1801-066HP

How to use Hexvix®

A practical guide for preparation and instillation

New *easy-to-use* packaging for Hexvix

HEXVIX®
Hexaminolevulinate 85mg

PHOTOCURE®
THE BLADDER CANCER COMPANY™

New easy-to-use packaging for Hexvix®

The Hexvix® pack contains:

- 85 mg hexaminolevulinate powder in a sterile colorless glass vial
- **Prefilled syringe** containing 50 ml clear, colorless liquid to dissolve the powder
- **Mini-Spike transfer device**

Other equipment you will need:

- Disposable Luer-Lock catheter
- Catheter pack
- Gloves
- Anaesthetic antiseptic lubricant

How to prepare Hexvix®

- Fasten the plunger rod into the rubber stopper of the syringe by turning the plugger rod clockwise until it stops

How to prepare Hexvix®

- Remove the blue cap of the powder vial
- Penetrate the stopper of the powder vial with the Mini-Spike transfer device
- Remove the cap from the syringe and keep it for later use
- Hold the syringe upright and carefully press the plunger rod upward to remove air

How to prepare Hexvix®

- Connect the syringe to the Mini-Spike transfer device
- Inject about 10 ml of the solvent into the powder vial
- The vial should be about ¾ full

How to prepare Hexvix®

- Without withdrawing the Mini-Spike from the vial, hold the powder vial and the syringe in a firm grip
- Shake gently to ensure complete dissolution

How to prepare Hexvix®

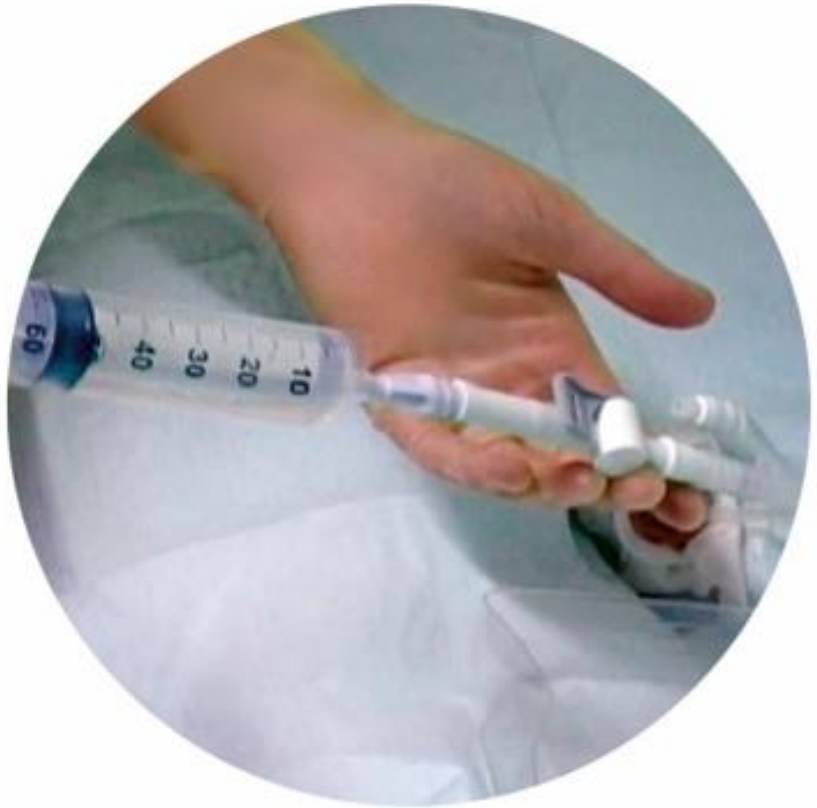
- Withdraw all of the dissolved solution from the powder vial into the syringe

How to prepare Hexvix®

- Disconnect the empty vial and Mini-Spike transfer device from the syringe
- Plug the syringe with the syringe cap
- Gently mix the contents of the syringe
- Hexvix is now reconstituted and ready for use
- The appearance of the reconstituted solution is clear to slightly opalescent, and colorless to pale yellow

Hexvix® instillation

- Ensure that the bladder is completely empty prior to Hexvix instillation
- Patients should be catheterised
- Connect the syringe containing Hexvix to the catheter using Luer-Lock
- Gently instill 50ml of Hexvix into the bladder



Contact time

- The patient should retain the fluid for approximately 1h and the cystoscopic examination should start no earlier than 1h after instillation
- The cystoscopic examination should not be performed more than 3 hours after Hexvix is instilled in the bladder

When to prepare Hexvix®

- This medicinal product does not require any special storage conditions.
- After dilution with the solvent: From a microbiological point of view, the product should be used immediately.
- Chemical and physical stability of the solution has been demonstrated for 2h at 2 to 8°C. In-use storage times and conditions prior to use are the responsibility of the user.
- For single use only. Any unused product should be discarded.

PRESCRIBING INFORMATION OF HEXVIX® (HEXAMINOLEVULINATE)

PRESENTATION Each vial of powder contains 85 mg hexaminolevulinate (as hexaminolevulinate hydrochloride). After reconstitution in 50 ml of solvent, 1 ml of the solution contains 1.7 mg hexaminolevulinate, which corresponds to a 8 mmol/l solution of hexaminolevulinate. INDICATIONS This medicinal product is for diagnostic use only. Hexvix blue light fluorescence cystoscopy is indicated as adjunct to standard white light cystoscopy to contribute to the diagnosis and management of bladder cancer in patients with known or high suspicion of bladder cancer. DOSAGE AND METHOD OF ADMINISTRATION Hexvix cystoscopy should only be performed by health care professionals trained specifically in Hexvix cystoscopy. The bladder should be drained before the instillation. Adults (including the elderly): 50 ml of 8 mmol/l reconstituted solution (see section 6.6) is instilled into the bladder through a catheter. The patient should retain the fluid for approximately 60 minutes. Following evacuation of the bladder, the cystoscopic examination in blue light should start within approximately 60 minutes. The cystoscopic examination should not be performed more than 3 hours after Hexvix is instilled in the bladder. Also if the retention time in the bladder is considerable shorter than one hour, examination should start no earlier than after 60 minutes. No minimum retention time has been identified making examination non-informative.For optimal visualisation it is recommended to examine and map the entire bladder under both white and blue light before any surgical measures are initiated. Biopsies of all mapped lesions should normally be taken under white light and complete resection should be verified by switching to blue light. Only CE-marked cystoscopic equipment should be used, equipped with necessary filters to allow both standard white light cystoscopy and blue light (wavelength 380–450 nm) fluorescence cystoscopy. The light doses given during cystoscopy will vary. Typical total light doses (white light and blue light) range between 180 and 360 J at an intensity of 0.25 mW/cm2. Children and adolescents: There is no experience of treating patients below the age of 18 years. CONTRAINDICATIONS Hypersensitivity to the active substance or to any of the excipients of the solvent. Porphyria. WARNINGS AND PRECAUTIONS The possibility of hypersensitivity including serious anaphylactic/anaphylactoid reactions should always be considered. Advanced life support facilities should be readily available. Post-marketing experience with repeated use of Hexvix does not indicate that it represents a risk when used in follow-up in patients with bladder cancer, however no specific studies have been conducted. Hexaminolevulinate should not be used in patients at high risk of bladder inflammation, e.g. after BCG therapy, or in moderate to severe leucocytouria. Widespread inflammation of the bladder should be excluded by cystoscopy before the product is administered. Inflammation may lead to increased porphyrin build up and increased risk of local toxicity upon illumination, and false fluorescence. If a wide-spread inflammation in the bladder becomes evident during white light inspection, the blue light inspection should be avoided. There is an increased risk of false fluorescence in the resection area in patients who recently have undergone surgical procedures of the bladder. INTERACTIONS No specific interaction studies have been performed with hexaminolevulinate. PREGNANCY, LACTATION AND FERTILITY There are no or limited data on the use of hexaminolevulinate in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to the reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of Hexvix during pregnancy. Breast-feeding: It is unknown whether hexaminolevulinate/metabolites are excreted in human milk. A risk to the newborns/infants cannot be excluded. Breast-feeding should be discontinued during the treatment with Hexvix. Fertility:Animal studies do not indicate effects on female fertility (see section 5.3). Male fertility has not been investigated in animals. UNDESIRABLE EFFECTS Most of the reported adverse reactions were transient and mild or moderate in intensity. The most frequently reported adverse reactions from clinical studies were bladder spasm, reported by 2.4% of the patients, dysuria by 1.8%, bladder pain by 1.7% and hematuria by 1.7%, of the patients. The adverse reactions that were observed were expected, based on previous experience with standard cystoscopy and transurethral resection of the bladder (TURB) procedures. OVERDOSE No case of overdose has been reported. No adverse events have been reported with prolonged instillation times exceeding 180 minutes (3 times the recommended instillation time), in one case 343 minutes. No adverse events have been reported in the dose-finding studies using twice the recommended concentration of hexaminolevulinate. There is no experience of higher light intensity than recommended or prolonged light exposure. INSTRUCTIONS FOR USE AND HANDLING Hexaminolevulinate may cause sensitisation by skin contact. The product should be reconstituted under aseptic conditions using sterile equipment. MARKETING AUTHORISATION HOLDER: Photocure ASA, Hoffsveien 4, N-0275 Oslo, Norway.Price: Denmark DKK 5.876,55 Finland EUR 726,22 Norway NOK 6.837,30 Sweden SEK 5.333,50. Hexvix is a registered trademark of Photocure ASA.