

## **INDICATIONS AND IMPORTANT SAFETY INFORMATION**

### **INDICATIONS**

POSFREA™ is indicated in adults for prevention of:

- acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).
- acute nausea and vomiting associated with initial and repeat courses highly emetogenic cancer chemotherapy (HEC).
- postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated.

As with other antiemetics, routine prophylaxis is not recommended in patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and vomiting must be avoided during the postoperative period, POSFREA is recommended even where the incidence of postoperative nausea and/or vomiting is low.

POSFREA is indicated in pediatric patients 1 month to less than 17 years of age for prevention of:

- acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.

### **IMPORTANT SAFETY INFORMATION**

#### **CONTRAINDICATIONS**

POSFREA is contraindicated in patients known to have hypersensitivity to palonosetron or any of its components.

#### **WARNINGS AND PRECAUTIONS**

##### **Hypersensitivity Reactions**

Hypersensitivity reactions, including anaphylaxis and anaphylactic shock, have been reported with administration of palonosetron. These reactions occurred in patients with or without known hypersensitivity to other 5-HT<sub>3</sub> receptor antagonists. If hypersensitivity reactions occur, discontinue POSFREA and initiate appropriate medical treatment. Do not reinitiate POSFREA in patients who have previously experienced symptoms of hypersensitivity.

##### **Serotonin Syndrome**

The development of serotonin syndrome has been reported with 5-HT<sub>3</sub> receptor antagonists. Most reports have been associated with concomitant use of serotonergic drugs (e.g., selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors, mirtazapine, fentanyl, lithium, tramadol, and intravenous methylene blue). Some of the reported cases were fatal. Serotonin syndrome occurring with overdose of another 5-HT<sub>3</sub> receptor antagonist alone has also been reported. The majority of reports of serotonin syndrome related to 5-HT<sub>3</sub> receptor antagonist use occurred in a post-anesthesia care unit or an infusion center.

Symptoms associated with serotonin syndrome may include the following combination of signs and symptoms: mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, with or without gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). Patients should be monitored for the emergence of serotonin syndrome, especially with concomitant use of POSFREA and other serotonergic drugs. If symptoms of serotonin syndrome occur, discontinue POSFREA and initiate supportive treatment. Patients should be informed of the increased risk of serotonin syndrome, especially if POSFREA is used concomitantly with other serotonergic drugs.

## **ADVERSE REACTIONS**

Most common adverse reactions in

- chemotherapy-induced nausea and vomiting in adults ( $\geq 5\%$ ) are: headache and constipation.
- postoperative nausea and vomiting ( $\geq 2\%$ ) are: QT prolongation, bradycardia, headache, and constipation.

## **DRUG INTERACTIONS**

**Serotonergic Drugs:** Serotonin syndrome (including altered mental status, autonomic instability, and neuromuscular symptoms) has been described following the concomitant use of 5-HT<sub>3</sub> receptor antagonists and other serotonergic drugs, including selective serotonin reuptake inhibitors (SSRIs) and serotonin and noradrenaline reuptake inhibitors (SNRIs). Monitor for the emergence of serotonin syndrome. If symptoms occur, discontinue POSFREA and initiate supportive treatment.

## **USE IN SPECIFIC POPULATIONS**

### **Pediatric Use:**

**Chemotherapy-Induced Nausea and Vomiting (CINV):** Safety and effectiveness of POSFREA have been established in pediatric patients aged 1 month to less than 17 years for the prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including HEC.

**Postoperative Nausea and Vomiting (PONV):** Safety and effectiveness have not been established in pediatric patients for PONV.

## **OVERDOSAGE**

There is no known antidote to palonosetron. Overdose should be managed with supportive care.

**Please see full Prescribing Information of POSFREA.**

**To report SUSPECTED ADVERSE REACTIONS, contact Avyxa Pharma, LLC at 1-888-520-0954 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch)**