

HIGHLIGHTS OF PRESCRIBING INFORMATION

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

RECOTHROM™ Thrombin, topical (Recombinant) powder for solution

For Topical Use only

Initial U.S. Approval: 200X

INDICATIONS AND USAGE

As an aid to hemostasis whenever oozing blood and minor bleeding from capillaries and small venules is accessible and control of bleeding by standard surgical techniques is ineffective or impractical. May be used in conjunction with an absorbable gelatin sponge, USP.

DOSAGE AND ADMINISTRATION

- **For topical use only. DO NOT INJECT**
- Reconstitute **RECOTHROM** powder with sterile 0.9% sodium chloride injection, USP, yielding a solution containing 1000 IU/mL (2.1).
- Apply **RECOTHROM** solution directly to bleeding site surface or in conjunction with absorbable gelatin sponge. The amount required depends upon the area of tissue to be treated (2.1).

DOSAGE FORMS AND STRENGTHS

5000-IU vial of sterile powder for solution (3)

CONTRAINDICATIONS

- **Do not inject directly into the circulatory system.**
- **Do not use for the treatment of massive or brisk arterial bleeding.**
- Do not administer to patients with known hypersensitivity to **RECOTHROM**, any components of **RECOTHROM** or hamster proteins.

WARNINGS AND PRECAUTIONS

- **Potential risk of thrombosis if absorbed systemically.**
- In patients with known hypersensitivity to snake proteins, there may be a potential for allergic reaction.

ADVERSE REACTIONS

- Adverse events were reported with similar frequency in the two treatment groups. The most common adverse event reported was incision site complication (6.1).
- Treatment with **RECOTHROM** resulted in a statistically significantly lower incidence of specific anti-product antibody development. Three of 198 (1.5%, 95% CI; 0 to 4%) of the patients in the **RECOTHROM** arm developed specific anti-thrombin product antibodies (one patient also developed anti-CHO host cell protein antibodies). Forty-three of 200 subjects, (22%, 95% CI; 16 to 28%) in the bovine thrombin arm developed specific antibodies to bovine thrombin product. None of the antibodies in the **RECOTHROM** group neutralized native human thrombin (6.2). Antibodies against bovine thrombin product were not tested for neutralization of native human thrombin. Development of antibodies in **either** group did not lead to any adverse events such as excessive bleeding.
- Limited data (n=6) are available on repeat exposure to **RECOTHROM** (13.2).

To report SUSPECTED ADVERSE REACTIONS, contact ZymoGenetics, Inc. at 1-888-784-7662, or FDA at 1-800-FDA-1088 and www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Pediatric use has not been evaluated in clinical studies (8.4).
- Geriatric Use: No substantive differences in safety or effectiveness were observed between subjects 65 years old and over and younger subjects (8.5).

Issued: month 200X

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

RECOTHROM™ Thrombin, topical (Recombinant), is indicated as an aid to hemostasis whenever oozing blood and minor bleeding from capillaries and small venules is accessible and control of bleeding by standard surgical techniques is ineffective or impractical.

RECOTHROM may be used in conjunction with an absorbable gelatin sponge, USP.

2 DOSAGE AND ADMINISTRATION

For topical use only. DO NOT INJECT.

Apply on the surface of bleeding tissue only.

The volume of reconstituted RECOTHROM required will vary, depending on the size and number of bleeding sites to be treated and the method of application. The healthcare professional should determine the number of vials required to produce a sufficient volume of reconstituted product.

The following supplies are provided in each RECOTHROM package:

- One vial of RECOTHROM (5000 IU)
- One prefilled diluent syringe containing sterile 0.9% sodium chloride injection, USP (5 mL)
- One sterile, needle-free transfer device
- One sterile empty syringe (5 mL)

Inspect the integrity of the RECOTHROM package and contents. Do not use if the packaging or contents have been damaged or opened.

2.1 Reconstitution of RECOTHROM

The lyophilized powder is reconstituted, using the supplied diluent, in less than 1 minute at room temperature.

NOTE: Use aseptic technique when handling vials and syringes.

1. Remove flip-off plastic cap from the top of the RECOTHROM vial.
2. Insert the sharp end of the needle-free transfer device into the center of the vial stopper until it snaps onto the vial.
3. Attach the prefilled diluent syringe to the needle-free transfer device valve port.
4. Inject the 5 mL of diluent from the syringe into the product vial. Keep the syringe plunger depressed.
5. DO NOT re-use the diluent syringe for transfer of the reconstituted product. Remove and discard the diluent syringe.
6. Gently swirl the vial and invert the product vial until the powder is completely dissolved (avoid excessive agitation of the vial during reconstitution).
7. Attach the sterile empty syringe (provided) to the needle-free transfer device and draw up the volume of RECOTHROM solution required for application. Label the syringe "RECOTHROM - DO NOT INJECT"

2.2 Application Techniques

Typically apply RECOTHROM solution directly to bleeding site or in conjunction with absorbable gelatin sponge.

Use with Absorbable Gelatin Sponge

1. Refer to the absorbable gelatin sponge labeling for instructions on appropriate use.
2. Transfer solution from syringe to a sterile bowl or basin.
3. Place the desired size pieces of the absorbable gelatin sponge into the bowl containing reconstituted RECOTHROM to completely saturate the sponge(s).
4. Remove the saturated sponge(s) and squeeze gently to remove excess RECOTHROM.
5. Apply the sponge to the bleeding site in a single layer.

The amount of RECOTHROM required depends upon the area of tissue to be treated and the method of application.

Vials are for single use only. Discard unused contents.

3 DOSAGE FORMS AND STRENGTHS

A 5000-IU vial of RECOTHROM powder, when reconstituted with 5 mL of sterile 0.9% sodium chloride, USP, from the supplied prefilled syringe yields a solution containing 1000 IU/mL of Thrombin, topical (Recombinant), for clinical use.

4 CONTRAINDICATIONS

Do not inject directly into the circulatory system.

Do not use for the treatment of massive or brisk arterial bleeding.

Do not administer to patients with known hypersensitivity to RECOTHROM or any components of RECOTHROM.

Do not use in patients with known hypersensitivity to hamster proteins.

5 WARNINGS AND PRECAUTIONS

Potential risk of thrombosis if absorbed systemically.

In patients with known hypersensitivity to snake proteins, there may be a potential for allergic reaction.

6 ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug product cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

6.1 Clinical Trials Experience

No specific adverse events have been established as adverse reactions causally related to RECOTHROM administration.

Among the 411 subjects treated with study drug in the Phase 3 study, all but 2 subjects (1 subject/treatment group) reported adverse events.¹ Most events were moderate in severity and had a similar incidence in the RECOTHROM and bovine thrombin treatment groups. The most common adverse events were incision site complication (63% for both treatment groups), procedural pain (RECOTHROM 29%; bovine thrombin 34%), and nausea (RECOTHROM 28%; bovine thrombin 35%). Serious adverse events were reported by 18% of subjects treated with RECOTHROM and 22% with bovine thrombin.

Adverse events of interest were pre-specified, based on the thrombin mechanism of action, use of absorbable gelatin sponge, USP, historical reporting in association with cross-reacting antibodies to bovine thrombin product, and results from RECOTHROM Phase 2 clinical trials. The incidences of these pre-specified events were similar between treatment groups (see Table 1).

Table 1. Events of Interest in the RECOTHROM Phase 3 Study

AE Category ¹	RECOTHROM (N=205) n (%)	Thrombin-JMI ² (N=206) n (%)
Subjects with any event category	124 (60%)	136 (66%)
Bleeding	27 (13%)	24 (12%)
Cardiac	41 (20%)	38 (18%)
Hypersensitivity	30 (15%)	37 (18%)
Nausea + vomiting	68 (33%)	83 (40%)
Other infection	26 (13%)	31 (15%)
Post-operative wound infection	19 (9%)	22 (11%)
Thromboembolic	12 (6%)	10 (5%)

¹ Adverse events were included in event categories based on a blinded review of the investigator verbatim and coded terms.

² THROMBIN-JMI[®] Thrombin, Topical (Bovine)

6.2 Immunogenicity

The development of anti-product antibodies, a pre-specified study endpoint, was monitored in an adequate and well-controlled Phase 3 clinical trial.¹ Blood samples were collected at baseline and at day 29 for 97% of the subjects in both treatment groups. For subjects randomized to Thrombin, topical (Recombinant), the samples were analyzed by ELISA for antibodies to RECOTHROM, Chinese hamster ovary (CHO) host cell protein, and pro-thrombin activator (used in the conversion of single chain precursor to active RECOTHROM). For subjects randomized to bovine thrombin, the samples were analyzed by ELISA for antibodies to bovine thrombin product.

Treatment with RECOTHROM resulted in a statistically significantly lower incidence of specific anti-product antibody development. Three of 198 (1.5%, 95% CI; 0 to 4%) of the patients in the RECOTHROM arm developed specific anti-thrombin product antibodies (1 patient also developed anti-CHO host cell protein antibodies). No subjects developed antibodies to pro-thrombin activator.

Forty-three of 200 subjects (22%, 95% CI; 16 to 28%) in the bovine thrombin arm developed specific antibodies to bovine thrombin product. None of the antibodies in the RECOTHROM group neutralized native human thrombin. Antibodies against bovine thrombin product were not tested for neutralization of native human thrombin. Development of antibodies in **either** group did not lead to any adverse events such as excessive bleeding.

At baseline in the Phase 3 study, 1.5% of subjects (n=3/198) in the RECOTHROM group had positive anti-product antibody titers compared with 5% of subjects in the bovine thrombin group (n=10/200). Of the subjects who had detectable anti-product antibodies at baseline, 0 of 3 in the RECOTHROM group and 8 of 10 in the bovine thrombin group exhibited ≥ 1.0 titer unit (≥ 10 -fold) increases in antibody levels after study treatment.

In Phase 2 studies, incidence of antibody development following treatment with RECOTHROM was 1.2% (95% CI, 0% to 6.5%) compared to 2.4% (95% CI, 0.1% to 12.9%) for placebo.

The detection of antibody formation is highly dependent upon the sensitivity and specificity of the assay. The absolute immunogenicity rates reported here are difficult to compare with results from studies of other products due to differences in assay methodology, patient populations, and other underlying factors.

Limited data (n=6) are currently available on repeat exposure to RECOTHROM [*see NONCLINICAL TOXICOLOGY (13.2)*].

7 DRUG INTERACTIONS

Drug interactions have not been formally studied.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C. Animal reproduction studies have not been conducted with RECOTHROM. It is also not known whether RECOTHROM can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. RECOTHROM should be given to a pregnant woman only if clearly needed.

8.4 Pediatric Use

Safety and effectiveness of RECOTHROM in pediatric patients have not been established.

8.5 Geriatric Use

Of the total number of subjects in clinical studies of RECOTHROM, 38% were 65 years old and over, while 16% were 75 years old and over.

No substantive differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

11 DESCRIPTION

RECOTHROM Thrombin, topical (Recombinant), is a coagulation protein produced via recombinant DNA technology from a genetically modified CHO cell line. RECOTHROM is identical in amino acid sequence and structurally similar to naturally occurring human thrombin. RECOTHROM precursor is secreted to culture medium as single chain form that is proteolytically converted to a two-chain active form and is purified by a chromatographic process that yields a high-purity product having hemostatic activities similar to native human thrombin. The cell line used to manufacture RECOTHROM has been extensively tested and shown to be free of known infectious agents. The cell culture process used in the manufacture of RECOTHROM employs no additives of human or animal origin. The purification process includes solvent-detergent treatment and nano-filtration steps dedicated to viral clearance.

RECOTHROM is provided as a sterile, white to off-white, preservative-free, lyophilized powder in vials for reconstitution with diluent (sterile 0.9% sodium chloride, USP). RECOTHROM is available in a 5-mL vial containing 5000 IU of recombinant thrombin with a 5-mL prefilled syringe containing sterile 0.9% sodium chloride injection, USP. Reconstitution with the provided diluent yields a solution with a pH of 6.0 containing 1000 IU/mL of active recombinant thrombin for topical use. The formulated product is a clear, colorless solution upon reconstitution and contains the following excipients: histidine, mannitol, sucrose, polyethylene glycol 3350, sodium chloride, and calcium chloride dihydrate, USP.

12 CLINICAL PHARMACOLOGY

RECOTHROM Thrombin, topical (Recombinant), is a highly specific serine protease that promotes hemostasis and acts locally when applied topically to a site of bleeding [*see NONCLINICAL TOXICOLOGY (13.3)*]. RECOTHROM efficiently activates platelets and catalyzes the conversion of fibrinogen to fibrin, which are steps that are essential for blood clot formation.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies to evaluate the carcinogenic potential of RECOTHROM have not been performed. The in vitro mutagenic potential of RECOTHROM has not been evaluated. In vitro cytotoxicity studies have been performed in mouse L929 fibroblast cell cultures and demonstrate a concentration dependent effect on cell morphology. The thrombin induced morphological changes were similar to those seen with bovine thrombin. The effect of RECOTHROM on fertility has not been characterized.

13.2 Animal Toxicology and/or Pharmacology

RECOTHROM was found to be well tolerated with minimal immunogenicity in nonhuman primates when applied directly to a liver wound with an absorbable gelatin sponge, USP. RECOTHROM was also well tolerated and minimally immunogenic when administered subcutaneously once weekly for 4 weeks to nonhuman primates following repeat doses of 5405 U/m². RECOTHROM was found to be non-irritating when instilled in the eyes (200 U) or applied to normal or abraded skin of rabbits (up to 1000 U/site).

13.3 Pharmacology

To evaluate RECOTHROM inhibition and clearance from the bloodstream, radiolabeled RECOTHROM was administered intravenously or subcutaneously to non-human primates and applied as with an absorbable gelatin sponge, USP, in a rabbit hepatic wound model. RECOTHROM did not circulate in the blood as free, active molecule, but was rapidly inactivated (<5 minutes) after formation of complexes with endogenous inhibitors (e.g., antithrombin III); these complexes were cleared by the liver.

RECOTHROM applied with an absorbable gelatin sponge, USP, was shown to significantly decrease time to hemostasis (TTH) when compared to saline in a rabbit hepatic wound model and rat heminephrectomy model. RECOTHROM significantly reduced TTH when directly applied in a porcine partial-thickness excisional skin-wound model as compared to saline control (or no treatment).

14 CLINICAL STUDIES

14.1 Study Design and Objectives

RECOTHROM was evaluated in a Phase 3 study conducted in 411 subjects undergoing surgery in 1 of 4 surgical settings: spinal surgery, hepatic resection, peripheral arterial bypass surgery, and arteriovenous graft formation for hemodialysis access. The study was a multiple-site, randomized, double-blind, controlled evaluation of RECOTHROM compared to bovine thrombin, each at a nominal concentration of 1000 U/mL topically applied to bleeding sites with an absorbable gelatin sponge.¹

A heterogeneous surgical population was enrolled in the Phase 3 study with no comorbidity exclusions except for prior heparin-induced thrombocytopenia. Subject ages ranged from 21 to 89 years, gender was 53% male and 47% female, and the distribution by race was 68% white, 18% black or African American, and 14% other. The distribution of these characteristics was similar in both the RECOTHROM and bovine thrombin treatment groups.

The objectives of the study were to evaluate the comparative efficacy, safety, and immunogenicity of RECOTHROM and bovine thrombin in combination with an absorbable gelatin sponge as adjuncts to hemostasis in surgery. Efficacy was evaluated by the incidence of hemostasis within 10 minutes. Bleeding appropriate for evaluation was defined as mild to moderate bleeding, either on its own or remaining after brisk bleeding was controlled by standard surgical modalities. Although multiple bleeding sites could be treated, only 1 bleeding site per subject was used to determine primary effectiveness (the proximal anastomosis for peripheral arterial bypass surgery and the arterial anastomosis for arteriovenous graft formation).

14.2 Clinical Study Results

The Phase 3 study included 411 subjects undergoing spinal surgery (n=122, 30%), hepatic surgery (n=125, 30%), peripheral arterial bypass surgery (n=88, 21%), and arteriovenous graft formation (n=76, 18%). Table 2 summarizes the incidence of hemostasis within 10 minutes for each treatment for the 401 efficacy evaluable subjects. Ten subjects were not included in the primary efficacy evaluation because they were not treated at 1 of 4 primary bleeding site types. Overall, the incidence of hemostasis within 10 minutes was 95.4% for subjects in the RECOTHROM group and 95.1% for subjects in the comparator group. This represents a 0.3% (95% CI, -3.7% to 4.4%) difference in subjects receiving RECOTHROM compared to those receiving bovine thrombin, demonstrating that the 2 treatments have comparable efficacy.

Table 2. Hemostasis Within 10 Minutes¹

	RECOTHROM (N=198) (%)	Thrombin-JMI² (N=203) (%)
Overall	95.4%	95.1%
Spinal surgery	98.4%	98.4%
Hepatic resection	98.4%	96.8%
Peripheral arterial bypass	85.0%	85.7%
Arteriovenous graft formation	97.1%	97.3%

¹ The primary efficacy analysis evaluated incidence of hemostasis at ≤10 minutes for subjects treated at 1 of 4 primary TTH bleeding site types: epidural venous plexus, hepatic resection site, peripheral arterial bypass proximal anastomosis, and arteriovenous graft arterial anastomosis (401 efficacy evaluable subjects).

² THROMBIN-JMI[®] Thrombin, Topical (Bovine)

The percentage of subjects achieving hemostasis at 1.5, 3, 6, and 10 minutes is listed in Table 3.

Table 3. Cumulative Incidence of Hemostasis Over Time^{1, 2}

Time (Minutes)	RECOTHROM (N=198) n (%)	Thrombin-JMI³ (N=203) n (%)
1.5	95 (48%)	93 (46%)
3	160 (81%)	146 (72%)
6	183 (92%)	178 (88%)
10	189 (95%)	193 (95%)

¹ Includes 401 efficacy evaluable subjects.

² Percentages are rounded to whole numbers.

³ THROMBIN-JMI[®] Thrombin, Topical (Bovine)

Minor differences in health outcomes through day 29 including: duration of surgical procedure, length of hospital stay, use of alternative topical hemostatic agents at TTH evaluation sites, use of blood products including red blood cells, and re-operation, did not raise concerns.

15 REFERENCES

1. Chapman WC, Singla N, Genyk Y, McNeil JW, Renkens Jr KL, Reynolds TC, Murphy A, Weaver FA. A Phase 3, Randomized, Double-Blind Comparative Study of the Efficacy and Safety of Topical Recombinant Human Thrombin and Bovine Thrombin in Surgical Hemostasis. *J Am Coll Surg* 2007;205:256–265.

16 HOW SUPPLIED/STORAGE AND HANDLING

RECOTHROM Thrombin, topical (Recombinant), is supplied in single-use, preservative-free vials in the following package:

NDC 28400-105-41 A 5000-IU vial of RECOTHROM with a 5-mL prefilled diluent syringe (containing sterile 0.9% sodium chloride injection, USP), a sterile needle-free transfer device, and a 5-mL sterile empty syringe.

Store RECOTHROM sterile powder vials at 2 °C to 25 °C (36 °F to 77 °F).

Reconstituted solutions of RECOTHROM prepared with sterile 0.9% sodium chloride injection, USP, may be stored for up to 24 hours at 2 °C to 25 °C (36 °F to 77 °F). Discard reconstituted solution after 24 hours.

Manufactured for ZymoGenetics Inc., 1201 Eastlake Avenue East, Seattle, WA 98102

U.S. License No. 1758

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RECOTHROM Thrombin, topical (Recombinant), is covered by 1 or more of the following U.S. patents:

U.S. Pat. No. 5,476,777, U.S. Pat. No. 5,502,034, U.S. Pat. No. 5,527,692

Other U.S. patents pending

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