

HIGHLIGHTS OF PRESCRIBING INFORMATION

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

BELRAPZO® (bendamustine hydrochloride injection), for intravenous use.

Initial U.S. Approval: 2008

RECENT MAJOR CHANGES

Dosage and Administration (2.3)	10/2021
Warnings and Precautions (5.3)	10/2021
Warnings and Precautions (5.8)	10/2021

INDICATIONS AND USAGE

BELRAPZO is an alkylating drug indicated for treatment of patients with:

- Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. (1.1)
- Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen. (1.2)

DOSAGE AND ADMINISTRATION

For CLL:

- 100 mg/m² infused intravenously over 30 minutes on Days 1 and 2 of a 28-day cycle, up to 6 cycles. (2.1)

For NHL:

- 120 mg/m² infused intravenously over 60 minutes on Days 1 and 2 of a 21-day cycle, up to 8 cycles. (2.2)

DOSAGE FORMS AND STRENGTHS

Injection: 100 mg/4mL (25 mg/mL) in a multiple-dose vial. (3)

CONTRAINDICATIONS

BELRAPZO is contraindicated in patients with a history of a hypersensitivity reaction to bendamustine, polyethylene glycol 400, propylene glycol, or monoethanolglycerol. Reactions to bendamustine hydrochloride have included anaphylaxis and anaphylactoid reactions. (4, 5.4)

WARNINGS AND PRECAUTIONS

- Myelosuppression: Delay or reduce dose, and restart treatment based on ANC and platelet count recovery. (5.1)
- Infections: Monitor for fever and other signs of infection or reactivation of infections and treat promptly. (5.2)
- Progressive multifocal leukoencephalopathy (PML): Monitor for new or worsening neurological, cognitive or behavioral signs or symptoms suggestive of PML. (5.3)

- Anaphylaxis and Infusion Reactions: Severe anaphylactic reactions have occurred. Monitor clinically and discontinue drug for severe reactions. Pre-medicate in subsequent cycles for milder reactions. (5.4)
- Tumor Lysis Syndrome: May lead to acute renal failure and death; anticipate and use supportive measures in patients at high risk. (5.5)
- Skin Reactions: Discontinue for severe skin reactions. Cases of SJS, DRESS and TEN, some fatal, have been reported. (5.6)
- Hepatotoxicity: Monitor liver chemistry tests prior to and during treatment. (5.7)
- Other Malignancies: Pre-malignant and malignant diseases have been reported. (5.8)
- Extravasation Injury: Take precautions to avoid extravasation, including monitoring intravenous infusion site during and after administration. (5.9)
- Embryo-fetal toxicity: Can cause fetal harm. Advise females of reproductive potential and males with female partners of reproductive potential of the potential risk to a fetus and to use an effective method of contraception. (5.10, 8.1)

ADVERSE REACTIONS

- Adverse reactions (frequency >5%) during infusion and within 24 hours post-infusion are nausea and fatigue. (6.1)
- Most common adverse reactions (≥15%) for CLL are anemia, thrombocytopenia, neutropenia, lymphopenia, leukopenia, hyperbilirubinemia, pyrexia, nausea, vomiting. (6.1)
- Most common adverse reactions (≥15%) for NHL are lymphopenia, leukopenia, anemia, neutropenia, thrombocytopenia, nausea, fatigue, vomiting, diarrhea, pyrexia, constipation, anorexia, cough, headache, weight decreased, dyspnea, rash, and stomatitis. (6.1.1)

To report SUSPECTED ADVERSE REACTIONS, contact Eagle Pharmaceuticals, Inc. at 1-855-318-2170 or FDA at 1-800-FDA-1088 or <http://www.fda.gov/medwatch>

DRUG INTERACTIONS

Consider alternative therapies that are not CYP1A2 inducers or inhibitors during treatment with BELRAPZO (7.1)

USE IN SPECIFIC POPULATIONS

- Lactation: Advise not to breastfeed. (8.2)
- Infertility: May impair fertility. (8.3)
- Renal Impairment: Do not use in patients with creatinine clearance < 30 mL/min. (8.6)
- Hepatic Impairment: Do not use in patients with total bilirubin 1.5-3 x ULN and AST or ALT 2.5-10 x ULN, or total bilirubin > 3 x ULN. (8.7)

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Revised: 10/2021

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Chronic Lymphocytic Leukemia (CLL)

BELRAPZO is indicated for the treatment of patients with chronic lymphocytic leukemia. Efficacy relative to first line therapies other than chlorambucil has not been established.

1.2 Non-Hodgkin Lymphoma (NHL)

BELRAPZO is indicated for the treatment of patients with indolent B-cell non-Hodgkin lymphoma that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.

2 DOSAGE AND ADMINISTRATION

2.1 Dosing Instructions for CLL

Recommended Dosage:

The recommended dosage is 100 mg/m² administered intravenously over 30 minutes on Days 1 and 2 of a 28-day cycle, up to 6 cycles.

Dose Delays, Dosage Modifications and Reinitiation of Therapy for CLL:

Delay BELRAPZO administration in the event of Grade 4 hematologic toxicity or clinically significant Grade 2 or greater non-hematologic toxicity. Once non-hematologic toxicity has recovered to less than or equal to Grade 1 and/or the blood counts have improved [Absolute Neutrophil Count (ANC) $\geq 1 \times 10^9/L$, platelets $\geq 75 \times 10^9/L$], reinitiate BELRAPZO at the discretion of the treating physician. In addition, consider dose reduction. [see [Warnings and Precautions \(5.1\)](#)]

Dosage modifications for hematologic toxicity: for Grade 3 or greater toxicity, reduce the dose to 50 mg/m² on Days 1 and 2 of each cycle; if Grade 3 or greater toxicity recurs, reduce the dose to 25 mg/m² on Days 1 and 2 of each cycle.

Dosage modifications for non-hematologic toxicity: for clinically significant Grade 3 or greater toxicity, reduce the dose to 50 mg/m² on Days 1 and 2 of each cycle.

Consider dosage re-escalation in subsequent cycles at the discretion of the treating physician.

2.2 Dosing Instructions for NHL

Recommended Dosage:

The recommended dosage is 120 mg/m² administered intravenously over 60 minutes on Days 1 and 2 of a 21-day cycle, up to 8 cycles.

Dose Delays, Dosage Modifications and Reinitiation of Therapy for NHL:

Delay BELRAPZO administration in the event of a Grade 4 hematologic toxicity or clinically significant greater or equal to Grade 2 non-hematologic toxicity. Once non-hematologic toxicity has recovered to \leq Grade 1 and/or the blood counts have improved [Absolute Neutrophil Count (ANC) $\geq 1 \times 10^9/L$, platelets $\geq 75 \times 10^9/L$], reinitiate BELRAPZO at the discretion of the treating physician. In addition, consider dose reduction. [see [Warnings and Precautions \(5.1\)](#)]

Dosage modifications for hematologic toxicity: for Grade 4 toxicity, reduce the dose to 90 mg/m² on Days 1 and 2 of each cycle; if Grade 4 toxicity recurs, reduce the dose to 60 mg/m² on Days 1 and 2 of each cycle.

Dosage modifications for non-hematologic toxicity: for Grade 3 or greater toxicity, reduce the dose to 90 mg/m² on Days 1 and 2 of each cycle; if Grade 3 or greater toxicity recurs, reduce the dose to 60 mg/m² on Days 1 and 2 of each cycle.

2.3 Preparation for Intravenous Administration

BELRAPZO is a hazardous drug. Follow applicable special handling and disposal procedures.¹

BELRAPZO is in a multiple-dose vial. BELRAPZO is a clear and colorless to yellow solution. Store BELRAPZO at recommended refrigerated storage conditions (2° to 8°C or 36° to 46°F). When refrigerated the contents may freeze. Allow the vial to reach room temperature (15° to 30°C or 59° to 86°F) prior to use. Observe the contents of the vial for any visible solid or particulate matter. Do not use the product if solid or particulate matter is observed after reaching room temperature.

Intravenous Infusion

Aseptically withdraw the volume needed for the required dose from the 25 mg/mL solution as per Table A below and immediately transfer to a 500 mL infusion bag of one of the following diluents:

- 0.9% Sodium Chloride Injection, USP; or
- 2.5% Dextrose/0.45% Sodium Chloride Injection, USP.

The resulting final concentration of bendamustine HCl in the infusion bag should be within 0.05 to 0.7 mg/mL. After transferring, thoroughly mix the contents of the infusion bag. The admixture should be a clear and colorless to slightly yellow solution.

Use either 0.9% Sodium Chloride Injection, USP, or 2.5% Dextrose/0.45% Sodium Chloride Injection, USP, for dilution, as outlined above. No other diluents have been shown to be compatible.

Table A: Volume (mL) of BELRAPZO required for dilution into 500 mL of 0.9% Saline, or 0.45% Saline/2.5% Dextrose for a given dose (mg/m²) and Body Surface Area (m²)

Body Surface Area (m ²)	Volume of BELRAPZO to withdraw (mL)					
	120 mg/m ²	100 mg/m ²	90 mg/m ²	60 mg/m ²	50 mg/m ²	25 mg/m ²
1	4.8	4	3.6	2.4	2	1
1.1	5.3	4.4	4	2.6	2.2	1.1
1.2	5.8	4.8	4.3	2.9	2.4	1.2
1.3	6.2	5.2	4.7	3.1	2.6	1.3
1.4	6.7	5.6	5	3.4	2.8	1.4
1.5	7.2	6	5.4	3.6	3	1.5
1.6	7.7	6.4	5.8	3.8	3.2	1.6
1.7	8.2	6.8	6.1	4.1	3.4	1.7

Body Surface Area (m ²)	Volume of BELRAPZO to withdraw (mL)					
	120 mg/m ²	100 mg/m ²	90 mg/m ²	60 mg/m ²	50 mg/m ²	25 mg/m ²
1.8	8.6	7.2	6.5	4.3	3.6	1.8
1.9	9.1	7.6	6.8	4.6	3.8	1.9
2	9.6	8	7.2	4.8	4	2
2.1	10.1	8.4	7.6	5	4.2	2.1
2.2	10.6	8.8	7.9	5.3	4.4	2.2
2.3	11	9.2	8.3	5.5	4.6	2.3
2.4	11.5	9.6	8.6	5.8	4.8	2.4
2.5	12	10	9	6	5	2.5
2.6	12.5	10.4	9.4	6.2	5.2	2.6
2.7	13	10.8	9.7	6.5	5.4	2.7
2.8	13.4	11.2	10.1	6.7	5.6	2.8
2.9	13.9	11.6	10.4	7	5.8	2.9
3	14.4	12	10.8	7.2	6	3

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. Any unused solution should be discarded according to institutional procedures for antineoplastics.

2.4 Admixture Stability

BELRAPZO contains no antimicrobial preservative. The admixture should be prepared as close as possible to the time of patient administration.

If diluted with 0.9% Sodium Chloride Injection, USP, or 2.5% Dextrose/0.45% Sodium Chloride Injection, USP, the final admixture is stable for 24 hours when stored refrigerated (2°C to 8°C or 36°F to 46°F) or for 3 hours when stored at room temperature (15°C to 30°C or 59°F to 86°F) and room light. Administration of diluted BELRAPZO must be completed within this period of time.

BELRAPZO (bendamustine hydrochloride injection) is supplied in a multiple-dose vial. Retain the partially used vial in original package to protect from light and store refrigerated (2°C to 8°C or 36°F to 46°F) if additional dose withdrawal from the same vial is intended.

2.5 Stability of Partially Used Vials (Needle Punched Vials)

BELRAPZO is supplied as a multiple-dose vial. Although it does not contain any antimicrobial preservative, BELRAPZO is bacteriostatic. The partially used vials are stable for up to 28 days when stored in its original carton under refrigeration (2°C to 8°C or 36°F to 46°F). Each vial is not recommended for more than a total of six (6) dose withdrawals.

After first use, store the partially used vial in original carton at 2°C to 8°C (36°F to 46°F), and then discard after 28 days.

3 DOSAGE FORMS AND STRENGTHS

Injection: 100 mg/4 mL (25 mg/mL) as a clear and colorless to yellow ready-to dilute solution in a multiple-dose vial.

4 CONTRAINDICATIONS

BELRAPZO is contraindicated in patients with a known hypersensitivity (e.g., anaphylactic and anaphylactoid reactions) to bendamustine, polyethylene glycol 400, propylene glycol, or monothioglycerol. [see *Warnings and Precautions* (5.4)]

5 WARNINGS AND PRECAUTIONS

5.1 Myelosuppression

Bendamustine hydrochloride caused severe myelosuppression (Grade 3-4) in 98% of patients in the two NHL studies [see *Adverse Reactions* (6.1)] Three patients (2%) died from myelosuppression-related adverse reactions; one each from neutropenic sepsis, diffuse alveolar hemorrhage with Grade 3 thrombocytopenia, and pneumonia from an opportunistic infection (CMV).

BELRAPZO causes myelosuppression. Monitor complete blood counts, including leukocytes, platelets, hemoglobin (Hgb), and neutrophils frequently. In the clinical trials, blood counts were monitored every week initially. Hematologic nadirs were observed predominantly in the third week of therapy. Myelosuppression may require dose delays and/or subsequent dose reductions if recovery to the recommended values has not occurred by the first day of the next scheduled cycle. Prior to the initiation of the next cycle of therapy, the ANC should be $\geq 1 \times 10^9/L$ and the platelet count should be $\geq 75 \times 10^9/L$. [see *Dosage and Administration* (2.1) and (2.2)]

5.2 Infections

Infection, including pneumonia, sepsis, septic shock, hepatitis and death has occurred in adult and pediatric patients in clinical trials and in postmarketing reports for bendamustine hydrochloride [see *Adverse Reactions* (6.1)]. Patients with myelosuppression following treatment with bendamustine hydrochloride are more susceptible to infections. Advise patients with myelosuppression following BELRAPZO treatment to contact a physician immediately if they have symptoms or signs of infection.

Patients treated with BELRAPZO are at risk for reactivation of infections including (but not limited to) hepatitis B, cytomegalovirus, Mycobacterium tuberculosis, and herpes zoster. Patients should undergo appropriate measures (including clinical and laboratory monitoring, prophylaxis, and treatment) for infection and infection reactivation prior to administration.

5.3 Progressive Multifocal Leukoencephalopathy (PML)

Progressive multifocal leukoencephalopathy (PML), including fatal cases, have occurred following treatment with bendamustine, primarily in combination with rituximab or obinutuzumab [see *Adverse Reactions* (6.2)]. Consider PML in the differential diagnosis in patients with new or worsening neurological, cognitive or behavioral signs or symptoms. If PML is suspected, withhold BELRAPZO treatment and perform appropriate diagnostic evaluations. Consider discontinuation or reduction of any concomitant chemotherapy or immunosuppressive therapy in patients who develop PML.

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