SYNRIBO® (omacetaxine mepesuccinate) for Injection, for Subcutaneous Use

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use SYNRIBO safely and effectively. See full prescribing information for SYNRIBO.

SYNRIBO® (omacetaxine mepesuccinate) for injection, for subcutaneous use

INDICATIONS AND USAGE

SYNRIBO for Injection is indicated for the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors (TKI) (1).

DOSE AND ADMINISTRATION

1. Induction Dose: 1.25 mg/m² administered by subcutaneous injection twice daily for 14 consecutive days of a 28-day cycle (2.1).
2. Maintenance Dose: 1.25 mg/m² administered by subcutaneous injection twice daily for 7 consecutive days of a 28-day cycle (2.2).
3. Dose modifications are needed for toxicity (2.3).

DOSE FORMS AND STRENGTHS

For Injection: Single-dose vial containing 3.5 mg of omacetaxine mepesuccinate as a lyophilized powder (3).

CONTRAINDICATIONS

None.

ADVERSE REACTIONS

Myelosuppression: Severe and fatal thrombocytopenia, neutropenia and anemia. Monitor hematologic parameters frequently (2.3, 5.1).

Bleeding: Severe thrombocytopenia and increased risk of hemorrhage. Fatal cerebral hemorrhage and severe, non-fatal gastrointestinal hemorrhage (5.1, 5.2).

Hyperglycemia: Glucose intolerance and hyperglycemia including hyperosmolar non-ketotic hyperglycemia (5.3).

Embryo-Fetal Toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use an effective method of contraception (5.4, 8.1, 8.3).

WARNINGS AND PRECAUTIONS

Most common adverse reactions (frequency ≥ 20%): thrombocytopenia, anemia, neutropenia, diarrhea, nausea, fatigue, asthenia, injection site reaction, pyrexia, infection, and lymphopenia (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Teva Pharmaceuticals USA, Inc. at 1-888-483-8279 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide

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*Sections or subsections omitted from the full prescribing information are not listed.
2.6 Considerations for Home Administration

Before a decision is made to allow SYNRIBO to be administered by someone other than a healthcare professional, ensure that the patient is an appropriate candidate for self-administration or for administration by a caregiver. Provide training on proper handling, storage conditions, administration, disposal, and clean-up of accidental spillage of the product. Ensure that patients receive the necessary supplies for home administration. At minimum these should include:

- Reconstituted SYNRIBO in syringe with a capped needle for subcutaneous injection. Syringe(s) should be filled to the patient-specific dose.
- Protective eyewear
- Gloves
- An appropriate biohazard container
- Absorbent pad(s) for placement of administration materials and for accidental spillage
- Alcohol swabs
- Gauze
- Ice packs or cooler for transportation of reconstituted SYNRIBO syringes

If a patient or caregiver cannot be trained for any reason, then in such patients, SYNRIBO should be administered by a healthcare professional.

2.7 Disposal and Accidental Spillage Procedures

After administration, any unused solution should be discarded properly. Patients or caregivers should not recap or clip the used needle, and do not place used needles, syringes, vials, and other used supplies in a household trash or recycling bin. Used needles, syringes, vials, and other used supplies should be disposed of in an appropriate biohazard container. If accidental spillage occurs, continue to use protective eyewear and gloves, wipe the spilled liquid with the absorbent pad, and wash the area with water and soap. Then, place the pad and gloves into the biohazard container and wash hands thoroughly. Return the biohazard container to the clinic or pharmacy for final disposal.

3 DOSAGE FORMS AND STRENGTHS

SYNRIBO for injection contains 3.5 mg omacetaxine mepesuccinate; as a sterile, preservative-free, white or off-white lyophilized powder in a single-dose vial.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Myelosuppression

In uncontrolled trials with SYNRIBO, patients with chronic phase and accelerated phase CML experienced NCI CTC (version 3.0) Grade 3 or 4 thrombocytopenia (85%, 88%), neutropenia (81%, 71%), and anemia (82%, 80%), respectively. Fatalities related to myelosuppression occurred in 3% of patients in the safety population (N=163). Patients with neutropenia are at increased risk for infections, and should be monitored frequently and advised to contact a physician if they have symptoms of infection or fever. Monitor complete blood counts weekly during induction and initial maintenance cycles and every two weeks during later maintenance cycles, as clinically indicated. In clinical trials myelosuppression was generally reversible and usually managed by delaying next cycle and/or reducing days of treatment with SYNRIBO [see Dosage and Administration (2.3) and Adverse Reactions (6.1)].

5.2 Bleeding

SYNRIBO causes severe thrombocytopenia which increases the risk of hemorrhage. In clinical trials with CP and AP CML patients, a high incidence of Grade 3 and 4 thrombocytopenia (85%, 88%), neutropenia (81%, 71%), and anemia (82%, 80%), respectively. Fatalities related to myelosuppression occurred in 3% of patients in the safety population. Most bleeding events were associated with severe thrombocytopenia. Monitor platelet counts as part of the CBC monitoring as recommended [see Warnings and Precautions (5.1)]. Avoid anticoagulants, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) when the platelet count is less than 50,000/μL as they may increase the risk of bleeding.

5.3 Hyperglycemia

SYNRIBO can induce glucose intolerance. Grade 3 or 4 hyperglycemia was reported in 11% of patients in the safety population. Hyperosmolar non-ketotic hyperglycemia occurred in 1 patient treated with SYNRIBO in the safety population. Monitor blood glucose levels frequently, especially in patients with diabetes or risk factors for diabetes. Avoid SYNRIBO in patients with poorly controlled diabetes mellitus until good glycemic control has been established.

5.4 Embryo-Fetal Toxicity

Based on findings from animal reproduction studies and the drug’s mechanism of action, SYNRIBO can cause fetal harm when administered to a pregnant woman. Advertise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use an effective method of contraception during treatment with SYNRIBO for 6 months after the final dose [see Use in Specified Populations (8.1, 8.3) and Clinical Pharmacology (12.1)].

Advertise males with female partners of reproductive potential to use effective contraception during treatment with SYNRIBO for 3 months after the final dose [see Use in Specified Populations (8.3)].

6 ADVERSE REACTIONS

The following clinically significant adverse reactions have been associated with SYNRIBO in clinical trials and are discussed in greater detail in other sections of the label:

- Myelosuppression [see Warnings and Precautions (5.1)]
- Bleeding [see Warnings and Precautions (5.2)]
- Hyperglycemia [see Warnings and Precautions (5.3)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. The safety data for SYNRIBO are from 3 clinical trials which enrolled a total of 163 adult patients with TKI resistant and/or intolerant chronic phase (N=108) and accelerated phase (N=55) CML. All patients were treated with initial induction therapy consisting of a dose of 1.25 mg/m² administered subcutaneously twice daily for 14 consecutive days every 28 days (induction cycle). Responding patients were then treated with the same dose and a twice daily schedule for 7 consecutive days every 28 days (maintenance cycle).

The median duration of exposure for the 108 patients with chronic phase CML was 7.4 months (range 0 to 43 months). The median total cycles of exposure was 6 (range 1 to 41), and the median total dose delivered during the trials was 131 mg/m² (range 1.2 to 678). Among the patients with chronic phase CML, 87% received 14 days of treatment during cycle 1. By cycles 2 and 3, the percentage of patients receiving 14 days of treatment decreased to 42% and 16%, respectively. Of the 91 patients who received at least 2 cycles of treatment, 79 (87%) had at least 1 cycle delay during the trials. The median number of days of cycle delays was greatest for cycle 2 (17 days) and cycle 3 (25 days) when more patients were receiving induction cycles. Adverse reactions were reported for 99% of the patients with chronic phase CML. A total of 18% of patients had adverse reactions leading to withdrawal. The most frequently occurring adverse reactions leading to discontinuation were pancytopenia, thrombocytopenia, and increased alanine aminotransferase (each 2%). A total of 87% of patients reported at least 1 Grade 3 or 4 treatment emergent adverse reaction (Table 2).

Table 2: Adverse Reactions Occurring in at Least 10% of Patients (Chronic Myeloid Leukemia – Chronic Phase)

<table>
<thead>
<tr>
<th>Adverse reactions</th>
<th>Number (%) of Patients</th>
<th>(N=108)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with at least 1 commonly occurring adverse reaction</td>
<td>107 (99)</td>
<td>94 (87)</td>
</tr>
</tbody>
</table>

Blood and Lymphatic System Disorders

- Thrombocytopenia: 82 (76)
- Anemia: 66 (61)
- Neutropenia: 57 (53)
- Lymphopenia: 18 (17)
- Bone Marrow Failure: 11 (10)
- Febrile Neutropenia: 11 (10)
- Gastrointestinal Disorders
  - Diarrhea: 44 (41)
  - Nausea: 38 (35)
  - Constipation: 15 (14)
  - Abdominal Pain/Upper Abdominal Pain: 25 (23)
  - Vomiting: 13 (12)
- Metabolism and Nutrition Disorders
  - Anorexia: 11 (10)
- Musculoskeletal and Connective Tissue Disorders
  - Myalgia: 20 (19)
  - Pain in Extremity: 14 (13)
  - Back Pain: 13 (12)
  - Myalgia: 12 (11)
- Nervous System Disorders
  - Headache: 22 (20)
- Psychiatric Disorders
  - Insomnia: 13 (12)
- Respiratory, Thoracic and Mediastinal Disorders
  - Cough: 17 (16)
  - Epistaxis: 18 (17)
- Skin and Subcutaneous Tissue Disorders
  - Alopecia: 16 (15)
  - Rash: 12 (11)

Adverse reactions are reported for patients treated with SYNRIBO for 6 months after the final dose. Adverse reactions are generally reversible and usually managed by delaying next cycle and/or reducing days of treatment with SYNRIBO [see Dosage and Administration (2.3) and Adverse Reactions (6.1)].

- All reactions: 107 (99)
- Grade 3 or 4 reactions: 94 (87)

a Occurred in the period between the first dose and 30 days after the last dose.

b Includes infusion related reaction, injection site erythema, injection site hematoma, injection site hemorrhage, injection site hypersensitivity, injection site induration, injection site inflammation, injection site irritation, injection site mass, injection site edema, injection site pruritus, injection site rash, and injection site reaction.

c Infection includes bacterial, viral, fungal, and non-specified.
SYNRIBO® (omacetaxine mepesuccinate) for injection

Serious adverse reactions were reported for 51% of patients. Serious adverse reactions reported for at least 5% of patients were bone marrow failure and thrombocytopenia (each 10%), and febrile neutropenia (6%). Serious adverse reactions of infections were reported for 8% of patients.

Deaths occurred while on study in five (5%) patients with CP CML. Two patients died due to cerebral hemorrhage, one due to multi-organ failure, one due to progression of disease, and one from unknown causes.

Accelerated Phase CML

Median total cycles of exposure was 2 (range 1 to 29), and the median total dose delivered during the trials was 70 mg/m². The median duration of exposure for the 55 patients with accelerated phase CML was 1.9 months (range 0 to 30 months). Of the patients with accelerated phase CML, 86% received 14 days of treatment during cycle 1. By cycles 2 and 3, the percentage of patients receiving 14 days of treatment decreased to 55% and 44%, respectively. Of the 40 patients who received at least 2 cycles of treatment, 27 (68%) had at least one cycle delay during the trials. The median number of days of cycle delays was greatest for cycle 3 (31 days) and cycle 8 (36 days).

Adverse reactions regardless of investigator attribution were reported for 100% of patients with accelerated phase CML. A total of 33% of patients had adverse reactions leading to withdrawal. The most frequently occurring adverse reactions leading to withdrawal were leukocytosis (6%), and thrombocytopenia (4%). A total of 84% of patients reported at least 1 Grade 3 or Grade 4 treatment emergent adverse reaction (Table 3).

Table 3: Adverse Reactions Occurring in at Least 10% of Patients (Chronic Myeloid Leukemia – Accelerated Phase)

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>Number (%) of Patients (N=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and Lymphatic System Disorders</td>
<td>Blood and Lymphatic System Disorders</td>
</tr>
<tr>
<td>Anemia</td>
<td>28 (51)</td>
</tr>
<tr>
<td>Febrile Neutropenia</td>
<td>11 (20)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>11 (20)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>32 (58)</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>Gastrointestinal Disorders</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>19 (35)</td>
</tr>
<tr>
<td>Nausea</td>
<td>16 (29)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>9 (16)</td>
</tr>
<tr>
<td>Abdominal Pain/Upper Abdominal Pain</td>
<td>9 (16)</td>
</tr>
</tbody>
</table>

6.2 Additional Data from Safety Population

The following adverse reactions were reported in patients in the SYNRIBO clinical studies of patients with chronic phase and accelerated phase CML at a frequency of 1% to less than 10%. Within each category, adverse reactions are ranked on the basis of frequency.

Cardiac Disorders: tachycardia, palpitations, acute coronary syndrome, angina pectoris, arrhythmia, bradycardia, ventricular extrasystoles.

Ear and Labyrinth Disorders: ear pain, ear hemorrhage, tinnitus.

Eye Disorders: cataract, vision blurred, conjunctival hemorrhage, dry eye, lacrimation increased, conjunctivitis, diplopia, eye pain, eye edema.

Gastrointestinal Disorders: stomatitis, mouth ulceration, abdominal distension, dyspepsia, gastroesophageal reflux disease, gingival bleeding, aphthous stomatitis, dry mouth, hemorrhoids, gastritis, gastrointestinal hemorrhage, melena, mouth hemorrhage, oral pain, anal fissure, dysphagia, gingival pain, gingivitis.

General Disorders and Administration Site Conditions: mucosal inflammation, pain, chest pain, hyperthermia, influenza-like illness, catheter site pain, general edema, malaise.

Immune System Disorders: hypersensitivity.

Injury, Poisoning and Procedural Complications: contusion, transfusion reaction.

Metabolism and Nutritional Disorders: decreased appetite, diabetes mellitus, gout, dehydration.

Musculoskeletal and Connective Tissue Disorders: bone pain, myalgia, muscular weakness, muscle spasms, musculoskeletal chest pain, musculoskeletal pain, musculoskeletal stiffness, musculoskeletal discomfort.

Nervous System Disorders: dizziness, cerebral hemorrhage, paresthesia, convulsion, hypoesthesia, lethargy, sciatica, burning sensation, dysgeusia, tremor.

Psychiatric Disorders: anxiety, depression, agitation, confusional state, mental status change.

Renal and Urinary Disorders: dysuria.

Respiratory, Thoracic and Mediastinal Disorders: pharyngolaryngeal pain, nasal congestion, dysphonia, productive cough, rales, rhinorrhoea, hemoptysis, sinus congestion.

Skin and Subcutaneous Tissue Disorders: erythema, pruritus, dry skin, petechiae, hyperhidrosis, night sweats, ecchymosis, purpura, skin lesion, skin ulcer, rash erythematous, rash papular, skin exfoliation, skin hyperpigmentation.

Vascular Disorders: hemoptysis, hypertension, hot flush, hypotension.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on its mechanism of action and findings from animal studies, SYNRIBO can cause fetal harm when administered to pregnant women. In animal reproduction studies, subcutaneous administration of omacetaxine mepesuccinate to pregnant mice during organogenesis at doses approximately 0.25-0.5 times the maximum recommended human doses (MRHD) resulted in embryo-fetal mortality, structural abnormalities, and alterations to growth (see Data). There are no available data on SYNRIBO use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Advise pregnant women of the potential risk to a fetus [see Warnings and Precautions (5.4)].

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Summary of Animal Data

In an embryo-fetal development study, pregnant mice were administered omacetaxine mepesuccinate subcutaneously during the period of organogenesis at doses of 0.63 or 1.23 mg/m²/day (approximately 0.25-0.5 times the MRHD on a body surface area basis). Drug-related adverse effects included embryonic death, an increase in unossified bones/reduced bone ossification, and decreased fetal body weights. Fetal toxicity occurred at doses of 1.23 mg/m²/day, which is approximately half the recommended daily human dose.
8.2 Lactation

Risk Summary

There are no data on the presence of omacetaxine mepesuccinate in either human or animal milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in the breastfed child, advise patients that breastfeeding is not recommended during treatment with SYNRIBO, and for 2 weeks after the final dose.

8.3 Females and Males of Reproductive Potential

Pregnancy Testing

Pregnancy testing is recommended for females of reproductive potential prior to initiating SYNRIBO.

Contraception

Females

SYNRIBO can cause embryo-fetal harm when administered to pregnant women [see Use in Specific Populations (8.1)]. Advise female patients of reproductive potential to use effective contraception during treatment with SYNRIBO and for 3 months after the final dose [see Nonclinical Toxicology (13.1)].

Infertility

Males

Based on genotoxicity findings, advise males with female partners of reproductive potential to use effective contraception during treatment with SYNRIBO and for 6 months after the final dose.

8.4 Pediatric Use

The safety and effectiveness of SYNRIBO in pediatric patients have not been established.

8.5 Geriatric Use

In the chronic and accelerated phase CML efficacy populations 23 (30%) and 16 (46%) patients were ≥ 65 years of age. For the age subgroups of < 65 years of age and ≥ 65 years of age, there were no differences between the subgroups, with higher rates of major cytogenetic responses (MCyRs) in younger patients with CP CML compared with older patients (23% vs. 9%, respectively) and higher rates of major hematologic responses (MahRs) in older patients with AP CML compared with younger patients (13% vs. 0%, respectively). Patients ≥ 65 years of age were more likely to experience toxicity, most notably hematologic toxicity.

8.6 Effect of Gender

Of the 76 patients included in the chronic phase CML population efficacy analysis, 47 (62%) of the patients were men and 29 (38%) were women. For patients with chronic phase CML, the MCR rate in men was higher than in women (21% vs. 14%, respectively). There were differences noted in the safety profile of omacetaxine mepesuccinate in men and women with chronic phase CML although the small number of patients in each group prevents a definitive assessment. There were inadequate patient numbers in the accelerated phase subset to draw conclusions regarding a gender effect on efficacy.

10 OVERDOSAGE

A patient in the clinical expanded access program received an overdose of 2.5 mg/m² twice daily for 5 days in the 16th cycle. The patient presented with gastrointestinal disorders, gingival hemorrhage, alopecia, and Grade 4 thrombocytopenia and neutropenia. When SYNRIBO treatment was temporarily interrupted the gastrointestinal disorders and hemorrhagic syndrome resolved, and neutrophil values returned to normal range. The alopecia and thrombocytopenia (Grade 1) improved, and SYNRIBO was restarted. No specific antidote for SYNRIBO overdose is known. Management of overdose should include general supportive measures, including monitoring of hematologic parameters.

11 DESCRIPTION

SYNRIBO® contains the active ingredient omacetaxine mepesuccinate, a cephalotaxine ester. It is a protein synthesis inhibitor. Omacetaxine mepesuccinate is prepared by a semi-synthetic process from cephalotaxine, an extract from the leaves of Cephalotaxus sp. The chemical name of omacetaxine mepesuccinate is cephalotaxine, 4-methyl (2R)-hydroxyl-2-(4-hydroxy-4-methylpentyl) butanedioate (ester). Omacetaxine mepesuccinate has the following chemical structure:

The molecular formula is C₂₄H₂₃NO₆, with a molecular weight of 545.6 g/mol. SYNRIBO® for Injection is a sterile, preservative-free, white to off-white, lyophilized powder in a single-dose vial. Each vial contains 3.5 mg omacetaxine mepesuccinate and mannitol. SYNRIBO® is intended for subcutaneous administration after reconstitution with 1.0 ml of 0.9% Sodium Chloride Injection, USP. The pH of the reconstituted solution is between 5.5 and 7.0.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The mechanism of action of omacetaxine mepesuccinate has not been fully elucidated but includes inhibition of protein synthesis and is independent of direct Bcr-Abl binding. Omacetaxine mepesuccinate binds to the A-site cleft in the peptidyl-transferase center of the large ribosomal subunit from a strain of archaeabacteria. In vitro, omacetaxine mepesuccinate reduced protein levels of the Bcr-Abl oncprotein and Mcl-1, an anti-apoptotic Bcl-2 family member. Omacetaxine mepesuccinate showed activity in mouse models of wild-type and T315I mutated Bcr-Abl CML.

12.2 Pharmacodynamics

Cardiac Electrophysiology

In an uncontrolled pharmacokinetic study there were no reports of QTc > 480 ms or ΔQTc > 60 ms in 21 treated patients who received omacetaxine mepesuccinate 1.25 mg/m² BID for 14 consecutive days. There was no evidence for concentration-dependent increases in QTc for omacetaxine mepesuccinate or 4´-DMHHT. Although the mean effect on QTc was 4.2 ms (upper 95% CI: 9.5 ms), QTc effects less than 10 ms cannot be verified due to the absence of a placebo and positive controls.

12.3 Pharmacokinetics

The dose proportionality of omacetaxine mepesuccinate is unknown. A 90% increase in dose resulted in a 2% increase in exposure. Omacetaxine mepesuccinate was reabsorbed when SYNRIBO was restarted.

Absorption

The absolute bioavailability of omacetaxine mepesuccinate has not been determined. Omacetaxine mepesuccinate is absorbed following subcutaneous administration, and maximum concentrations are achieved after approximately 30 minutes.

Distribution

The steady-state (mean ± SD) volume of distribution of omacetaxine mepesuccinate is approximately 141 ± 93.4 L following subcutaneous administration of 1.25 mg/m² twice daily for 11 days. The plasma protein binding of omacetaxine mepesuccinate is less than or equal to 50%.

Elimination

The terminal elimination half-life of omacetaxine mepesuccinate in plasma is 14.6 hours.

Metabolism

Omacetaxine mepesuccinate is primarily hydrolyzed to 4´-DMHHT via plasma esterases with little hepatic microsomal oxidative and/or esterase-mediated metabolism in vitro. Omacetaxine mepesuccinate is also hydrolyzed upon administration in humans, with a terminal elimination half-life of approximately 14.6 hours.

Following a single subcutaneous dose of radiolabeled omacetaxine mepesuccinate, the mean total recovery of radioactivity in excreta was approximately 81% of the radioactive dose. Approximately 37% of the radioactivity was recovered in urine and approximately 44% in feces.

Drug Interaction Studies

Cytchrome P450 (CYP) Enzymes: Omacetaxine mepesuccinate and 4´-DMHHT do not inhibit major CYP enzymes in vitro at concentrations that can be expected clinically. The potential for omacetaxine mepesuccinate or 4´-DMHHT to induce CYP enzymes has not been determined.

Transporter Systems: Omacetaxine mepesuccinate is a P-glycoprotein (P-gp) substrate in vitro. Omacetaxine mepesuccinate and 4´-DMHHT do not inhibit P-gp mediated efflux of loperamide in vitro at concentrations that can be expected clinically.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Nonclinical safety studies have not been conducted with omacetaxine mepesuccinate. Omacetaxine mepesuccinate was genotoxic in an in vitro chromosomal aberration test system in Chinese hamster ovary (CHO) cells, but was not mutagenic when tested in an in vitro bacterial cell assay (Ames test), and it did not induce genetic damage using an in vivo mouse micronucleus assay.

SYNRIBO may impair male fertility. Studies in mice demonstrated adverse effects on male reproductive organs. Bilateral degeneration of the seminiferous tubular epithelium in testes and hypospermia/aspermia in the epididymides were reported in male mice. Administration of SYNRIBO to male fertility, including the reversibility of adverse effects, have not been studied.

14 CLINICAL STUDIES

The efficacy of SYNRIBO was evaluated using a combined cohort of adult patients with CML from two trials. The combined cohort consisted of patients who had received 2 or more approved TKIs and had, at a minimum, documented evidence of resistance or intolerance to dasatinib and/or nilotinib. Resistance was defined as one of the following: no complete hematologic response (CHR) by 12 weeks (whether lost or never achieved); or no cytogenetic response by 24 weeks (i.e., 100% Ph positive [Ph+]i) (whether lost or never achieved); or no major cytogenetic response (MCyR) by 52 weeks (i.e., ≤35% Ph−) (whether lost or never achieved); or progressive leukemia. Intolerance was defined as one of the following: 1) Grade 3-4 non-hematologic toxicity that does not resolve with adequate intervention; or 2) Grade 4 hematologic toxicity lasting more than 7 days; or 3) any Grade ≥ 2 toxicity that is unacceptable to the patient. Patients with NYHA class III or IV heart disease, advanced ischemia or other uncontrolled medical conditions were excluded.

Patients were treated with omacetaxine mepesuccinate at a dose of 1.25 mg/m² administered subcutaneously twice daily for 14 consecutive days every 28 days (induction cycle). Responding patients were then treated with the same dose and twice daily schedule for 7 consecutive days every 28 days (maintenance cycle). Patients were allowed to continue to receive maintenance treatment for up to 24 months. Responses were adjudicated by an independent Data Monitoring Committee (DMC).
Table 5: Efficacy Results Evaluated by DMC for Patients with CP CML

<table>
<thead>
<tr>
<th>Patients (N=76)</th>
<th>Primary Response – MCyR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total with MCyR, n (%)</td>
</tr>
<tr>
<td></td>
<td>95% confidence interval</td>
</tr>
<tr>
<td>Cytogentic Response, n (%)</td>
<td>Confirmed complete</td>
</tr>
<tr>
<td></td>
<td>Confirmed partial</td>
</tr>
</tbody>
</table>

Table 6: Efficacy Results Evaluated by DMC for Patients with AP CML

<table>
<thead>
<tr>
<th>Patients (N=35)</th>
<th>Primary Response – MaHR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total with MaHR, n (%)</td>
</tr>
<tr>
<td></td>
<td>95% confidence interval</td>
</tr>
<tr>
<td></td>
<td>CHR</td>
</tr>
<tr>
<td></td>
<td>NEL</td>
</tr>
</tbody>
</table>

Primary Response – MCyR is defined as complete hematologic response (CHR) or no evidence of leukemia (NEL). The efficacy results for the patients with accelerated phase as adjudicated by the DMC are shown in Table 6.

Myelosuppression
Advise patients of the likelihood that SYNRIBO will cause a decrease in white blood cells, platelets, and red blood cells; patients may experience fatigue, fever, and excessive perspiration. Monitoring of complete blood counts and differential counts should be performed regularly. In the case of severe myelosuppression, treatment should be discontinued.

Bleeding
Advise patients of the possibility of serious bleeding due to low platelet counts. Instruct patients to report immediately any signs or symptoms suggestive of hemorrhage (unusual bleeding, easy bruising or blood in urine or stool; confusion, slurred speech, or altered vision). Advise patients to report in advance if they plan to have any dental or surgical procedures.

Diabetes Mellitus
Advise patients with diabetes of the possibility of hyperglycemia and the need for careful monitoring of blood glucose levels. Patients with poorly controlled diabetes mellitus should not be treated with omacetaxine mepesuccinate until good glycemic control has been established.

Gastrointestinal Distress
Advise patients that they may experience nausea, diarrhea, abdominal pain, constipation, and vomiting. If these symptoms persist, they should seek medical attention.

Fatigue
Advise patients that SYNRIBO may cause tiredness and to avoid driving any vehicle or operating any dangerous tools or machinery if they experience this side effect.

Alcohol
Advise patients that they may experience hair loss.

Embryo-Fetal Toxicity
Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females to inform their healthcare provider of a known or suspected pregnancy. Use in Specific Populations (8.1, 8.3).
SYNRIBO® (omacetaxine mepesuccinate) for injection

What is SYNRIBO?
SYNRIBO is a prescription medicine used to treat adults with a type of blood cancer called chronic myeloid leukemia (CML):
- that is in the chronic phase or accelerated phase, and
- who have not responded to (resistant) or cannot tolerate 2 or more medicines called tyrosine kinase inhibitors.

It is not known if SYNRIBO is safe and effective in children.

What is the most important information I should know about SYNRIBO?
SYNRIBO can cause serious side effects including:

- **Low blood counts.** Low blood counts are common when using SYNRIBO, including low red blood cells, white blood cells, and platelets, and can be severe. If your white blood cell count becomes very low, you are at increased risk for infection which can lead to death. Your healthcare provider will check your blood counts regularly during treatment with SYNRIBO. Tell your healthcare provider right away if you get any of the following symptoms:
  - fever
  - chills
  - body aches
  - feeling very tired
  - shortness of breath
  - bleeding (see below)

- **Bleeding.** SYNRIBO causes severe low platelet counts that may increase your risk of severe bleeding. Severe low platelet counts can cause you to have bleeding in your brain that can lead to death, or severe stomach bleeding. Your healthcare provider will check your platelet counts regularly during treatment with SYNRIBO. Tell your healthcare provider right away if you get any of the following symptoms:
  - unusual bleeding
  - easy bruising
  - blood in urine or stool
  - confusion
  - slurred speech
  - vision changes

See “What are the possible side effects of SYNRIBO?” for more information about side effects.

How should I use SYNRIBO?
Follow the detailed Instructions for Use at the end of this Medication Guide for information about the right way to:

- properly handle and inject SYNRIBO
- dispose of used supplies for injecting SYNRIBO
- clean up any spilled SYNRIBO

Your healthcare provider will tell you how much SYNRIBO to inject and the timing of when to inject it. Inject SYNRIBO exactly as prescribed.

- Do not change your dose or the timing of when you inject SYNRIBO, unless your healthcare provider tells you to.
- SYNRIBO is given as an injection under the skin (subcutaneous injection) of your thigh or stomach-area (abdomen). The injection can be given in the back of the arm if a caregiver is giving the injection.
- Your healthcare provider will arrange for you to receive syringes filled with SYNRIBO that are ready to inject, along with the other supplies that you will need to inject SYNRIBO. Each syringe contains 1 dose of SYNRIBO as prescribed by your healthcare provider.
- Follow your healthcare provider’s instructions for how to carry (transport) SYNRIBO using ice packs or a cooler.
- Do not eat or drink while handling SYNRIBO.
- Inject SYNRIBO in a place away from children and pregnant women.

You or your caregiver should wear gloves and protective eyewear, for example protective eyeglasses (not regular eyeglasses) or face shield when handling SYNRIBO and while giving your injection.

If you or your caregiver get SYNRIBO on your skin, wash the area with soap and water and call your healthcare provider right away.

Before using SYNRIBO, tell your healthcare provider about all of your medical conditions, including if you:

- have diabetes or a family history of diabetes
- have bleeding problems
- plan to have any dental or surgical procedures
- are pregnant or plan to become pregnant. SYNRIBO can harm your unborn baby. You should not become pregnant during treatment with SYNRIBO. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with SYNRIBO.

Males with female partners who are able to become pregnant should use effective birth control during treatment with SYNRIBO and for 3 months after the final dose.

Females who are able to become pregnant:

- Your healthcare provider may give you a pregnancy test before you start treatment with SYNRIBO.
- You should use effective birth control (contraception) during treatment with SYNRIBO and for 6 months after the final dose.
- You are breastfeeding or plan to breastfeed. It is not known if SYNRIBO passes into your breast milk. Do not breastfeed during treatment with SYNRIBO.
- Your healthcare provider will check your blood counts, white blood cells, and platelets, and can be severe. If your white blood cell count becomes very low, you are at increased risk for infection which can lead to death. Your healthcare provider will check your blood counts regularly during treatment with SYNRIBO. Tell your healthcare provider right away if you get any of the following symptoms:
  - fever
  - chills
  - body aches
  - feeling very tired
  - shortness of breath
  - bleeding (see below)

See “What are the possible side effects of SYNRIBO?” for more information about side effects.

What is the most important information I should know about SYNRIBO?
SYNRIBO can cause serious side effects including:

- **Low blood counts.** Low blood counts are common when using SYNRIBO, including low red blood cells, white blood cells, and platelets, and can be severe. If your white blood cell count becomes very low, you are at increased risk for infection which can lead to death. Your healthcare provider will check your blood counts regularly during treatment with SYNRIBO. Tell your healthcare provider right away if you get any of the following symptoms:
  - fever
  - chills
  - body aches
  - feeling very tired
  - shortness of breath
  - bleeding (see below)

- **Bleeding.** SYNRIBO causes severe low platelet counts that may increase your risk of severe bleeding. Severe low platelet counts can cause you to have bleeding in your brain that can lead to death, or severe stomach bleeding. Your healthcare provider will check your platelet counts regularly during treatment with SYNRIBO. Tell your healthcare provider right away if you get any of the following symptoms:
  - unusual bleeding
  - easy bruising
  - blood in urine or stool
  - confusion
  - slurred speech
  - vision changes

See “What are the possible side effects of SYNRIBO?” for more information about side effects.

What is SYNRIBO?
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It is not known if SYNRIBO is safe and effective in children.

continued
SYNRIBO® (omacetaxine mepesuccinate) for injection

What are the ingredients in SYNRIBO?
Active ingredient: omacetaxine mepesuccinate
Inactive ingredients: mannitol

SYNRIBO® (sin-RYE-bo)
(omacetaxine mepesuccinate)
for injection, for subcutaneous use

Instructions for Use
SYNRIBO® (sin-RYE-bo)
(omacetaxine mepesuccinate)
for injection, for subcutaneous use

What should I avoid while using SYNRIBO?
SYNRIBO may cause serious side effects, including:
• See “What is the most important information I should know about SYNRIBO?”
• High blood sugar levels (hyperglycemia). If you have diabetes or are at risk for diabetes, your healthcare provider will check your blood sugar levels often during treatment with SYNRIBO. If you have diabetes or if your blood sugar is not well controlled, your healthcare provider may decide not to start treatment with SYNRIBO until your diabetes is under control first.

The most common side effects of SYNRIBO include:
• infections. See the information about low blood cell counts in the section “What is the most important information I should know about SYNRIBO?”
• diarrhea
• nausea
• tiredness
• weakness
• redness, swelling, or pain at injection site
• fever

Tell your healthcare provider or get medical help right away if you get nausea, diarrhea, stomach (abdominal) pain, severe or worsening skin rash, or itching that does not go away.

You may have hair loss during treatment with SYNRIBO. SYNRIBO may cause fertility problems in males, which may affect your ability to have children. Talk to your healthcare provider if this is a concern for you.

These are not all of the side effects of SYNRIBO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SYNRIBO?
• Carry (transport) SYNRIBO as instructed by your healthcare provider. It is important to use ice packs or a cooler.
• When stored in a refrigerator 36°F to 46°F (2°C to 8°C), use SYNRIBO within 6 days from when it was mixed.
• When stored at room temperature, 68°F to 77°F (20°C to 25°C), use SYNRIBO within 12 hours from when it was mixed.
• When stored in a refrigerator, keep SYNRIBO from coming into contact with food or drink.

Keep SYNRIBO and all medicines out of the reach of children.

General information about the safe and effective use of SYNRIBO.
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SYNRIBO for a condition for which it was not prescribed. Do not give SYNRIBO to other people even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about SYNRIBO that is written for health professionals.
Step 2. Choose an injection site.
- You may inject SYNRIBO into your thigh or stomach-area (abdomen). See Figure B. The injection can be given in the back of your arm if a caregiver is giving the injection. See Figure C.
- Use a different site for each injection to help decrease tenderness at the injection site. Each injection site should be at least 1 inch away from any recently used injection site.
- Do not inject SYNRIBO into areas of your skin that are tender, red, bruised, hard, or that have scars or stretch marks.

Step 3. Prepare the injection site.
- Clean the injection site well with an alcohol wipe and allow it to air dry. See Figure D.

Step 4. Inject SYNRIBO.
- Carefully remove the needle cap by pulling, taking care not to stick yourself. See Figure E.
- Do not press down on the plunger.
- With one hand, pinch skin of injection site between your thumb and forefinger. See Figure F.
- With your other hand, hold the syringe at a 45 degree or 90 degree angle to your skin. Use a quick dart-like motion to insert the needle through the skin at the injection site. See Figures G and H. The needle should go through the skin but not into your muscle.
- Slowly push down on the plunger with your thumb until syringe is empty. See Figure I.
- Stop pinching your skin. Quickly remove needle and then apply pressure on injection site with a dry gauze pad. You can put a small adhesive bandage over the injection site if there is bleeding. See Figure J.
- Follow the instructions below for how to dispose of the syringe, needle, and other supplies used to give your injection. Never try to re-cap the needle. This could cause a needle-stick injury.
- Remove your gloves. Wash your hands right away with soap and water, and then remove your protective eyewear.

How should I throw away (dispose of) used SYNRIBO syringes, needles, and other supplies?
- Throw away (dispose of) used SYNRIBO syringes, needles, gloves, and other supplies in an appropriate biohazard container.
- Return the biohazard container to your healthcare provider for disposal.
- Do not place used syringes, needles, or other supplies in a household trash or recycle container. Do not re-cap or clip the used needle. This could cause a needle-stick injury.
- Do not throw away the protective eyewear. You will need them for each dose of SYNRIBO.
What should I do in case of an accidental SYNRIBO spill?

• Your healthcare provider will arrange for you to receive supplies to use in case you spill SYNRIBO.
• Follow your healthcare provider’s instructions about how to clean up a SYNRIBO spill.
• Do not touch a spill unless you are wearing gloves and protective eyewear.
• Use an absorbent pad to wipe up the spill. Wash the area with soap and water. Use an extra absorbent pad or paper towel to dry the area.
• Place the pad, gloves, and other supplies that were used to clean the spill in the biohazard container.
• Call your healthcare provider right away to report the spill.

This Instructions for Use has been approved by the U.S. Food and Drug Administration.

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