

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:
75184

DRAFT FINAL PRINTED LABELING

PACLITAXEL

Injection

SEP 15 2000

Rx only

WARNING

Paclitaxel injection should be administered under the supervision of a physician experienced in the use of cancer chemotherapeutic agents. Appropriate management of complications is possible only when adequate diagnostic and treatment facilities are readily available.

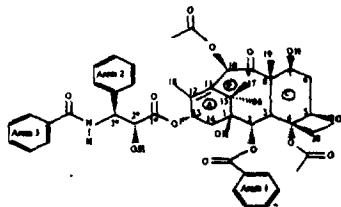
Anaphylaxis and severe hypersensitivity reactions characterized by dyspnea and hypotension requiring treatment, angioedema and generalized urticaria have occurred in 2.4% of patients receiving paclitaxel in clinical trials. Fatal reactions have occurred in patients despite premedication. All patients should be pre-treated with corticosteroids, diphenhydramine, and H_2 antagonists. (See "DOSAGE AND ADMINISTRATION" section.) Patients who experience severe hypersensitivity reactions to paclitaxel should not be rechallenged with the drug.

Paclitaxel therapy should not be given to patients with solid tumors who have baseline neutrophil counts of less than 1,500 cells/mm³ and should not be given to patients with AIDS-related Kaposi's sarcoma if the baseline neutrophil count is less than 1,000 cells/mm³. In order to monitor the occurrence of bone marrow suppression, primarily neutropenia, which may be severe and result in infection, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving paclitaxel.

DESCRIPTION

Paclitaxel injection is a clear colorless to slightly yellow viscous solution. It is supplied as a nonaqueous solution intended for dilution with a suitable parenteral fluid prior to intravenous infusion. Paclitaxel is available in 30 mg (5mL), 150 mg (25mL) and 300 mg (50mL) multiple dose vials. Each mL of sterile nonpyrogenic solution contains 6 mg paclitaxel, 527 mg of polyvinyl 3D-castor oil, NF, 2 mg citric acid anhydrous and 49.7% (w/v) dehydrated alcohol USP.

Paclitaxel is a natural product with antitumor activity. Paclitaxel is obtained via an extractive process from *Taxus brevifolia*. The chemical name for paclitaxel is 2a,4S,4S,6R,9S,11S,12S,12aR,12bS,9-12a,3,4,4a,6,8,9,10,11,12,12a,12b-Dodecahydro-4,6,9,11,12,12b-hexahydroxy-4a,8,13,13,13-tetramethyl-7,11,11-trimethoxy-5H-cyclopenta [3,4-b] benz [1,2-b] oxol-5-one 6,12b-dicetate, 12-benzoyloxy-9-ester with (2R,3S)-N-benzoyl-L-phenylalanine. Paclitaxel has the following structural formula:



Paclitaxel is a white to off-white crystalline powder with the empirical formula $C_{44}H_{56}NO_{14}$ and a molecular weight of 853.93. It is highly lipophilic, insoluble in water, and melts at around 216°-217°C.

CLINICAL PHARMACOLOGY

Paclitaxel is a novel antimicrotubule agent that promotes the assembly of microtubules from tubulin dimers and stabilizes microtubules by preventing depolymerization. This stability results in the inhibition of the normal dynamic reorganization of the microtubule network that is essential for vital interphase and mitotic cellular functions. In addition, paclitaxel induces abnormal arrays or "bundles" of microtubules throughout the cell cycle and multiple asters of microtubules during mitosis.

Following intravenous administration of paclitaxel, paclitaxel plasma concentrations declined in a biphasic manner. The initial rapid decline represents distribution to the peripheral compartment and elimination of the drug. The later phase is due, in part, to a relatively slow efflux of paclitaxel from the peripheral compartment.

Pharmacokinetic parameters of paclitaxel following 3 and 24 hour infusions of paclitaxel at dose levels of 135 and 175 mg/m² were determined in a Phase 3 randomized study in ovarian cancer patients and are summarized in the following table:

Dose (mg/m ²)	Infusion Time (hr)	n	C _{max} (ng/mL)	AUC (0-∞) (ng·hr/mL)	CL _R (L/hr)	CL _T (L/hr)
135	3	2	195	5305	52.7	21.7
175	3	4	385	7993	15.7	23.8
135	24	7	2170	7652	13.1	17.7
175	24	5	3650	15007	20.2	12.2

C_{max} = Maximum plasma concentration

AUC (0-∞) = Area under the plasma concentration-time curve from time 0 to infinity

CL_T = Total body clearance

It appeared that with the 24 hour infusion of paclitaxel, a 30% increase in dose (135 mg/m² versus 175 mg/m²) increased the C_{max} by 87%, whereas the AUC(0-∞) remained proportional. However, with a 3 hour infusion, for a 30% increase in dose, the C_{max} and AUC(0-∞) were increased by 66% and 66%, respectively. The mean apparent volume of distribution at steady state, with the 24 hour infusion of paclitaxel, ranged from 227 to 688 L/m², indicating extensive extravascular distribution and/or tissue binding of paclitaxel.

The pharmacokinetics of paclitaxel were also evaluated in adult cancer patients who received single doses of 15 to 135 mg/m² given by 1 hour infusions (n=15), 30 to 275 mg/m² given by 8 hour infusions (n=38), and 200 to 275 mg/m² given by 24 hour infusions (n=54) in Phase 1 and 2 studies. Values for CL_T and volume of distribution were consistent with the findings in the Phase 3 study.

In *in vitro* studies of binding to human serum proteins, using paclitaxel concentrations ranging from 0.1 to 50 µg/mL, indicate that between 80-90% of drug is bound; the presence of camptothecin, vincristine, doxorubicin, or diphenhydramine did not affect protein binding of paclitaxel.

After intravenous administration of 15 to 275 mg/m² doses of paclitaxel as 1, 8, or 24 hour infusions, mean values for cumulative urinary recovery of unchanged drug ranged from 1.3% to 12.6% of the dose, indicating extensive non-renal clearance. In 5 patients administered a 225 or 250 mg/m² dose of radio-labeled paclitaxel as a 3 hour infusion, a mean of 71% of the radioactivity was excreted in the feces in 120 hours, and 14% was recovered in the urine. Total recovery of radioactivity ranged from 56% to 101% of the dose. Paclitaxel represented a mean of 5% of the administered radioactivity recovered in the feces, while metabolites, primarily 6α-hydroxypaclitaxel, accounted for the balance. In *in vitro* studies with human liver microsomes and tissue slices showed that paclitaxel was metabolized primarily to 6α-hydroxypaclitaxel by the cytochrome P450 isozyme CYP2C8, and to two minor metabolites, 3'-O-hydroxypaclitaxel and 6α,3'-O-dihydroxypaclitaxel, by CYP3A4. *In vivo*, the metabolism of paclitaxel to 6α-hydroxypaclitaxel was inhibited by a number of agents (disopyramide, verapamil, diltiazem, quinidine, desmethoxyfluride, cyclosporin, terfenadine, enoxacin, and vincristine), but the concentrations used exceeded those found *in vivo* following normal therapeutic doses. Testosterone, 17α-ethynyl estradiol, norethindrone, and norgestrel, which are substrates of CYP3A4, did not inhibit the metabolism of paclitaxel.

Phase 3 Randomized Study: This multicenter trial was conducted in patients previously treated with one of two regimens of chemotherapy. Patients were randomized to receive paclitaxel at a dose of either 175 mg/m² or 135 mg/m² given as a 3 hour infusion. In the 471 patients enrolled, 60% had symptomatic disease with impaired performance status at study entry, and 73% had visceral metastases. These patients had failed prior chemotherapy either in the adjuvant setting (30%), the metastatic setting (39%) or both (31%). Sixty-seven percent of the patients had been previously exposed to anthracyclins and 23% of these had disease considered resistant to this class of agents.

The overall response rate for the 454 evaluable patients was 26% (95% CI 22-30%) with 17 complete and 99 partial responses. The median duration of response, measured from the first day of treatment, was 8.1 months (range 3.4-18.1+ months). Overall for the 471 patients the median time to progression was 3.5 months (range 0.03-17.1 months). Median survival was 11.7 months (range 0-18.9 months).

Response rates, median survival and median time to progression for the 2 arms are given in the following table:

	175 mg/m ² (n=238)	135 mg/m ² (n=238)
• Response rate (patients)	28	12
• p-value		0.135
• Time to Progression (median (months))	4.2	3.9
• p-value		0.027
• Survival (median (months))	11.7	10.5
• p-value		0.321

The adverse event profile of the patients who received single-agent paclitaxel in the Phase 3 study was consistent with that seen for the pooled analyses of data from 812 patients treated in 10 clinical studies. These adverse events and adverse events from the Phase 3 breast carcinoma study are described in the ADVERSE REACTIONS section in tables (Tables 4 & 5) and narrative form.

INDICATIONS AND USAGE

Paclitaxel is indicated as subsequent therapy for the treatment of advanced carcinoma of the ovary.

Paclitaxel injection is indicated for the treatment of breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.

CONTRAINDICATIONS

Paclitaxel injection is contraindicated in patients who have a history of hypersensitivity reactions to paclitaxel or other drugs formulated in polyvinyl 3D-castor oil.

Paclitaxel should not be used in patients with solid tumors who have baseline neutrophil counts of <1,500 cells/mm³ or in patients with AIDS-related Kaposi's sarcoma with baseline neutrophil counts of <1,000 cells/mm³.

WARNINGS

Anaphylaxis and severe hypersensitivity reactions characterized by dyspnea and hypotension requiring treatment, angioedema, and generalized urticaria have occurred in 2.4% of patients receiving paclitaxel in clinical trials. Fatal reactions have occurred in patients despite premedication. All patients should be pre-treated with corticosteroids, diphenhydramine and H_2 antagonists. (See "DOSAGE AND ADMINISTRATION" section.) Patients who experience severe hypersensitivity reactions to paclitaxel should not be rechallenged with the drug.

Bone marrow suppression (primarily neutropenia) is dose-dependent and is the dose-limiting toxicity. Neutrophil nadirs occurred at a median of 11 days. Paclitaxel should not be administered to patients with baseline neutrophil counts of less than 1,500 cells/mm³ (<1,000 cells/mm³ for patients with KS). Frequent monitoring of blood counts should be instituted during paclitaxel treatment. Patients should not be re-treated with subsequent cycles of paclitaxel until neutrophils recover to a level >1,500 cells/mm³ (>1,000 cells/mm³ for patients with KS) and platelets recover to a level >100,000 cells/mm³.

Severe conduction abnormalities have been documented in <1% of patients during paclitaxel therapy and in some cases requiring pacemaker placement. If patients develop significant conduction abnormalities during paclitaxel infusion, appropriate therapy should be administered and continuous cardiac monitoring should be performed during subsequent therapy with paclitaxel.

Pregnancy: Paclitaxel can cause fetal harm when administered to a pregnant woman. Administration of paclitaxel during the period of organogenesis to rabbits at doses of 3 mg/kg/day (about 0.2 the daily maximum recommended human dose on a mg/m² basis) caused embryonic and fetotoxicity, as indicated by intrauterine mortality, increased resorptions and increased fetal deaths. Maternal toxicity was also observed at this dose. No teratogenic effects were observed at 1 mg/kg/day (about 1/15 the daily maximum recommended human dose on a mg/m² basis); teratogenic potential could not be assessed at higher doses due to adverse fetal mortality. There are no adequate and well-controlled studies in pregnant women. If paclitaxel is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant.

PRECAUTIONS

Contact with the undiluted concentrate with plasticized polyvinyl chloride (PVC) equipment or devices used to prepare solutions for infusion is not recommended in order to minimize patient exposure to the plasticizer DEHP [di-(2-ethylhexyl)phthalate], which may be leached from PVC infusion bags or sets. Diluted paclitaxel solutions should preferably be stored in bottles (glass, polypropylene) or plastic bags (polypropylene, polyethylene) and administered through polyethylene-lined administration sets.

Paclitaxel should be administered through an in-line filter with a microporous membrane not greater than 0.22 microns. Use of filter devices such as VEX-2® filters which incorporate short inlet and outlet PVC-coated tubing has not resulted in significant leaching of DEHP.

Drug Interactions: In a Phase 1 trial using escalating doses of paclitaxel (110 to 200 mg/m²) and captein (50 or 75 mg/m²) given as sequential infusions, myelosuppression was more profound when paclitaxel was given after captein than with the alternate sequence (i.e. paclitaxel before captein). Pharmacokinetic data from these patients demonstrated a decrease in paclitaxel clearance of approximately 33% when paclitaxel injection was administered following captein.

The metabolism of paclitaxel is catalyzed by cytochrome P450 isozymes CYP2C8 and CYP3A4. In the absence of formal clinical drug interaction studies, caution should be exercised when administering paclitaxel concomitantly with known substrates or inhibitors of the cytochrome P450 isozymes CYP2C8 and CYP3A4. (See "CLINICAL PHARMACOLOGY" section.)

Potential interactions between paclitaxel, a substrate of CYP3A4 and protease inhibitors (ritonavir, saquinavir, indinavir, and nelfinavir), which are substrates and/or inhibitors of CYP3A4 have not been evaluated in clinical trials.

Reports in the literature suggest that plasma levels of doxorubicin and its active metabolite doxorubicinol may be increased when paclitaxel and doxorubicin are used in combination.

Neurotoxicity: Paclitaxel therapy should not be administered to patients with baseline neutrophil counts of less than 1,500 cells/mm³. In order to monitor the occurrence of myelosuppression, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving paclitaxel. Patients should not be re-treated with subsequent cycles of paclitaxel until neutrophils recover to a level >1,500 cells/mm³ and platelets recover to a level >100,000 cells/mm³. In the case of severe neutropenia (<500 cells/mm³ for seven days or more) and/or thrombocytopenia (<50,000 cells/mm³ for seven days or more), paclitaxel should be withheld until counts recover.

DOSE	INFUSION	n	C _{max}	AUC (0-∞)	CL _r
(mg/m ²)	(hours)	(patients)	(ng/mL)	(ng·h/mL)	(L/h/m ²)
135	24	7	95	300	2.7
175	24	4	88	262	3.7
135	3	7	2170	762	13.1
175	3	5	3550	1507	20.2

C_{max} = Maximum plasma concentration

AUC (0-∞) = Area under the plasma concentration-time curve from time 0 to infinity

CL_r = Total body clearance

It appeared that with the 24-hour infusion of paclitaxel, a 30% increase in dose (135 mg/m² versus 175 mg/m²) increased the C_{max} by 87%, whereas the AUC(0-∞) remained proportional. However, with a 3-hour infusion, for a 30% increase in dose, the C_{max} and AUC(0-∞) were increased by 58% and 89%, respectively. The mean apparent volume of distribution at steady state, with the 24-hour infusion of paclitaxel, ranged from 227 to 688 L/m², indicating extensive extravascular distribution and/or tissue binding of paclitaxel.

The pharmacokinetics of paclitaxel were also evaluated in adult cancer patients who received single doses of 15 to 135 mg/m² given by 1-hour infusions (n=13), 30 to 275 mg/m² given by 6-hour infusions (n=26), and 200 to 275 mg/m² given by 24-hour infusions (n=54) in Phase 1 & 2 studies. Values for C_{max} and volume of distribution were consistent with the findings in the Phase 3 study.

In vitro studies of binding to human serum proteins, using paclitaxel concentrations ranging from 0.1 to 50 µg/mL, indicate that between 89-98% of drug is bound; the presence of cimetidine, ranitidine, dexamethasone, or diphenhydramine did not affect protein binding of paclitaxel.

After intravenous administration of 15 to 275 mg/m² doses of paclitaxel as 1, 6, or 24-hour infusions, mean values for cumulative urinary recovery of unchanged drug ranged from 1.3% to 12.6% of the dose, indicating extensive non-renal clearance. In 5 patients administered a 225 or 250 mg/m² dose of radio-labeled paclitaxel as a 3-hour infusion, a mean of 71% of the radioactivity was excreted in the feces in 120 hours, and 14% was recovered in the urine. Total recovery of radioactivity ranged from 56% to 101% of the dose. Paclitaxel represented a mean of 5% of the administered radioactivity recovered in the feces, while metabolites, primarily 6α-hydroxypaclitaxel, accounted for the balance. In vitro studies with human liver microsomes and tissue slices showed that paclitaxel was metabolized primarily to 6α-hydroxypaclitaxel by the cytochrome P450 enzyme CYP2C8; and to two minor metabolites, 3'-p-hydroxypaclitaxel and 6-α,3'-p-dihydroxypaclitaxel by CYP3A4. In vitro, the metabolism of paclitaxel to 6α-hydroxypaclitaxel was inhibited by a number of agents (ketocazole, verapamil, disopyramide, quinidine, dexamethasone, cyclosporin, teniposide, dapsone, and vincristine), but the concentrations used exceeded those found in vivo following normal therapeutic doses. Testosterone, 17α-ethynyl estradiol, retinoic acid, and quercetin, a specific inhibitor of CYP2C8, also inhibited the formation of 6α-hydroxypaclitaxel in vitro. The pharmacokinetics of paclitaxel may also be altered in vivo as a result of interactions with compounds that are substrates, inducers, or inhibitors of CYP2C8 and/or CYP3A4. (See "Pharmacokinetics/Drug Interactions" section.) The effect of renal or hepatic dysfunction on the disposition of paclitaxel has not been investigated.

Possible interactions of paclitaxel with concurrently administered medications have not been formally investigated.

CLINICAL STUDIES:

Overall Results: Several-Late Data from the Phase 1 & 2 clinical studies (189 patients), a multicenter randomized Phase 3 study (407 patients), as well as an interim analysis of data from more than 300 patients enrolled in a treatment referral center program were used in support of the use of paclitaxel in patients who have failed initial or subsequent chemotherapy for metastatic carcinoma of the ovary. Two of the Phase 2 studies (82 patients) utilized an initial dose of 135 to 170 mg/m² in most patients (>60%) administered over 24 hours by continuous infusion. Response rates in these two studies were 22% (95% CI = 11 to 37%) and 30% (95% CI = 18 to 49%) with a total of six complete and 18 partial responses in 82 patients. The median duration of overall response in these two studies measured from the first day of treatment was 7.2 months (range: 3.5 to 15.8 months) and 7.5 months (range: 5.3 to 17.4 months), respectively. The median survival was 8.1 months (range: 0.2 to 38.7 months) and 15.8 months (range: 1.8 to 34.5+ months).

The Phase 3 study had a bifactorial design and compared the efficacy and safety of paclitaxel, administered at two different doses (135 or 175 mg/m²) and schedules (3 or 24-hour infusions). The overall response rate for the 407 patients was 18.2% (95% CI = 12.8 to 20.2%), with 6 complete and 60 partial responses. Duration of response, measured from the first day of treatment was 6.3 months (range: 3.2 to 21.8 months). Median time to progression was 3.7 months (range: 0.1+ to 25.1+ months). Median survival was 11.5 months (range: 0.2 to 28.3+ months).

Response rates, median survival and median time to progression for the 4 arms are given in the following table:

DOSE	135 mg/m ²	175 mg/m ²	135 mg/m ²	175 mg/m ²
Schedule	3-hour	3-hour	24-hour	24-hour
n (patients)	148	217	152	122
95% Confidence Interval	(8.5-23.8)	(14.5-31.0)	(9.8-24.1)	(7.7-21.9)
Time to Progression	4.4	4.2	3.4	2.8
95% Confidence Interval	(3.0-5.8)	(3.5-5.1)	(2.8-4.2)	(1.9-4.0)
Survival	11.5	11.8	18.1	16.7
95% Confidence Interval	(8.4-14.6)	(8.9-14.8)	(11.1-14.8)	(8.1-13.0)

Analyses were performed as planned by the bifactorial study design described in the protocol, by comparing the two doses (135 or 175 mg/m²) irrespective of the schedule (3 or 24 hours) and the two schedules irrespective of dose. Patients receiving the 175 mg/m² dose had a response rate similar to that of those receiving the 135 mg/m² dose: 18% vs. 14% (p=0.28). No difference in response rate was detected when comparing the 3-hour with the 24-hour infusion: 18% vs. 17% (p=0.50). Patients receiving the 175 mg/m² dose of paclitaxel had a longer time to progression than those receiving the 135 mg/m² dose: median 4.2 vs. 3.1 months (p=0.03). The median time to progression for patients receiving the 3-hour vs. the 24-hour infusion was 4.0 months vs. 3.7 months, respectively. Median survival was 11.6 months in patients receiving the 175 mg/m² dose of paclitaxel and 11.0 months in patients receiving the 135 mg/m² dose (p=0.92). Median survival was 11.7 months for patients receiving the 3-hour infusion of paclitaxel and 11.2 months for patients receiving the 24-hour infusion (p=0.91). These statistical analyses should be viewed with caution because of the multiple comparisons made.

Paclitaxel remained active in patients who had developed resistance to platinum-containing therapy defined as tumor progression while on, or tumor resection within 6 months from completion of, a platinum-containing regimen with response rates of 14% in the Phase 3 study and 31% in the Phase 1 & 2 clinical studies.

The adverse event profile in this Phase 3 study was consistent with that seen for the pooled analysis of data from 812 patients treated in ten clinical studies. These adverse events and adverse events from the Phase 3 second-line ovarian carcinoma study are discussed in the Adverse Reactions section in detail (Tables 4 & 5) and narrative form.

The results of the randomized study support the use of paclitaxel injection at doses of 135 to 175 mg/m², administered by a 3-hour intravenous infusion. The same doses administered by 24-hour infusion were more toxic. However, the study had insufficient power to determine whether a particular dose and schedule produced superior efficacy.

Breast Carcinoma: After Failure of Initial Chemotherapy: Data from 83 patients accrued in three Phase 2 open label studies and from 471 patients enrolled in a Phase 3 randomized study were available to support the use of paclitaxel in patients with metastatic breast carcinoma.

Phase 2 Open Label Studies: Two studies were conducted in 58 patients previously treated with a maximum of one prior chemotherapy regimen. Paclitaxel was administered in Phase 2 trials as a 24-hour infusion at initial doses of 220 mg/m² (with G-CSF support) or 200 mg/m². The response rates were 57% (95% CI: 37 - 75%) and 52% (95% CI: 32 - 72%), respectively. The third Phase 2 study was conducted in extensively pretreated patients who had failed antineoplastic therapy and who had received a maximum of 2 chemotherapy regimens for the treatment of metastatic disease. The dose of paclitaxel was 200 mg/m² as a 24-hour infusion with G-CSF support. Nine of 30 patients achieved a partial

response. Side effects during pregnancy, as if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant.

PRECAUTIONS

Contact of the undiluted concentrate with plasticized polyvinyl chloride (PVC) equipment or devices used to prepare solutions for infusion is not recommended in order to minimize patient exposure to the plasticizer DEHP (di-2-ethylhexylphthalate), which may be leached from PVC infusion bags or sets. Sterile packaged solutions should preferably be stored in bottles (glass, polypropylene) or plastic bags (polypropylene, polycarbonate) and administered through polyethylene-lined administration sets.

Paclitaxel should be administered through an in-line filter with a microporous membrane not greater than 0.22 microns. Use of filter devices such as MC-2® filters which incorporate short inlet and outlet PVC-coated tubing has not resulted in significant leaching of DEHP.

Drug Interactions: In a Phase 1 trial using escalating doses of paclitaxel (110 to 200 mg/m²) and cisplatin (50 or 75 mg/m²) given as sequential infusions, myelosuppression was more profound when paclitaxel was given after cisplatin than when the alternate sequence (i.e. paclitaxel before cisplatin). Pharmacokinetic data from these patients demonstrated a decrease in paclitaxel clearance of approximately 33% when paclitaxel injection was administered following cisplatin.

The metabolism of paclitaxel is catalyzed by cytochrome P450 isoenzymes CYP2C8 and CYP3A4. In the absence of formal clinical drug interaction studies, caution should be exercised when administering paclitaxel concurrently with known substrates or inhibitors of the cytochrome P450 isoenzymes CYP2C8 and CYP3A4. (See "CLINICAL PHARMACOLOGY" section.)

Potential interactions between paclitaxel, a substrate of CYP3A4 and protease inhibitors (ritonavir, saquinavir, indinavir, and nelfinavir), which are substrates and/or inhibitors of CYP3A4 have not been evaluated in clinical trials.

Reports in the literature suggest that plasma levels of doxorubicin (and its active metabolite doxorubicinol) may be increased when paclitaxel and doxorubicin are used in combination.

Hematologic: Paclitaxel therapy should not be administered to patients with baseline neutrophil counts of less than 1,500 cells/mm³. In order to monitor the occurrence of myelotoxicity, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving paclitaxel. Patients should not be re-treated with subsequent cycles of paclitaxel until neutrophils recover to a level >1,500 cells/mm³ and platelets recover to a level >100,000 cells/mm³. In the case of severe neutropenia (<500 cells/mm³ for seven days or more during a course of paclitaxel therapy, a 20% reduction in dose for subsequent courses of therapy is recommended.

Hypersensitivity Reactions: Patients with a history of severe hypersensitivity reactions to products containing polysorbate 35 (such as ritonavir) for injection concentrate and liposoluble for injection concentrate should not be treated with paclitaxel. In order to avoid the occurrence of severe hypersensitivity reactions, all patients treated with paclitaxel should be premedicated with corticosteroids (such as dexamethasone), antihistamines and H₂ antagonists (such as cimetidine or ranitidine). Minor symptoms such as flushing, skin reactions, dyspnea, hypotension or tachycardia do not require interruption of therapy. However, severe reactions, such as hypotension requiring treatment, dyspnea requiring bronchodilators, angioedema or generalized urticaria require immediate discontinuation of paclitaxel and aggressive symptomatic therapy. Patients who have developed severe hypersensitivity reactions should not be rechallenged with paclitaxel.

Cardiovascular: Hypotension, bradycardia, and hypertension have been observed during administration of paclitaxel injection but generally do not require treatment. Occasionally paclitaxel infusions must be interrupted or discontinued because of initial or recurrent hypotension. Frequent vital sign monitoring, particularly during the first hour of paclitaxel infusion, is recommended. Continuous monitoring is not required except for patients with serious conduction abnormalities. (See "Adverse Reactions" section.)

Neurologic Systemic: Although the occurrence of peripheral neuropathy is frequent, the development of severe symptoms is unusual and requires a dose reduction of 20% for all subsequent courses of paclitaxel.

Paclitaxel contains dehydrated alcohol USP, 30% mg/mL, consideration should be given to possible CNS and other effects of alcohol. (See "Pharmacokinetics/Patient Use" section.)

Hepatic: There is evidence that the toxicity of paclitaxel is enhanced in patients with elevated liver enzymes. Caution should be exercised when administering paclitaxel to patients with evidence of severe hepatic impairment and dose adjustments should be considered.

Injection Site Reactions: Injection site reactions, including reactions secondary to intravascular, were usually mild and consisted of erythema, tenderness, discoloration, or swelling at the injection site. These reactions have been observed more frequently with the 24-hour infusion than with the 3-hour infusion. Occurrence of site reactions at a site of previous intravenous infusion administration of paclitaxel at a different site, i.e., "recall", has been reported rarely.

Rare reports of more severe events such as phlebitis, cellulitis, induration, skin ulceration, necrosis and blisters have been received as part of the continuing surveillance of paclitaxel safety. In some cases the onset of the injection site reaction either occurred during a paclitaxel infusion or was delayed by a week to ten days.

A specific treatment for administration reactions is unknown at this time. Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible irritation during drug administration.

Contraception, Menstruation, Impairment of Fertility: The carcinogenic potential of paclitaxel has not been studied. Paclitaxel has been shown to be clastogenic in vitro (chromosome aberrations in human lymphocytes) and in vivo (chromosomal test in mice). Paclitaxel was not mutagenic in the Ames test of CHO/Hprt gene mutation assay.

Administration of paclitaxel prior to and during mating produced impairment of fertility in male and female rats at doses equal to or greater than 1 mg/kg/day (about 0.04 the daily recommended human dose on a mg/m² basis). At this dose, paclitaxel caused reduced fertility and reproductive indices, and increased embryonic and foetal mortality. (See "Adverse Reactions" section.)

Pregnancy: Pregnancy Category D. (See "Adverse Reactions" section.)

Nursing Mothers: It is not known whether the drug is excreted in human milk. Following intravenous administration of carbon-14 labeled paclitaxel to rats on days 9 to 16 postpartum, concentrations of radioactivity in milk were higher than in plasma and declined to parallel with the plasma concentrations. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, it is recommended that nursing be discontinued when receiving paclitaxel therapy.

Pediatric Use: The safety and effectiveness of paclitaxel in pediatric patients have not been established. There have been reports of central nervous system (CNS) toxicity (mostly convulsions with death) in a clinical trial in pediatric patients in which paclitaxel was infused intravenously over 3 hours at doses ranging from 350 mg/m² to 420 mg/m². The toxicity is most likely attributable to the high dose of the ethanol component of the paclitaxel vehicle given over a short infusion time. The use of conventional anticonvulsants may intensify the effect. Although a direct effect of the paclitaxel itself cannot be discounted, the high doses used in this study (over twice the recommended adult dosage) must be considered in assessing the safety of paclitaxel for use in this population.

Information for Patients: (See Patient Information Leaflet)

ADVERSE REACTIONS

Pooled Analysis of Adverse Event Experiences from Single-Agent Studies:

Data in the following table are based on the experience of 812 patients (493 with ovarian carcinoma and 319 with breast carcinoma) enrolled in 10 studies who received single-agent paclitaxel injection. Two hundred and seventy-five patients were treated in eight Phase 2 studies with paclitaxel doses ranging from 135 to 300 mg/m² administered over 24 hours (in 4 of these studies, G-CSF was administered as hematopoietic support). Three hundred and one patients were treated in the randomized Phase 3 ovarian carcinoma study which compared two doses (135 or 175 mg/m²) and two schedules (3 or 24 hours) of paclitaxel. Two hundred and thirty-six patients with breast carcinoma received paclitaxel (135 or 175

Median time to progression from the first day of treatment was 4.3 months (range, 3.2 to 21.8 months). Median time to progression was 3.7 months (range, 3.1 to 25.1 months). Median survival was 11.5 months (range, 0.2 to 28.3 months).

Response rates, median survival and median time to progression for the 4 arms are given in the following table:

TABLE 2: EFFICACY IN THE PHASE 3 RANDOMIZED-CONTROLLED CLINICAL STUDY				
	175 mg/m ² (n=105)	175 mg/m ² (n=105)	135 mg/m ² (n=105)	135 mg/m ² (n=105)
Response rate (%)	4.6	21.7	15.2	13.2
95% Confidence interval	(8.5-23.6)	(14.5-31.0)	(9.0-24.1)	(7.7-21.5)
Time to progression (months)	4.4	4.2	3.4	2.8
95% Confidence interval	(3.0-5.8)	(3.5-5.1)	(2.8-4.2)	(1.9-4.0)
Survival (months)	11.5	11.8	13.1	10.7
95% Confidence interval	(8.4-14.4)	(8.9-14.6)	(9.1-14.6)	(8.1-13.6)

Analyses were performed as planned by the bifactorial study design described in the protocol by comparing the two doses (135 or 175 mg/m²) irrespective of the schedule (3 or 24 hours) and the two schedules irrespective of dose. Patients receiving the 175 mg/m² dose had a response rate similar to that of those receiving the 135 mg/m² dose: 18% vs. 14% (p=0.28). No difference in response rate was detected when comparing the 3-hour with the 24-hour infusion: 15% vs. 17% (p=0.50). Patients receiving the 175 mg/m² dose of paclitaxel had a longer time to progression than those receiving the 135 mg/m² dose: median 4.2 vs. 3.1 months (p=0.03). The median time to progression for patients receiving the 3-hour vs. the 24-hour infusion was 4.0 months vs. 3.7 months respectively. Median survival was 11.6 months in patients receiving the 175 mg/m² dose of paclitaxel and 11.0 months in patients receiving the 135 mg/m² dose (p=0.62). Median survival was 11.7 months for patients receiving the 3-hour infusion of paclitaxel and 11.2 months for patients receiving the 24-hour infusion (p=0.91). These statistical analyses should be viewed with caution because of the multiple comparisons made.

Paclitaxel remained active in patients who had developed resistance to platinum-containing therapy (defined as tumor progression while on, or tumor relapse within 6 months from completion of, a platinum-containing regimen) with response rates of 14% in the Phase 3 study and 31% in the Phase 1 & 2 clinical studies.

The adverse event profile in this Phase 3 study was consistent with that seen for the pooled analyses of data from 812 patients treated in ten clinical studies. These adverse events and adverse events from the Phase 3 second-line ovarian carcinoma study are described in the ADVERSE REACTIONS section in tabular (Tables 4 & 5) and narrative form.

The results of the randomized study support the use of paclitaxel injection at doses of 135 to 175 mg/m², administered by a 3-hour intravenous infusion. The same doses administered by 24-hour infusion were more toxic. However, the study had insufficient power to determine whether a particular dose and schedule produced superior efficacy.

Breast Carcinoma: After Failure of Initial Chemotherapy: Data from 83 patients accrued in three Phase 2 open label studies and from 471 patients enrolled in a Phase 3 randomized study were available to support the use of paclitaxel in patients with metastatic breast carcinoma.

Phase 2 Open Label Studies: Two studies were conducted in 58 patients previously treated with a maximum of one prior chemotherapy regimen. Paclitaxel was administered in these 2 studies as a 24-hour infusion at initial dose of 250 mg/m² (with G-CSF support) or 200 mg/m². The response rates were 57% (95% CI: 37-75%) and 52% (95% CI: 32-72%), respectively. The third Phase 2 study was conducted in extensively pretreated patients who had failed anthracycline therapy and who had received a maximum of 2 chemotherapy regimens for 8th treatment of metastatic disease. The dose of paclitaxel was 200 mg/m² as a 24-hour infusion with G-CSF support. Nine of 30 patients achieved a partial response, for a response rate of 30% (95% CI: 15-50%).

Hepatitis: There is evidence that the toxicity of paclitaxel is enhanced in patients with elevated liver enzymes. Jaundice should be watched when administering paclitaxel to patients with moderate to severe hepatic impairment and dose adjustments should be considered.

Injection Site Reactions: Injection site reactions including reactions secondary to extravasation were usually mild and consisted of erythema, tenderness, skin discoloration, or swelling at the injection site. These reactions have been observed more frequently with the 24-hour infusion than with the 3-hour infusion. Recurrence of skin reactions at a site of previous extravasation following administration of paclitaxel at a different site, i.e. "recall" has been reported rarely.

Rare reports of more severe events such as phlebitis, cellulitis, induration, skin extrusion, necrosis and fibrosis have been received as part of the continuing surveillance of paclitaxel safety. In some cases the onset of the injection site reaction either occurred during a prolonged infusion or was delayed by a week to ten days.

A specific treatment for extravasation reactions is unknown at the time. Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration.

Carcinogenesis, Mutagenesis, Impairment of Fertility: The carcinogenic potential of paclitaxel has not been studied. Paclitaxel has been shown to be clastogenic in *in vitro* chromosome aberrations in human lymphocytes and in *in vivo* micronucleus test in mice. Paclitaxel was not mutagenic in the Ames test of *CHO*HPRT gene mutation assay.

Administration of paclitaxel prior to and during mating produced impairment of fertility in male and female rats at doses equal to or greater than 1 mg/kg/day (about 0.04 the daily maximum recommended human dose on a mg/m² basis). At this dose, paclitaxel caused reduced fertility and reproductive indices, and increased embryo- and fetotoxicity (See **Warnings**).

Pregnancy: Pregnancy Category D. (See **WARNINGS** section.)

Nursing Mothers: It is not known whether the drug is excreted in human milk. Following intravenous administration of carbon-14 labeled paclitaxel to rats on days 9 to 10 postpartum, concentrations of radioactivity in milk were higher than in plasma and declined in parallel with the plasma concentrations. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, it is recommended that nursing be discontinued when receiving paclitaxel therapy.

Paclitaxel Use: The safety and effectiveness of paclitaxel in pediatric patients have not been established. There have been reports of central nervous system (CNS) toxicity rarely associated with death in a clinical trial in pediatric patients in which paclitaxel was infused intravenously over 3 hours at doses ranging from 350 mg/m² to 420 mg/m². The toxicity is most likely attributable to the high dose of the ethanol component of the paclitaxel vehicle given over a short infusion time. The use of concomitant antiepileptics may intensify this effect. Although a direct effect of the paclitaxel itself cannot be discounted, the high doses used in this study (two to three times the recommended adult dosage) must be considered in assessing the safety of paclitaxel for use in this population.

INFORMATION FOR PATIENTS: (See **PATIENT INFORMATION LEAFLET**).

ADVERSE REACTIONS

Pooled Analysis of Adverse Event Experiences from Single-Agent Studies:

Data in the following table are based on the experience of 812 patients (493 with ovarian carcinoma and 319 with breast carcinoma) enrolled in 10 studies who received single-agent paclitaxel injection. Two hundred and seventy five patients were treated in eight Phase 2 studies with paclitaxel doses ranging from 135 to 300 mg/m² administered over 24 hours in 4 of these studies. G-CSF was administered as hematopoietic support. Three hundred and one patients were treated in the randomized Phase 3 ovarian carcinoma study which compared two doses (135 or 175 mg/m²) and two schedules (3 or 24 hours) of paclitaxel. Two hundred and thirty-six patients with breast carcinoma received paclitaxel (135 or 175 mg/m²) administered over 3 hours in a controlled study.

PATIENT INFORMATION

Paclitaxel Injection SEP 15 2001

(generic name = paclitaxel) **APPROVED**

What is Paclitaxel Injection?

Paclitaxel is a prescription cancer medicine. It is injected into a vein and it is used to treat different types of tumors. The tumors include advanced ovary and breast cancer.

What is cancer?

Under normal conditions, the cells in your body divide and grow in an orderly, controlled way. Cell division and growth are necessary for the human body to perform its functions and to repair itself, when necessary. Cancer cells are different from normal cells because they are not able to control their own growth. The reasons for this abnormal growth are not yet fully understood.

A tumor is a mass of unhealthy cells that are dividing and growing fast and in an uncontrolled way. When a tumor invades surrounding healthy body tissue it is known as a malignant tumor. A malignant tumor can spread (metastasize) from its original site to other parts of the body if not found and treated early.

How does Paclitaxel Injection work?

Paclitaxel injection is a type of medical treatment called chemotherapy. The purpose of chemotherapy is to kill cancer cells or prevent their growth.

All cells, whether they are healthy cells or cancer cells, go through several stages of growth. During one of the stages, the cell starts to divide. Paclitaxel may stop the cells from dividing and growing, so they eventually die. In addition, normal cells may also be affected by paclitaxel causing some of the side effects. (See **What are the possible side effects of paclitaxel?** below.)

Who should not take paclitaxel?

Patients who have a history of hypersensitivity (allergic reactions) to paclitaxel or other drugs containing polyoxy-

35 castor oil, like cyclosporine or teniposide, should not be given paclitaxel. In addition, paclitaxel should not be given to patients with dangerously low white blood cell counts.

How is Paclitaxel Injection given?

Paclitaxel is injected into a vein (intravenous (IV) infusion). Before you are given paclitaxel, you will have to take certain medicines (premedications) to prevent or reduce the chance you will have a serious allergic reaction. Such reactions have occurred in a small number of patients while receiving paclitaxel and have been rarely fatal. (See **What are the possible side effects of paclitaxel?** below.)

What are the possible side effects of paclitaxel?

Most patients taking paclitaxel will experience side effects, although it is not always possible to tell whether such effects are caused by paclitaxel, another medicine they may be taking, or the cancer itself. Important side effects are described below; however some patients may experience other side effects that are less common. Report any unusual symptoms to your doctor.

Important side effects observed in studies of patients taking paclitaxel were as follows:

allergic reactions. Allergic reactions can vary in degree of severity. They may cause death in rare cases. When a severe allergic reaction develops, it usually occurs at the time the medicine is entering the body (during paclitaxel infusion). Allergic reactions may cause trouble breathing, very low blood pressure, sudden swelling, and/or hives or rash. The likelihood of a serious allergic reaction is lowered by the use of several kinds of medicines that are given to you before the paclitaxel infusion.

heart and blood vessel (cardiovascular) effects. Paclitaxel may cause a drop in heart rate (bradycardia) and low blood pressure (hypotension). The patient usually does not notice these changes. These changes usually do not require treatment. Your heart function, including blood pressure and pulse, will be monitored while you are receiving the medicine. You should notify your doctor if you have a history of heart disease.

infections due to low white blood cell count. Among the body's defenses against bacterial infections are white blood cells. Between your paclitaxel treatment cycles, you will often have

TABLE 4: SUMMARY OF ADVERSE EVENTS IN PATIENTS WITH SOLID TUMORS RECEIVING SINGLE-AGENT PACITANSEL			Patient of Patients (n=43)
• Bone Marrow			
Neutropenia	<2,000/mm ³	50	
	<500/mm ³	52	
Leukopenia	<4,000/mm ³	30	
	<1,000/mm ³	17	
Thrombocytopenia	<100,000/mm ³	20	
	<50,000/mm ³	7	
Anemia	<11g/dL	78	
	<8g/dL	16	
Infections		30	
Fatigue		14	
Hot Cell Transfusions		25	
Platelet Transfusions		2	
• Hypersensitivity Reactions*			
All		41	
Severe†		2	
• Cardiovascular			
Vital Sign Changes			
Bradycardia (N=327)		3	
Hypotension (N=552)		12	
Significant Cardiovascular Events		1	
• Abnormal ECG			
All Pts		23	
Pts with normal baseline (N=559)		14	
• Peripheral Neuropathy			
Any		60	
Severe symptoms†		3	
• Allergic/Idiosyncratic			
Any		60	
Severe symptoms†		6	
• Gastrointestinal			
Nausea and vomiting		52	
Diarrhea		38	
Mucositis		11	
• Alopecia			
Alopecia grade with normal baseline and no study drug		87	
Mild/moderate (N=78)		7	
Alkaline phosphatase elevations (N=475)		22	
AST (SGOT) elevations (N=491)		19	
• Infusion Site Reactions			
Based on worst course analysis		13	
All patients received premedication			
During first 3 hours of infusion			
Severe events are defined as at least Grade II toxicity			

Note: Of the observed toxicities were clearly influenced by age.

Disease-Specific Adverse Event Experiences
Second-Line Therapy: For the 403 patients who received single-agent paclitaxel in the Phase 3 second-line ovarian carcinoma study, the following table shows the incidence of important adverse events.

TABLE 5: FREQUENCY OF ADVERSE EVENTS IN THE PHASE 3 SECOND-LINE OVARIAN CARCINOMA STUDY			Patient of Patients (n=403)			
			1200h ^a (n=403)	1700h ^a (n=105)	1300h ^a (n=403)	1500h ^a (n=403)
• Bone Marrow						
Neutropenia	<2,000/mm ³	78	95	78	58	
	<500/mm ³	27	75	14	57	
Thrombocytopenia	<100,000/mm ³	4	18	8	6	
	<50,000/mm ³	1	7	2	1	
Anemia	<11g/dL	84	89	88	88	
	<8g/dL	11	12	6	10	
Infections		20	20	20	18	
• Hypersensitivity Reactions*						
All		41	45	38	45	
Severe†		2	0	2	1	
• Peripheral Neuropathy						
Any symptoms		63	69	55	42	
Severe symptoms†		1	2	0	0	
• Allergic/Idiosyncratic						
Any symptoms		17	35	21	25	
Severe symptoms†		0	3	0	2	

* Based on worst course analysis
† Paclitaxel dose in mg/m²/infusion duration in hours
‡ All patients received premedication
§ Severe events are defined as at least Grade II toxicity

Myelosuppression was dose and schedule related, with the schedule effect being more prominent. The development of severe hypersensitivity reactions (HSR) was rare; 1% of the patients and 0.2% of the courses overall. There was no apparent dose or schedule effect seen for the HSRs. Peripheral neuropathy was clearly dose-related, but schedule did not appear to affect the incidence.

Second-Line Therapy: Frequency of Initial Chemotherapy: For the 403 patients who received single-agent paclitaxel in the Phase 3 breast carcinoma study, the following table shows the incidence of important adverse events by treatment arm (each arm was administered by a 3-hour infusion).

TABLE 6: FREQUENCY OF ADVERSE EVENTS IN THE PHASE 3 BREAST CARCINOMA STUDY			Patient of Patients (n=403)			
			1200h ^a (n=403)	1700h ^a (n=105)	1300h ^a (n=403)	1500h ^a (n=403)
• Bone Marrow						
Neutropenia	<2,000/mm ³	98	91	19		
	<500/mm ³	11	7	19		
Thrombocytopenia	<100,000/mm ³	3	2	47		
	<50,000/mm ³	3	2			
Anemia	<11g/dL	58	4	2		
	<8g/dL	23	15			
Infections		2	2			
• Hypersensitivity Reactions*						
All		38	31			
Severe†		0	<1			
• Peripheral Neuropathy						
Any symptoms		79	46			
Severe symptoms†		7	3			
• Allergic/Idiosyncratic						
Any symptoms		23	17			
Severe symptoms†		3	<1			

* Based on worst course analysis
† Paclitaxel dose in mg/m²/infusion duration in hours
‡ All patients received premedication
§ Severe events are defined as at least Grade II toxicity

Myelosuppression and peripheral neuropathy were dose related. There was one severe hypersensitivity reaction (HSR) observed at the dose of 135 mg/m².
Adverse Event Experiences by Body System:
The following discussion refers to the overall safety database of 812 patients with solid tumors treated with single-agent paclitaxel in clinical studies. The frequency and severity of important adverse events for the phase 3 ovarian carcinoma and breast carcinoma studies are presented above in tabular form by treatment arm. In addition, rare events have been reported from post-marketing experience or from other clinical studies. The frequency and severity of adverse events have been generally similar for patients receiving paclitaxel for the treatment of ovarian or breast carcinoma.

Hematologic: Bone marrow suppression was the major dose-limiting toxicity of paclitaxel. Neutropenia, the most important hematologic toxicity, was dose and schedule dependent and was generally rapidly reversible. Among patients treated in the Phase 3 ovarian study with a 3-hour infusion, neutrophil counts declined below 500 cells/mm³ in 14% of the patients treated with a dose of 135 mg/m² compared to 27% at a dose of 175 mg/m² (p=0.001). In the same study, the

Peripheral neuropathy was the cause of paclitaxel discontinuation in 1% of all patients. Sensory symptoms have usually improved or resolved within several months of paclitaxel discontinuation. The incidence of neurologic symptoms did not increase in the subset of patients previously treated with cisplatin. Pre-existing neuropathies resulting from prior therapies are not a contraindication for paclitaxel therapy.

Other than peripheral neuropathy, serious neurologic events following paclitaxel administration have been rare (<1%) and have included grand mal seizures, syncope, ataxia and neuroencephalopathy.

Rare reports of autonomic neuropathy resulting in paralytic ileus have been received as part of the continuing surveillance of paclitaxel safety. Optic nerve and/or visual disturbances (including scotomata) have also been reported, particularly in patients who have received higher doses than those recommended. These effects generally have been reversible. However, rare reports in the literature of abnormal visual evoked potentials in patients have suggested persistent optic nerve damage.

Antihypertensive/Myalgia: There was no consistent relationship between dose or schedule of paclitaxel and the frequency or severity of antihypertensive/myalgia. Sixty percent of all patients treated experienced antihypertensive/myalgia, 8% experienced severe symptoms. The symptoms were usually transient, occurred two or three days after paclitaxel administration, and resolved within a few days. The frequency and severity of musculoskeletal symptoms remained unchanged throughout the treatment period.

Hepatic: No relationship was observed between liver function abnormalities and either dose or schedule of paclitaxel administration. Among patients with normal baseline liver function 7%, 22% and 19% had elevations in bilirubin, alkaline phosphatase and AST (SGOT), respectively. Prolonged exposure to paclitaxel was not associated with cumulative hepatic toxicity.

Rare reports of hepatic necrosis and hepatic encephalopathy leading to death have been received as part of the continuing surveillance of paclitaxel safety.

Gastrointestinal (GI): Nausea/vomiting, diarrhea and mucositis were reported by 52%, 38% and 31% of all patients, respectively. These manifestations were usually mild to moderate. Mucositis was schedule dependent and occurred more frequently with the 24-hour than with the 3-hour infusion.

Rare reports of intestinal obstruction, intestinal perforation, pancreatitis, ischemic colitis, and dehydration have been received as part of the continuing surveillance of paclitaxel safety. Rare reports of neurologic encephalitis (epilepsy), despite the coadministration of G-CSF, were observed in patients treated with paclitaxel alone and in combination with other chemotherapeutic agents.

Injection Site Reactions: Injection site reactions, including reactions secondary to extravasation, were usually mild and consisted of erythema, tenderness, skin discoloration, or swelling at the injection site. These reactions have been observed more frequently with the 24-hour infusion than with the 3-hour infusion. Recurrence of skin reactions at a site of previous extravasation following administration of paclitaxel at a different site, i.e., "recall," has been reported rarely.

Rare reports of more severe events such as phlebitis, cellulitis, induration, skin exfoliation, necrosis and fibrils have been received as part of the continuing surveillance of paclitaxel safety. In some cases the onset of the reaction site reaction either occurred during a prolonged infusion or was delayed by a week to ten days.

A specific treatment for extravasation reactions is unknown at this time. Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration.

Other Clinical Events: Alopecia was observed in almost all (87%) of the patients. Transient sloughings due to paclitaxel-related hypersensitivity reactions have been observed, but no other skin reactions were significantly associated with paclitaxel administration. No changes (changes in pigmentation or discoloration of nail bed) were uncommon (2%). Edema was reported in 21% of all patients (17% of those without baseline edema; only 1% had severe edema) and none of these patients required treatment. Edema was most commonly local and disease-related. Edema was observed in 9% of all courses for patients with normal baseline and did not increase with time on study.

Rare reports of skin abnormalities related to radiation recall as well as reports of interdigital rash and pruritus have been received as part of the continuing surveillance of paclitaxel safety. Reports of asthenia and malaise have been received as part of the continuing surveillance of paclitaxel safety.

Acute Toxicity Exacerbation: Upon infusion, dyspnea, chest pain, burning eyes, sore throat and nausea have been reported. Following topical exposure, events have included tingling, burning and redness.

OVERDOSE
There is no known antidote for paclitaxel overdose. The primary anticipated complications of overdose would consist of bone marrow suppression, peripheral neuropathy and mucositis. Overdose in pediatric patients may be associated with acute renal toxicity (see PRECAUTIONS/Pediatric Use section).

DOSE AND ADMINISTRATION
Infusion: Content of the unit-dose containers with plasticized PVC equipment and devices used to administer paclitaxel for infusion is not recommended. In order to minimize patient exposure to the plasticizer, DEHP [di-(2-ethylhexyl)phthalate], which may be leached from PVC infusion bags or sets, diluted paclitaxel solutions should be stored in bottles (glass, polypropylene) or plastic bags (polypropylene, polyethylene) and administered through polypropylene-lined administration sets.

All patients should be premedicated prior to paclitaxel administration in order to prevent severe hypersensitivity reactions. Such premedication may consist of dexamethasone 20 mg PO administered approximately 12 and 6 hours before paclitaxel administration (or its equivalent 50 mg IV 30 to 60 minutes prior to paclitaxel, and corticosteroid 300 mg or equivalent 60 mg IV 30 to 60 minutes before paclitaxel).

For patients with carcinomas of the ovary, the following regimen is recommended: paclitaxel has been used at several doses and schedules, however, the optimal regimen is not yet clear (See CLINICAL STUDIES/Second-Line Ovarian Carcinoma section). The recommended regimen is paclitaxel 135 mg/m² or 175 mg/m² administered intravenously over three hours every three weeks.

For patients with carcinomas of the breast, the following regimen is recommended: (See CLINICAL STUDIES/Breast Carcinoma section). After failure of initial chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy, paclitaxel at a dose of 175 mg/m² administered intravenously over three hours every three weeks has been shown to be effective.

For the therapy of patients with solid tumors (ovary and breast), courses of paclitaxel should not be repeated until the neutrophil count is at least 1,500 cells/mm³ and the platelet count is at least 100,000 cells/mm³. Patients who experience severe neutropenia (neutrophils <500 cells/mm³ for a week or longer) or severe peripheral neuropathy during paclitaxel therapy should have doses reduced by 20% for subsequent courses of paclitaxel. The incidence of neurotoxicity and the severity of neurotoxicity increases with dose.

Preparation and Administration Precautions: Paclitaxel is a cytotoxic anticancer drug and, as with other potentially toxic compounds, caution should be exercised in handling paclitaxel. The use of gloves is recommended. If paclitaxel solution contacts the skin, wash the skin immediately and thoroughly with soap and water. Following topical exposure, events have included tingling, burning and redness. If paclitaxel contacts mucous membranes, the membranes should be flushed thoroughly with water. Upon inhalation, dyspnea, chest pain, burning eyes, sore throat and nausea have been reported.

Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration (See PRECAUTIONS/Injection Site Reaction section).

Preparation for Intravenous Administration: Paclitaxel injection must be diluted prior to infusion. Paclitaxel should be diluted in 0.9% Sodium Chloride Injection, USP; 5% Dextrose Injection, 5% Dextrose and 0.9% Sodium Chloride Injection (FSP or FAS); Dextrose in Saline Injection; or 0.9% Sodium Chloride Injection (FSP or FAS).

Neutropenia	14/42	42
Febrile Neutropenia	23	5
Severe Neutropenia	7	3
Any symptoms	70	45
Severe symptoms	7	3
Thrombocytopenia	23	17
Any symptoms	23	17
Severe symptoms	3	<1

¹ Based on worst course analysis
² Packed cell volume in mL/injection duration in hours
³ All patients received premedication
⁴ Severe events are defined as at least Grade II toxicity

Myelosuppression and peripheral neuropathy were dose related. There was one severe hypersensitivity reaction (HSR) observed at the dose of 135 mg/m².

Adverse Event Experience by Body System:
The following discussion refers to the overall safety database of 812 patients with solid tumors treated with single-agent paclitaxel in clinical studies. The frequency and severity of important adverse events for the phase 3 ovarian carcinoma and breast carcinoma studies are presented above in tabular form by treatment arm. In addition, rare events have been reported from post-marketing experience or from other clinical studies. The frequency and severity of adverse events have been generally similar for patients receiving paclitaxel for the treatment of ovarian or breast carcinoma.

Hematologic: Bone marrow suppression was the major dose-limiting toxicity of paclitaxel. Neutropenia, the most important hematologic toxicity, was dose and schedule dependent and was generally rapidly reversible. Among patients treated in the Phase 3 ovarian study with a 3-hour infusion, neutrophil counts declined below 500 cells/mm³ in 14% of the patients treated with a dose of 135 mg/m² compared to 27% at a dose of 175 mg/m² (p=0.09). In the same study, severe neutropenia (<500 cells/mm³) was more frequent with the 24-hour than the 3-hour infusion; infusion duration had a greater impact on myelosuppression than dose. Neutropenia did not appear to increase with cumulative exposure and did not appear to be more frequent nor more severe for patients previously treated with radiation therapy.

Fever was frequent (12% of all treatment courses). Infectious episodes occurred in 30% of all patients and 9% of all courses; these episodes were fatal in 1% of all patients, and included sepsis, pneumonia and peritonitis. In the Phase 3 second-line ovarian study, infectious episodes were reported in 20% and 26% of the patients treated with a dose of 135 or 175 mg/m² given as a 3-hour infusion respectively. Urinary tract infections and upper respiratory tract infections were the most frequently reported infectious complications.

Thrombocytopenia was uncommon, and almost never severe (<50,000 cells/mm³). Twenty percent of the patients experienced a drop in their platelet count below 100,000 cells/mm³ at least once while on treatment; 7% had a platelet count <50,000 cells/mm³ at the time of their worst nadir. Bleeding episodes were reported in 4% of all courses and by 14% of all patients but most of the hemorrhagic episodes were localized and the frequency of these events was unrelated to the paclitaxel injection dose and schedule. In the Phase 3 second-line ovarian study, bleeding episodes were reported in 10% of the patients; no patients treated with the 3-hour infusion received platelet transfusions.

Anemia (Hb <11 g/dL) was observed in 78% of all patients and was severe (Hb <8 g/dL) in 10% of the cases. No consistent relationship between dose or schedule and the frequency of anemia was observed. Among all patients with normal baseline hemoglobin, 60% became anemic on study but only 7% had severe anemia. Red cell transfusions were required in 25% of all patients and in 12% of those with normal baseline hemoglobin levels.

Hypersensitivity Reactions (HSRs): All patients received premedication prior to paclitaxel injection (See "PRECAUTIONS: Hypersensitivity Reactions" section). The frequency and severity of HSRs were not affected by the dose or schedule of paclitaxel administration. In the Phase 3 second-line ovarian study the 3-hour infusion was not associated with a greater increase in HSRs when compared to the 24-hour infusion. Hypersensitivity reactions were observed in 20% of all courses and in 41% of all patients. These reactions were severe in less than 2% of the patients and 1% of the courses. No severe reactions were observed after course 3 and severe symptoms occurred generally within the first hour of paclitaxel infusion. The most frequent symptoms observed during these severe reactions were dyspnea, flushing, chest pain and tachycardia.

The minor hypersensitivity reactions consisted mostly of flushing (26%), rash (12%), hypotension (4%), dyspnea (2%), tachycardia (2%) and hypertension (1%). The frequency of hypersensitivity reactions remained relatively stable during the entire treatment period. Rare reports of chills and reports of back pain in association with hypersensitivity reactions have been received as part of the continuing surveillance of paclitaxel safety.

Cardiovascular: Hypertension, during the first 3 hours of infusion, occurred in 12% of all patients and 3% of all courses administered. Bradycardia, during the first 3 hours of infusion, occurred in 3% of all patients and 1% of all courses. In the Phase 3 second-line ovarian study, neither dose nor schedule had an effect on the frequency of hypertension and bradycardia. These vital sign changes most often caused no symptoms and required neither specific therapy nor treatment discontinuation. The frequency of hypertension and bradycardia were not influenced by prior antiemetic therapy.

Significant cardiovascular events possibly related to single-agent paclitaxel occurred in approximately 1% of all patients. These events included syncope, rhythm abnormalities, hypertension and venous thrombosis. One of the patients with syncope treated with paclitaxel at 175 mg/m² over 24 hours had preexisting hypertension and died. The arrhythmias included asymptomatic ventricular tachycardia, ectopic and complete AV block requiring pacemaker placement.

Electrocardiogram (ECG) abnormalities were common among patients at baseline. ECG abnormalities on study did not usually result in symptoms, were not dose-limiting, and required no intervention. ECG abnormalities were noted in 23% of all patients. Among patients with a normal ECG prior to study entry, 14% of all patients developed an abnormal tracing while on study. The most frequently reported ECG modifications were non-specific repolarization abnormalities, sinus tachycardia, sinus bradycardia and premature beats. Among patients with normal ECGs at baseline, prior therapy with antiarrhythmics did not influence the frequency of ECG abnormalities.

Cases of myocardial infarction have been reported rarely. Competitive heart failure has been reported typically in patients who have received other chemotherapeutic agents simultaneously. (See "PRECAUTIONS: Drug Interactions" section).

Rare reports of fetal death and spontaneous abortions have been received as part of the continuing surveillance of paclitaxel safety.

Respiratory: Rare reports of interstitial pneumonitis, lung fibrosis and pulmonary embolism have been received as part of the continuing surveillance of paclitaxel safety. Rare reports of reflexive pneumonitis have been received in patients receiving concurrent radiotherapy.

Neurologic: The frequency and severity of neurologic manifestations were dose-dependent, but were not influenced by infusion duration. Peripheral neuropathy was observed in 60% of all patients (3% severe) and in 52% (2% severe) of the patients without pre-existing neuropathy.

The frequency of peripheral neuropathy increased with cumulative dose. Neurologic symptoms were observed in 27% of the patients after the first course of treatment and in 34 to 51% from course 2 to 10.

5
1

For patients with carcinoma of the breast, the following regimen is recommended. (See CLINICAL STUDIES: Breast Carcinoma section.) After failure of initial chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy, paclitaxel at a dose of 175 mg/m² administered intravenously over three hours every three weeks has been shown to be effective.

For the therapy of patients with solid tumors (ovary and breast), courses of paclitaxel should not be repeated until the neutrophil count is at least 1,500 cells/mm³ and the platelet count is at least 100,000 cells/mm³. Patients who experience severe neutropenia (neutrophils <500 cells/mm³ for a week or longer) or severe peripheral neuropathy during paclitaxel therapy should have dosage reduced by 20% for subsequent courses of paclitaxel. The incidence of neurotoxicity and the severity of neutropenia increase with dose.

Preparation and Administration Precautions: Paclitaxel is a cytotoxic anticancer drug and, as with other potentially toxic compounds, caution should be exercised in handling paclitaxel. The use of gloves is recommended. If paclitaxel solution contacts the skin, wash the skin immediately and thoroughly with soap and water. Following topical exposure, events have included tingling, burning and redness. If paclitaxel contacts mucous membranes, the membranes should be flushed thoroughly with water. Upon inhalation, dyspnea, chest pain, burning eyes, sore throat and nausea have been reported.

Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration (See "PRECAUTIONS: Injection Site Reaction" section).

Preparations for Intravenous Administration: Paclitaxel injection must be diluted prior to infusion. Paclitaxel should be diluted in 0.9% Sodium Chloride Injection, USP; 5% Dextrose Injection, USP; 5% Dextrose and 0.9% Sodium Chloride Injection, USP or 5% Dextrose in Water Injection, USP to a final concentration of 0.3 to 1.2 mg/mL. The solutions are physically and chemically stable for up to 27 hours at ambient temperature (approximately 25°C) and room lighting conditions. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

Upon preparation, solutions may show haze, which is attributed to the formulation vehicle. No significant losses in potency have been noted following simulated delivery of the solution through an in-line 0.22 micron filter.

Data collected for the presence of the extractable plasticizer DEHP [di-(2-ethylhexyl)phthalate] show that levels increase with time and concentration when dilutions are prepared in PVC containers. Consequently, the use of plasticized PVC containers and administration sets is not recommended. Paclitaxel solutions should be prepared and stored in glass, polypropylene, or polycarbonate containers. Non-PVC containing administration sets, such as those which are polyethylene-lined, should be used.

Paclitaxel should be administered through an in-line filter with a microprocessor membrane not greater than 0.22 microns. Use of filter devices such as MEX-2[®] filters which incorporate short inlet and outlet PVC coated tubing has not resulted in significant leaching of DEHP.

The Chem-Delivering PEX[™] device or similar devices with splices should not be used with vials of paclitaxel since they may cause the stopper to collapse resulting in loss of sterile integrity of the paclitaxel solution.

Stability: Unopened vials of Paclitaxel Injection are stable until the date indicated on the package when stored between 20°-25°C (68°-77°F), in the original package. Neither freezing nor refrigeration adversely affects the stability of the product. Upon refrigeration components in the paclitaxel vial may precipitate, but will redissolve upon reaching room temperature with little or no agitation. There is no impact on product quality under these circumstances. If the solution remains cloudy or if an insoluble precipitate is noted, the vial should be discarded. Solutions for infusion prepared as recommended are stable at ambient temperature (approximately 25°C) and lighting conditions for up to 27 hours.

HOW SUPPLIED:
NDC 0575-8040-04 Paclitaxel Injection is available as a 30 mg/5 mL, multi-dose vial individually packaged in a carton.

NDC 0575-8021-25 Paclitaxel Injection is available as a 150mg/25mL, multi-dose vial individually packaged in a carton.

NDC 0575-8022-50 Paclitaxel Injection is available as a 300mg/50mL, multi-dose vial individually packaged in a carton.

Storage: Store the vials in original cartons between 20°-25°C (68°-77°F). Retain in the original package to protect from light.

Handling and Disposal: Procedures for proper handling and disposal of anticancer drugs should be considered. Several guidelines on this subject have been published.¹⁻⁴ There is no general agreement that all of the procedures recommended in the guidelines are necessary or appropriate.

References:

1. Recommendations for the Safe Handling of Parenteral Antineoplastic Drugs. NIH Publication No. 83-2821. For sale by the Superintendent of Documents, US Government Printing Office, Washington, DC 20402.
2. AHA Council Report. Guidelines for Handling Parenteral Antineoplastics. JAMA 1980; 253(11):1580-1582.
3. National Study Commission on Cytotoxic Exposure—Recommendations for Handling Cytotoxic Agents. Available from Louis P. Jeffrey, Chairman, National Study Commission on Cytotoxic Exposure, Massachusetts College of Pharmacy and Allied Health Sciences, 179 Longwood Avenue, Boston, Massachusetts, 02115.
4. Clinical Oncological Society of Australia. Guidelines and Recommendations for Safe Handling of Antineoplastic Agents. Med J Australia 1983; 1:428-428.
5. Jones RB, et al. Safe Handling of Chemotherapeutic Agents: A Report from the Mount Sinai Medical Center. CA-A Cancer Journal for Clinicians 1983; Sept/Oct: 258-263.
6. American Society of Hospital Pharmacists Technical Assistance Bulletin on Handling Cytotoxic and Hazardous Drugs. Am J Hosp Pharm 1980; 47:1033-1040.
7. Controlling Occupational Exposure to Hazardous Drugs (OHA WORK-PRACTICE GUIDELINES. Am J Health-Syst-Pharm 1986; 33:1688-1688.

MEX-2[®] is the registered trademark of the Millipore Corporation. Chem-Delivering PEX[™] is a trademark of B. Braun Medical Incorporated.

XEROX
Mid let:
Baker Norton Pharmaceuticals, Inc.
Miami, FL 33137 001767
Mid let:
PH Feilding & Co., Ltd.
Melbourne Victoria 3170 Australia Rev. 03/08
©2000 Baker Norton Pharmaceuticals, Inc.

blood tests to check your white blood cell counts. Paclitaxel usually causes a brief drop in white blood cells. If you have a fever (temperature above 100.4° F) or other sign of infection, tell your doctor right away. Sometimes serious infections develop that require treatment in the hospital with antibiotics. Serious illness or death could result if such infections are not treated when white

blood tests to check your white blood cell counts. Paclitaxel usually causes a brief drop in white blood cells. If you have a fever (temperature above 100.4° F) or other sign of infection, tell your doctor right away. Sometimes serious infections develop that require treatment in the hospital with antibiotics. Serious illness or death could result if such infections are not treated when white

... (text continues from previous page) ...

Hypersensitivity Reactions (HSRs): All patients received premedication prior to pacifast injection. The frequency and severity of HSRs were not affected by the dose or schedule of pacifast administration. In the Phase 3 second-line overall study, the 3-hour infusion was not associated with a greater increase in HSRs when compared to the 24-hour infusion. Hypersensitivity reactions were observed in 20% of all courses and in 41% of all patients. These reactions were severe in less than 2% of the patients and 1% of the courses. No severe reactions were observed after course 3 and severe symptoms occurred generally within the first hour of pacifast infusion. The most frequent symptoms observed during these severe reactions were dyspnea, flushing, chest pain and tachycardia.

The minor hypersensitivity reactions consisted mostly of flushing (28%), rash (12%), hypotension (4%), dyspnea (2%), tachycardia (2%) and hypertension (1%). The frequency of hypersensitivity reactions remained relatively stable during the entire treatment period. Rare reports of chills and reports of back pain in association with hypersensitivity reactions have been received as part of the continuing surveillance of pacifast safety.

Cardiovascular: Hypotension, during the first 3 hours of infusion, occurred in 12% of all patients and 3% of all courses administered. Bradycardia, during the first 3 hours of infusion, occurred in 2% of all patients and 1% of all courses. In the Phase 3 second-line overall study, neither dose nor schedule had an effect on the frequency of hypotension and bradycardia. These vital sign changes most often caused no symptoms and required neither specific therapy nor treatment discontinuation. The frequency of hypotension and bradycardia were not influenced by prior antineoplastic therapy.

Significant cardiovascular events possibly related to single-agent pacifast occurred in approximately 1% of all patients. These events included syncope, rhythm abnormalities, hypotension and various thromboses. One of the patients with syncope treated with pacifast at 175 mg/m² over 24 hours had progressive hypotension and died. The arrhythmias included symptomatic ventricular tachycardia, bigeminy and complete AV block requiring pacemaker placement.

Electrocardiogram (ECG) abnormalities: were common among patients at baseline. ECG abnormalities on study did not usually result in symptoms, were not dose-limiting, and required no intervention. ECG abnormalities were noted in 22% of all patients. Among patients with a normal ECG prior to study entry, 14% of all patients developed an abnormal tracing while on study. The most frequently reported ECG modifications were non-specific repolarization abnormalities, sinus bradycardia, sinus tachycardia and premature beats. Among patients with normal ECGs at baseline, prior therapy with antineoplastic drugs did not influence the frequency of ECG abnormalities.

Causes of myocardial infarction: have been reported rarely. Congestive heart failure has been reported typically in patients who have received other chemotherapy, notably antineoplastic. (See **PRECAUTIONS**, "Drug Interactions" section).

Rare reports of atrial fibrillation and supraventricular tachycardia have been received as part of the continuing surveillance of pacifast safety.

Respiratory: Rare reports of interstitial pneumonitis, lung fibrosis and pulmonary embolism have been received as part of the continuing surveillance of pacifast safety. Rare reports of radiation pneumonitis have been received in patients receiving concurrent radiotherapy.

Neurologic: The frequency and severity of neurologic manifestations were dose-dependent, but were not influenced by infusion duration. Peripheral neuropathy was observed in 60% of all patients (5% severe) and in 52% (2% severe) of the patients without pre-existing neuropathy.

The frequency of peripheral neuropathy increased with cumulative dose. Neurologic symptoms were observed in 27% of the patients after the first course of treatment and in 34 to 51% from course 2 to 16.

... (text continues from previous page) ...

Stability: Pacifast injection is stable until the date indicated on the package when stored between 20°-25°C (68°-77°F) in the original package. Further freezing or refrigeration adversely affects the stability of the product. Upon refrigeration components in the pacifast vial may precipitate, but will redissolve upon reaching room temperature with little or no agitation. There is no impact on product quality under these circumstances. If the solution remains cloudy or if an insoluble precipitate is noted, the vial should be discarded. Solutions for infusion prepared as recommended are stable at ambient temperature (approximately 25°C) and lighting conditions for up to 27 hours.

HOW SUPPLIED

- NDC 0575-8040-04 Pacifast Injection is available as a 30 mg/5 mL multi-dose vial individually packaged in a carton.
- NDC 0575-8021-25 Pacifast Injection is available as a 150mg/25mL multi-dose vial individually packaged in a carton.
- NDC 0575-8022-50 Pacifast Injection is available as a 300mg/50mL multi-dose vial individually packaged in a carton.

Storage: Store the vials in original cartons between 20°-25°C (68°-77°F). Retain in the original package to protect from light.

Handling and Disposal: Procedures for proper handling and disposal of anti-cancer drugs should be considered. Several guidelines on the subject have been published. There is no general agreement that all of the procedures recommended in the guidelines are necessary or appropriate.

References:

1. Recommendations for the Safe Handling of Parenteral Antineoplastic Drugs. NIH Publication No. 83-2621. For sale by the Superintendent of Documents, US Government Printing Office, Washington, DC 20402.
2. AHA Council Report. Guidelines for Handling Parenteral Antineoplastics. JAMA 1985; 253(11):1589-1592.
3. National Study Committee on Cytotoxic Exposure—Recommendations for Handling Cytotoxic Agents. Available from Louis P. Jeffrey, Chairman, National Study Committee on Cytotoxic Exposure, Massachusetts College of Pharmacy and Allied Health Sciences, 179 Longwood Avenue, Boston, Massachusetts, 02115.
4. Clinical Oncological Society of Australia. Guidelines and Recommendations for Safe Handling of Antineoplastic Agents. Med J Australia 1983; 1:428-428.
5. Jones RB, et al. Safe Handling of Chemotherapeutic Agents: A Report from the Mount Sinai Medical Center. CA-A Cancer Journal for Clinicians 1983; Sept/Oct. 258-263.
6. American Society of Hospital Pharmacists Technical Assistance Bulletin on Handling Cytotoxic and Hazardous Drugs. Am J Hosp Pharm 1980; 47:1033-1048.
7. Controlling Occupational Exposure to Hazardous Drugs (OSHA WORK-PRAC-TICE GUIDELINES). Am J Health-Syst-Pharm 1986; 53:1688-1688.

NDC-20° is the registered trademark of the Milligore Corporation.
Chemo Dispensing Pin™ is a trademark of B. Braun Medical Incorporated.

X-TRA INFORMATION

Mfg. by:
Bayer Martin Pharmaceuticals, Inc.
Miami, FL 33137
Mfg. by:
FH Peabody & Co., Ltd.
Milligore Victoria 3170 Australia

©2000 Bayer Martin Pharmaceuticals, Inc.

1001767
Rev. 00/08

blood tests to check your white blood cell counts. Pacifast usually causes a brief drop in white blood cells. If you have a fever (temperature above 100.4°F) or other sign of infection, tell your doctor right away. Sometimes serious infections develop that require treatment in the hospital with antibiotics. Serious illness or death could result if such infections are not treated when white blood cell counts are low.

Hair loss. Complete hair loss, or alopecia, almost always occurs with pacifast. This usually involves the loss of eyebrows, eyelashes, and pubic hair, as well as scalp hair. It can occur suddenly after treatment has begun, but usually happens 14 to 21 days after treatment. Hair generally grows back after you've finished your pacifast treatment.

Joint and muscle pain. You may get joint and muscle pain a few days after your pacifast treatment. These symptoms usually disappear in 6-8 first days. Although pain medicine may not be necessary, tell your doctor if you are uncomfortable.

Irritation at the injection site. Pacifast sometimes causes irritation at the site where it enters the vein. Reactions may include discomfort, redness, swelling, inflammation (of the surrounding skin or of the vein itself) and discoloration (open sores). These reactions are usually caused by the IV (intravenous) fluid-leaking into the surrounding area. If you notice anything unusual at the site of the injection (needle), either during or after treatment, tell your doctor right away.

Low red blood cell count. Red blood cells deliver oxygen to tissues throughout all parts of the body and take carbon dioxide from the tissues by using a protein called hemoglobin. A lowering of the volume of red blood cells may occur following pacifast treatment causing anemia. Some patients may need a blood transfusion to treat the anemia. Patients can feel tired, the easily, appear pale, and become short of breath. Contact your doctor if you experience any of these symptoms following pacifast treatment.

Mouth or lip sores (mucositis). Some patients develop redness and/or sores in the mouth or on the lips. These symptoms may occur a few days after the pacifast treatment and usually decrease or disappear within one week. Talk with your doctor about proper mouth care and other ways to prevent or reduce your chances of developing mucositis.

Numbness, tingling, or burning in the hands and/or feet (neuropathy). These symptoms occur often with pacifast and usually get better or go away without medication within several months of completing treatment. However, if you are

uncomfortable, tell your doctor so that he/she can decide the best approach for relief of your symptoms.

Stomach upset and diarrhea. Some patients experience nausea, vomiting, and/or diarrhea following pacifast use. If you experience nausea or stomach upset, tell your doctor. Diarrhea will usually disappear without treatment; however, if you experience severe abdominal or stomach area pain and/or severe diarrhea, tell your doctor right away.

Talk with your doctor or other healthcare professional to discuss ways to prevent or reduce some of these side effects. Because this leaflet does not include all possible side effects that can occur with pacifast, it is important to talk with your doctor about other possible side effects.

Can I take pacifast if I am pregnant or expecting a baby?

Pacifast could harm the fetus when given to a pregnant woman. Women should avoid becoming pregnant while they are undergoing treatment with pacifast. Tell your doctor if you become pregnant or plan to become pregnant while taking pacifast. Because studies have shown pacifast to be present in the breast milk of animals receiving the drug, it may be present in human breast milk as well. Therefore, nursing a baby while taking pacifast is NOT recommended.

This medicine was prescribed for your particular condition. This summary does not include everything there is to know about pacifast. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have questions or concerns, or want more information about pacifast, your doctor or pharmacist have the complete prescribing information upon which this guide is based. You may want to read it and discuss it with your doctor. Remember, no written summary can replace careful discussion with your doctor.

X-TRA INFORMATION

© 2000 Bayer Martin Pharmaceuticals, Inc.

LS008, Issue date: 00/08

1001767 00/08

This Patient Information Leaflet has been approved by the U.S. Food and Drug Administration.

300mg IFC



1 Vial • 50 mL Multi Dose Vial
PACLITAXEL
Injection
300 mg/50 mL
(6 mg/mL)

05/2008 0022 50

000 0075 0022 50

PACLITAXEL
Injection

See bottom of box for
lot number and
expiration date.

Protect from light.

WARNING
Cytotoxic agent

APPROVED

SEP 15 2000

Each mL contains: 6 mg paclitaxel,
527 mg polyoxyl 35 castor oil, NF,
2 mg citric acid anhydrous, USP and
49.7% (v/v) dehydrated alcohol, USP

Usual dosage: Read accompanying
circular for detailed dosage, directions
for use and precautions.

Mfd. for Baker Norton Pharmaceuticals, Inc.
Miami, FL 33137
Mfd. by FH Faulding & Co Limited
Mulgrave Victoria 3170 Australia

1001788

Rev.00/08

1 Vial • 50 mL Multi Dose Vial

PACLITAXEL
Injection

300 mg/50 mL
(6 mg/mL)

CAUTION: Dilution required prior
to IV use. Read package insert.

Rx only

Store between
20°-25°C (68°-77°F).
Protect from light.
Retain in carton until time of use.



0 0575-8022-50 2

BAKER NORTON
PHARMACEUTICALS, INC.

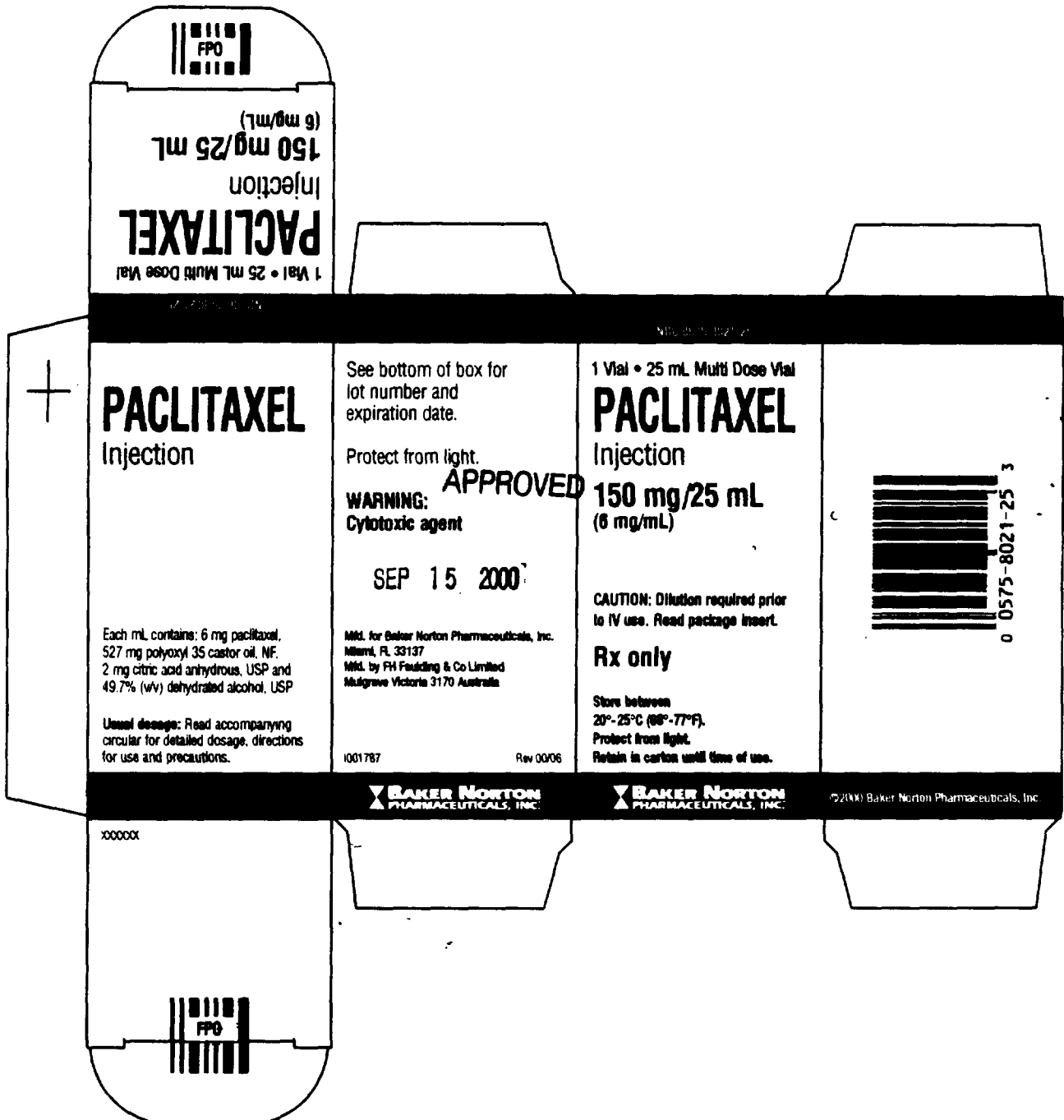
BAKER NORTON
PHARMACEUTICALS, INC.

©2000 Baker Norton Pharmaceuticals, Inc.

XXXXXX



150mg





30 mg/5 mL
Injection
PACLITAXEL
1 Vial • 5 mL Multi Dose Vial

PACLITAXEL
Injection

Each mL contains: 6 mg paclitaxel,
527 mg polyoxyl 35 castor oil, NF
2 mg citric acid anhydrous, USP and
49.7% (w/v) dehydrated alcohol, USP

Usual dosage: Read accompanying
circular for detailed dosage, direction
for use and precautions

See bottom of box for
lot number and
expiration date.

Protect from light.

WARNING:
Cytotoxic agent

MIL, for Baker Norton Pharmaceuticals, Inc.
Miami, FL 33137
MIL, by PH Packaging & Co Limited
Midgway Victoria 3170 Australia

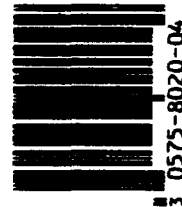
SEP 15 2000
1001769 Rev 00/06

1 Vial • 5 mL Multi Dose Vial
PACLITAXEL
Injection
30 mg/5 mL
(6 mg/mL)

CAUTION: Dilution required prior
to IV use. Read package insert.

Rx only

Store between
20°-25°C (68°-77°F).
Protect from light.
Retain in carton until time of use.



BAKER NORTON
PHARMACEUTICALS, INC.

BAKER NORTON
PHARMACEUTICALS, INC.

©1999 Baker Norton Pharmaceuticals, Inc.

00000000



NDC 0575-9022-50

50 mL-Multi Dose Vial

SEP 15 2000

WARNING:

Cytotoxic agent

PACLITAXEL

Injection

300 mg/50 mL (6 mg/mL)

Rx only

CAUTION: Dilution required prior to IV use.
Read package insert.

APPROVED

Store between 20°-25°C (68°-77°F)

Protect from light

Retain in carton until time of use.

Usual dosage: Read accompanying

circle for detailed dosage,

directions for use and precautions.

Mfd. for Baker Norton

Pharmaceuticals, Inc.

Miami, FL 33137

Mfd. by RH Faulding & Co Limited

Mulgave Victoria 3170 Australia

L001788 Rev 00/06

XXXXXXXXXX



APPROVED

SEP 15 2000

NDC 0575-8021-25

WARNING:

25 mL Multi Dose Vial Cytotoxic agent

PACLITAXEL

Injection

150 mg/25 mL (6 mg/mL)

Rx only

CAUTION: Dilution required prior to IV use.
Read package insert.

Store between 20°-25°C (68°-77°F)

Protect from light

Retain in carton until time of use.

Usual dosage: Read accompanying

circuler for detailed dosage,

directions for use and precautions.

Mkt. for Baker Norton

Pharmaceuticals, Inc.

Miami, FL 33137

Mkt. by FH Faulding & Co Limited

Mulgrave Victoria 3170 Australia

L001796 Rev.0005 X0000000



ACTUAL SIZE
Size: 63 x 20 mm
PMS 280, PMS 185

APPROVED

SEP 15 2000

NDC 0575-0820-04
5 mL Multi Dose Vial
PACLITAXEL
Injection
30 mg/5 mL (6 mg/mL)
Rx only
CAUTION: Dilution required prior to IV use.
Read package insert.

WARNING:
Cytotoxic agent

Store between 20°-25°C
(68°-77°F)
Protect from light
Refrain in carton until time of use.
Inspect visually for particulate matter
before use.
Do not use if solution is discolored or
contains any visible particles.
Keep vial upright.
Do not shake.
Do not use if vial is cracked or broken.
Do not use if vial is leaking.
Do not use if vial is damaged.
Do not use if vial is expired.
Do not use if vial is not sealed.
Do not use if vial is not labeled.
Do not use if vial is not stored properly.
Do not use if vial is not handled properly.
Do not use if vial is not disposed properly.
Do not use if vial is not cleaned properly.
Do not use if vial is not maintained properly.
Do not use if vial is not inspected properly.
Do not use if vial is not stored properly.
Do not use if vial is not handled properly.
Do not use if vial is not disposed properly.
Do not use if vial is not cleaned properly.
Do not use if vial is not maintained properly.
Do not use if vial is not inspected properly.

150% enlarged

APPROVED

SEP 15 2000

NDC 0575-0820-04
5 mL Multi Dose Vial
PACLITAXEL
Injection
30 mg/5 mL (6 mg/mL)
Rx only
CAUTION: Dilution required prior to IV use.
Read package insert.

WARNING:
Cytotoxic agent

Store between 20°-25°C
(68°-77°F)
Protect from light
Refrain in carton until time of use.
Inspect visually for particulate matter
before use.
Do not use if solution is discolored or
contains any visible particles.
Keep vial upright.
Do not shake.
Do not use if vial is cracked or broken.
Do not use if vial is leaking.
Do not use if vial is damaged.
Do not use if vial is expired.
Do not use if vial is not sealed.
Do not use if vial is not labeled.
Do not use if vial is not stored properly.
Do not use if vial is not handled properly.
Do not use if vial is not disposed properly.
Do not use if vial is not cleaned properly.
Do not use if vial is not maintained properly.
Do not use if vial is not inspected properly.