Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Human Albumin Baxalta 50 g/l Solution for Infusion

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Human Albumin Baxalta 50 g/l is a solution containing 50 g/l of total protein of which at least 95% is human albumin.

A vial of 250 ml contains 12.5 g of human albumin.
A vial of 500 ml contains 25 g of human albumin.

Human albumin 50 g/l is mildly hypooncotic.

Excipients with known effect:
Sodium 130-160 mmol/l

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Solution for infusion.
A clear, slightly viscous liquid; it is almost colourless, yellow, amber or green.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Restoration and maintenance of circulating blood volume where volume deficiency has been demonstrated, and use of a colloid is appropriate.
The choice of albumin rather than artificial colloid will depend on the clinical situation of the individual patient, based on official recommendations.

4.2 Posology and method of administration

The concentration of the albumin preparation, dosage and the infusion rate should be adjusted to the patient's individual requirements.

Posology

The dose required depends on the size of the patient, the severity of trauma or illness and on continuing fluid and protein losses. Measures of adequacy of circulating volume and not plasma albumin levels should be used to determine the dose required.

If human albumin is to be administered, haemodynamic performance should be monitored regularly;
this may include:
- arterial blood pressure and pulse rate
- central venous pressure
- pulmonary artery wedge pressure
- urine output
- electrolyte concentration
- haematocrit/haemoglobin
- clinical signs of cardiac/respiratory failure (e.g., dyspnoea)
- clinical signs of increasing intra-cranial pressure (e.g., headache)

Method of administration

Human Albumin Baxalta 50 g/l can be directly administered by the intravenous route.

The infusion rate should be adjusted according to the individual circumstances and the indication.

In plasma exchange the infusion rate should be adjusted to the rate of removal.

4.3 Contraindications

Hypersensitivity to albumin preparations or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Suspicion of allergic or anaphylactic type reactions requires immediate discontinuation of the injection. In case of shock, standard medical treatment for shock should be implemented.

Albumin should be used with caution in conditions where hypervolaemia and its consequences or haemodilution could represent a special risk for the patient. Examples of such conditions are:

- Decompensated cardiac insufficiency
- Hypertension
- Oesophageal varices
- Pulmonary oedema
- Haemorrhagic diathesis
- Severe anaemia
- Renal and post-renal anuria

When albumin is given, the electrolyte status of the patient should be monitored (see section 4.2) and appropriate steps taken to restore or maintain the electrolyte balance. 250 mL vial:

This medicinal product contains 747.5 - 920 mg sodium per vial, equivalent to 37.38 - 46 % of the WHO recommended maximum daily intake of 2 g sodium for an adult.

500 mL vial:

This medicinal product contains 1495 - 1840 mg sodium per vial, equivalent to 74.75 - 92 % of the WHO recommended maximum daily intake of 2 g sodium for an adult.

If comparatively large volumes are to be replaced, controls of coagulation and haematocrit are necessary. Care must be taken to ensure adequate substitution of other blood constituents (coagulation factors, electrolytes, platelets, and erythrocytes).

Hypervolaemia may occur if the dosage and rate of infusion are not adjusted to the patient´s circulatory situation. At the first clinical signs of cardiovascular overload (headache, dyspnoea, jugular vein congestion), or increased blood pressure, raised central venous pressure and pulmonary oedema, the infusion is to be stopped immediately.

Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the

inclusion of effective manufacturing steps for the inactivation/removal of viruses. Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens.

There are no reports of virus transmissions with albumin manufactured to European Pharmacopoeia specifications by established processes.

It is strongly recommended that every time that Human Albumin Baxalta 50 g/l is administered to a patient, the name and batch number of the product are recorded in order to improve the traceability of biological medicinal products and maintain a link between the patient and the batch of the product.

4.5 Interaction with other medicinal products and other forms of interactions

No interaction studies of Human Albumin Baxalta 50 g/l with other medicinal products have been performed.

4.6 Fertility, pregnancy and lactation

The safety of Human Albumin Baxalta 50 g/l for use in human pregnancy has not been established in controlled clinical trials. However, clinical experience with albumin suggests that no harmful effects on the course of pregnancy, or on the foetus and the neonate are to be expected.

The effects of human albumin on fertility have not been established in controlled clinical trials.

No animal reproduction studies have been performed with Human Albumin Baxalta 50 g/l.

Experimental animal studies are insufficient to assess the safety with respect to reproduction, development of the embryo or foetus, the course of gestation and peri-and postnatal development.

However, human albumin is a normal constituent of human blood.

4.7 Effects on ability to drive and use machines

Human Albumin Baxalta 50 g/l has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Frequency has been evaluated using the following criteria: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), and very rare (<1/10,000), not known (cannot be estimated from the available data).

	Very Common	Common	Uncommon	Rare	Very rare
Immune system disorders					anaphylactic shock
Gastrointestinal disorders				nausea	
Skin and subcutaneous tissue disorders				flushing, skin rash	
General disorders and administration site conditions				fever	

In cases of severe reactions, the infusion should be stopped and an appropriate treatment should be initiated.

In post-marketing surveillance the following adverse events have been reported. These events are listed by MedDRA System Organ Class, then by Preferred Term in order of severity.

Immune System Disorders: Anaphylactic reaction, Hypersensitivity/Allergic reactions

Nervous System Disorders: Headache, Dysguesia
Cardiac Disorders: Myocardial infarction, Atrial fibrillation, Tachycardia
Vascular Disorders: Hypotension
Respiratory, Thoracic, and Mediastinal Disorders: Pulmonary edema, Dyspnea
Gastrointestinal Disorders: Vomiting
Skin and Subcutaneous Tissue Disorders: Urticaria, Pruritis
General Disorders and Administration Site Conditions: Chills

There are no data available on adverse reactions from company-sponsored clinical trials conducted with Albumin (Human).

For safety with respect to transmissible agents, see section 4.4.

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 HPRA Pharmacovigilance, Website: www.hpra.ie

4.9 Overdose

Hypervolaemia may occur if the dosage and infusion rate are too high. At the first clinical signs of cardiovascular overload (headache, dyspnoea, jugular vein congestion), or increased blood pressure, raised central venous pressure, and pulmonary oedema, the infusion should be stopped immediately and the patient´s haemodynamic parameters carefully monitored.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: plasma substitutes and plasma protein fractions, ATC code: B05AA01.

Human albumin accounts quantitatively for more than half of the total protein in the plasma and represents about 10 % of the protein synthesis activity of the liver.

Physico-chemical data: Human Albumin Baxalta 50 g/l is mildly hypooncotic to normal plasma.

The most important physiological functions of albumin result from its contribution to the oncotic pressure of the blood and its transport function. Albumin stabilizes circulating blood volume and is a carrier of hormones, enzymes, medicinal products and toxins.

5.2 Pharmacokinetic properties

Under normal conditions the total exchangeable albumin pool is 4 - 5 g/kg bodyweight, of which 40 to 45 % is present intravascularly and 55 to 60 % in the extravascular space. Increased capillary permeability will alter albumin kinetics and abnormal distribution may occur in conditions such as severe burns or septic shock.
Under normal conditions, the average half life of albumin is about 19 days. The balance between synthesis and breakdown is normally achieved by feedback regulation. Elimination is predominantly intracellular and due to lysosome proteases.
In healthy subjects, less than 10 % of infused albumin leaves the intravascular compartment during the first two hours following infusion. There is considerable individual variation in the effect on plasma volume. In some patients the plasma volume can remain increased for some hours. However, in critically ill patients, albumin can leak out of the vascular space in substantial amounts at an unpredictable rate.

5.3 Preclinical safety data

Human albumin is a normal constituent of human plasma and acts like physiological albumin.
In animals, single dose toxicity testing is of little relevance and does not permit the evaluation of toxic or lethal doses or of a dose-effect relationship.

Repeated dose toxicity testing is impracticable due to the development of antibodies to heterologous protein in animal models. To date, human albumin has not been reported to be associated with embryo-foetal toxicity, oncogenic or mutagenic potential.
No signs of acute toxicity have been described in animal models.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium Caprylate: 4 mmol/l (0.7 g/l)
Sodium N-Acetyltryptophanate: 4 mmol/l (1.1 g/l)
Sodium Chloride: q.s.
Water for Injection: ad 1 l

Total sodium content: 130
– 160 mmol/l

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products, whole blood and packed red cells. Further human albumin should not be mixed with protein hydrolysates (e.g. parenteral nutrition) or solutions containing alcohol since these combinations may cause the proteins to precipitate.

6.3 Shelf life

36 months
After opening the product should be used immediately.

6.4 Special precautions for storage

Do not store above 25°C
Do not freeze.
Store in the original package in order to protect from light.

6.5 Nature and contents of container

250 ml of solution in a vial (type II glass) with a bromobutyl rubber stopper – pack size of 1 or 24.

500 ml of solution in a vial (type II glass) with a bromobutyl rubber stopper – pack size of 1 or 10.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

The solution can be directly administered by the intravenous route.

Albumin solutions must not be diluted with water for injections as this may cause haemolysis in recipients.

If large volumes are administered, the product should be warmed to room or body temperature before use.

Do not use solutions that are cloudy or have deposits. This may indicate that the protein is unstable or that the solution has become contaminated.

Do not use unless seal is intact. If leaks are found, discard.

Once the container has been opened, the contents should be used immediately. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

Baxalta Innovations GmbH
Industriestrasse 67
A-1221 Vienna
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8 MARKETING AUTHORISATION NUMBER

PA2004/004/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21st December 2006
Date of last renewal: 1st April 2011

10 DATE OF REVISION OF THE TEXT

November 2019