PROFESSIONAL INFORMATION

SCHEDULING STATUS: S4

1. NAME OF THE MEDICINE

ZIEXTENZO (6 mg, solution for injection in pre-filled syringe)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each pre-filled syringe contains 6 mg of pegfilgrastim in 0,6 ml (10 mg/ml) solution for injection.

Excipients with known effect:

Each pre-filled syringe contains 30 mg sorbitol (see section 4.4)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection.

Colourless to slightly yellowish solution.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

To reduce the duration of neutropenia and the incidence of febrile neutropenia and the incidence of infection as manifested by febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes).

4.2. Posology and method of administration

Posology

Adults (≥ 18 years):

One 6 mg dose (a single pre-filled syringe) of ZIEXTENZO is recommended for each chemotherapy cycle, administered as a subcutaneous injection approximately 24 hours following cytotoxic chemotherapy.

Children and Adolescents:

There are insufficient data to recommend the use of ZIEXTENZO in children and adolescents under 18 years of age. ZIEXTENZO therapy should be initiated and supervised by physicians experienced in oncology and/or haematology.

For instructions on handling of the medicine before administration, see section 6.6.

4.3. Contraindications

Hypersensitivity to pegfilgrastim, filgrastim, *E. coli* derived proteins, or to any excipients.

4.4 Special warnings and precautions for use

Traceability:

In order to improve the traceability of granulocyte-colony stimulating factors (G-CSFs), the trade name of the administered product should be clearly recorded in the patient file.

Limited clinical data suggest a comparable effect on time to recovery of severe neutropenia for pegfilgrastim to filgrastim in patients with *de novo* acute myeloid leukaemia (AML) (see section 5.1). However, the long-term effects of pegfilgrastim have not been established in AML; therefore, it should be used with caution in this patient population.

Granulocyte-colony stimulating factor can promote growth of myeloid cells *in vitro* and similar effects may be seen on some non-myeloid cells *in vitro*.

The safety and efficacy of pegfilgrastim have not been investigated in patients with myelodysplastic syndrome, chronic myelogenous leukaemia, and in patients with secondary AML; therefore, it should not be used in such patients.

Particular care should be taken to distinguish the diagnosis of blast transformation of chronic myeloid leukaemia from AML.

The safety and efficacy of pegfilgrastim administration in *de novo* AML patients aged < 55 years with cytogenetics t(15;17) have not been established.

The safety and efficacy of pegfilgrastim have not been investigated in patients receiving high dose chemotherapy. This medicinal product should not be used to increase the dose of cytotoxic chemotherapy beyond established dosage regimens.

Pulmonary adverse events:

Pulmonary adverse reactions, in particular interstitial pneumonia, have been reported after G-CSF administration. Patients with a recent history of pulmonary infiltrates or pneumonia may be at higher risk (see section 4.8).

The onset of pulmonary signs such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates, and deterioration in pulmonary function along with increased neutrophil count may be preliminary signs of Acute Respiratory Distress Syndrome (ARDS). In such circumstances ZIEXTENZO should be discontinued at the discretion of the physician and the appropriate treatment given (see section 4.8).

Glomerulonephritis:

Glomerulonephritis has been reported in patients receiving filgrastim and pegfilgrastim. Generally, events of glomerulonephritis resolved after dose reduction or withdrawal of filgrastim and pegfilgrastim. Urinalysis monitoring is recommended.

Capillary leak syndrome:

Capillary leak syndrome has been reported after granulocyte-colony stimulating factor administration and is characterised by hypotension, hypoalbuminaemia, oedema and haemoconcentration. Patients who develop symptoms of capillary leak syndrome should be closely

monitored and receive standard symptomatic treatment, which may include a need for intensive care (see section 4.8).

Splenomegaly and splenic rupture:

Generally asymptomatic cases of splenomegaly and cases of splenic rupture, including some fatal cases, have been reported following administration of pegfilgrastim (see section 4.8). Therefore, spleen size should be carefully monitored (e.g. clinical examination, ultrasound). A diagnosis of splenic rupture should be considered in patients reporting left upper abdominal pain or shoulder tip pain.

Thrombocytopenia and anaemia:

Treatment with ZIEXTENZO alone does not preclude thrombocytopenia and anaemia because full dose myelosuppressive chemotherapy is maintained on the prescribed schedule. Regular monitoring of platelet count and haematocrit is recommended. Special care should be taken when administering single or combination chemotherapeutic medicines which are known to cause severe thrombocytopenia.

Myelodysplastic syndrome and acute myeloid leukaemia in breast and lung cancer patients:

In the post-marketing observational study setting, pegfilgrastim in conjunction with chemotherapy and/or radiotherapy has been associated with development of myelodysplastic syndrome (MDS and acute myeloid leukaemia (AML) in breast and lung cancer patients (see section 4.8). Monitor breast and lung cancer patients for signs and symptoms of MDS/AML.

Sickle cell anaemia:

Sickle cell crises have been associated with the use of pegfilgrastim in patients with sickle cell trait or sickle cell disease (see section 4.8). Therefore, physicians should use caution when prescribing ZIEXTENZO in patients with sickle cell trait or sickle cell disease, should monitor appropriate

clinical parameters and laboratory status and be attentive to the possible association of this medicine with splenic enlargement and vaso-occlusive crisis.

Leukocytosis:

White blood cell (WBC) counts of 100 x 10^9/L or greater have been observed in less than 1 % of patients receiving pegfilgrastim. No adverse events directly attributable to this degree of leukocytosis have been reported. Such elevation in white blood cells is transient, typically seen 24 to 48 hours after administration and is consistent with the pharmacodynamic effects of this medicine. Consistent with the clinical effects and the potential for leukocytosis, a WBC count should be performed at regular intervals during therapy. If leukocyte counts exceed 50 x 10^9/L after the expected nadir, this medicine should be discontinued immediately.

Hypersensitivity:

Hypersensitivity, including anaphylactic reactions, occurring on initial or subsequent treatment have been reported in patients treated with pegfilgrastim. Permanently discontinue pegfilgrastim in patients with clinically significant hypersensitivity. Do not administer ZIEXTENZO to patients with a history of hypersensitivity to pegfilgrastim or filgrastim. If a serious allergic reaction occurs, appropriate therapy should be administered, with close patient follow-up over several days.

Stevens-Johnson syndrome:

Stevens-Johnson syndrome (SJS), which can be life-threatening or fatal, has been reported rarely in association with pegfilgrastim treatment. If the patient has developed SJS with the use of pegfilgrastim, treatment with ZIEXTENZO must not be restarted in this patient at any time.

Immunogenicity:

As with all therapeutic proteins, there is a potential for immunogenicity. Rates of generation of antibodies against pegfilgrastim is generally low. Binding antibodies do occur as expected with all biologics; however, they have not been associated with neutralising activity at present.

Aortitis:

Aortitis has been reported after G-CSF administration in healthy subjects and in cancer patients. The symptoms experienced included fever, abdominal pain, malaise, back pain and increased inflammatory markers (e.g. c-reactive protein and white blood cell count). In most cases aortitis was diagnosed by CT scan and generally resolved after withdrawal of G-CSF. See also section 4.8.

Other warnings:

The safety and efficacy of pegfilgrastim for the mobilisation of blood progenitor cells in patients or healthy donors has not been adequately evaluated.

Increased haematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone-imaging findings. This should be considered when interpreting bone-imaging results.

ZIEXTENZO contains 30 mg sorbitol in each pre-filled syringe which is equivalent to 50 mg/mL. The additive effect of concomitantly administered products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account.

ZIEXTENZO contains less than 1 mmol (23 mg) sodium per 6 mg dose, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicines and other forms of interaction

Due to the potential sensitivity of rapidly dividing myeloid cells to cytotoxic chemotherapy, pegfilgrastim should be administered at least 24 hours after administration of cytotoxic chemotherapy. In clinical trials, pegfilgrastim has been safely administered 14 days before chemotherapy. Concomitant use of pegfilgrastim with any chemotherapy medicines has not been

evaluated in patients. In animal models concomitant administration of pegfilgrastim and 5-fluorouracil (5-FU) or other antimetabolites has been shown to potentiate myelosuppression.

Possible interactions with other haematopoietic growth factors and cytokines have not been specifically investigated in clinical trials.

The potential for interaction with lithium, which also promotes the release of neutrophils, has not been specifically investigated. There is no evidence that such an interaction would be harmful.

The safety and efficacy of pegfilgrastim has not been evaluated in patients receiving chemotherapy associated with delayed myelosuppression e.g. nitrosoureas.

Specific interaction or metabolism studies have not been performed; however, clinical trials have not indicated an interaction of pegfilgrastim with any other medicines.

4.6 Fertility, pregnancy and lactation

Pregnancy:

There are no or limited amount of data from the use of pegfilgrastim in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). Pegfilgrastim is not recommended during pregnancy and in women of childbearing potential not using contraception.

Breastfeeding:

There is insufficient information on the excretion of pegfilgrastim/metabolites in human milk, a risk to the newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from ZIEXTENZO therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility:

Pegfilgrastim did not affect reproductive performance or fertility in male or female rats at cumulative weekly doses approximately 6 to 9 times higher than the recommended human dose (based on body surface area) (see section 5.3).

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

Summary of the safety profile:

The most frequently reported adverse reactions were bone pain and musculoskeletal pain. Bone pain was generally of mild to moderate severity, transient and could be controlled in most patients with standard analgesics.

Hypersensitivity-type reactions, including skin rash, urticaria, angioedema, dyspnoea, erythaema, flushing, and hypotension occurred on initial or subsequent treatment with pegfilgrastim. Serious allergic reactions, including anaphylaxis can occur in patients receiving pegfilgrastim (see section 4.4).

Capillary Leak Syndrome, which can be life-threatening if treatment is delayed, has been reported less frequently in cancer patients undergoing chemotherapy following administration of granulocyte colony-stimulating factors; see section 4.4 and section “Description of selected adverse reactions” below.

Splenomegaly, generally asymptomatic, is less frequent.
Splenic rupture including some fatal cases is less frequently reported following administration of pegfilgrastim (see section 4.4).
Less frequent pulmonary adverse reactions including interstitial pneumonia, pulmonary oedema, pulmonary infiltrates and pulmonary fibrosis have been reported. Uncommonly, cases have resulted in respiratory failure or ARDS, which may be fatal (see section 4.4).

Isolated cases of sickle cell crises have been reported in patients with sickle cell trait or sickle cell disease (uncommon in sickle cell patients) (see section 4.4)

Tabulated summary of adverse reactions:

System Organ Class	**Adverse reactions**		
	Frequent	*Less frequent*	*Frequency unknown*
Neoplasms benign, malignant and unspecified (incl. cysts and polyps)		Myelodysplastic syndrome[1], Acute myeloid leukaemia[1]	
Blood and lymphatic system disorders	Thrombocy-topenia[1] Leukocytosis[1]	Sickle cell crisis[2] Splenomegaly[2] Splenic rupture[2]	
Immune system disorders		Hypersensitivity reactions Anaphylaxis	
Metabolism and nutrition disorders		Elevations in uric acid	
Nervous system disorders	Headache[1]		
Vascular disorders		Capillary leak syndrome[1] Aortitis	

Respiratory, thoracic and mediastinal disorders		Acute Respiratory Distress Syndrome[2] Pulmonary adverse reactions (interstitial pneumonia, pulmonary oedema, pulmonary infiltrates and pulmonary fibrosis), Haemoptysis, Pulmonary haemorrhage	
Gastrointestinal disorders	Nausea[1]		
Skin and subcutaneous tissue disorders	Dermatitis contact[1]	Sweet's syndrome (acute febrile neutrophilic dermatosis)[1,2],Cutaneous vasculitis[1,2],Stevens-Johnson syndrome	
Musculoskeletal and connective tissue disorders	Bone pain, Musculo-skeletal pain (myalgia, arthralgia, pain in extremity, back pain, musculo-skeletal pain, neck pain)		
Renal and urinary		Glomerulonephritis[2]	

disorders			
General disorders and administrative site conditions	Injection site pain[1] Non-cardiac chest pain	Injection site reactions[2]	
Investigations		Elevations in lactate dehydrogenase and alkaline phosphatase[1] Transient elevations in LFTs for ALT or AST[1]	

[1] See section “Description of selected adverse reactions” below.

[2] This adverse reaction was identified through post-marketing surveillance but not observed in randomised, controlled clinical trials in adults. The frequency category was estimated from a statistical calculation based upon 1,576 patients receiving pegfilgrastim in nine randomised clinical trials.

Description of selected adverse reactions:

Less frequent cases of Sweet's syndrome have been reported, although in some cases underlying haematological malignancies may play a role.

Less frequent events of cutaneous vasculitis have been reported in patients treated with pegfilgrastim. The mechanism of vasculitis in patients receiving pegfilgrastim is unknown.

Injection site reactions, including injection site erythaema (less frequent) as well as injection site pain (frequent) have occurred on initial or subsequent treatment with pegfilgrastim.

Common cases of leukocytosis (White Blood Count [WBC] > 100 x 10^9/L) have been reported (see section 4.4).

Reversible, mild to moderate elevations in uric acid and alkaline phosphatase, with no associated clinical effects, were less frequent; reversible, mild to moderate elevations in lactate dehydrogenase, with no associated clinical effects, were uncommon in patients receiving pegfilgrastim following cytotoxic chemotherapy.

Nausea and headaches were frequently observed in patients receiving chemotherapy.
Less frequent elevations in liver function tests (LFTs) for alanine aminotransferase (ALT) or aspartate aminotransferase (AST), have been observed in patients after receiving pegfilgrastim following cytotoxic chemotherapy. These elevations are transient and return to baseline.

An increased risk of MDS/AML following treatment with pegfilgrastim in conjunction with chemotherapy and/or radiotherapy has been observed in an epidemiological study in breast and lung cancer patients (see section 4.4).

Frequent cases of thrombocytopenia have been reported.

Cases of capillary leak syndrome have been reported in the post-marketing setting with granulocyte-colony stimulating factor use. These have generally occurred in patients with advanced malignant diseases, sepsis, taking multiple chemotherapy medications or undergoing apheresis (see section 4.4).

Paediatric population:
The experience in children is limited. A higher frequency of serious adverse reactions in younger children aged 0 to 5 years (92 %) has been observed compared to older children aged 6 to 11 and 12 to 21 years respectively (80 % and 67 %) and adults. The most frequent adverse reaction reported was bone pain (see section 5.1 and 5.2).

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

Suspected adverse reactions can also be reported directly to the HCR via Patientsafety.sacg@novartis.com.

4.9 Overdose

Single doses of 300 µg/kg have been administered to a limited number of healthy volunteers and 195 patients with non-small cell lung cancer without serious adverse effects. The adverse events were similar to those in subjects receiving lower doses of pegfilgrastim.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties:

Pharmacotherapeutic group: immunostimulants, colony stimulating factor; ATC Code: L03AA13

A 8.5 Medicines acting on blood and haemopoietic system - others

Human granulocyte colony stimulating factor (G-CSF) is a glycoprotein, which regulates the production and release of neutrophils from the bone marrow. Pegfilgrastim is a covalent conjugate of recombinant human G-CSF (r-metHuG-CSF) with a single 20 kd polyethylene glycol (PEG) molecule. Pegfilgrastim is a sustained duration form of filgrastim due to decreased renal clearance. Pegfilgrastim and filgrastim have been shown to have identical modes of action, causing a marked increase in peripheral blood neutrophil counts within 24 hours, with minor increases in monocytes and/or lymphocytes. Similarly, to filgrastim, neutrophils produced in response to pegfilgrastim show normal or enhanced function as demonstrated by tests of chemotactic and phagocytic function. As with other haematopoietic growth factors, G-CSF has shown in vitro stimulating properties on

human endothelial cells. G-CSF can promote growth of myeloid cells, including malignant cells, *in vitro* and similar effects may be seen on some non-myeloid cells *in vitro*.

In two randomised, double-blind, pivotal studies in patients with high-risk stage II-IV breast cancer undergoing myelosuppressive chemotherapy consisting of doxorubicin and docetaxel, use of pegfilgrastim, as a single once per cycle dose, reduced the duration of neutropenia and the incidence of febrile neutropenia similarly to that observed with daily administrations of filgrastim (a median of 11 daily administrations). In the absence of growth factor support, this regimen has been reported to result in a mean duration of grade 4 neutropenia of 5 to 7 days, and a 30 to 40 % incidence of febrile neutropenia. In one study (n = 157), which used a 6 mg fixed dose of pegfilgrastim the mean duration of grade 4 neutropenia for the pegfilgrastim group was 1,8 days compared with 1,6 days in the filgrastim group (difference 0,23 days, 95 % CI -0,15, 0,63). Over the entire study, the rate of febrile neutropenia was 13 % of pegfilgrastim-treated patients compared with 20 % of filgrastim-treated patients (difference 7 %, 95 % CI of -19 %, 5 %). In a second study (n = 310), which used a weight-adjusted dose (100 mcg/kg), the mean duration of grade 4 neutropenia for the pegfilgrastim group was 1,7 days, compared with 1,8 days in the filgrastim group (difference 0,03 days, 95 % CI -0,36, 0,30). The overall rate of febrile neutropenia was 9 % of patients treated with pegfilgrastim and 18 % of patients treated with filgrastim (difference 9 %, 95 % CI of -16,8 %, -1,1 %).

In a placebo-controlled, double blind study in patients with breast cancer the effect of pegfilgrastim on the incidence of febrile neutropenia was evaluated following administration of a chemotherapy regimen associated with a febrile neutropenia rate of 10 to 20 % (docetaxel 100 mg/m^2 every 3 weeks for 4 cycles). Nine hundred and twenty-eight patients were randomised to receive either a single dose of pegfilgrastim or placebo approximately 24 hours (day 2) after chemotherapy in each cycle. The incidence of febrile neutropenia was lower for patients randomised to receive pegfilgrastim compared with placebo (1 % versus 17 %, p < 0,001). The incidence of hospitalisations and IV anti-infective use associated with a clinical diagnosis of febrile neutropenia

was lower in the pegfilgrastim group compared with placebo (1 % versus 14 %, p < 0,001; and 2 % versus 10 %, p < 0,001).

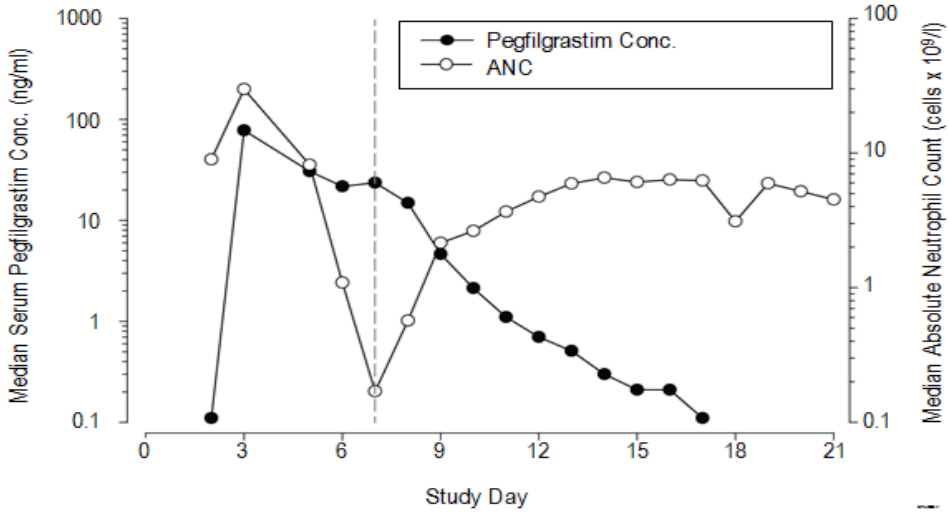
A small (n = 83), Phase II, randomised, double-blind study in patients receiving chemotherapy for de novo acute myeloid leukaemia compared pegfilgrastim (single dose of 6 mg) with filgrastim, administered during induction chemotherapy.
Median time to recovery from severe neutropenia was estimated as 22 days in both treatment groups. Long term outcome was not studied (see section 4.4).

In a phase II (n = 37) multicentre, randomised, open-label study of paediatric sarcoma patients receiving 100 mcg/kg pegfilgrastim following cycle 1 of vincristine, doxorubicin and cyclophosphamide (VAdriaC/IE) chemotherapy, a longer duration of severe neutropenia (neutrophils < 0,5 x 10^9) was observed in younger children aged 0 to 5 years (8,9 days) compared to older children aged 6 to 11 years and 12 to 21 years (6 days and 3,7 days, respectively) and adults. Additionally a higher incidence of febrile neutropenia was observed in younger children aged 0 to 5 years (75 %) compared to older children aged 6 to 11 years and 12 to 21 years (70 % and 33 %, respectively) and adults (see sections 4.8 and 5.2).

5.2 Pharmacokinetic properties

After a single subcutaneous dose of pegfilgrastim, the peak serum concentration of pegfilgrastim occurs at 16 to 120 hours after dosing and serum concentrations of pegfilgrastim are maintained during the period of neutropenia after myelosuppressive chemotherapy. The elimination of pegfilgrastim is non-linear with respect to dose; serum clearance of pegfilgrastim decreases with increasing dose. Pegfilgrastim appears to be mainly eliminated by neutrophil mediated clearance, which becomes saturated at higher doses. Consistent with a self-regulating clearance mechanism, the serum concentration of pegfilgrastim declines rapidly at the onset of neutrophil recovery (see figure 1).

Figure 1. Profile of median pegfilgrastim serum concentration and Absolute Neutrophil Count (ANC) in chemotherapy treated patients after a single 6 mg injection:



Due to the neutrophil-mediated clearance mechanism, the pharmacokinetics of pegfilgrastim is not expected to be affected by renal or hepatic impairment. In an open-label, single dose study (n = 31) various stages of renal impairment, including end-stage renal disease, had no impact on the pharmacokinetics of pegfilgrastim.

Elderly:

Limited data indicate that the pharmacokinetics of pegfilgrastim in elderly subjects (> 65 years) is similar to that in adults.

Paediatric population:

The pharmacokinetics of pegfilgrastim were studied in 37 paediatric patients with sarcoma, who received 100 mcg/kg pegfilgrastim after the completion of VAdriaC/IE chemotherapy. The youngest age group (0 to 5 years) had a higher mean exposure to pegfilgrastim (AUC) (± Standard Deviation) (47,9 ± 22,5 mcg·hr/ml) than older children aged 6 to 11 years and 12 to 21 years (22,0 ± 13,1 mcg·hr/ml and 29,3 ± 23,2 mcg·hr/ml, respectively) (see section 5.1). With the exception of the youngest age group (0 to 5 years), the mean AUC in paediatric subjects appeared similar to

that for adult patients with high-risk stage II-IV breast cancer and receiving 100 mcg/kg pegfilgrastim after the completion of doxorubicin/docetaxel (see sections 4.8 and 5.1).

5.3 Preclinical safety data

Preclinical data from conventional studies of repeated dose toxicity revealed the expected pharmacological effects including increases in leukocyte count, myeloid hyperplasia in bone marrow, extramedullary haematopoiesis and splenic enlargement.

There were no adverse effects observed in offspring from pregnant rats given pegfilgrastim subcutaneously, but in rabbits pegfilgrastim has been shown to cause embryo/foetal toxicity (embryo loss) at cumulative doses approximately 4 times the recommended human dose, which were not seen when pregnant rabbits were exposed to the recommended human dose. In rat studies, it was shown that pegfilgrastim may cross the placenta. Studies in rats indicated that reproductive performance, fertility, oestrous cycling, days between pairing and coitus, and intrauterine survival were unaffected by pegfilgrastim given subcutaneously. The relevance of these findings for humans is not known.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Acetic acid

Polysorbate 20

Sorbitol

Sodium hydroxide (for pH adjustment)

Water for injection

6.2 Incompatibilities

This medicine must not be mixed with other medicines, particularly with sodium chloride solutions.

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store in a refrigerator (2 °C – 8 °C).

Ziextenzo may be exposed to room temperature (not above 35 °C) for a maximum single period of up to 120 hours. Ziextenzo left at room temperature for more than 120 hours should be discarded.

Do not freeze. Accidental exposure to freezing temperatures for a single period of less than 24 hours does not adversely affect the stability of Ziextenzo.

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

6.5 Nature and contents of container

Pre-filled syringe (Type I glass), with a rubber plunger stopper, a plunger rod, a stainless-steel needle and a rubber needle cap with an automatic needle guard.

Each pre-filled syringe contains 0,6 ml of solution for injection.

Pack size of one pre-filled syringe in a blistered packaging.

Not all pack sizes may be marketed

6.6 Special precautions for disposal and other handling

Before use, Ziextenzo solution should be inspected visually for particulate matter. Only a solution that is clear and colourless to slightly yellowish should be injected.

Excessive shaking may aggregate Ziextenzo, rendering it biologically inactive.

Allow the pre-filled syringe to reach room temperature for 30 minutes before injecting.

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

7. HOLDER OF CERTIFICATE OF REGISTRATION

Sandoz SA (Pty) Ltd[1]

Waterfall 5-lr

Magwa Crescent West

Waterfall City

Jukskei View

2090

8. REGISTRATION NUMBER

55/8.5/0736

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

07 March 2023

10. DATE OF REVISION OF THE TEXT

Not applicable.

[1]Company Reg. No.: 1990/001979/07