ADIENNE PHARMA & BIOTECH

Cod. 00239/6

Tipo di materiale	Descrizione	Destinazione	Paese	Codice:
ISTRUZIONE	TEPADINA 400 mg - preparation guide		SG	000000000

stylegraph | packaging • grafica • design |

Formato	N°. colori	Colore 1	Colore 2		GRAMMATURA CARTA		TACCHE LAETUS	Corpo
270 x 540	1	NERO						10

PELLICOLA DI PROPRIETÀ ADIENNE PHARMA & BIOTECH VIETATA LA MANOMISSIONE - RENDERE DOPO LA STAMPA

DATA IMPIANTO 13-09-23

The following information is intended for healthcare professionals only.

PREPARATION GUIDE

TEPADINA® 400 mg
powder and solvent for solution for infusion
Thiotepa

Read this guide prior to the preparation and administration of TEPADINA®.

1. PRESENTATION

One bag contains 400 mg thiotepa.
After reconstitution with the solvent, each mL of solution contains 1 mg of thiotepa.
TEPADINA® must be reconstituted prior to administration.

2. POSOLOGY AND METHOD OF ADMINISTRATION

Calculation of dose of TEPADINA®
TEPADINA® is administered at different doses in combination with other chemotherapeutic medicinal products in patients prior to conventional haematopoietic progenitor cell transplantation (HPCT) for haematological diseases or solid tumours.
TEPADINA® posology is reported, in adult and paediatric patients, according to the type of HPCT (autologous or allogeneic) and disease.
If necessary, dose adjustment of TEPADINA® must be operated as per specific application.
In case the calculated dose required is higher than 400 mg but less than a multiple thereof, the user is requested to add the required mg from TEPADINA® vials by using a dedicated port (luer port) of TEPADINA® 400 mg (Step 5 of the Instruction for Use in the package leaflet).
In case the calculated dose required is lower than 400 mg the user is requested to remove the unnecessary mg of fully reconstituted 1 mg/mL solution or to set an infusion pump with the amount of medicinal product to be administered in mL.

Posology in adults

AUTOLOGOUS HPCT

Haematological diseases

The recommended dose in haematological diseases ranges from 125 mg/m^2/day (3.38 mg/kg/day) to 300 mg/m^2/day (8.10 mg/kg/day) as a single daily infusion, administered from 2 up to 4 consecutive days before autologous HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 900 mg/m^2 (24.32 mg/kg), during the time of the entire conditioning treatment.

LYMPHOMA
The recommended dose ranges from 125 mg/m^2/day (3.38 mg/kg/day) to 300 mg/m^2/day (8.10 mg/kg/day) as a single daily infusion, administered from 2 up to 4 consecutive days before autologous HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 900 mg/m^2 (24.32 mg/kg), during the time of the entire conditioning treatment.
CENTRAL NERVOUS SYSTEM (CNS) LYMPHOMA
The recommended dose is 185 mg/m^2/day (5 mg/kg/day) as a single daily infusion, administered for 2 consecutive days before autologous HPCT, without exceeding the total maximum cumulative dose of 370 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.

Breast cancer

The recommended dose ranges from 120 mg/m^2/day (3.24 mg/kg/day) to 250 mg/m^2/day (6.76 mg/kg/day) as a single daily infusion, administered from 3 up to 5 consecutive days before autologous HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 800 mg/m^2 (21.62 mg/kg), during the time of the entire conditioning treatment.

ALLOGENEIC HPCT

Haematological diseases

The recommended dose in haematological diseases ranges from 185 mg/m^2/day (5 mg/kg/day) to 481 mg/m^2/day (13 mg/kg/day) divided in one or two daily infusions, administered from 1 up to 2 consecutive days before allogeneic HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 555 mg/m^2 (15 mg/kg), during the time of the entire conditioning treatment.
LYMPHOMA
The recommended dose in lymphoma is 370 mg/m^2/day (10 mg/kg/day) divided in two daily infusions before allogeneic HPCT, without exceeding the total maximum cumulative dose of 370 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.
LEUKAEMIA
The recommended dose ranges from 185 mg/m^2/day (5 mg/kg/day) to 370 mg/m^2/day (10 mg/kg/day) divided in one or two daily infusions, administered from 1 up to 2 consecutive days before allogeneic HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 555 mg/m^2 (15 mg/kg), during the time of the entire conditioning treatment.

Posology in paediatric patients

AUTOLOGOUS HPCT

CNS TUMOURS
The recommended dose ranges from 200 mg/m^2/day (8 mg/kg/day) to 300 mg/m^2/day (12 mg/kg/day) as a single daily infusion, administered for 3 consecutive days before autologous HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 900 mg/m^2 (36 mg/kg), during the time of the entire conditioning treatment.

ALLOGENEIC HPCT

Haematological diseases

The recommended dose in haematological diseases ranges from 125 mg/m^2/day (5 mg/kg/day) to 250 mg/m^2/day (10 mg/kg/day) divided in one or two daily infusions, administered from 1 up to 3 consecutive days before allogeneic HPCT depending on the combination with other chemotherapeutic medicinal products, without exceeding the total maximum cumulative dose of 375 mg/m^2 (15 mg/kg), during the time of the entire conditioning treatment.
LEUKAEMIA
The recommended dose is 250 mg/m^2/day (10 mg/kg/day) divided in two daily infusions, administered before allogeneic HPCT, without exceeding the total maximum cumulative dose of 250 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.
THALASSEMIA
The recommended dose ranges from 200 mg/m^2/day (8 mg/kg/day) to 250 mg/m^2/day (10 mg/kg/day) divided in two daily infusions, administered before allogeneic HPCT without exceeding the total maximum cumulative dose of 250 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.
REFRACTORY CYTOPENIA
The recommended dose is 125 mg/m^2/day (5 mg/kg/day) as a single daily infusion, administered for 3 consecutive days before allogeneic HPCT, without exceeding the total maximum cumulative dose of 375 mg/m^2 (15 mg/kg), during the time of the entire conditioning treatment.
GENETIC DISEASES
The recommended dose ranges from 125 mg/m^2/day (5 mg/kg/day) to 250 mg/m^2/day (10 mg/kg/day) as a single daily infusion, administered for 2 consecutive days before allogeneic HPCT, without exceeding the total maximum cumulative dose of 250 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.
SICKLE CELL ANAEMIA
The recommended dose is 250 mg/m^2/day (10 mg/kg/day) divided in two daily infusions, administered before allogeneic HPCT, without exceeding the total maximum cumulative dose of 250 mg/m^2 (10 mg/kg), during the time of the entire conditioning treatment.

Activation of the bag and reconstitution
TEPADINA® 400 mg must be reconstituted with 400 mL sodium chloride 9 mg/mL (0.9%) solution for injection. The final reconstituted solution is obtained after breaking the peelable seal of the dual chamber bag and mixing the contents (powder and solvent) until complete dissolution of the powder.

After reconstitution with the solvent, each mL of solution contains 1 mg of thiotepa.

Only colourless solutions, without any particulate matter, must be used.
Do not use this medicine if you notice any visible signs of deterioration.

Administration
TEPADINA® infusion solution should be inspected visually for particulate matter prior to administration. Solutions containing a precipitate should be discarded.

The infusion solution must be administered to patients using an infusion set equipped with a 0.2 µm in-line filter. Filtering does not alter solution potency.

TEPADINA® should be aseptically administered as a 2-4 hours infusion under room temperature (about 25°C) and normal light conditions.

Prior to and following each infusion, the indwelling catheter line should be flushed with approximately 5 mL sodium chloride 9 mg/mL (0.9%) solution for injection.

3. SPECIAL PRECAUTIONS FOR DISPOSAL AND OTHER HANDLING

General
Procedures for proper handling and disposal of anticancer medicinal products should be considered. All transfer procedures require strict adherence to aseptic techniques, preferably employing a vertical laminar flow safety hood.
As with other cytotoxic compounds, caution need to be exercised in handling and preparation of TEPADINA® solutions to avoid accidental contact with skin or mucous membranes. Topical reactions associated with accidental exposure to thiotepa may occur. In fact, the use of gloves is recommended in preparing the solution for infusion. If thiotepa solution accidentally contacts the skin, immediately the skin must be thoroughly washed with soap and water. If thiotepa accidentally contacts mucous membranes, they must be flushed thoroughly with water.

Disposal
TEPADINA® is for single use only.
Any unused product or waste material should be disposed of in accordance with local requirements.

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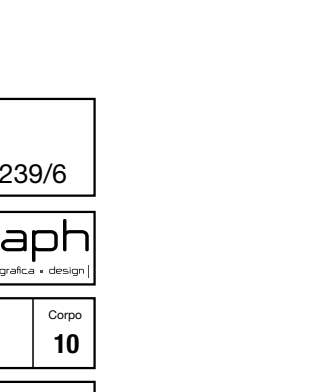
ADIENNE PHARMA & BIOTECH ADIENNE Use Instructions for the bag

Figure A
1 - Overpouch Notch

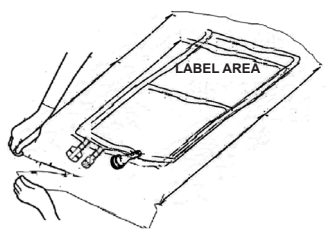
Figure B
2 – Blind Port (NEVER use this port)
3 – Luer Port
4 – Twist off Port
5 – Label Area
6 – Peel Seal (Must break to activate)
7 – Hole (For hanging the bag)
8 – Solvent chamber
9 – Powder chamber



1 – REMOVE OVERPOUCH

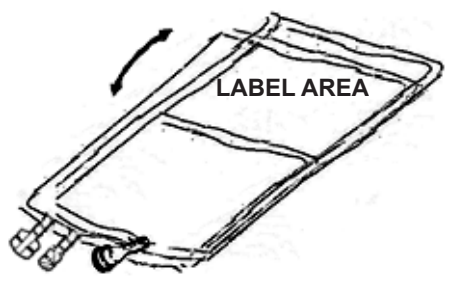
a) Place bag on a clean, stable surface before opening.
b) Tear from Overpouch Notch located close to the ports (**Figure A - point 1**).
c) Tear short sides open to access the inner bag as per **Figure C**.

Figure C



d) Remove the dual chamber flexible bag from the aluminum secondary packaging and unfold the bag **Figure D**.

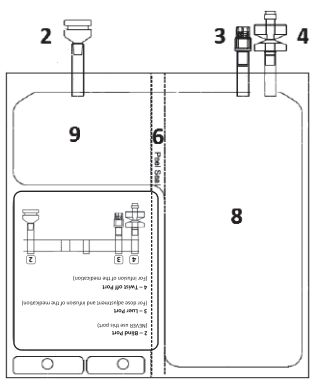
Figure D



2 - INSPECT BAG PRIOR TO ACTIVATION.

Place bag on a clean, stable surface with text side up and ports pointing away from you, as per **Figure E**.
Check that there are no liquid or product leakages from the connection ports **2, 3, 4** and from the chamber **8, 9**.
Check the integrity of peel seal **6**, verifying the absence of liquid in the chamber **9**.

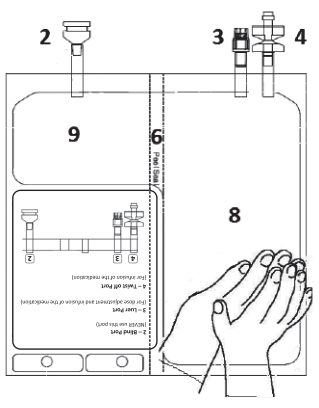
Figure E



3 - ACTIVATE THE BAG

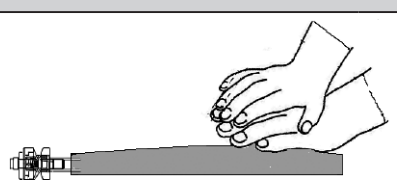
Overlap your hands, on the lower portion of chamber **8** (as per Figure F).
Press firmly in order to apply uniform pressure until peel seal **6** is completely activated (it may take up to 5 seconds of continued pressure to break the peel seal **6**).

Figure F



BAG BEFORE ACTIVATION

Figure G



Do NOT squeeze or press strongly.

BAG AFTER ACTIVATION

Figure H

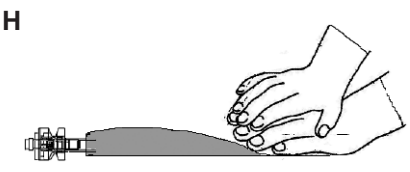
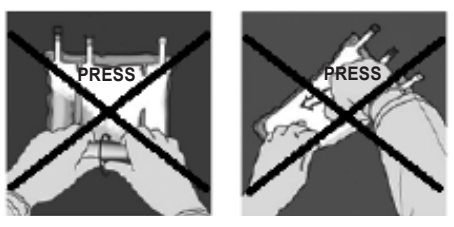


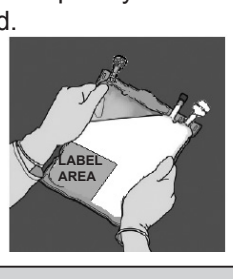
Figure I



4 - INSPECT BAG TO CONFIRM ACTIVATION.

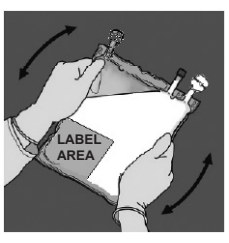
Check the peel seal **6** is now completely activated.
Chamber **8** and **9** are merged.

Figure J



Mix gently until complete dissolution of product.

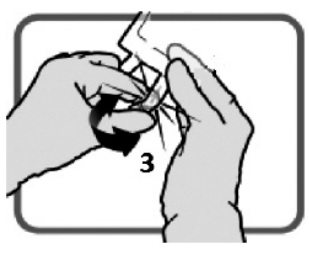
Figure K



5 - DOSE ADJUSTMENT - Please refer to the sections 2. “Posology and method of administration” and 3. “Special precautions for disposal and other handling”

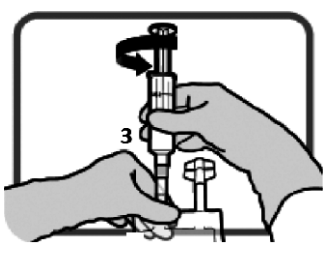
Identify the Luer Port **3** if correcting dose is needed.
Remove the plastic cap from Luer Port.

Figure L



Screw the luer lock device as per **Figure M**.
Do not use unproper non luer lock devices on port **3**.

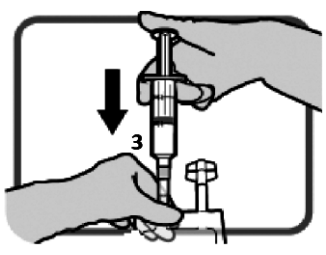
Figure M



Ensure that the connection is fully seated and tighten.

Operate dose adjustment as per sections **2** and **3**

Figure N

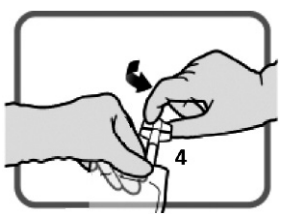


Unscrew the device once finished.
Put the plastic cap on Luer Port **3** before proceeding with infusion

6 - CONNECTION - The infusion set may be connected to the bag through either of the luer connector or the spike connector.

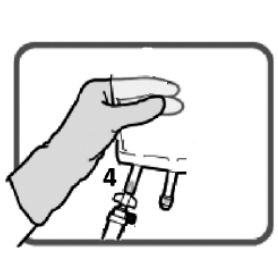
OPTION A – SPIKE CONNECTION
Identify Twist off Port **4** in case of spike infusion set.
Twist off the plastic cap before inserting the spike.

Figure O



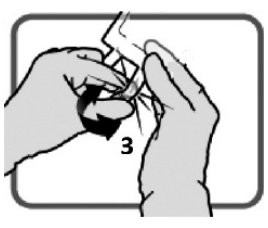
Insert the spike connector.

Figure P



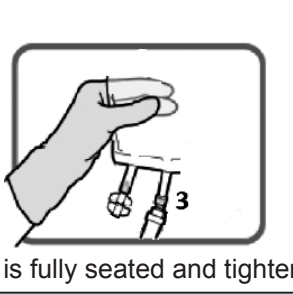
OPTION B– LUER CONNECTION
Select luer cap port **3** in case of luer connector infusion set.
Remove the plastic cap from Luer Port **3** before connect the luer connector.

Figure Q



Insert the luer connector.

Figure R



Ensure that the connection is fully seated and tighten.

7 - HANG THE BAG

Hang the bag by the hole **7**.

Figure S