/or
- 2) asthma-related emergency treatment including at least one of the following: an unscheduled visit to their healthcare professional for nebuliser treatment or other urgent treatment to prevent worsening of asthma symptoms; a visit to the emergency room for asthma-related treatment; or asthma-related hospitalisation.

Overall population

In Studies I and II, patients receiving reslizumab 3 mg/kg had significant reductions in asthma exacerbations (50% and 59%, respectively) compared to placebo (see Table 4). The overall reduction was 54%.

Table 4: Frequency of asthma exacerbations during the 52-week treatment period – Studies I and II, integrated data (Studies I and II) for the overall population and subgroup GINA 4 and 5

	Treatment arms (n)	Asthma exacerbation rate ^a	% reduction
Data by study			
Study I	Reslizumab 3 mg/kg (n=245)	0.90	50% (p<0.0001)
	Placebo (n=244)	1.80	
Study II	Reslizumab 3 mg/kg (n=232)	0.86	59% (p<0.0001)
	Placebo (n=232)	2.12	
Integrated Studies I and II			
Overall population	Reslizumab 3 mg/kg (n=477)	0.84	54% (p<0.0001)
	Placebo (n=476)	1.81	
Subgroup GINA 4 and 5	Reslizumab 3 mg/kg (n=383)	0.85	56%
	95% CI ^b	(0.64, 1.12)	
	Placebo (n=380)	1.95	
	95% CI	(1.50, 2.53)	
^a Rate adjusted for stratification factors (baseline usage of OCS and geographical region).			
^b CI = Confidence interval			

In the subset of patients requiring courses of OCS treatment for management of their asthma exacerbation, reslizumab was shown to reduce the frequency of asthma exacerbations by 56% (p<0.0001) and 60% (p<0.0001) in Study I and Study II, respectively. A reduction in asthma exacerbations resulting in hospitalisation or an emergency room visit was observed with reslizumab 3 mg/kg that was not statistically significant (34% [p=0.2572] and 31% [p=0.4020] in Study I and Study II, respectively).

The proportion of patients who did not experience an asthma exacerbation during the 52-week treatment period was higher in the reslizumab 3 mg/kg group (62% and 75%) compared with the placebo group (46% and 55%), in Studies I and II, respectively.

Patients with severe eosinophilic asthma

In Studies I and II, severe eosinophilic asthma is defined as any patients falling into GINA steps 4 and 5 (medium- to high-dose ICS [$\geq 440 \mu\text{g}$ fluticasone propionate] plus another controller, with or without maintenance OCS) with a blood eosinophil count of $\geq 400 \mu\text{L}^{-1}$ at start of treatment. A cohort of 763 patients within Studies I and II met this criterion; the primary efficacy outcome is presented in Table 4. In integrated Studies I and II, patients receiving reslizumab 3 mg/kg had significant reductions in asthma exacerbations (56% for subgroup GINA 4 and 5) compared to placebo.

The effect of reslizumab 3 mg/kg administered once every 4 weeks on secondary endpoints, including FEV₁, Asthma Quality of Life Questionnaire (AQLQ), Asthma Control Questionnaire (ACQ) and Asthma Symptom Utility Index (ASUI), further supports the efficacy of reslizumab 3 mg/kg compared to placebo. Improvements were observed as early as 4 weeks following the first dose of reslizumab (AQLQ at 16 weeks) and sustained through week 52.

Results for FEV₁, ACQ and AQLQ are shown in Table 5 below for the overall population, and subgroup GINA 4 and 5.

Table 5: Treatment difference in mean change from baseline for selected secondary efficacy variables – Integrated data (Studies I and II) for the overall population and subgroup GINA 4 and 5

Efficacy variable ^a	Overall population		Subgroup GINA 4 and 5	
	Over 16 weeks	Over 52 weeks	Over 16 weeks	Over 52 weeks
FEV ₁ (mL)				
Mean diff (95% CI) ^b (p-value)	117 (73, 160) (p<0.0001)	110 (66, 154) (p<0.0001)	143 (94, 192)	129 (80, 179)
ACQ				
Mean diff (95% CI) (p-value)	-0.232 (-0.325, -0.139)	-0.250 (-0.343, -0.156)	-0.321 (-0.424, -0.218)	-0.330 (-0.433, -0.226)
AQLQ				
Mean diff (95% CI) (p-value)	0.226 (0.094, 0.359) (p<0.0001)	0.272 (0.155, 0.388) (p<0.0001)	0.295 (0.151, 0.438)	0.346 (0.219, 0.473)
^a The values represent the treatment difference between placebo and reslizumab 3 mg/kg based on adjusted means over the specified time period for each treatment group, except for the change to week 16 for AQLQ, which was the first timepoint where AQLQ was assessed.				
^b CI = Confidence interval.				

Patients with severe refractory eosinophilic asthma

Reslizumab produced significant reductions in asthma exacerbations relative to placebo in the refractory population (59%) and non-refractory population (49%). Results were supported by the secondary efficacy endpoints and were in line with the overall population.

Study III

The primary endpoint was the change from baseline over 16 weeks in FEV₁. In Study III, patients receiving reslizumab 3 mg/kg had significantly larger increases in FEV₁ from baseline compared to placebo (treatment difference: 160 mL, p=0.0018). Improvements were noted in FEV₁ at 4 weeks following the first dose of reslizumab.

Immunogenicity

In phase 3 placebo-controlled studies with a duration of 16 to 52 weeks, low-titre, frequently transient anti-reslizumab antibodies were detected in 53 out of 983 asthma patients (5%) receiving reslizumab at 3 mg/kg. In an open-label phase 3 extension study, low-titre, frequently transient anti-reslizumab antibodies were detected in 49 out of 1,014 asthma patients (5%) who received 3 mg/kg reslizumab for up to 36 months. Systemic exposure to reslizumab appears to be unaffected by anti-reslizumab antibodies. The antibodies had no impact on clinical pharmacodynamics, efficacy or safety.

Ethnicity

Population pharmacokinetic analyses indicated that the pharmacokinetics of reslizumab is not significantly different between ethnic groups (white, black and Asian). There are limited safety data in non-white ethnic populations.

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with CINQAERO in one or more subsets of the paediatric population in asthma (see section 4.2 for information on paediatric use).

39 paediatric asthma patients from 12 to 17 years were randomised to reslizumab 0.3 mg/kg, reslizumab 3 mg/kg or placebo as part of two 52-week exacerbation studies (Studies I and II) and one 16-week lung function study (Study III). In Studies I and II only, patients were required to have at least one asthma exacerbation requiring systemic corticosteroid use in the year prior to study entry. Asthma exacerbations were evaluated only in the exacerbation studies (Studies I and II: reslizumab

3 mg/kg [n=14] and placebo [n=11]). No treatment effect on asthma exacerbations was observed for this age group (asthma exacerbation rate ratio [reslizumab/placebo] of 2.09). Given the small sample size and baseline imbalances resulting from subgroup analysis, no conclusion can be drawn regarding asthma efficacy in the paediatric population.

5.2 Pharmacokinetic properties

Peak serum concentrations of approximately 80 µg/mL are typically observed at the end of the infusion. Serum reslizumab concentrations generally decline from peak in a biphasic manner. Following multiple doses, serum concentrations of reslizumab accumulate approximately 1.5- to 1.9-fold. No apparent deviation from dose-proportional reslizumab pharmacokinetics was noted over the dose range of 0.3 mg/kg to 3.0 mg/kg. Inter-individual variability in peak and overall exposure is approximately 20-30%

Based on population pharmacokinetic analysis, systemic exposure to reslizumab appears to be unaffected by circulating anti-reslizumab antibodies.

Distribution

Reslizumab has a volume of distribution of approximately 5 L, suggesting minimal distribution to the extravascular tissues.

Biotransformation

In common with other monoclonal antibodies, reslizumab is believed to be degraded by enzymatic proteolysis into small peptides and amino acids. As reslizumab binds to a soluble target, linear non-target-mediated clearance is expected.

Elimination

Reslizumab clearance is approximately 7 mL/hour. Reslizumab has a half-life of about 24 days.

Special populations

Elderly

The pharmacokinetics of reslizumab was similar in adults (18-65 years of age; n=759) and elderly patients (greater than 65 years of age; n=30).

Paediatric population

The range of systemic exposures in patients from 12 to less than 18 years of age (n=15) overlapped that in the other groups although the median value was slightly lower than in adult patients (18-65 years of age; n=759) and elderly patients (greater than 65 years of age; n=30).

Gender

The pharmacokinetics of reslizumab was not significantly different between males and females.

Ethnicity

Population pharmacokinetic analyses indicated that the pharmacokinetics of reslizumab is not significantly different between ethnic groups (white, black and Asian).

Hepatic Impairment

Reslizumab has not been studied in patients with hepatic impairment. No direct effect of hepatic function on the pharmacokinetics of reslizumab is expected because antibodies are principally cleared by catabolism. In a population pharmacokinetic analysis, patients were classified by baseline liver function levels. Most patients had normal liver function tests (n=766, approximately 95%) or mildly increased liver function tests (either, in the first case, total bilirubin above the upper limit of normal [ULN] but less than or equal to 1.5 times the ULN or, in the second case, aspartate aminotransferase greater than the ULN and total bilirubin less than or equal to the ULN; n=35, approximately 4%). No significant difference in the pharmacokinetics of reslizumab was observed across these groups.

Renal Impairment

Reslizumab is an antibody with a molecular mass of 147 kDaltons and is therefore not expected to be excreted in urine. Most patients in the population pharmacokinetic analysis had normal renal function (estimated glomerular filtration rate [eGFR]) greater than or equal to 90 mL/min/1.73 m²; n=294, approximately 37%), mild renal impairment (eGFR 60-89 mL/min/1.73 m²; n=446, approximately 56%), or moderate renal impairment (eGFR 30-59 mL/min/1.73 m²; n=63, approximately 8%). No noteworthy differences in the pharmacokinetics of reslizumab were observed across these renal function groups. Reslizumab has not been studied in patients with severe renal impairment or end stage renal disease.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction and development.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium acetate trihydrate
Acetic acid glacial
Sucrose
Water for injections

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

6.3 Shelf life

3 years

Diluted medicinal product

Chemical and physical in-use stability has been demonstrated at 2 °C-8 °C and at 25 °C in sodium chloride 9 mg/mL (0.9%) solution for infusion protected from light for up to 16 hours.

From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 16 hours at 2 °C-8 °C, unless dilution has taken place in controlled and validated aseptic conditions.

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 dilution of the medicinal product, see section 6.3.

6.5 Nature and contents of container

2.5 mL of concentrate in a clear type I glass vial closed by a poly(ethylene-co-tetrafluoroethylene)-coated butyl rubber stopper covered with a crimped-on aluminium ring and a white plastic flip-off cap.

10 mL of concentrate in a clear type I glass vial closed by a poly(ethylene-co-tetrafluoroethylene)-coated butyl rubber stopper covered with a crimped-on aluminium ring and a blue plastic flip-off cap.

Pack sizes of 1 vial with 2.5 mL or 1 vial with 10 mL.

6.6 Special precautions for disposal and other handling

CINQAERO is provided as a concentrate for solution for infusion in a single-use vial. The solution for infusion is intended only for intravenous use after dilution and should be prepared using aseptic technique as follows:

Preparation of solution for infusion

1. Remove CINQAERO from the refrigerator. Do not shake the vial.
2. The medicinal product should be inspected visually before use. The concentrate is clear to slightly hazy opalescent, colourless to slightly yellow. Proteinaceous particles may be present in the concentrate that appear as translucent to white, amorphous particles, some of which may look fibrous. This is not unusual for proteinaceous solutions. The concentrate must not be used if coloured (except slightly yellow) or if foreign particles are present.
3. A suitable injection syringe should be used to withdraw the needed amount of the concentrate from the vial(s) (see section 4.2).
4. Slowly dispense the contents of the syringe(s) into an infusion bag containing 50 mL of sodium chloride 9 mg/mL (0.9%) solution for infusion. Gently invert the bag to mix the solution. This medicinal product must not be mixed with other medicinal products except sodium chloride 9 mg/mL (0.9%) solution for infusion.
5. The concentrate does not contain any preservatives. Any concentrate remaining in the vial must be discarded.
6. It is recommended that the solution for infusion be administered immediately after preparation. Solutions of CINQAERO diluted in sodium chloride 9 mg/mL (0.9%) solution for infusion may be stored refrigerated at 2 °C-8 °C (or not above 25 °C if dilution has taken place in controlled and validated aseptic conditions), protected from light for up to 16 hours.
7. CINQAERO is compatible with polyvinylchloride (PVC) or polyolefin (PO) infusion bags.

Instructions for administration

1. CINQAERO should be administered by a healthcare professional prepared to manage hypersensitivity reactions including anaphylaxis (see section 4.4). The patient has to be observed over the duration of the infusion and for an appropriate period afterwards. Patients should be instructed on how to recognise symptoms of serious allergic reactions.
2. If the solution for infusion has been stored in a refrigerator, allow it to reach room temperature (15 °C-25 °C).
3. The solution for infusion should be infused intravenously over 20 – 50 minutes. Infusion time may vary depending on the total volume to be infused.
4. The solution for infusion should not be infused concomitantly in the same intravenous line with other medicinal products. No physical or biochemical compatibility studies have been conducted to evaluate the co-administration of reslizumab with other medicinal products.
5. An infusion set with an in-line, sterile, non-pyrogenic, low-protein-binding filter (pore size of 0.2 µm) should be used for infusion. CINQAERO is compatible with polyethersulfone (PES), polyvinylidene fluoride (PVDF), nylon, cellulose acetate (CA) low protein binding in-line infusion filters.
6. Upon completion of the infusion, flush the infusion set with sterile sodium chloride 9 mg/mL (0.9%) solution for infusion to ensure that all of the CINQAERO solution for infusion has been administered.

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

7. MARKETING AUTHORISATION HOLDER

Teva Pharmaceuticals Limited
Ridings Point, Whistler Drive
Castleford, West Yorkshire, WF10 5HX
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/16/1125/001-002

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 16 August 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 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 OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer of the biological active substance

Lonza Biologics Inc.
101 International Drive
Portsmouth
NH 03801-2815
United States of America

Name and address of the manufacturer responsible for batch release

Sicor Biotech UAB
Molėtų pl. 5
LT-08409 Vilnius
Lithuania

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

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

CINQAERO 10 mg/mL concentrate for solution for infusion
reslizumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each mL of concentrate contains 10 mg of reslizumab.

One vial of 2.5 mL contains 25 mg reslizumab.
One vial of 10 mL contains 100 mg reslizumab.

3. LIST OF EXCIPIENTS

Excipients: sodium acetate trihydrate, acetic acid glacial, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Concentrate for solution for infusion

1 vial

25 mg/2.5 mL
100 mg/10 mL

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.

Intravenous use, after dilution only.

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

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Do not freeze.
Keep the vial in the outer carton in order to protect from light.

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**

Teva Pharmaceuticals Limited
Ridings Point, Whistler Drive
Castleford, West Yorkshire, WF10 5HX
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/16/1125/001 1 vial of 10 mL
EU/1/16/1125/002 1 vial of 2.5 mL

13. BATCH NUMBER

Batch

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
VIAL LABEL

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

CINQAERO 10 mg/mL sterile concentrate
reslizumab

Intravenous use, after dilution only.

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Batch

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2.5 mL
25 mg/2.5 mL

10 mL
100 mg/10 mL

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

CINQAERO 10 mg/mL concentrate for solution for infusion reslizumab

▼ 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 are given 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.
- 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 CINQAERO is and what it is used for
2. What you need to know before you are given CINQAERO
3. How CINQAERO is given
4. Possible side effects
5. How to store CINQAERO
6. Contents of the pack and other information

1. What CINQAERO is and what it is used for

What CINQAERO is

CINQAERO is a medicine containing the active substance reslizumab, a monoclonal antibody, a type of protein that recognises and binds to a specific target substance in the body.

How CINQAERO works

CINQAERO blocks interleukin-5 activity and reduces the number of eosinophils in your blood and lungs. Eosinophils are white blood cells involved in asthma inflammation. Interleukin-5 is a protein your body makes that plays a key role in inflammation in asthma by activating eosinophils.

What CINQAERO is used for

CINQAERO is used to treat severe eosinophilic asthma in adult patients (18 years of age and over) when the condition is not well controlled despite treatment with high-dose inhaled corticosteroids together with another asthma medicine. Eosinophilic asthma is a type of asthma where patients have too many eosinophils in the blood or lungs. CINQAERO is used together with other medicines to treat asthma (inhaled corticosteroids plus other asthma medicines).

What are the benefits of using CINQAERO

CINQAERO reduces how often you have flare-ups of your asthma, helps you breathe better and decreases your asthma symptoms.

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

You must not receive CINQAERO:

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

Warnings and precautions

Talk to your doctor or nurse before you are given CINQAERO:

- if you have a parasitic infection or if you live in an area where parasitic infections are common or if you are travelling to such a region, as this medicine may weaken your body's ability to fight certain types of parasitic infections.

Also, talk to your doctor or nurse when you are given CINQAERO:

- if your asthma remains uncontrolled or worsens during treatment with this medicine;
- if you have any of the symptoms of an allergic reaction (e.g. itching, trouble breathing, wheezing, fever, shivering, dizziness, headache, nausea, vomiting, abdominal discomfort, skin rash, redness or swelling). Serious allergic reactions have occurred in patients receiving this medicine (see section "4. Possible side effects").

Children and adolescents

This medicine is NOT intended for use in children and adolescents below the age of 18 years.

Other medicines and CINQAERO

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

This is particularly important:

- if you are receiving other medicines which affect your immune system;
- if you have recently received a vaccination or if you are likely to need a vaccination.

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 for advice before you are given this medicine.

The active substance in this medicine may pass into breast milk but only during the first few days after birth.

Driving and using machines

It is unlikely that CINQAERO will affect your ability to drive and use machines.

CINQAERO contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially 'sodium-free'.

3. How CINQAERO is given

Always follow the instructions exactly as your doctor has told you. Check with your doctor if you are not sure.

The dose depends on your body weight. Your doctor will work out the right dose for you. The maximum dose is 3 mg per kg of body weight. CINQAERO will be given every 4 weeks. You will be given CINQAERO by a doctor or nurse as an infusion (drip) into a vein. The infusion will take about 20 to 50 minutes.

It may take more than one dose before your asthma symptoms improve.

Your doctor or nurse will watch you closely during and after your infusion for signs of an allergic reaction.

If you miss your scheduled dose of CINQAERO

If you miss a scheduled dose of CINQAERO, ask your doctor when to schedule your next treatment.

If you stop using CINQAERO

Do NOT stop treatment with CINQAERO unless your doctor tells you to, even if you feel better. Interrupting or stopping treatment with this medicine may cause your asthma symptoms to come back.

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.

Serious side effects

- Serious allergic reactions
Serious allergic reactions can happen uncommonly (may affect up to 1 in 100 people) while receiving CINQAERO or afterwards. Your doctor or nurse will watch you closely for signs of a reaction. Tell your doctor or nurse **straight away** if you have any of the symptoms of an allergic reaction (e.g. itching, trouble breathing, wheezing, fever, shivering, dizziness, headache, nausea, vomiting, abdominal discomfort, skin rash, redness or swelling).

Other side effects

Common (may affect up to 1 in 10 people)

- Increase of an enzyme in your blood (blood creatine phosphokinase).

Uncommon (may affect up to 1 in 100 people)

- Muscle pain (myalgia).

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 CINQAERO

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 outer carton and label after EXP. The expiry date refers to the last day of that month.

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

Do not throw away any medicines via wastewater. 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 CINQAERO contains

- The active substance is reslizumab.
Each mL of concentrate contains 10 mg of reslizumab (10 mg/mL). Each vial of 2.5 mL contains 25 mg of reslizumab and each vial of 10 mL contains 100 mg of reslizumab.
- The other excipients are sodium acetate, acetic acid glacial, sucrose and water for injections.

What CINQAERO looks like and contents of the pack

CINQAERO is a clear to slightly hazy opalescent, colourless to slightly yellow solution. Particles might be present. CINQAERO is supplied in a glass vial.

CINQAERO is available in packs containing 1 vial with 2.5 mL or 1 vial with 10 mL.

Marketing Authorisation Holder

Teva Pharmaceuticals Limited
Ridings Point, Whistler Drive
Castleford, West Yorkshire, WF10 5HX
United Kingdom

Manufacturer

Sicor Biotech UAB
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LT-08409 Vilnius
Lithuania

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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>.

The following information is intended for healthcare professionals only:

CINQAERO is provided as a concentrate for solution for infusion in a single-use vial. The solution for infusion is intended only for intravenous use after dilution and should be prepared using aseptic technique as follows:

Preparation of solution for infusion

1. Remove CINQAERO from the refrigerator. Do not shake the vial.
2. The medicinal product should be inspected visually before use. The concentrate is clear to slightly hazy opalescent, colourless to slightly yellow. Proteinaceous particles may be present in the concentrate that appear as translucent to white, amorphous particles, some of which may look fibrous. This is not unusual for proteinaceous solutions. The concentrate must not be used if coloured (except slightly yellow) or if foreign particles are present.
3. A suitable injection syringe should be used to withdraw the needed amount of concentrate from the vial(s) (see section 4.2 of Summary of Product Characteristics).
4. Slowly dispense the contents of the syringe(s) into an infusion bag containing 50 mL of sodium chloride 9 mg/mL (0.9%) solution for infusion. Gently invert the bag to mix the solution. This medicinal product must not be mixed with other medicinal products except sodium chloride 9 mg/mL (0.9%) solution for infusion.
5. The concentrate does not contain any preservatives. Any concentrate remaining in the vial must be discarded.
6. It is recommended that the solution for infusion be administered immediately after preparation. Solutions of CINQAERO diluted in sodium chloride 9 mg/mL (0.9%) solution for infusion may be stored refrigerated at 2 °C-8 °C (or not above 25 °C if dilution has taken place in controlled and validated aseptic conditions), protected from light for up to 16 hours.
7. CINQAERO is compatible with polyvinylchloride (PVC) or polyolefin (PO) infusion bags.

Instructions for administration

1. CINQAERO should be administered by a healthcare professional prepared to manage hypersensitivity reactions including anaphylaxis (see section 4.4 of Summary of Product Characteristics). The patient has to be observed over the duration of the infusion and for an appropriate period afterwards. Patients should be instructed on how to recognise symptoms of serious allergic reactions.
2. If the solution for infusion has been stored in a refrigerator, allow it to reach room temperature (15 °C-25 °C).
3. The solution for infusion should be infused intravenously over 20 – 50 minutes. Infusion time may vary depending on the total volume to be infused.
4. The solution for infusion should not be infused concomitantly in the same intravenous line with other medicinal products. No physical or biochemical compatibility studies have been conducted to evaluate the co-administration of reslizumab with other medicinal products.
5. An infusion set with an in-line, sterile, non-pyrogenic, low-protein-binding filter (pore size of 0.2 µm) should be used for infusion. CINQAERO is compatible with polyethersulfone (PES), polyvinylidene fluoride (PVDF), nylon, cellulose acetate (CA) low protein binding in-line infusion filters.
6. Upon completion of the infusion, flush the infusion set with sterile sodium chloride 9 mg/mL (0.9%) solution for infusion to ensure that all of the CINQAERO solution for infusion has been administered.

For dosing instructions see section 4.2 of Summary of Product Characteristics.