▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems.

AUSTRALIAN PRODUCT INFORMATION

NIKTIMVO® (AXATILIMAB) SOLUTION FOR INJECTION

1 NAME OF THE MEDICINE

Axatilimab

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

NIKTIMVO 9 mg injection for solution for infusion

Each vial contains 9 mg of axatilimab in 0.18 mL at a concentration of 50 mg/mL.

NIKTIMVO 22 mg injection for solution for infusion

Each vial contains 22 mg of axatilimab in 0.44 mL at a concentration of 50 mg/mL.

For the full list of excipients, see Section 6.1 List of excipients.

3 PHARMACEUTICAL FORM

Solution for injection.

Slightly opalescent, pale brownish yellow solution.

4 CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

Axatilimab is indicated for the treatment of chronic graft-versus host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and paediatric patients 6 years and older weighing at least 40 kg.

4.2 DOSE AND METHOD OF ADMINISTRATION

Premedication

For patients who have previously experienced an infusion-related reaction to axatilimab, premedicate with an antihistamine and an antipyretic (dosed per institutional guidelines) prior to each subsequent infusion of axatilimab (see Section 4.2 Dosage Modifications for Adverse Reactions).

Recommended Dosage

For patients weighing at least 40 kg, administer axatilimab 0.3 mg/kg, up to a maximum dose of 35 mg, as an intravenous infusion over 30 minutes every 2 weeks. Continue axatilimab until disease progression or unacceptable toxicity.

Dosing for axatilimab in patients less than 40 kg has not been established.

Method of Administration

Axatilimab is for intravenous use. It should be administered by intravenous infusion over 30 minutes. Axatilimab is for single use in one patient only. Discard any residue.

Other medicinal products should not be co-administered through the same infusion line.

Preparation

- Visually inspect the vial for particulate matter and discoloration prior to dilution. Axatilimab is a slightly opalescent, pale brownish yellow solution. Discard the vial if the solution is cloudy, discolored, or contains visible particles.
- Do not shake the vial.
- Determine the dose and total volume of axatilimab solution needed. Each mL of drug product contains 50 mg of axatilimab.

Dilution

- Withdraw axatilimab solution from the vial and discard vial with any unused portion.
- Dilute axatilimab in an intravenous infusion bag containing 0.9% Sodium Chloride Injection, USP to a final concentration between 0.24 mg/mL and 0.75 mg/mL.
- Mix diluted solution by gentle inversion. Do not shake.
- Visually inspect the infusion bag for particulate matter and discoloration prior to administration. The diluted solution is a clear to slightly opalescent, colorless to pale yellow solution that may contain trace amounts of translucent to white particles. Discard if the solution is cloudy, discolored, or contains extraneous particulate matter other than trace amounts of translucent to white particles.

Storage of diluted axatilimab solution

- Immediately use diluted axatilimab solution. If not used immediately, the diluted solution can be stored:
  - At room temperature (up to 25°C) for no more than 4 hours from the time of preparation to the end of the infusion.

  OR
  - Refrigerated at 2°C to 8°C for no more than 24 hours. If refrigerated, allow the diluted solution to come to room temperature prior to administration. The diluted solution must be administered within 4 hours (including infusion time) once it is removed from the refrigerator.
- Do not freeze or shake the diluted solution.

Administration

- Administer diluted axatilimab solution by intravenous infusion over 30 minutes only through a dedicated infusion line that includes a sterile, low-protein binding 0.2-micron in-line or add-on filter.
- Do not co-administer other drugs through the same infusion line.

Dosage Modifications for Adverse Reactions

For recommended axatilimab dosage modifications due to adverse reactions, see Table 2.

Table 2: Recommended Axatilimab Dosage Modifications for Adverse Reactions

Adverse Reaction	Severity[a]	Dosage Modification
Infusion-related reactions (see Section 6.1)	Grade 1 or 2	• Temporarily interrupt the infusion until resolution or decrease infusion rate by 50%. • Initiate symptomatic treatment (e.g., antihistamines and antipyretics). • For subsequent infusions, premedicate (see Section 4.2) and resume the infusion at 50% of the prior infusion rate.
	Grade 3 or 4	Permanently discontinue axatilimab.
Elevation of AST or ALT (on the day of dosing) (see Section 7.2)	Grade 3 with total bilirubin ≤ Grade 1	Withhold axatilimab until recovery to Grade 2, then resume axatilimab at the next lower dose.
Elevation of AST or ALT (regardless of the time of the reaction) (see Section 7.2)	Concurrent ALT or AST ≥ 3 times ULN and total bilirubin ≥ 2 times ULN in the absence of cholestasis	Withhold axatilimab and investigate for drug-induced liver injury. If confirmed, permanently discontinue axatilimab.
	Grade 4	Permanently discontinue axatilimab.
Elevation of CPK, amylase, or lipase (see Section 7.2)	≥ Grade 3 in the absence of clinical symptoms	• If diagnostic evaluation results show no evidence of end-organ damage, continue axatilimab without dose reduction. • If diagnostic evaluation results show evidence of end-organ damage, permanently discontinue axatilimab.
	Symptomatic ≥ Grade 3	Permanently discontinue axatilimab.
Other non-hematologic adverse reactions (see Section 7.2)	Grade 3	Withhold axatilimab until recovery to Grade 2: • If delayed by ≤ 4 weeks from the planned infusion, resume axatilimab at the next lower dose. • If delayed by > 4 weeks from the planned infusion, permanently discontinue axatilimab.
	Grade 4	Permanently discontinue axatilimab.

AST = aspartate aminotransferase; ALT = alanine aminotransferase; CPK = creatine phosphokinase; ULN = upper limit of normal.

[a] Graded per National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) v5.

Special Populations

Renal Impairment

No dose adjustment is needed for patients with mild or moderate renal impairment. There are insufficient data in patients with severe renal impairment, and therefore no dosing recommendation can be provided.

Hepatic Impairment

No dose adjustment is needed for patients with mild hepatic impairment. There are insufficient data in patients with moderate or severe hepatic impairment, and therefore no dosing recommendation can be provided.

Paediatric Patients

The safety and efficacy of axatilimab in patients less than 40 kg has not been established.

Elderly

No additional dose adjustments are recommended for patients aged 65 years and over.[15] No overall differences in the safety or efficacy were observed between these patients and younger patients. [16, 17, 18]

4.3 CONTRAINDICATIONS

None.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Identified Precautions

Infusion-Related Reactions

Infusion-related reactions have occurred in patients receiving axatilimab (see Section 4.8 Adverse Effects). Premedicate with an antihistamine and an antipyretic for patients who have previously experienced an infusion-related reaction to axatilimab (see Section 4.2 Dose and Method of Administration - Premedication). Monitor patients for signs and symptoms of infusion-related reactions, including fever, chills, rash, flushing, dyspnea, and hypertension. Interrupt or slow the rate of infusion or permanently discontinue axatilimab based on severity of the reaction (see Section 4.2 Dose and Method of Administration - Dosage Modifications for Adverse Reactions).

Use in the elderly

No overall differences in the safety or efficacy of axatilimab were observed between patients aged 65 years and older and younger patients (see Section 4.2 Dose and Method of Administration - Special Populations and Section 5.2 Pharmacokinetic Properties - Specific Populations).

Paediatric use

The safety and efficacy of axatilimab in patients less than 40 kg has not been established.

Effects on laboratory tests

No data available.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

No formal pharmacokinetic drug interaction studies have been conducted with axatilimab. Since

axatilimab is cleared from the circulation through catabolism, no metabolic drug-drug interactions are expected.

Axatilimab is not expected to act as a substrate or inhibitor in drug-drug interactions involving drug transporters or CYP enzymes.

4.6 FERTILITY, PREGNANCY AND LACTATION

Women of childbearing potential should use effective contraception during treatment with axatilimab and for at least 30 days after the last dose of axatilimab.

Males with female partners of reproductive potential should use effective contraception during treatment with axatilimab and for at least 30 days after the last dose of axatilimab.

Effects on fertility

No clinical data are available on the possible effects of axatilimab on fertility. Administration of axatilimab up to 100 mg/kg/week by IV bolus injection (resulting in exposure based on AUC 3275-times that expected in patients) to sexually mature cynomolgus monkeys in a 3-month toxicology study had no effect on menstrual cyclicity in females and sperm parameters (morphology, motility, or number) in males, and produced no histopathologic findings in female and male reproductive organs, indicating that axatilimab did not adversely affect reproductive organs.

Use in pregnancy - Pregnancy Category D

There are no data from the use of axatilimab in pregnant women. Animal reproduction studies have not been conducted with axatilimab. Based on its mechanism of action, axatilimab may cause fetal harm when administered to pregnant women (see Section 5.1 Pharmacodynamic Properties - Mechanism of Action). Axatilimab is not recommended during pregnancy and in women of childbearing potential not using effective contraception.

Targeted mutation of CSF-1R or CSF-1 in rodent models results in prenatal and perinatal death, deficits in growth, and pleiotropic impact in multiple organ systems, including skeletal and reproductive. Regulation by CSF-1R on non-mononuclear phagocytic cells and macrophages plays a role in the innate immune protection of the fetus and in pregnancy maintenance and embryo-fetal development. Human immunoglobulin G (IgG) is known to cross the placenta; therefore, axatilimab has the potential to be transmitted from the mother to the developing fetus. Advise women of the potential risk to the fetus.

Use in lactation

It is unknown whether axatilimab is excreted in human milk. Human IgGs are known to be excreted in breast milk; a risk to the breastfeeding newborns/infants cannot be excluded. Women should be advised not to breastfeed during treatment and for at least 30 days after the last dose of axatilimab.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

NIKTIMVO has negligible influence on the ability to drive and use machines. However, fatigue has been reported in patients taking axatilimab (see section 4.8 Adverse Effects (Undesirable Effects)) and this should be considered when driving or using machines.

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

Summary of the Safety Profile

The safety of axatilimab was evaluated in 79 patients with cGVHD enrolled in the AGAVE-201

study (see Section 5.1 Pharmacodynamic Properties - Clinical Trials). Patients received axatilimab 0.3 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity. The median duration of treatment was 8.5 months (range: 0.5 to 22.8 months).

No fatal or serious adverse reactions occurred in patients receiving axatilimab. No patients permanently discontinued axatilimab due to an adverse reaction. Dose interruptions due to an adverse reaction occurred in 3.8% of patients. The adverse reactions leading to dose interruption were elevated liver enzymes, amylase increased, fatigue, and lipase increased (1.3% each).

The most common (≥ 15%) adverse reactions were fatigue, elevated liver enzymes, and infusion related reaction.

Tabulated List of Adverse Reactions

Adverse reactions observed in the safety population of 79 patients are listed in Table 3. The frequencies included below are based on all reported adverse drug reactions, regardless of the investigator assessment of causality.

These reactions are presented by system organ class and by frequency. Frequencies are defined as: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000), and not known (cannot be estimated from the available data).

Table 3: Adverse Reactions in Patients Treated with Axatilimab

System Organ Class/ Adverse Reaction	Axatilimab 0.3 mg/kg intravenously every 2 weeks (N = 79)		
	Frequency Category	All Grades (%)	Grades 3-4 (%)
Infections and infestations			
Infection (pathogen unspecified)[a]	Very common	57	14
Viral infection[b]	Very common	43	15
Bacterial infection[c]	Very common	15	8
Blood and lymphatic system disorders			
Decreased hemoglobin	Very common	48	3.8
Metabolism and nutrition disorders			
Decreased appetite	Very common	11	3.8
Hypophosphatemia	Common	6	0
Eye disorders			
Periorbital edema[d]	Common	5	0
Vascular disorders			
Hemorrhage[e]	Very common	11	1.3
Hypertension	Common	6	3.8
Respiratory, thoracic and mediastinal disorders			
Cough[f]	Very common	18	0

System Organ Class/ Adverse Reaction	Axatilimab 0.3 mg/kg intravenously every 2 weeks (N = 79)		
	Frequency Category	All Grades (%)	Grades 3-4 (%)
Dyspnea[g]	Very common	15	2.5
Gastrointestinal disorders			
Nausea[h]	Very common	23	2.5
Diarrhea[i]	Very common	18	5
Nervous system disorders			
Headache[j]	Very common	20	1.3
Dizziness[k]	Very common	11	0
Skin and subcutaneous skin disorders			
Pruritus	Common	6	0
Musculoskeletal and connective tissue disorders			
Musculoskeletal pain[l]	Very common	35	2.5
General disorders and administration site conditions			
Fatigue[m]	Very common	32	3.8
Pyrexia	Very common	15	1.3
Edema[n]	Very common	13	1.3
Investigations			
Elevated liver enzymes[o]	Very common	22	1.3
Blood lactate dehydrogenase increased	Very common	14	0
Lipase increased	Very common	11	1.3
Blood creatine phosphokinase increased	Very common	11	1.3
Amylase increased	Common	3.8	0
Injury, poisoning and procedural complications			
Infusion-related reaction[p]	Very common	18	1.3

Graded according to NCI CTCAE v5.

[a] Includes abscess jaw, atypical pneumonia, bacteremia, bronchitis, conjunctivitis, cystitis, device-related infection, enterocolitis infectious, gastroenteritis, gastrointestinal infection, groin abscess, hordeolum, liver abscess, nasopharyngitis, otitis media, otitis media acute, pneumonia, respiratory tract infection, rhinitis, sepsis, sinusitis, tooth infection, upper respiratory tract infection, urinary tract infection, and wound infection.

[b] Includes adenoviral upper respiratory infection, BK virus infection, COVID-19, coronavirus infection, enterovirus infection, gastroenteritis astroviral, gastroenteritis viral, herpes simplex, herpes zoster, influenza, metapneumovirus bronchiolitis, metapneumovirus infection, norovirus infection, oral viral infection, parainfluenza viral bronchitis, parainfluenza virus infection, respiratory syncytial virus infection, rhinovirus infection, viral infection, and viral upper respiratory tract infection.

[c] Includes bacterial diarrhea, bacterial vaginosis, campylobacter gastroenteritis, campylobacter infection, cellulitis, clostridium difficile colitis, clostridium difficile infection, enterococcal infection, erysipelas, hemophilus infection, lower respiratory tract infection bacterial, pseudomonal skin infection, staphylococcal bacteremia, staphylococcal infection, stenotrophomonas infection, streptococcal infection, and urinary tract infection enterococcal.

[d] Includes periorbital oedema, eye swelling, and swelling of eyelid.
[e] Includes contusion, epistaxis, hematochezia, hematoma, and vaginal hemorrhage.
[f] Includes cough and productive cough.
[g] Includes dyspnea and dyspnea exertional.
[h] Includes nausea and vomiting.
[i] Includes colitis and diarrhea.
[j] Includes headache and migraine.
[k] Includes dizziness and dizziness postural.
[l] Includes arthralgia, back pain, flank pain, musculoskeletal pain, myalgia, pain in extremity.
[m] Includes asthenia, fatigue, and malaise.
[n] Includes localized edema and peripheral edema.
[o] Includes aspartate aminotransferase increased, alanine aminotransferase increased, gamma-glutamyltransferase increased, and blood alkaline phosphatase increased.
[p] Includes infusion-related reaction, rash, flushing, hypersensitivity, drug hypersensitivity, hot flush, and infusion-related hypersensitivity reaction.

Reporting suspected adverse effects

Reporting suspected adverse reactions after registration 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 at www.tga.gov.au/reporting-problems and at drugsafety-STA@stbiopharma.com.

4.9 OVERDOSE

No cases of overdose have been reported with axatilimab.

For information on the management of overdose, contact the Poisons Information Centre on 13 11 26 (Australia).

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

At all dose levels of axatilimab tested in clinical studies, axatilimab caused a dose-dependent increase in CSF-1 and interleukin (IL)-34 concentrations and a dose-dependent reduction in the levels of nonclassical monocytes in peripheral blood.

Mechanism of action

Axatilimab is a monoclonal antibody that binds with high affinity (≈ 0.1–0.3 nM) to colony stimulating factor-1 receptors (CSF-1R) expressed on monocytes and macrophages. Circulating monocytes are recruited to tissues, where the tissue microenvironment, including CSF-1, regulates monocyte differentiation into macrophages with proinflammatory and profibrotic activity. In cGVHD, these macrophages represent the pathogenic population of cells that play an important role in the tissue damage process. Blocking CSF-1R with axatilimab reduces the levels of circulating monocytes and inhibits the activity of pathogenic macrophages in tissues.

Clinical trials

AGAVE-201 (NCT04710576) was a randomised, open-label, multicenter study of axatilimab for the treatment of patients with recurrent or refractory active cGVHD who have received at least 2 lines of systemic therapy. Patients with platelet count ≥ 50 × 10^9/L, absolute neutrophil count ≥ 1 × 10^9/L, ALT and AST ≤ 2.5 × ULN, and total bilirubin ≤ 1.5 × ULN were eligible.

A total of 241 patients were randomised 1:1:1 to one of three dosages of axatilimab intravenously: 0.3 mg/kg every 2 weeks (n = 80), 1 mg/kg every 2 weeks (n = 81), and 3 mg/kg every 4 weeks (n = 80), until disease progression or unacceptable toxicity. Randomisation was

stratified by cGVHD severity (mild/moderate versus severe). Patients who received at least 6 months of treatment with 0.3 mg/kg every 2 weeks or 1 mg/kg every 2 weeks and maintained a response for at least 20 weeks or whose disease did not progress, could change their dosage regimen to 0.6 mg/kg every 4 weeks or 2 mg/kg every 4 weeks, respectively. Concomitant treatment with supportive care therapies for cGVHD was permitted. Initiation of new systemic cGVHD therapy while on study was not permitted.

Demographics and baseline characteristics for the patients receiving axatilimab 0.3 mg/kg every 2 weeks in AGAVE-201 are summarized in Table 4.

Table 4: Demographics and Baseline Characteristics of Patients with cGVHD

	Axatilimab 0.3 mg/kg every 2 weeks (N = 80)
Median age, years (range)	50 (7, 76)
Age ≥ 65 years, n (%)	21 (26)
Male, n (%)	47 (59)
Race, n (%)	
White	68 (85)
Asian	4 (5)
Black	2 (3)
Other	1 (1)
Not reported	5 (6)
Median (range) time (months) from cGVHD diagnosis	47 (5, 211)
≥ 4 Organs involved, n (%)	45 (56)
Median (range) number of prior lines of therapy	4 (2, 12)
Number of Prior Lines of Therapy, n (%)	
2	11 (14)
3	15 (19)
4	17 (21)
≥ 5	37 (46)
Prior cGVHD treatment with ibrutinib, n (%)	27 (34)
Prior cGVHD treatment with ruxolitinib, n (%)	57 (71)
Prior cGVHD treatment with belumosudil, n (%)	16 (20)
Refractory to last therapy, n (%)	38 (48)
Severe cGVHD, n (%)	63 (79)
Median (range) Lee Symptom Scale Score at baseline	24 (4, 55)
Median (range) corticosteroid dose at baseline (mg)	12.5 (2.5 – 190)

The efficacy of axatilimab was based on overall response rate through Cycle 7 Day 1, where overall response included complete response or partial response according to the 2014 NIH Consensus Development Project on Response Criteria. The efficacy results from AGAVE-201 for the 0.3 mg/kg every 2 weeks dosage regimen are presented in Table 5. The median time to first response was 1.5 months (95% CI: 0.9-5.1 months).

Table 5: Efficacy Results From AGAVE-201

Endpoint	Axatilimab 0.3 mg/kg every 2 weeks (N = 80)
Overall response rate, n (%)	59 (74%)
95% CI	63, 83
Complete response, n (%)	1 (1%)
Partial response, n (%)	58 (73%)
Proportion of patients with ≥ 7-point decrease in mLSS,[a] n (%)	43 (55%)
95% CI	43, 66
Duration of response[b]	N = 59
Median, months	1.9
95% CI	1.2, 3.7
Durability of response[c] at 12 months[d] (%)	60%
95% CI	43, 74

CI = confidence interval; mLSS = modified Lee Symptom Scale Score.
[a] Proportion of patients with at least a 7-point decrease from baseline in mLSS through Cycle 7 Day 1.
[b] Duration of response is defined as the time from first response to progression from nadir in any organ, death, or new systemic therapy for cGVHD.
[c] Durability of response is defined as the time from first response to death or new systemic therapy for cGVHD.
[d] Kaplan-Meier estimate.

5.2 PHARMACOKINETIC PROPERTIES

Axatilimab exhibits nonlinear pharmacokinetics. Following single-dose administrations of axatilimab over a dose range of 0.15 mg/kg to 3 mg/kg, the area under the concentration curve increased in a greater than dose-proportional manner, clearance decreased from 2.32 mL/h/kg to 0.21 mL/h/kg, and mean terminal half-life increased from 10.7 hours to 108 hours. Following administration of axatilimab 0.3 mg/kg every 2 weeks, there was no systemic accumulation.

Population pharmacokinetic modelling and simulation support the recommended flat dosage for adult patients (22 mg every 2 weeks) (see Section 4.2 Dose and Method of Administration - Recommended Dosage). Axatilimab exposure values with the recommended flat dosages are comparable to those with the 0.3 mg/kg every 2 weeks dosage in adults studied in AGAVE-201.

Distribution

The estimated volume of distribution at steady state for axatilimab 0.3 mg/kg is 2.86 L.

Excretion

The estimated median elimination half-life of axatilimab 0.3 mg/kg is 21.9 hours (95% prediction interval [PI]: 11.2, 40.5 hours). Median clearance of axatilimab is 0.09 L/h (95% PI: 0.04, 0.23 L/h).

Specific Populations

The following factors have no clinically meaningful effect on the pharmacokinetics of axatilimab: age (7 to 81 years), sex, body weight (18.1 to 151 kg), race (White, Black, Asian), cGVHD severity, administration of calcineurin and corticosteroids, mild to moderate renal impairment (estimated glomerular filtration rate 30-89 mL/min/1.73 m^2), and mild hepatic impairment (total bilirubin ≤ ULN and AST > ULN or total bilirubin > ULN and ≤

1.5 times ULN and any AST). The pharmacokinetics of axatilimab have not been evaluated in patients with severe renal impairment or in patients with moderate or severe hepatic impairment.

Paediatric Patients

The safety and efficacy of axatilimab in patients less than 40 kg has not been established.

Immunogenicity

Antidrug antibodies (ADAs) were assessed in 276 patients with cGVHD who received axatilimab. The incidence of axatilimab treatment-emergent ADAs was 33.7% (93/276) using a bridging enzyme-linked immunosorbent assay following a median exposure time of 7.8 months. Neutralizing antibodies were detected in 47 of 93 cGVHD patients with treatment-emergent ADAs. There was no clinically significant effect of anti-axatilimab antibodies or neutralising antibodies on the pharmacokinetics, pharmacodynamics, safety, or effectiveness of axatilimab with the 0.3 mg/kg every 2 weeks dosage regimen.

5.3 PRECLINICAL SAFETY DATA

Genotoxicity

No studies have been performed to assess the potential of axatilimab for genotoxicity. Monoclonal antibodies are not expected to cause direct effects on DNA.

Carcinogenicity

No studies have been performed to assess the potential of axatilimab for carcinogenicity.

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

Citric acid monohydrate

Sodium citrate

Glycine

Sucrose

Polysorbate 80

Water for injections

6.2 INCOMPATIBILITIES

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products and/or diluents except those mentioned in Section 4.2 Dose and Method of Administration - Method of Administration.

6.3 SHELF LIFE

In Australia, information on the shelf life can be found on the public summary of the Australian Register of Therapeutic Goods (ARTG). The expiry date can be found on the packaging.

After dilution

If not used immediately, chemical and physical in-use stability has been demonstrated for 24 hours at 2ºC to 8ºC and 4 hours at room temperature (up to 25°C) from the time of preparation to the end of the infusion.

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Store at 2 to 8°C. Do not freeze.

Store in the original carton in order to protect from light.

For storage conditions after dilution, see Section 4.2 Dose and Method of Administration - Method of Administration.

6.5 NATURE AND CONTENTS OF CONTAINER

NIKTIMVO 9 mg and 22 mg solution for injection is supplied as a sterile, preservative-free, slightly opalescent, pale brownish yellow solution in single-use glass vials. The container closure system is identical between the 9 mg and 22 mg strengths, which consists of a 2R Type I glass vial closed with a bromobutyl rubber stopper and an aluminium overseal with a flip-off cap. Only the colour of the flip-off cap is unique to ensure product differentiation. The 9 mg drug product has an aluminium overseal with a violet flip off cap and the 22 mg drug product has an orange flip off cap.

I vial in a carton.

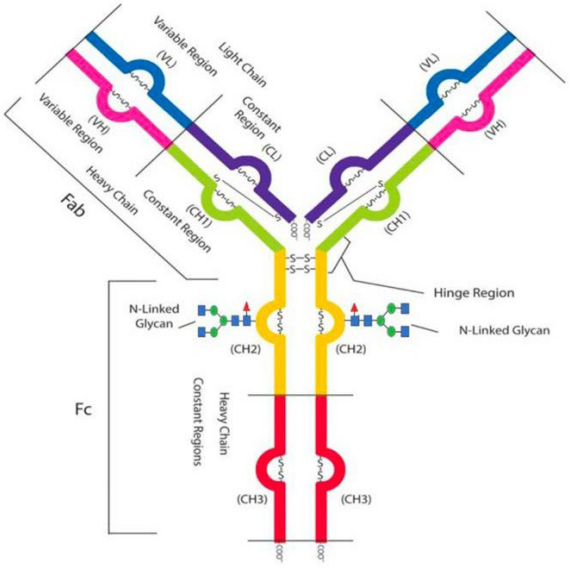
6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

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

6.7 PHYSICOCHEMICAL PROPERTIES

Chemical structure

A graphical representation of axatilimab:



Chemical Name

Axatilimab is a recombinant humanized IgG4 (kappa light chain) monoclonal antibody with a high affinity for colony stimulating factor 1 receptor (CSF-1R). The antibody consists of two heavy chains paired with two light chains and is expressed in Chinese Hamster Ovary (CHO) cells as a disulfide-linked tetramer.

Molecular Formula

$C_{6568}H_{10092}N_{1696}O_{2052}S_{48}$ (aglycosylated).

Molecular Weight

The average molecular weight of axatilimab is approximately 150 kDa

CAS number

2155851-88-8

7 MEDICINE SCHEDULE (POISONS STANDARD)

S4 - Prescription Only Medicine

8 SPONSOR

Specialised Therapeutics Alim Pty Ltd
Level 2, 17 Cotham Road
Kew, Victori 3101
Australia

9 DATE OF FIRST APPROVAL

To be inserted

10 DATE OF REVISION

SUMMARY TABLE OF CHANGES

Section Changed	Summary of new information