

ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Xevudy 500 mg concentrate for solution for infusion

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vial contains 500 mg of sotrovimab in 8 mL (62.5 mg/mL).

Sotrovimab is a monoclonal antibody (IgG1, kappa) produced in Chinese Hamster Ovary (CHO) cells by recombinant DNA technology.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Concentrate for solution for infusion (sterile concentrate)

A clear, colourless or yellow to brown solution, free from visible particles, with a pH of approximately 6 and an osmolality of approximately 290 mOsm/kg.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Xevudy is indicated for the treatment of adults and adolescents (aged 12 years and over and weighing at least 40 kg) with coronavirus disease 2019 (COVID-19) who do not require oxygen supplementation and who are at increased risk of progressing to severe COVID-19 (see section 5.1).

4.2 Posology and method of administration

Xevudy should be administered in healthcare facilities in which patients can be monitored during and for at least one hour after administration (see section 4.4).

It is recommended that Xevudy is administered within 5 days of onset of symptoms of COVID-19 (see section 5.1).

Posology

Adults and adolescents (from 12 years and 40 kg body weight)

The recommended dose is a single 500 mg intravenous infusion administered following dilution (see sections 4.4 and 6.6).

Special populations

Elderly

No dose adjustment is required in elderly patients (see section 5.2).

Renal impairment

No dose adjustment is required in patients with renal impairment (see section 5.2).

Hepatic impairment

No dose adjustment is required in patients with hepatic impairment (see section 5.2).

Paediatric population

The safety and efficacy of Xevudy in children under 12 years old or weighing less than 40 kg have not yet been established (see section 5.2). No data are available.

Method of administration

For intravenous use.

This medicinal product must be diluted prior to administration.

Once diluted, it is recommended that the solution is administered over 30 minutes with a 0.2-µm in-line filter.

Xevudy must not be administered as an intravenous push or bolus injection.

For instructions on dilution of the medicinal product, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Hypersensitivity reactions including anaphylaxis

Hypersensitivity reactions, including anaphylaxis, have been reported with administration of sotrovimab (see section 4.8). If signs or symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, administration should be discontinued immediately and appropriate medications and/or supportive care should be given.

Infusion-related reactions

Infusion-related reactions (IRRs) have been observed with intravenous administration of monoclonal antibodies (see section 4.8). These reactions may be severe or life threatening. If an IRR occurs, the infusion may be interrupted, slowed or stopped.

Antiviral resistance

The clinical relevance of the observed decrease in *in vitro* neutralisation against Omicron BA.2, BA.2.12.1, BA.2.75, BA.3, BA.4 and BA.5 is not known (see section 5.1).

4.5 Interaction with other medicinal products and other forms of interaction

Pharmacokinetic interactions

No interaction studies have been performed. Sotrovimab is not renally excreted or metabolised by cytochrome P450 (CYP) enzymes; therefore, interactions with medicinal products that are renally excreted or that are substrates, inducers, or inhibitors of CYP enzymes are unlikely.

Pharmacodynamic interactions

In vitro pharmacodynamic studies showed no antagonism between sotrovimab and remdesivir or bamlanivimab.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no data from the use of sotrovimab in pregnant women. Animal studies have not been evaluated with respect to reproductive toxicity (see section 5.3). In a cross-reactive binding assay using a protein array enriched for human embryofetal proteins, no off-target binding was detected. Since sotrovimab is a human immunoglobulin G (IgG), it has the potential for placental transfer from the mother to the developing foetus. The potential treatment benefit or risk of placental transfer of sotrovimab to the developing foetus is not known.

Sotrovimab should be used during pregnancy only if the expected benefit to the mother justifies the potential risk to the foetus.

Breast-feeding

It is not known whether sotrovimab is excreted in human milk or absorbed systemically after ingestion. Administration of sotrovimab while breast-feeding can be considered when clinically indicated.

Fertility

There are no data on the effects of sotrovimab on human male or female fertility. Effects on male and female fertility have not been evaluated in animal studies.

4.7 Effects on ability to drive and use machines

Xevudy has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The safety of the 500 mg dose of sotrovimab was evaluated in a placebo-controlled randomised study in 1049 non-hospitalised patients with COVID-19 (COMET-ICE) (see section 5.1). The most common adverse reactions were hypersensitivity reactions (2%) and infusion-related reactions (1%). The most serious adverse reaction was anaphylaxis (0.05%).

Tabulated list of adverse reactions

The adverse reactions in Table 1 are listed by system organ class and frequency. Frequencies are defined as follows: very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$), very rare ($< 1/10,000$).

Table 1: Tabulated list of adverse reactions

System organ class	Adverse reaction	Frequency
Immune system disorders	Hypersensitivity reactions ^a	Common
	Anaphylaxis	Rare
Respiratory, thoracic and mediastinal disorders	Dyspnoea	Uncommon

Injury, poisoning and procedural complications	Infusion-related reactions	Common
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^aSuch as rash and bronchospasm. Pruritus may also be seen as a manifestation of hypersensitivity reactions.

Description of selected adverse reactions

Infusion-related reactions

IRRs may be severe or life threatening (see section 4.4). Signs and symptoms of IRRs may include fever, difficulty breathing, reduced oxygen saturation, chills, nausea, arrhythmia (e.g. atrial fibrillation), tachycardia, bradycardia, chest pain or discomfort, weakness, altered mental status, headache, bronchospasm, hypotension, hypertension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness, fatigue and diaphoresis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

4.9 Overdose

There is no specific treatment for an overdose of sotrovimab. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antiviral monoclonal antibodies, ATC code: J06BD05

Mechanism of action

Sotrovimab is a human IgG1 mAb that binds to a highly conserved epitope on the spike protein receptor binding domain of SARS-CoV-2.

Antiviral activity

Sotrovimab neutralised wild-type SARS-CoV-2 virus *in vitro* with a half maximal effective concentration (EC₅₀) of 100.1 ng/mL.

Table 2: Sotrovimab neutralisation data for SARS-CoV-2 variants

SARS-CoV-2 Variant		Fold Reduction in Susceptibility ^a	
Lineage	WHO Nomenclature	Pseudotyped Virus	Authentic Virus
B.1.1.7	Alpha	No change	No change
B.1.351	Beta	No change	No change
P.1	Gamma	No change	No change
B.1.617.2	Delta	No change	No change
AY.1 and AY.2	Delta [+K417N]	No change	Not tested
AY.4.2	Delta [+]	No change	Not tested
B.1.427/B.1.429	Epsilon	No change	Not tested

B.1.526	Iota	No change	Not tested
B.1.617.1	Kappa	No change	No change
C.37	Lambda	No change	Not tested
B.1.621	Mu	No change	Not tested
B.1.1.529/BA.1	Omicron	No change	No change
BA.1.1	Omicron	No change	No change
BA.2	Omicron	16	15.7
BA.2.12.1	Omicron	16.6	25.1
BA.2.75	Omicron	8.3	Not tested
BA.3	Omicron	7.3	Not tested
BA.4	Omicron	21.3	48.4
BA.5	Omicron	22.6	21.6
XD	None ^b	Not tested	No change

^a Based on EC₅₀ fold change compared to wild-type. No change: ≤5-fold change in EC₅₀ compared to wild-type.

^b Variant has not been named by the WHO.

Antiviral resistance

No viral breakthrough was observed when virus was passaged for 10 passages (34 days) in the presence of fixed concentration of antibody at the lowest concentration tested (~10x EC₅₀). Forcing the emergence of resistance variants through an increasing concentration selection method identified E340A as a sotrovimab mAb resistance mutant (MARM). An E340A substitution emerged in cell culture selection of resistant virus and had a >100-fold reduction in activity in a pseudotyped virus-like particle (VLP) assay.

Pseudotyped VLP assessments in cell culture were performed using Wuhan-Hu-1, Omicron BA.1, and Omicron BA.2 spike proteins. The epitope sequence polymorphisms K356T, P337H/K/L/R/T, E340A/K/G/I/Q/V, T345P and L441N, in the Wuhan-Hu-1 spike conferred reduced susceptibility to sotrovimab based on observed fold-increase in EC₅₀ value (shown in parentheses): P337K (>304), E340K (>297), T345P (225), E340V (>200), P337R (>192), P337L (>192), E340I (>190), E340A (>100), L441N (72), E340Q (>50), E340G (18.21), P337T (10.62), K356T (5.90) and P337H (5.13). The following epitope substitutions conferred reduced susceptibility to sotrovimab based on the observed fold-increase in EC₅₀ value (shown in parenthesis): P337H (>631), K356T (>631), P337S (>609), E340D (>609), and V341F (5.89) in the Omicron BA.1 spike variant, and P337H (>117), P337S (>117), P337T (>117), E340D (>117), E340G (>117), K356T (>117), and K440D (5.13) in the Omicron BA.2 spike variant.

In the COMET-ICE clinical trial post-baseline epitope variants were detected in 20 patients in the sotrovimab arm (A344V [6.2%]; R346G [5.2%]; K356R [7.5%]; E340A [99.0%]; E340V [73.1%]; P337L/E340K [49.4%/54.8%]; 2 patients with S359G [12.2% and 8.3%]; 5 patients with E340K [8.0%-99.9%]; 7 patients with C361T [5.0%-15.7%]). Of the variants detected at baseline and post-baseline in either treatment arm, 14 (L335F, L335S, P337L, G339C, E340A, E340K, A344V, R346I, R346G, K356N, K356R, R357I, I358V and S359G) have been assessed phenotypically using a pseudotyped VLP system. Sotrovimab retains activity against L335F (0.8-fold change in EC₅₀ value), L335S (0.9-fold change in EC₅₀ value), G339C (1.2-fold change in EC₅₀ value), A344V (1.1-fold change in EC₅₀ value), R346I (1.7-fold change in EC₅₀ value), R346G (0.9-fold change in EC₅₀ value), K356N (1.1-fold change in EC₅₀ value), K356R (0.8-fold change in EC₅₀ value), R357I (1-fold change in EC₅₀ value), I358V (0.7-fold change in EC₅₀ value), and S359G (0.8-fold change in EC₅₀ value). P337L, E340A and E340K confer reduced susceptibility to sotrovimab (>100-fold change in EC₅₀ value), but their effect on the clinical response to treatment is not known.

Clinical efficacy

Study 214367 (COMET-ICE) was a Phase II/III randomised, double-blind, placebo-controlled study which evaluated sotrovimab as treatment for COVID-19 in non-hospitalised, non-vaccinated adult patients who did not require any form of oxygen supplementation at study entry. The study included patients with symptoms for ≤ 5 days and laboratory confirmed SARS-CoV-2 infection and was conducted when the wild-type Wuhan-Hu-1 virus was predominant, with the highest frequency of variants being Alpha and Epsilon. Eligible patients had at least 1 of the following: diabetes, obesity (BMI >30), chronic kidney disease, congestive heart failure, chronic obstructive pulmonary disease, or moderate to severe asthma, or were aged 55 years and older.

Patients were randomised to a single 500 mg infusion of sotrovimab (N=528) or placebo (N=529) over 1 hour. In the Intent to Treat (ITT) population at Day 29, 46% were male and the median age was 53 years (range: 17-96), with 20% aged 65 years or older and 11% over 70 years. Treatment was given within 3 days of COVID-19 symptom onset in 59% and 41% were treated within 4-5 days. The four most common pre-defined risk factors or comorbidities were obesity (63%), 55 years of age or older (47%), diabetes requiring medicine (22%) and moderate to severe asthma (17%).

The adjusted relative risk reduction in hospitalisation or death by Day 29 in the ITT population was 79% (95% CI: 50%, 91%). The difference was driven by rates of hospitalisation, with no deaths in the sotrovimab arm and two deaths in the placebo arm up to Day 29. No patients in the sotrovimab arm, versus 14 in the placebo arm, required high flow oxygen or mechanical ventilation up to Day 29.

Table 3: Results of primary and secondary endpoints in the ITT population (COMET-ICE)

	Sotrovimab (500 mg IV infusion) N=528	Placebo N=529
Primary endpoint		
Progression of COVID-19 as defined by hospitalisation for >24 hours for acute management of any illness or death from any cause (day 29)		
Proportion (n, %) ^a	6 (1%)	30 (6%)
Adjusted relative risk reduction (95% CI)	79% (50%, 91%)	
p-value	<0.001	
Secondary endpoint		
Progression to develop severe and/or critical respiratory COVID-19 (day 29) ^b		
Proportion (n, %)	7 (1%)	28 (5%)
Adjusted relative risk reduction (95% CI)	74% (41%, 88%)	
p-value	0.002	
^a No participants required intensive care unit (ICU) stay in the sotrovimab arm versus 9 participants in the placebo arm.		
^b Progression to develop severe and/or critical respiratory COVID-19 defined as the requirement for supplemental oxygen (low flow nasal cannulae/face mask, high flow oxygen, non-invasive ventilation, mechanical ventilation or extracorporeal membrane oxygenation [ECMO]).		

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with Xevudy in one or more subsets of the paediatric population in the treatment of COVID-19 (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Absorption

The geometric mean C_{max} following a 1 hour IV infusion of 500 mg was 117.6 µg/mL (N = 290, CV% 46.5), and the geometric mean Day 29 concentration was 24.5 µg/mL (N = 372, CV% 42.4).

Distribution

Based on non-compartmental analysis, the mean steady-state volume of distribution was 8.1 L.

Biotransformation

Sotrovimab is degraded by proteolytic enzymes which are widely distributed in the body.

Elimination

Based on non-compartmental analysis, the mean systemic clearance (CL) was 125 mL/day, with a median terminal half-life of approximately 49 days.

Special populations

Elderly patients

Based on population pharmacokinetic analyses, there was no difference in sotrovimab pharmacokinetics in elderly patients.

Renal impairment

Sotrovimab is too large to be excreted renally, thus renal impairment is not expected to have any effect on elimination. Furthermore, based on population pharmacokinetic analyses there was no difference in sotrovimab pharmacokinetics in patients with mild or moderate renal impairment.

Hepatic impairment

Sotrovimab is degraded by widely distributed proteolytic enzymes, not restricted to hepatic tissue, therefore changes in hepatic function are not expected to have any effect on elimination. Furthermore, based on population pharmacokinetic analyses there was no difference in sotrovimab pharmacokinetics in patients with mild to moderate elevations in alanine aminotransferase (1.25 to < 5 x ULN).

Paediatric population

The pharmacokinetics of sotrovimab have not been evaluated in patients aged less than 18 years. The recommended dose for adolescents aged from 12 years and from 40 kg body weight is predicted to result in serum concentrations of sotrovimab similar to those in adults based on an allometric scaling approach, which accounted for effect of body weight changes associated with age on clearance and volume of distribution.

5.3 Preclinical safety data

Carcinogenesis/mutagenesis

Genotoxicity and carcinogenicity studies have not been conducted with sotrovimab.

Reproductive toxicology

Nonclinical reproductive and developmental toxicity studies have not been conducted with sotrovimab.

Animal toxicology and pharmacology

No toxicity with sotrovimab was identified in a cynomolgus monkey 2-week repeat-dose IV infusion toxicology study with 105-day recovery period at doses up to 500 mg/kg, the no observed adverse

effect level (NOAEL) and highest dose tested. The C_{\max} and total exposure AUC [sum of AUC_{0-168h} after Dose 1 and AUC_{0-last} after Dose 2 (Day 8)] values at the NOAEL of 500 mg/kg were 13500 $\mu\text{g/mL}$ and 216000 $\text{day} \cdot \mu\text{g/mL}$, respectively.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Histidine
Histidine monohydrochloride
Sucrose
Polysorbate 80
Methionine
Water for injections

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

6.3 Shelf life

Unopened vial

18 months.

Diluted solution for infusion

The diluted solution is intended to be used immediately. If after dilution, immediate administration is not possible, the diluted solution may be stored at room temperature (up to 25°C) for up to 6 hours or refrigerated (2°C to 8°C) for up to 24 hours from the time of dilution until the end of administration.

6.4 Special precautions for storage

Store in a refrigerator (2°C to 8°C).

Do not freeze.

Store in the original carton in order to protect from light.

For storage conditions after dilution of the medicinal product, see section 6.3.

6.5 Nature and contents of container

10 mL Type I borosilicate clear glass single-use vial, with a grey chlorobutyl elastomer stopper laminated with fluoropolymer, sealed with an aluminium flip-off cap.

Pack size: 1 vial.

6.6 Special precautions for disposal and other handling

Treatment should be prepared by a qualified healthcare professional using aseptic technique.

Preparation for dilution

1. Remove one vial of sotrovimab from the refrigerator (2°C to 8°C). Allow the vial to equilibrate to ambient room temperature, protected from light, for approximately 15 minutes.

2. Visually inspect the vial to ensure it is free from particulate matter and that there is no visible damage to the vial. If the vial is identified to be unusable, discard and restart the preparation with a new vial.
3. Gently swirl the vial several times before use without creating air bubbles. Do not shake or vigorously agitate the vial.

Dilution instructions

1. Withdraw and discard 8 mL from an infusion bag containing 50 mL or 100 mL of sodium chloride 9 mg/mL (0.9%) solution for injection or 5% glucose for injection.
2. Withdraw 8 mL from the vial of sotrovimab.
3. Inject the 8 mL of sotrovimab into the infusion bag via the septum.
4. Discard any unused portion left in the vial. The vial is single-use only and should only be used for one patient.
5. Prior to the infusion, gently rock the infusion bag back and forth 3 to 5 times. Do not invert the infusion bag. Avoid forming air bubbles.

Disposal

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

7. MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Trading Services Limited
12 Riverwalk
Citywest Business Campus
Dublin 24
Ireland

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/21/1562/001

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 17 December 2021

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

ANNEX II

- A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE
SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR
BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY
AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE
MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO
THE SAFE AND EFFECTIVE USE OF THE MEDICINAL
PRODUCT**

A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturers of the biological active substance

WuXi Biologics Co., Ltd.,
108 Meiliang Road,
Mashan, Binhu District,
WuXi, Jiangsu, 214092,
China

Or

Samsung Biologics Co., Ltd.,
300 Songdo bio-daero, Yeonsu-gu
Incheon 21987,
Republic of Korea

Name and address of the manufacturer responsible for batch release

GlaxoSmithKline Manufacturing S.p.A.
Strada Provinciale Asolana, 90,
43056 San Polo di Torrile, Parma,
Italy

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this product within 6 months following authorisation.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;

- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**VIAL CARTON****1. NAME OF THE MEDICINAL PRODUCT**

Xevudy 500 mg concentrate for solution for infusion
sotrovimab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 500 mg sotrovimab in 8 mL (62.5 mg/mL).

3. LIST OF EXCIPIENTS

Also contains: histidine, histidine monohydrochloride, sucrose, polysorbate 80, methionine, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Concentrate for solution for infusion

1 vial.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For intravenous use after dilution
Read the package leaflet before use.

Press here to open

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Do not freeze.

Store in the original carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
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11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

GlaxoSmithKline Trading Services Limited
12 Riverwalk
Citywest Business Campus
Dublin 24
Ireland

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/21/1562/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
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15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA
--

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL LABEL
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1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
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Xevudy 500 mg sterile concentrate
sotrovimab
IV

2. METHOD OF ADMINISTRATION

IV use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Xevudy 500 mg concentrate for solution for infusion sotrovimab

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects, you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you receive this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any questions, ask your doctor or pharmacist.
- If you get any side effects, talk to your doctor. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Xevudy is and what it is used for
2. What you need to know before you are given Xevudy
3. How Xevudy is given
4. Possible side effects
5. How to store Xevudy
6. Contents of the pack and other information

1. What Xevudy is and what it is used for

Xevudy contains the active substance sotrovimab. Sotrovimab is a *monoclonal antibody*, a type of protein designed to recognise a specific target on the SARS-CoV-2 virus, the virus that causes COVID-19.

Xevudy is used to treat COVID-19 in adults and adolescents (from 12 years and weighing at least 40 kg). It targets the spike protein that the virus uses to attach to cells, blocking the virus from entering the cell and making new viruses. By preventing the virus from multiplying in the body, Xevudy can help your body overcome the infection and prevent you from getting seriously ill.

2. What you need to know before you are given Xevudy

You must not receive Xevudy

- if you are allergic to sotrovimab or any of the other ingredients of this medicine (listed in section 6).
→ **Check with your doctor** if you think this applies to you.

Warnings and precautions

Allergic reactions

Xevudy can cause allergic reactions.

→ See 'Allergic reactions' in Section 4.

Infusion-related reactions

Xevudy can cause infusion-related reactions.

→ See 'Infusion-related reactions' in Section 4.

Children and adolescents

Xevudy should not be given to children or adolescents younger than 12 years old or weighing less than 40 kg.

Other medicines and Xevudy

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Pregnancy and breast-feeding

If you are **pregnant, think you may be pregnant**, or are **planning** to have a baby, **ask your doctor** for advice before receiving Xevudy. Your doctor will advise you whether the benefits of treatment with Xevudy are greater than any likely risks for you and your baby.

It is not known whether the ingredients of Xevudy can pass into breast milk. **If you are breast-feeding, you must check with your doctor** before you receive Xevudy.

Driving and using machines

Xevudy is not expected to have any effect on your ability to drive or use machines.

3. How Xevudy is given

The recommended dose for adults and adolescents (aged 12 years and older and weighing at least 40 kg) is:

- 500 mg (one vial)

The medicine will be made up into a solution and given to you by a drip (*infusion*) into a vein by a doctor or nurse. It takes 30 minutes to give you the full dose of medicine. You will be monitored during and for at least 1 hour after your treatment is given.

The 'Instructions for healthcare professionals' below give details for your doctor, pharmacist or nurse on how the Xevudy infusion is made up and given.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Allergic reactions

Allergic reactions to Xevudy are **common**, affecting up to 1 in 10 people.

Rarely, these allergic reactions may be severe (*anaphylaxis*), affecting up to 1 in 1,000 people (**rare**).

If you have any of the following symptoms after receiving Xevudy you may be having an allergic reaction and should **get medical help immediately**:

- skin rash, similar to nettle rash (*hives*) or redness
- itching
- swelling, sometimes of the face or mouth (*angioedema*)
- becoming very wheezy, coughing or having difficulty in breathing
- suddenly feeling weak or light-headed (may lead to loss of consciousness or falls).

Infusion-related reactions

Allergic-like reactions when you receive an infusion are **common**, affecting up to 1 in 10 people.

These usually develop within minutes or hours but may develop up to 24 hours after treatment or later.

Possible symptoms are presented below. If you get any of the following symptoms after receiving Xevudy, you may be having an infusion-related reaction and should **get medical help immediately**:

- flushing
- chills

- fever
- difficulty in breathing
- rapid heartbeat
- drop in blood pressure

Other side effects

Uncommon (may affect up to 1 in 100 people)

- shortness of breath (*dyspnoea*).

Reporting of side effects

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Xevudy

The healthcare professionals caring for you are responsible for storing this medicine and disposing of any unused product correctly.

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the label and carton after EXP.

Do not freeze.

Before diluting:

- store in a refrigerator (2°C – 8°C).
- store in the original carton in order to protect from light.

Once diluted, this medicine is intended to be used immediately. If after dilution, immediate administration is not possible, the diluted solution may be stored at room temperature (up to 25°C) for up to 6 hours or refrigerated (2°C – 8°C) for up to 24 hours from the time of dilution until the end of administration.

6. Contents of the pack and other information

What Xevudy contains

- The active substance is sotrovimab. Each vial contains 500 mg of sotrovimab in 8 mL concentrate.
- The other ingredients are histidine, histidine monohydrochloride, sucrose, polysorbate 80, methionine and water for injections.

What Xevudy looks like and contents of the pack

Xevudy is a clear, colourless or yellow to brown liquid supplied in a single-use glass vial with a rubber stopper and flip-off aluminium over-seal. Each carton contains one vial.

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Other sources of information

Detailed information on this medicine is available on the European Medicines Agency website:
<http://www.ema.europa.eu>.

The following information is intended for healthcare professionals only.

Please refer to the Summary of Product Characteristics for further information.

Treatment should be prepared by a qualified healthcare professional using aseptic technique.

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Preparation for dilution

1. Remove one vial of sotrovimab from the refrigerator (2°C to 8°C). Allow the vial to equilibrate to ambient room temperature, protected from light, for approximately 15 minutes.
2. Visually inspect the vial to ensure it is free from particulate matter and that there is no visible damage to the vial. If the vial is identified to be unusable, discard and restart the preparation with a new vial.
3. Gently swirl the vial several times before use without creating air bubbles. Do not shake or vigorously agitate the vial.

Dilution instructions

1. Withdraw and discard 8 mL from an infusion bag containing 50 mL or 100 mL of sodium chloride 9 mg/mL (0.9%) solution for injection or 5% glucose for injection.
2. Withdraw 8 mL from the vial of sotrovimab.
3. Inject the 8 mL of sotrovimab into the infusion bag via the septum.
4. Discard any unused portion left in the vial. The vial is single-use only and should only be used for one patient.
5. Prior to the infusion, gently rock the infusion bag back and forth 3 to 5 times. Do not invert the infusion bag. Avoid forming air bubbles.

The diluted solution of sotrovimab is intended to be used immediately. If after dilution, immediate administration is not possible, the diluted solution may be stored at room temperature (up to 25°C) for up to 6 hours or refrigerated (2°C to 8°C) up to 24 hours from the time of dilution until the end of administration.

Administration instructions

1. Attach an infusion set to the infusion bag using standard bore tubing. The intravenous dosing solution is recommended to be administered with a 0.2-µm in-line filter.
2. Prime the infusion set.
3. Administer as an IV infusion for 30 minutes at room temperature.

Disposal

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