

PRODUCT INFORMATION

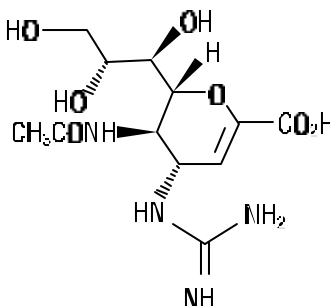
RELENZA®

(zanamivir for inhalation)

For Oral Inhalation Only

For Use with the DISKHALER® Inhalation Device

DESCRIPTION: The active component of RELENZA is zanamivir. The chemical name of zanamivir is 5-(acetylamino)-4-[(aminoiminomethyl)-amino]-2,6-anhydro-3,4,5-trideoxy-D-glycero-D-galactonon-2-enonic acid. It has a molecular formula of $C_{12}H_{20}N_4O_7$ and a molecular weight of 332.3. It has the following structural formula:



Zanamivir is a white to off-white powder with a solubility of approximately 18 mg/mL in water at 20°C.

RELENZA is for administration to the respiratory tract by oral inhalation only. Each RELENZA ROTADISK® contains 4 regularly spaced double-foil blisters with each blister containing a powder mixture of 5 mg of zanamivir and 20 mg of lactose. The contents of each blister are inhaled using a specially designed breath-activated plastic device for inhaling powder called the DISKHALER. After a RELENZA ROTADISK is loaded into the DISKHALER, a blister that contains medication is pierced and the zanamivir is dispersed into the air stream created when the patient inhales through the mouthpiece. The amount of drug delivered to the respiratory tract will depend on patient factors such as inspiratory flow. Under standardized in vitro testing, RELENZA ROTADISK delivers 4 mg of zanamivir from the DISKHALER device when tested at a pressure drop of 3 kPa (corresponding to a flow rate of about 62 to 65 L/min) for 3 seconds. In a study of 5 adult and 5 adolescent patients with obstructive airway diseases, the combined peak inspiratory flow rates (PIFR) ranged from 66 to 140 L/min. In a separate study of 16 pediatric patients, PIFR results were more variable; 4 did not achieve measurable flow rates, and PIFR for measurable inhalations by 12 children ranged from

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31 30.5 to 122.4 L/min. Only 1 of 4 children under age 8 had a measurable flow rate (see CLINICAL
32 PHARMACOLOGY: Pediatric Patients, INDICATIONS AND USAGE: Description of Clinical Studies,
33 and PRECAUTIONS: Pediatric Use).

34

35 **MICROBIOLOGY:**

36 **Mechanism of Action:** The proposed mechanism of action of zanamivir is via inhibition of influenza
37 virus neuraminidase with the possibility of alteration of virus particle aggregation and release.

38 **Antiviral Activity In Vitro:** The antiviral activity of zanamivir against laboratory and clinical isolates
39 of influenza virus was determined in cell culture assays. The concentrations of zanamivir required for
40 inhibition of influenza virus were highly variable depending on the assay method used and virus
41 isolate tested. The 50% and 90% inhibitory concentrations (IC₅₀ and IC₉₀) of zanamivir were in the
42 range of 0.005 to 16.0 μM and 0.05 to >100 μM, respectively (1 μM = 0.33 μg/mL). The relationship
43 between the in vitro inhibition of influenza virus by zanamivir and the inhibition of influenza virus
44 replication in humans has not been established.

45 **Drug Resistance:** Influenza viruses with reduced susceptibility to zanamivir have been recovered in
46 vitro by passage of the virus in the presence of increasing concentrations of the drug. Genetic
47 analysis of these viruses showed that the reduced susceptibility in vitro to zanamivir is associated
48 with mutations that result in amino acid changes in the viral neuraminidase or viral hemagglutinin or
49 both.

50 In an immunocompromised patient infected with influenza B virus, a variant virus emerged after
51 treatment with an investigational nebulized solution of zanamivir for 2 weeks. Analysis of this variant
52 showed a hemagglutinin mutation (Thr 198 Ile) which resulted in a reduced affinity for human cell
53 receptors, and a mutation in the neuraminidase active site (Arg 152 Lys) which reduced the
54 enzyme's activity to zanamivir by 1000-fold.

55 Insufficient information is available to characterize the risk of emergence of zanamivir resistance
56 in clinical use.

57 **Cross-Resistance:** Cross-resistance has been observed between zanamivir-resistant and
58 oseltamivir-resistant influenza virus mutants generated in vitro. No studies have been performed to
59 assess risk of emergence of cross-resistance during clinical use.

60 **Influenza Vaccine Interaction Study:** An interaction study (n = 138) was conducted to evaluate the
61 effects of zanamivir (10 mg once daily) on the serological response to a single dose of trivalent
62 inactivated influenza vaccine, as measured by hemagglutination inhibition titers. There was no clear
63 difference in hemagglutination inhibition antibody titers at 2 weeks and 4 weeks after vaccine
64 administration between zanamivir and placebo recipients.

65 **Influenza Challenge Studies:** Antiviral activity of zanamivir was supported for influenza A, and to a
66 more limited extent for influenza B, by Phase 1 studies in volunteers who received intranasal

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67 inoculations of challenge strains of influenza virus, and received an intranasal formulation of
68 zanamivir or placebo starting before or shortly after viral inoculation.

69

70 **CLINICAL PHARMACOLOGY:**

71 **Pharmacokinetics: Absorption and Bioavailability:** Pharmacokinetic studies of orally inhaled
72 zanamivir indicate that approximately 4% to 17% of the inhaled dose is systemically absorbed. The
73 peak serum concentrations ranged from 17 to 142 ng/mL within 1 to 2 hours following a 10-mg dose.
74 The area under the serum concentration versus time curve (AUC_{∞}) ranged from 111 to
75 1364 ng•h/mL.

76 **Distribution:** Zanamivir has limited plasma protein binding (<10%).

77 **Metabolism:** Zanamivir is renally excreted as unchanged drug. No metabolites have been
78 detected in humans.

79 **Elimination:** The serum half-life of zanamivir following administration by oral inhalation ranges
80 from 2.5 to 5.1 hours. It is excreted unchanged in the urine with excretion of a single dose completed
81 within 24 hours. Total clearance ranges from 2.5 to 10.9 L/h. Unabsorbed drug is excreted in the
82 feces.

83 **Special Populations: Impaired Hepatic Function:** The pharmacokinetics of zanamivir have not
84 been studied in patients with impaired hepatic function.

85 **Impaired Renal Function:** Systemic exposure is limited after inhalation (see Absorption and
86 Bioavailability). After a single intravenous dose of 4 mg or 2 mg of zanamivir in volunteers with
87 mild/moderate or severe renal impairment, respectively, significant decreases in renal clearance
88 (and hence total clearance: normals 5.3 L/h, mild/moderate 2.7 L/h, and severe 0.8 L/h; median
89 values) and significant increases in half-life (normals 3.1 h, mild/moderate 4.7 h, and severe 18.5 h;
90 median values) and systemic exposure were observed. Safety and efficacy have not been
91 documented in the presence of severe renal insufficiency.

92 **Pediatric Patients:** The pharmacokinetics of zanamivir were evaluated in pediatric patients
93 with signs and symptoms of respiratory illness. Sixteen patients, 6 to 12 years of age, received a
94 single dose of 10-mg zanamivir dry powder via DISKHALER. Five patients had either undetectable
95 zanamivir serum concentrations or had low drug concentrations (8.32 to 10.38 ng/mL) that were not
96 detectable after 1.5 hours. Eleven patients had C_{max} median values of 43 ng/mL (range 15 to 74) and
97 AUC_{∞} median values of 167 ng•h/mL (range 58 to 279). Low or undetectable serum concentrations
98 were related to lack of measurable PIFR in individual patients (see DESCRIPTION; INDICATIONS
99 AND USAGE: Description of Clinical Studies, and PRECAUTIONS: Pediatric Use).

100 **Geriatric Patients:** The pharmacokinetics of zanamivir have not been studied in patients over
101 65 years of age (see PRECAUTIONS: Geriatric Use).

102 **Gender, Race, and Weight:** In a population pharmacokinetic analysis in patient studies, no
103 clinically significant differences in serum concentrations and/or pharmacokinetic parameters (V/F,

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104 CL/F, ka, AUC₀₋₃, C_{max}, T_{max}, CL_r, and % excreted in urine) were observed when demographic
105 variables (gender, age, race, and weight) and indices of infection (laboratory evidence of infection,
106 overall symptoms, symptoms of upper respiratory illness, and viral titers) were considered. There
107 were no significant correlations between measures of systemic exposure and safety parameters.

108 **Drug Interactions:** No clinically significant pharmacokinetic drug interactions are predicted based on
109 data from in vitro studies.

110 Zanamivir is not a substrate nor does it affect cytochrome P450 (CYP) isoenzymes (CYP1A1/2,
111 2A6, 2C9, 2C18, 2D6, 2E1, and 3A4) in human liver microsomes.

112

113 **INDICATIONS AND USAGE:** RELENZA is indicated for treatment of uncomplicated acute illness
114 due to influenza A and B virus in adults and pediatric patients 7 years and older who have been
115 symptomatic for no more than 2 days (see Description of Clinical Studies and PRECAUTIONS).

116 **Description of Clinical Studies: Adults and Adolescents:** The efficacy of RELENZA 10 mg
117 inhaled twice daily for 5 days in the treatment of influenza has been evaluated in placebo-controlled
118 studies conducted in North America, the Southern Hemisphere, and Europe during their respective
119 influenza seasons. The magnitude of treatment effect varied between studies, with possible
120 relationships to population-related factors including amount of symptomatic relief medication used.

121 **Populations Studied:** The principal Phase 3 studies enrolled 1588 patients ages 12 years
122 and older (median age 34 years, 49% male, 91% Caucasian), with uncomplicated influenza-like
123 illness within 2 days of symptom onset. Influenza was confirmed by culture, hemagglutination
124 inhibition antibodies, or investigational direct tests. Of 1164 patients with confirmed influenza, 89%
125 had influenza A and 11% had influenza B. These studies served as the principal basis for efficacy
126 evaluation, with more limited Phase 2 studies providing supporting information where necessary.
127 Following randomization to either zanamivir or placebo (inhaled lactose vehicle), all patients received
128 instruction and supervision by a healthcare professional for the initial dose.

129 **Principal Results:** The definition of time to improvement in major symptoms of influenza
130 included no fever and self-assessment of “none” or “mild” for headache, myalgia, cough, and sore
131 throat. A Phase 2 and a Phase 3 study conducted in North America (total of over
132 600 influenza-positive patients) suggested up to one day of shortening of median time to this defined
133 improvement in symptoms in patients receiving zanamivir compared to placebo, although statistical
134 significance was not reached in either of these studies. In a study conducted in the Southern
135 Hemisphere (321 influenza-positive patients), a 1.5-day difference in median time to symptom
136 improvement was observed. Additional evidence of efficacy was provided by the European study.

137 **Other Findings:**

- 138 • There was no consistent difference in treatment effect in patients with influenza A compared to
139 influenza B; however, these trials enrolled smaller numbers of patients with influenza B and thus
140 provided less evidence in support of efficacy in influenza B.

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- 141 • In general, patients with lower temperature (e.g., 38.2°C or less) or investigator-rated as having
142 less severe symptoms at entry derived less benefit from therapy.
- 143 • No consistent treatment effect was demonstrated in patients with underlying chronic medical
144 conditions, including respiratory or cardiovascular disease (see WARNINGS and
145 PRECAUTIONS).
- 146 • No consistent differences in rate of development of complications were observed between
147 treatment groups.
- 148 • Some fluctuation of symptoms was observed after the primary study endpoint in both treatment
149 groups.

150 **Pediatric Patients:** The efficacy of RELENZA 10 mg inhaled twice daily for 5 days in the
151 treatment of influenza in pediatric patients has been evaluated in a placebo-controlled study
152 conducted in North America and Europe, enrolling 471 patients, ages 5 to 12 years (55% male, 90%
153 Caucasian), within 36 hours of symptom onset. Of 346 patients with confirmed influenza, 65% had
154 influenza A and 35% had influenza B. The definition of time to improvement included no fever and
155 parental assessment of no or mild cough and absent/minimal muscle and joint aches or pains, sore
156 throat, chills/feverishness, and headache. Median time to symptom improvement was one day
157 shorter in patients receiving zanamivir compared with placebo. No consistent differences in rate of
158 development of complications were observed between treatment groups. Some fluctuation of
159 symptoms was observed after the primary study endpoint in both treatment groups.

160 Although this study was designed to enroll children ages 5 to 12 years, the product is indicated
161 only for children ages 7 years and older. This evaluation is based on the combination of lower
162 estimates of treatment effect in 5 and 6 year olds compared with the overall study population, and
163 evidence of inadequate inhalation through the DISKHALER in a pharmacokinetic study (see
164 DESCRIPTION; CLINICAL PHARMACOLOGY: Pediatric Patients, and PRECAUTIONS: Pediatric
165 Use).

166

167 **CONTRAINDICATIONS:** RELENZA is contraindicated in patients with a known hypersensitivity to
168 any component of the formulation.

169

170 **WARNINGS: BRONCHOSPASM AND DECLINE IN LUNG FUNCTION HAVE BEEN REPORTED**
171 **IN SOME PATIENTS RECEIVING RELENZA. MANY BUT NOT ALL OF THESE PATIENTS HAD**
172 **UNDERLYING AIRWAYS DISEASE SUCH AS ASTHMA OR CHRONIC OBSTRUCTIVE**
173 **PULMONARY DISEASE. BECAUSE OF THE RISK OF SERIOUS ADVERSE EVENTS AND**
174 **BECAUSE EFFICACY HAS NOT BEEN DEMONSTRATED IN THIS POPULATION, RELENZA IS**
175 **NOT GENERALLY RECOMMENDED FOR TREATMENT OF PATIENTS WITH UNDERLYING**
176 **AIRWAYS DISEASE (SEE PRECAUTIONS). Some patients with serious adverse events during**
177 **treatment with RELENZA have had fatal outcomes, although causality was difficult to assess.**

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178 **RELENZA SHOULD BE DISCONTINUED IN ANY PATIENT WHO DEVELOPS**
179 **BRONCHOSPASM OR DECLINE IN RESPIRATORY FUNCTION; immediate treatment and**
180 **hospitalization may be required.** Some patients without prior pulmonary disease may also have
181 respiratory abnormalities from acute respiratory infection that could resemble adverse drug reactions
182 or increase patient vulnerability to adverse drug reactions.

183

184 **PRECAUTIONS:**

185 **General: Patients should be instructed in the use of the delivery system. Instructions should**
186 **include a demonstration whenever possible.** Patients should read and follow carefully the Patient
187 Instructions for Use accompanying the product. Effective and safe use of RELENZA requires proper
188 use of the DISKHALER to inhale the drug.

189 There is no evidence for efficacy of zanamivir in any illness caused by agents other than influenza
190 virus A and B.

191 No data are available to support safety or efficacy in patients who begin treatment after 48 hours
192 of symptoms.

193 Safety and efficacy of repeated treatment courses have not been studied.

194 **Patients with Respiratory Disease: SAFETY AND EFFICACY OF RELENZA HAVE NOT BEEN**
195 **DEMONSTRATED IN PATIENTS WITH UNDERLYING CHRONIC PULMONARY DISEASE (SEE**
196 **WARNINGS). IN PARTICULAR, RELENZA HAS NOT BEEN SHOWN TO BE EFFECTIVE IN**
197 **PATIENTS WITH SEVERE OR DECOMPENSATED CHRONIC OBSTRUCTIVE PULMONARY**
198 **DISEASE OR ASTHMA, AND SERIOUS ADVERSE EVENTS HAVE BEEN REPORTED IN SUCH**
199 **PATIENTS. THEREFORE, RELENZA IS NOT GENERALLY RECOMMENDED FOR TREATMENT**
200 **OF PATIENTS WITH UNDERLYING AIRWAYS DISEASE SUCH AS ASTHMA OR CHRONIC**
201 **OBSTRUCTIVE PULMONARY DISEASE (SEE WARNINGS).**

202 Bronchospasm was documented following administration of zanamivir in 1 of 13 patients with mild
203 or moderate asthma (but without acute influenza-like illness) in a Phase 1 study. In interim results
204 from an ongoing treatment study in patients with acute influenza-like illness superimposed on
205 underlying asthma or chronic obstructive pulmonary disease, more patients on zanamivir than on
206 placebo experienced greater than 20% decline in FEV₁ or peak expiratory flow rate.

207 If treatment with RELENZA is considered for a patient with underlying airways disease, the
208 potential risks and benefits should be carefully weighed. If a decision is made to prescribe RELENZA
209 for such a patient, this should be done only under conditions of careful monitoring of respiratory
210 function, close observation, and appropriate supportive care including availability of fast-acting
211 bronchodilators.

212 **Allergic Reactions:** Allergic-like reactions, including oropharyngeal edema and serious skin rashes,
213 have been reported in post-marketing experience with RELENZA. RELENZA should be stopped and
214 appropriate treatment instituted if an allergic reaction occurs or is suspected.

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215 **Bacterial Infections:** Serious bacterial infections may begin with influenza-like symptoms or may
216 coexist with or occur as complications during the course of influenza. RELENZA has not been shown
217 to prevent such complications.

218 **Prevention of Influenza:** Use of zanamivir should not affect the evaluation of individuals for annual
219 influenza vaccination in accordance with guidelines of the Centers for Disease Control and
220 Prevention Advisory Committee on Immunization Practices. Safety and efficacy of zanamivir have
221 not been established for prophylactic use of zanamivir to prevent influenza.

222 **Limitations of Populations Studied: Safety and efficacy have not been demonstrated in**
223 **patients with high-risk underlying medical conditions (see INDICATIONS AND USAGE:**
224 **Description of Clinical Studies, and WARNINGS). No information is available regarding**
225 **treatment of influenza in patients with any medical condition sufficiently severe or unstable to**
226 **be considered at imminent risk of requiring inpatient management.**

227 **Information for Patients:** Patients should be instructed in use of the delivery system. Instructions
228 should include a demonstration whenever possible.

229 For the proper use of RELENZA, the patient should read and follow carefully the accompanying
230 Patient Instructions for Use.

231 Patients should be advised that the use of RELENZA for treatment of influenza has not been
232 shown to reduce the risk of transmission of influenza to others.

233 **Patients should be advised of the risk of bronchospasm, especially in the setting of**
234 **underlying airways disease, and should stop RELENZA and contact their physician if they**
235 **experience increased respiratory symptoms during treatment such as worsening wheezing,**
236 **shortness of breath, or other signs or symptoms of bronchospasm (see WARNINGS). If a**
237 **decision is made to prescribe RELENZA for a patient with asthma or chronic obstructive**
238 **pulmonary disease, the patient should be made aware of the risks and should have a**
239 **fast-acting bronchodilator available.** Patients scheduled to take inhaled bronchodilators at the
240 same time as RELENZA should be advised to use their bronchodilators before taking RELENZA.

241 **Drug Interactions:** No clinically significant pharmacokinetic drug interactions are predicted based on
242 data from in vitro studies.

243 **Carcinogenesis, Mutagenesis, and Impairment of Fertility: *Carcinogenesis*** In 2-year
244 carcinogenicity studies conducted in rats and mice using a powder formulation administered through
245 inhalation, zanamivir induced no statistically significant increases in tumors over controls. The
246 maximum daily exposures in rats and mice were approximately 23 to 25 and 20 to 22 times,
247 respectively, greater than those in humans at the proposed clinical dose based on AUC
248 comparisons.

249 ***Mutagenesis:*** Zanamivir was not mutagenic in in vitro and in vivo genotoxicity assays which
250 included bacterial mutation assays in *S. typhimurium* and *E.coli*, mammalian mutation assays in

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251 mouse lymphoma, chromosomal aberration assays in human peripheral blood lymphocytes, and the
252 in vivo mouse bone marrow micronucleus assay.

253 **Impairment of Fertility:** The effects of zanamivir on fertility and general reproductive
254 performance were investigated in male (dosed for 10 weeks prior to mating, and throughout mating,
255 gestation/lactation, and shortly after weaning) and female rats (dosed for 3 weeks prior to mating
256 through day 19 of pregnancy, or day 21 post partum) at IV doses 1, 9, and 90 mg/kg per day.
257 Zanamivir did not impair mating or fertility of male or female rats, and did not affect the sperm of
258 treated male rats. The reproductive performance of the F1 generation born to female rats given
259 zanamivir was not affected. Based on a subchronic study in rats at a 90 mg/kg-per-day IV dose, AUC
260 values ranged between 142 and 199 $\mu\text{g}\cdot\text{h}/\text{mL}$ (>300 times the human exposure at the proposed
261 clinical dose).

262 **Pregnancy:** Pregnancy Category C. Embryo/fetal development studies were conducted in rats
263 (dosed from days 6 to 15 of pregnancy) and rabbits (dosed from days 7 to 19 of pregnancy) using
264 the same IV doses. Pre- and post-natal developmental studies were performed in rats (dosed from
265 day 16 of pregnancy until litter day 21 to 23). In all studies, intravenous (1, 9, and 90 mg/kg per day)
266 instead of the inhalational route of drug administration was used. No malformations, maternal
267 toxicity, or embryotoxicity were observed in pregnant rats or rabbits and their fetuses. Because of
268 insufficient blood sampling timepoints in both rat and rabbit reproductive toxicity studies, AUC values
269 were not available. However, in a subchronic study in rats at the 90 mg/kg-per-day IV dose, the AUC
270 values were greater than 300 times the human exposure at the proposed clinical dose.

271 An additional embryo/fetal study, in a different strain of rat, was conducted using subcutaneous
272 administration of zanamivir, 3 times daily, at doses of 1, 9, or 80 mg/kg during days 7 to 17 of
273 pregnancy. There was an increase in the incidence rates of a variety of minor skeleton alterations
274 and variants in the exposed offspring in this study. Based on AUC measurements, the high dose in
275 the study produced an exposure greater than 1000 times the human exposure at the proposed
276 clinical dose. However, the individual incidence rate of each skeletal alteration or variant, in most
277 instances, remained within the background rates of the historical occurrence in the strain studied.

278 Zanamivir has been shown to cross the placenta in rats and rabbits. In these animals, fetal blood
279 concentrations of zanamivir were significantly lower than zanamivir concentrations in the maternal
280 blood.

281 There are no adequate and well-controlled studies of zanamivir in pregnant women. Zanamivir
282 should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

283 **Nursing Mothers:** Studies in rats have demonstrated that zanamivir is excreted in milk. However,
284 nursing mothers should be instructed that it is not known whether zanamivir is excreted in human
285 milk. Because many drugs are excreted in human milk, caution should be exercised when RELENZA
286 is administered to a nursing mother.

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287 **Pediatric Use:** Safety and effectiveness of RELENZA have not been established in pediatric
288 patients under 7 years of age.

289 The safety and effectiveness of RELENZA have been studied in a Phase 3 treatment study in
290 pediatric patients, where 471 children 5 to 12 years of age received zanamivir or placebo (see
291 INDICATIONS AND USAGE: Description of Clinical Studies, ADVERSE REACTIONS, and DOSAGE
292 AND ADMINISTRATION). In a Phase 1 study of 16 children ages 6 to 12 years with signs and
293 symptoms of respiratory disease, 4 did not produce a measurable peak inspiratory flow rate (PIFR)
294 through the DISKHALER (3 with no adequate inhalation on request, 1 with missing data), 9 had
295 measurable PIFR on each of 2 inhalations, and 3 achieved measurable PIFR on only 1 of 2
296 inhalations. Neither of two 6-year-olds and one of two 7-year-olds produced measurable PIFR.
297 Overall, 8 of the 16 children (including all those under 8 years old) either did not produce measurable
298 inspiratory flow through the DISKHALER or produced peak inspiratory flow rates below the 60 L/min
299 considered optimal for the device under standardized in vitro testing; lack of measurable flow rate
300 was related to low or undetectable serum concentrations (see DESCRIPTION; CLINICAL
301 PHARMACOLOGY: Pediatric Patients, and INDICATIONS AND USAGE: Description of Clinical
302 Studies). Prescribers should carefully evaluate the ability of young children to use the delivery
303 system if prescription of RELENZA is considered. When RELENZA is prescribed for children, it
304 should be used only under adult supervision and with attention to proper use of the delivery system.

305 Adolescents were included in the 3 principal Phase 3 adult treatment studies. In these studies,
306 67 patients were 12 to 16 years of age. No definite differences in safety and efficacy were observed
307 between these adolescent patients and young adults.

308 **Geriatric Use:** Of the total number of patients in 6 clinical treatment studies of RELENZA, 59 were
309 65 and over, while 24 were 75 and over. No overall differences in safety or effectiveness were
310 observed between these subjects and younger patients, and other reported clinical experience has
311 not identified differences in responses between the elderly and younger patients, but greater
312 sensitivity of some older individuals cannot be ruled out.

313

314 **ADVERSE REACTIONS: See WARNINGS and PRECAUTIONS for information about risk of**
315 **serious adverse events such as bronchospasm and allergic-like reactions, and for safety**
316 **information in patients with underlying respiratory disease.**

317 **Clinical Trials in Adults and Adolescents:** Adverse events that occurred with an incidence 1.5%
318 in treatment studies are listed in Table 1. This table shows adverse events occurring in patients
319 ≥ 12 years of age receiving RELENZA 10 mg inhaled twice daily, RELENZA in all inhalation
320 regimens, and placebo inhaled twice daily (where placebo consisted of the same lactose vehicle
321 used in RELENZA).

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**Table 1: Summary of Adverse Events 1.5% Incidence
During Treatment in Adults and Adolescents**

Adverse Event	RELENZA		Placebo (Lactose Vehicle [†]) (n = 1520)
	10 mg b.i.d. Inhaled (n = 1132)	All Dosing Regimens* (n = 2289)	
Body as a whole			
Headaches	2%	2%	3%
Digestive			
Diarrhea	3%	3%	4%
Nausea	3%	3%	3%
Vomiting	1%	1%	2%
Respiratory			
Nasal signs and symptoms	2%	3%	3%
Bronchitis	2%	2%	3%
Cough	2%	2%	3%
Sinusitis	3%	2%	2%
Ear, nose, & throat infections	2%	1%	2%
Nervous system			
Dizziness	2%	1%	<1%

*Includes studies where RELENZA was administered intranasally (6.4 mg 2 to 4 times per day in addition to inhaled preparation) and/or inhaled more frequently (q.i.d.) than the currently recommended dose.

[†]Because the placebo consisted of inhaled lactose powder, which is also the vehicle for the active drug, some adverse events occurring at similar frequencies in different treatment groups could be related to lactose vehicle inhalation.

Additional adverse reactions occurring in less than 1.5% of patients receiving RELENZA included malaise, fatigue, fever, abdominal pain, myalgia, arthralgia, and urticaria.

The most frequent laboratory abnormalities in Phase 3 treatment studies included elevations of liver enzymes and CPK, lymphopenia, and neutropenia. These were reported in similar proportions of zanamivir and lactose vehicle placebo recipients with acute influenza-like illness.

Clinical Trials in Pediatric Patients: Adverse events that occurred with an incidence 1.5% in children receiving treatment doses of RELENZA in 2 Phase 3 studies are listed in Table 2. This table shows adverse events occurring in pediatric patients 5 to 12 years old receiving RELENZA 10 mg inhaled twice daily, and placebo inhaled twice daily (where placebo consisted of the same lactose vehicle used in RELENZA).

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**Table 2: Summary of Adverse Events 1.5% Incidence
During Treatment in Pediatric Patients***

Adverse Event	RELENZA 10 mg b.i.d. Inhaled (n = 291)	Placebo (Lactose Vehicle [†]) (n = 318)
Respiratory		
Ear, nose, & throat infections	5%	5%
Ear, nose, & throat hemorrhage	<1%	2%
Asthma	<1%	2%
Cough	<1%	2%
Digestive		
Vomiting	2%	3%
Diarrhea	2%	2%
Nausea	<1%	2%

346 *Includes a subset of patients receiving RELENZA for treatment of influenza in a prophylaxis study.

347 [†]Because the placebo consisted of inhaled lactose powder which is also the vehicle for the active
348 drug, some adverse events occurring at similar frequencies in different treatment groups could be
349 related to lactose vehicle inhalation.

350

351 In 1 of the 2 studies described in Table 2, some additional information is available from children (5
352 to 12 years old) without acute influenza-like illness who received an investigational prophylaxis
353 regimen of RELENZA; 132 children received RELENZA and 145 children received placebo. Among
354 these children, nasal signs and symptoms (zanamivir 20%, placebo 9%), cough (zanamivir 16%,
355 placebo 8%), and throat/tonsil discomfort and pain (zanamivir 11%, placebo 6%) were reported more
356 frequently with RELENZA than placebo. In a subset with chronic respiratory disease, lower
357 respiratory adverse events (described as asthma, cough, or viral respiratory infections which could
358 include influenza-like symptoms) were reported in 7 of 7 zanamivir recipients and 5 of 12 placebo
359 recipients.

360 **Observed During Clinical Practice:** In addition to adverse events reported from clinical trials, the
361 following events have been identified during post-marketing use of zanamivir (RELENZA). Because
362 they are reported voluntarily from a population of unknown size, estimates of frequency cannot be
363 made. These events have been chosen for inclusion due to a combination of their seriousness,
364 frequency of reporting, or potential causal connection to zanamivir (RELENZA).

365 **General:** Allergic or allergic-like reaction, including oropharyngeal edema (see PRECAUTIONS).

366 **Cardiac:** Arrhythmias, syncope.

367 **Neurologic:** Seizures.

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368 **Respiratory:** Bronchospasm, dyspnea (see WARNINGS and PRECAUTIONS).

369 **Skin:** Rash, including serious cutaneous reactions (see PRECAUTIONS).

370

371 **OVERDOSAGE:** There have been no reports of overdosage from administration of RELENZA.

372 Doses of zanamivir up to 64 mg/day have been administered by nebulizer. Additionally, doses of up

373 to 1200 mg/day for 5 days have been administered intravenously. Adverse effects were similar to

374 those seen in clinical studies at the recommended dose.

375

376 **DOSAGE AND ADMINISTRATION:** RELENZA is for administration to the respiratory tract by oral
377 inhalation only, using the DISKHALER device provided. **Patients should be instructed in the use**
378 **of the delivery system. Instructions should include a demonstration whenever possible. If**
379 **RELENZA is prescribed for children, it should be used only under adult supervision and**
380 **instruction, and the supervising adult should first be instructed by a healthcare professional**
381 **(see PRECAUTIONS).**

382 The recommended dose of RELENZA for treatment of influenza in adults and pediatric patients
383 ages 7 years and older is 2 inhalations (one 5-mg blister per inhalation for a total dose of 10 mg)
384 twice daily (approximately 12 hours apart) for 5 days. Two doses should be taken on the first day of
385 treatment whenever possible provided there is at least 2 hours between doses. On subsequent days,
386 doses should be about 12 hours apart (e.g., morning and evening) at approximately the same time
387 each day. There are no data on the effectiveness of treatment with RELENZA when initiated more
388 than 2 days after the onset of signs or symptoms.

389 Patients scheduled to use an inhaled bronchodilator at the same time as RELENZA should use
390 their bronchodilator before taking RELENZA. (See WARNINGS and PRECAUTIONS regarding
391 patients with chronic respiratory disease and other medical conditions.)

392

393 **HOW SUPPLIED:** RELENZA is supplied in a circular double-foil pack (a ROTADISK) containing
394 4 blisters of the drug. Five ROTADISKS are packaged in a white polypropylene tube. The tube is
395 packaged in a carton with 1 blue and gray DISKHALER inhalation device (NDC 0173-0681-01).

396 **Store at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) (see USP Controlled**
397 **Room Temperature).** Keep out of reach of children. Do not puncture any RELENZA ROTADISK
398 blister until taking a dose using the DISKHALER.

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401 **GlaxoWellcome**

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