PRODUCT INFORMATION
SOMATULINE AUTOGEL® 60, 90 and 120 mg
Solution for Injection in a pre-filled syringe

NAME OF MEDICINE
Lanreotide (I.N.N., B.A.N.) acetate

DESCRIPTION
Lanreotide (presented as lanreotide acetate 60mg, 90mg, 120 mg) solution for injection in a pre-filled syringe. White to pale-yellow semi-solid formulation. Somatuline Autogel is formulated as a prolonged-release solution of lanreotide acetate for deep subcutaneous injection. Prolonged release of the peptide is achieved by the physical nature of the supersaturated solution.

Each pre-filled syringe contains a supersaturated solution of lanreotide acetate corresponding to 24.6 mg of lanreotide base per 100 mg of solution, which ensures an actual injection dose of 60mg, 90mg and 120mg of lanreotide, respectively.

Lanreotide is a peptide containing eight amino acids as shown below:

\[
\begin{array}{c}
\text{S} \\
\text{D-ß-Nal-Cys-Tyr-D-Trp-Lys-Val-Cys-Thr-NH2}
\end{array}
\]

Molecular formula: C$_{54}$H$_{69}$N$_{11}$O$_{10}$S$_{2}$ CAS: 108736-35-2

The formulation contains water for injections and glacial acetic acid (for pH adjustment) as excipients.

PHARMACOLOGY
Like natural somatostatin, lanreotide is a peptide inhibitor of a number of endocrine, neuroendocrine, exocrine and paracrine functions. It shows good affinity for peripheral somatostatin receptors (anterior pituitary and pancreatic). In contrast, its affinity for central receptors is much lower. This profile confers a good specificity of action at the level of growth hormone secretion.

Lanreotide shows a much longer duration of action than natural somatostatin. In addition, its marked selectivity for the secretion of growth hormone, compared to that of insulin, makes it a suitable candidate for the treatment of acromegaly.

Pharmacokinetics
Pharmacokinetic parameters of lanreotide after intravenous administration in healthy volunteers indicated limited extravascular distribution, with a steady-state volume of distribution of 13 L. Total clearance was 20 L/h, terminal half-life was 2.5 hours and mean residence time was 0.68 hours.

After a single subcutaneous injection of Somatuline Autogel 60 mg in healthy volunteers, a maximum serum concentration (C$_{\text{max}}$) of 5.8 ± 4 µg/L was reached after 6 hours, followed by a slow decrease (mean residence time: 30 ± 6 days, apparent half-life: 33 ± 14 days). The absolute bioavailability was 63 ± 10%.
After a single intramuscular injection of Somatuline Autogel 60 mg in healthy volunteers, a maximum serum concentration (Cmax) of 6.8 ± 3 µg/L was reached after 15 hours, followed by a slow decrease (mean residence time: 23 ± 11 days, apparent half-life: 23 ± 9 days). The absolute bioavailability was 79 ± 10%.

Therefore the route of administration (subcutaneous or intramuscular) does not show any marked influence on the lanreotide pharmacokinetic profile.

After a single intramuscular injection of Somatuline Autogel 90 mg in healthy volunteers, a maximum serum concentration (Cmax) of 9.8 ± 5 µg/L was reached after 10 hours, followed by a slow decrease (mean residence time: 26 ± 4 days, apparent half-life: 31 ± 16 days). The absolute bioavailability was 58 ± 10%.

After a single intramuscular injection of Somatuline Autogel 120 mg in healthy volunteers, a maximum serum concentration (Cmax) of 12.8 ± 7 µg/L was reached after 16 hours, followed by a slow decrease (mean residence time: 29 ± 3 days, apparent half-life: 28 ± 6 days). The absolute bioavailability was 55 ± 10%.

Therefore lanreotide serum concentration after intramuscular administration of Somatuline Autogel 60, 90 and 120 mg shows an almost log-linear first order lanreotide release profile.

In an open, comparative, multicentre, switch design study, Somatuline Autogel 120 mg was administered every 56, 42 or 28 days to those given Somatuline LA 30 mg every 14, 10 or 7 days at least for 2 months prior to the study. This study demonstrated that trough levels obtained after the switch were similar to levels with Somatuline LA treatment. Furthermore, the serum levels obtained after administration of Somatuline Autogel 120mg every 56, 42 or 28 days are comparable, at equivalent cumulative dose, to those obtained after three deep subcutaneous injections of Somatuline Autogel 60, 90 or 120mg, respectively given every 28 days.

**CLINICAL TRIALS**

**Acromegaly**

One open multicentre clinical study was conducted in order to evaluate the efficacy of three repeated deep subcutaneous administrations of Somatuline Autogel (60, 90 or 120 mg) at fixed doses in acromegalic patients previously treated with Somatuline LA, the 30 mg prolonged release microparticle formulation. This study was of a switch design in which acromegalic patients were given Somatuline LA in a first period and Somatuline Autogel in a second period. In the second period, patients received either Somatuline Autogel 60, 90 or 120 mg for three months depending on their respective dosing interval of Somatuline LA, as follows:

- dosing interval of Somatuline LA between 12 and 16 days at the end of the first period: switch to Somatuline Autogel 60 mg.
- dosing interval of Somatuline LA between 8 and 11 days at the end of the first period: switch to Somatuline Autogel 90 mg.
- dosing interval of Somatuline LA between 5 and 7 days at the end of the first period: switch to Somatuline Autogel 120 mg.

This ensured that patients continued to receive the same monthly total lanreotide dose. The lanreotide serum levels in patients at the end of the 3rd interval of Somatuline Autogel administration were similar to those obtained at the end of the 4th interval of administration of Somatuline LA, all strengths combined (2.17 ± 0.92 µg/L and 2.37 ± 1.13 µg/L, respectively). It should be noted that lanreotide serum levels fell in the
first interval following changeover to the Autogel formulation, with associated increases in GH and IGF-1 levels.

The study demonstrated that the efficacy of Somatuline Autogel after three injections given every 28 days is not inferior to Somatuline LA (administered every 7 to 14 days) after four injections. Median GH and median IGF-1 were similar at the end of the 3rd interval of Somatuline Autogel and at the end of the 4th interval of Somatuline LA administration. Similar safety was observed after three injections of Somatuline Autogel and after four injections of Somatuline LA.

Median trough GH and IGF-1 levels (µg/L) after treatment with Somatuline LA compared with median GH and IGF-1 levels after treatment with Somatuline Autogel every 28 days for 3 months

<table>
<thead>
<tr>
<th>Somatuline Autogel dose</th>
<th>End 4th interval Somatuline LA</th>
<th>End 3rd interval Somatuline Autogel</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH (µg/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All doses (n = 107)</td>
<td>2.53</td>
<td>2.21</td>
</tr>
<tr>
<td>60mg (n = 52)</td>
<td>2.37</td>
<td>1.88</td>
</tr>
<tr>
<td>90mg (n = 34)</td>
<td>2.14</td>
<td>2.31</td>
</tr>
<tr>
<td>120mg (n = 21)</td>
<td>3.06</td>
<td>3.59</td>
</tr>
<tr>
<td>IGF-1 (µg/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All doses (n = 107)</td>
<td>296</td>
<td>285</td>
</tr>
<tr>
<td>60mg (n = 52)</td>
<td>245</td>
<td>245</td>
</tr>
<tr>
<td>90mg (n = 34)</td>
<td>300</td>
<td>276</td>
</tr>
<tr>
<td>120mg (n = 21)</td>
<td>408</td>
<td>359</td>
</tr>
</tbody>
</table>

Carcinoid Tumours

One open multicentre clinical study was conducted to evaluate the efficacy of Somatuline Autogel (60mg, 90mg or 120mg) administered once monthly for 6 months in the relief of the clinical symptoms associated with carcinoid tumours. Each patient’s target symptom (diarrhoea or flushing) was chosen by the investigator as the symptom which most troubled the patient. Responders were defined as having a reduction of ≥50% (compared to baseline) in the average number of daily episodes of diarrhoea or moderate to severe flushing.

Twenty seven out of 71 patients (38%) in the ITT population and 14/35 (40%) patients in the PP population were target symptom responders at month 6. Of 40 patients whose target symptom was diarrhoea, seven (18%) responded at month 6. Of 31 patients whose target symptom was flushing, twenty (65%) responded at month 6. Somatuline Autogel was generally well tolerated.

INDICATIONS

Somatuline Autogel is indicated for the treatment of acromegaly when the circulating levels of growth hormone and IGF-1 remain abnormal after surgery and/or radiotherapy or in patients who are dopamine agonist treatment refractory.

Somatuline Autogel is also indicated for the treatment of symptoms of carcinoid syndrome associated with carcinoid tumours.
CONTRA-INDICATIONS
Somatuline Autogel should not be prescribed during lactation, nor in patients presenting with hypersensitivity to the peptide or related peptides or any of the excipients.

PRECAUTIONS
Pharmacological studies in animals and humans show that lanreotide, like somatostatin and its analogues, inhibit secretion of insulin and glucagon. Hence, patients treated with Somatuline Autogel may experience hypoglycaemia or hyperglycaemia. Blood glucose levels should be monitored when lanreotide treatment is initiated, or when the dose is altered, and treatment of diabetic patients should be accordingly adjusted. In insulin-dependent patients, insulin requirements may be reduced.

Slight decreases in thyroid function have been seen during treatment with lanreotide in acromegalic patients, though clinical hypothyroidism is rare. Thyroid function tests are recommended where clinically indicated.

Lanreotide may reduce gall bladder motility and therefore, gall bladder echography is advised at the start of treatment and every six months thereafter. If gallstones do occur, they are generally asymptomatic. Symptomatic stones should be treated as medically indicated.

In patients with carcinoid tumours, lanreotide must not be prescribed before excluding the presence of an obstructive intestinal tumour.

In patients with hepatic/renal dysfunction, kidney and liver function should be regularly monitored (see 'Use in Renal or Hepatic Impairment').

Lanreotide may lead to a decrease of heart rate without necessarily reaching the threshold of bradycardia in patients without an underlying cardiac problem. In patients suffering from cardiac disorders prior to lanreotide initiation, sinus bradycardia may occur and therefore heart rate should be monitored. Care should be taken when initiating treatment with lanreotide in patients with bradycardia.

Carcinogenicity/ Mutagenicity
Two-carcinogenicity studies were conducted by the subcutaneous route in mice and rats at doses up to 30 and 0.5 mg/kg/day respectively. Lanreotide did not increase tumour incidences at doses up to 5 mg/kg/day in male mice and 1.5 mg/kg/day in female mice (relative exposure based on animal:human serum AUC, ≤ 12) and at 0.1 mg/kg/day in rats (relative exposure, ≤ 1). Injection site tumours (fibroma, fibrosarcoma and/or malignant fibrous histiocytoma) were increased in incidence at higher doses (relative exposure, ≥ 18 in mice and ≥ 2 in rats). The development of these tumours is consistent with chronic irritation / inflammation in rodents from repeated injection and they are not considered to indicate a carcinogenic hazard to humans.

Genotoxicity
Lanreotide did not show mutagenic or clastogenic activity in a standard battery of in vitro and in vivo tests.
Use in Pregnancy (Category C)
This drug may produce fetal growth retardation in normal animals, probably due to the suppression of the growth hormone. Fertility studies in normal male and female rats showed that lanreotide decreased fertility index, increased pre-implantation loss and duration of gestation, and decreased the number of delivered pups in the F1 and F2 generations at a systemic exposure level approximately two times higher than in humans. No teratogenic effects were observed in rats or rabbits dosed subcutaneously with lanreotide at doses up to 2mg/kg/day. Systemic exposure at this dose level was not measured in rabbits, but in rats was about 14 times higher than that expected in humans. In rabbits, embryofetal survival was reduced at doses greater than 0.1 mg/kg/day.

Six pregnancies and one suspected pregnancy have been reported in patients who were being treated with lanreotide. Four pregnancies resulted in healthy full term infants. One acromegalic delivered prematurely due to maternal complications. One patient with acromegaly had a first trimester miscarriage. One additional patient with acromegaly had a suspected first trimester miscarriage. No causal effect has been established between lanreotide and these events.

Use In Lactation
It is not known whether lanreotide is excreted in the milk of animals or humans. A study in rats dosed with lanreotide during lactation showed transitory growth retardation of the offspring prior to weaning, and reduced performance of male offspring in a test of learning and memory. Lanreotide must not be administered to breast feeding women (see ‘Contra-indications’).

Use in renal or hepatic impairment
Subjects with severe renal impairment show an approximately two-fold decrease in total serum clearance of lanreotide, with a consequent increase in half-life and AUC. In subjects with moderate to severe hepatic impairment a reduction in clearance (30%) and an increase in volume of distribution and mean residence time are observed. In patients with hepatic/renal dysfunction, kidney and liver function should be regularly monitored. Due to the wide therapeutic window of lanreotide, it is not necessary to adjust the dose in these circumstances.

Use in the Elderly
Elderly subjects show an increase in half-life and mean residence time compared with healthy young subjects. Due to the wide therapeutic window of lanreotide, it is not necessary to adjust the dose in these circumstances.

Use in Children
As there is no experience of the use of the product in children, the use of Somatuline Autogel in children cannot be advised.

Interactions with Other Medicines
The gastrointestinal effects of Somatuline Autogel may reduce the intestinal absorption of co-administered drugs. As with other somatostatin analogues, Somatuline Autogel may reduce the intestinal absorption of cyclosporin A.

Concomitant administration of cyclosporine with lanreotide may decrease the relative bioavailability of cyclosporine and therefore may necessitate the adjustment of cyclosporine dose to maintain therapeutic levels.
Interactions with highly plasma bound drugs are unlikely in view of the moderate binding of lanreotide to serum proteins (78% mean serum binding).

Limited published data indicate that concomitant administration of somatostatin analogues and bromocriptine may increase the availability of bromocriptine.

Concomitant administration of bradycardia-inducing drugs (i.e. beta blockers) may have an additive effect on the slight reduction of heart rate associated with lanreotide. Dose adjustments of such concomitant medications may be necessary.

The limited published data available indicate that somatostatin analogues may decrease the metabolic clearance of compounds known to be metabolised by cytochrome P450 enzymes, which may be due to suppression of growth hormone. Since it cannot be excluded that lanreotide may have this effect, other drugs mainly metabolised by CYP3A4 and which have a low therapeutic index (e.g. quinidine, terfenadine) should therefore be used with caution.

Effect on Ability to Drive and Use Machines

While no effect on the ability to drive and use machines has been established, dizziness has been reported with lanreotide Autogel. If a patient is affected he/she should not drive or operate machinery.

ADVERSE EFFECTS

The adverse effects related to Somatuline Autogel during clinical trials are consistent with those seen with other prolonged release formulations of lanreotide, and are predominantly gastrointestinal. In clinical trials of Somatuline Autogel in acromegalic patients, up to 80% of patients experienced at least one adverse effect. More than 50% of these adverse effects were classified as gastrointestinal system disorders. The most commonly reported adverse effects are gastrointestinal disorders and cholelithiasis. The profile of undesirable effects is similar for other indications.

Undesirable effects reported by patients suffering from acromegaly and treated with Somatuline Autogel or the microparticle formulation Somatuline LA 30mg in clinical trials (almost 600 patients) are listed under the corresponding body organ systems according to the following classification: Very common > 10%; common > 1% to <10%; uncommon >0.1% to <1%.

General disorders
Common: Fatigue
Uncommon: Asthenia

Nervous system disorders
Common: Dizziness, headache

Cardiac disorders
Common: Sinus bradycardia

Skin and subcutaneous tissue disorders
Common: Alopecia, hypotrichosis

Metabolism and nutrition disorders
Common: Hypoglycaemia
Uncommon: Diabetes mellitus aggravated, hyperglycaemia
Gastrointestinal disorders
Very common: Diarrhoea or loose stools, abdominal pain
Common: Nausea, vomiting, dyspepsia, flatulence, abdominal distension, abdominal discomfort, constipation
Uncommon: Faeces coloured

Hepato-biliary system disorders
Very common: Cholelithiasis
Common: Biliary dilatation

Vascular Disorders
Uncommon: Hot flush

Psychiatric Disorders
Uncommon: Insomnia

Administration site conditions
Common: Injection site reaction (pain, mass, induration, nodule, pruritus)

Investigations
Common: ALT increased, AST abnormal, ALT abnormal, blood bilirubin increased, blood glucose increased, glycosylated haemoglobin increased, weight decreased.
Uncommon: AST increased, blood alkaline phosphatase increased, blood bilirubin abnormal, blood sodium decreased.

Post-marketing safety experience has not identified other relevant information other than occasional reports of pancreatitis. Rarely post-injection episodes of malaise with signs of dysautonomia were reported. Rare cases of persisting induration at injection site were reported.

DOSAGE AND ADMINISTRATION

Posology:

Acromegaly
In patients receiving a somatostatin analogue for the first time, the recommended starting dose is 60 mg of Somatuline Autogel administered every 28 days.

In patients previously treated with Somatuline LA once every 14 days, the initial dose of Somatuline Autogel should be 60 mg every 28 days; in patients previously treated with Somatuline LA once every 10 days, the initial dose of Somatuline Autogel should be 90 mg every 28 days, and in patients treated with Somatuline LA once every 7 days, the initial dose of Somatuline Autogel should be 120 mg every 28 days.

Thereafter, in all patients, the dosage strength (60 mg, 90 mg and 120 mg) should be individualised according to the response to treatment (as judged by a reduction in GH and/or IGF1 levels).

If the desired response is not obtained, the dose may be increased.

If complete control is obtained (based on GH levels under 1 µg/L, normalised IGF1 levels and/or disappearance of symptoms), the dose may be decreased.

Patients well controlled on lanreotide can be treated with Somatuline Autogel 120 mg every 42-56 days.

Long term monitoring of symptoms, GH and IGF1 levels should be undertaken as clinically indicated.
Carcinoid Tumours
The recommended starting dose is 60 to 120mg administered every 28 days. The dose should be adjusted according to the degree of symptomatic relief obtained.

Method of administration
Somatuline Autogel should be injected via the deep subcutaneous route in the superior external quadrant of the buttock by a healthcare professional. The deep subcutaneous injection should be given at varying places in the buttock.

For patients who are controlled on Somatuline Autogel, the product may be administered either by the patient or their carer, who both must be motivated and competent to perform the injection following appropriate training. In the case of self-injection, the injection should be given in the upper outer thigh.

The decision for administration of Somatuline Autogel by the trained patient / carer should be taken by a health professional. A monitoring system should be in place for such patients to ensure the maintenance of their disease control in the long term.

Regardless of the site of injection, the skin should not be folded and the needle should be inserted rapidly to its full length, perpendicularly to the skin. The injection site should be alternated between the right and left side.

Pharmaceutical Precautions
Do not use if the laminated pouch is damaged or opened.

Instructions for use/handling
The solution for injection in a pre-filled syringe is ready for use.

After opening the protective laminated pouch, the product should be administered immediately.

For use in one patient on one occasion only. Discard any residue. Contains no antimicrobial preservative.

NB: It is important that injection of this product is performed according to the instructions in the package leaflet.

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

OVERDOSE
Animal data do not predict any effects other than those on insulin and glucagon secretion and the gastrointestinal system. If overdosage occurs, symptomatic management is indicated. Contact the Poisons Advisory Centre on 131126 for advice on management.

One spontaneous report of an overdose of Somatuline LA was reported in a 52 year old patient, with a medical history of diabetes mellitus and hypertension, who had received as a result of drug misuse 30 mg lanreotide per day for 2 months. No acute symptoms or pharmacological signs of overdose were reported. The patient died of an acute myocardial infarction, one week after the last dose.
PRESENTATION & STORAGE
Somatuline Autogel is supplied in a pre-filled syringe (clear polypropylene), fitted with an automatic safety system, a needle (stainless steel), a plastic needle sheath and a plunger stopper (bromobutyl rubber). Each pre-filled syringe is packed in a laminated pouch and a cardboard box.

Box of one 0.5 mL pre-filled syringe with an automatic safety system and one needle (1.2 mm x 20 mm).

Storage:
Shelf-life: 2 years
Special precautions for storage: Store at 2°C - 8°C (Refrigerate. Do not freeze) in the original package.

MANUFACTURER
Ipsen Pharma Biotech
Parc d'Activités du Plateau de Signes
CD No. 402 83870 Signes FRANCE

AUSTRALIAN SPONSOR
Ipsen Pty Limited
Suite 6, 40 Montclair Avenue
Glen Waverley Victoria 3150

AUST R No:  Somatuline Autogel 60mg: 95260
            Somatuline Autogel 90mg: 95261
            Somatuline Autogel 120mg: 95262

Date of TGA approval: 18th June 2010
Date of most recent amendment: 8th October 2010