DaTscan is a radiopharmaceutical indicated for striatal dopamine transporter visualization using single photon emission computed tomography (SPECT) brain imaging to assist in the evaluation of adult patients with suspected Parkinsonian syndromes (PS). In these patients, DaTscan may be used to help differentiate essential tremor from tremor due to PS (idiopathic Parkinson’s disease, multiple system atrophy and progressive supranuclear palsy). DaTscan is an adjunct to other diagnostic evaluations.

DOSAGE AND ADMINISTRATION

• DaTscan emits gamma radiation and must be handled with safety measures. (2.1)
• Measure patient dose by a suitable radioactivity calibration system immediately prior to administration. (2.1)
• Administer a thyroid-blocking agent at least one hour before the dose of DaTscan. (2.2)
• The recommended DaTscan dose is 111 to 185 MBq (3 to 5 mCi). (2.4)
• Begin SPECT imaging between 3 and 6 hours post-injection. (2.6)

DOSE FORMS AND STRENGTHS

2.5 mL of sterile solution for intravenous injection in a single-use vial [74 MBq (2 mCi)/mL at calibration time]. (3)

CONTRAINdications

Known hypersensitivity to the active substance or to any of the excipients, or to iodine. (4)

WARNings AND PRECAUTIONS

• Hypersensitivity reactions have been reported following DaTscan administration. Have anaphylactic and hypersensitivity treatment measures available prior to DaTscan administration. (5.1)
• Administer a thyroid-blocking agent before DaTscan administration. (5.2)

ADVERSE REACTIONS

Hypersensitivity and injection site reactions have been reported following DaTscan administration. (6.2) In clinical trials, the most common adverse reactions, headache, nausea, vertigo, dry mouth or dizziness occurred in < 1% of subjects. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact GE Healthcare at 1-800-654-0118 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Amoxapine, amphetamine, benztpine, busuproin, buspirone, cocaine, mazindol, methamphetamine, methylphenidate, norephedrine, phentermine, phenylpropanolamine, selegiline, sertraline, citalopram and paroxetine may interfere with the evaluation of methamphetamine, methylphenidate, norephedrine, phentermine, amoxapine, amphetamine, benztropine, bupropion, buspirone, cocaine, mazindol, DRUG INTERACTIONS

2.2 Thyroid Blockade Before DaTscan Injection

Before administration of DaTscan, administer Potassium Iodide Oral Solution or Lugol’s Solution (equivalent to 100 mg iodide) or potassium perchlorate (400 mg) to block uptake of iodine 123 by the patient’s thyroid. Administer the blocking agent at least one hour before the dose of DaTscan. (2.5)

2.3 Preparation and Administration

Use aseptic procedures and radiation shielding during preparation and administration. Inspect the DaTscan vial prior to administration and do not use it if the vial contains particulate matter or discoloration [see Dosage And Administration (2.5)].

2.4 Recommended Dose

The recommended dose is 111 to 185 MBq (3 to 5 mCi) administered intravenously [see Clinical Studies (14)].

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
3 DOSE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
9 DOSAGE IN CHILDREN
10 OVERDOSAGE
11 DESCRIPTION
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14 CLINICAL STUDIES
15 HOW SUPPLIED/STORAGE AND HANDLING
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*Sections or subsections omitted from the full prescribing information are not listed.
2.5 Radiation Dosimetry
The estimated radiation absorbed doses to an average adult from intravenous injection of DaTscan are shown in Table 1. The values are calculated assuming urinary bladder emptying at 4.8-hour intervals and appropriate thyroid blocking (iodine 123 is a known Auger electron emitter).

Table 1
Estimated Radiation Absorbed Doses from DaTscan

<table>
<thead>
<tr>
<th>ORGAN / TISSUE</th>
<th>ABSORBED DOSE PER UNIT ADMINISTERED ACTIVITY (μGy / MBq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenals</td>
<td>12.9</td>
</tr>
<tr>
<td>Brain</td>
<td>17.8</td>
</tr>
<tr>
<td>Striata</td>
<td>230</td>
</tr>
<tr>
<td>Breasts</td>
<td>7.8</td>
</tr>
<tr>
<td>Esophagus</td>
<td>10</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>26.4</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>31.2</td>
</tr>
<tr>
<td>Small Intestine Wall</td>
<td>21.2</td>
</tr>
<tr>
<td>Colon Wall[7]</td>
<td>39.8</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>38.1</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>42</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>12.9</td>
</tr>
<tr>
<td>Kidneys</td>
<td>10.9</td>
</tr>
<tr>
<td>Liver</td>
<td>27.5</td>
</tr>
<tr>
<td>Lungs</td>
<td>41.2</td>
</tr>
<tr>
<td>Muscle</td>
<td>9.4</td>
</tr>
<tr>
<td>Esophagus</td>
<td>10</td>
</tr>
<tr>
<td>Ovarian Cysts</td>
<td>28.2</td>
</tr>
<tr>
<td>Ovaries</td>
<td>16.8</td>
</tr>
<tr>
<td>Pancreas</td>
<td>13</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>9.2</td>
</tr>
<tr>
<td>Skin</td>
<td>6</td>
</tr>
<tr>
<td>Spleen</td>
<td>10.4</td>
</tr>
<tr>
<td>Testes</td>
<td>8.5</td>
</tr>
<tr>
<td>Thymus</td>
<td>10</td>
</tr>
<tr>
<td>Thyroid</td>
<td>9</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>53.1</td>
</tr>
<tr>
<td>Uterus</td>
<td>16.1</td>
</tr>
<tr>
<td>Total Body</td>
<td>11.3</td>
</tr>
</tbody>
</table>

EFFECTIVE DOSE PER UNIT ADMINISTERED ACTIVITY (μSv/MBq) 21.3

[7] The absorbed dose to the colon wall is the mass-weighted sum of the absorbed doses to the upper and lower large intestine walls, D_μ = 0.57D_ULI + 0.43D_LLI [Publication 80 of the ICRP (International Commission on Radiological Protection); Annals of the ICRP 28 (3). Oxford: Pergamon Press; 1998]

The Effective Dose resulting from a DaTscan administration with an administered activity of 185 MBq (5 mCi) is 3.94 mSv in an adult.

2.6 Imaging Guidelines
Begin SPECT imaging 3 to 6 hours following DaTscan administration. Acquire images using a gamma camera fitted with high-resolution collimators and set to a photopoint of 159 keV with a ±10% energy window. Angular sampling should be not less than 120 views over 360 degrees. Position the subject supine with the head on an off-center support such as a table headrest, a flexible head restraint such as a strip of tape across the chin or forehead may be used to help avoid movement, and set a circular orbit for the detector heads with the radius as small as possible (typically 11 to 15 cm). Experimental studies with a striatal phantom suggest that optimal images are obtained with matrix size and zoom factors selected to give a pixel size of 3.5 to 4.5 mm. Collect a minimum of 1.5 million counts for optimal images.

2.7 Image Interpretation
DaTscan images are interpreted visually, based upon the appearance of the striata. Reconstructed pixel size should be between 3.5 and 4.5 mm with slices 1 pixel thick. Optimum presentation of the reconstructed images for visual interpretation is transaxial slices parallel to the anterior commissure-posterior commissure (AC-PC) line. Determination of whether an image is normal or abnormal is made by assessing the extent (as indicated by shape) and intensity of the striatal signal. Image interpretation does not involve integration of the striatal image appearance with clinical signs and/or symptoms.

Normal: In transaxial images, normal images are characterized by two symmetric comma- or crescent-shaped focal regions of activity mirrored about the median plane. Striatal activity is distinct, relative to surrounding brain tissue (Figure 1).

Abnormal: Abnormal DaTscan images fall into at least one of the following three categories (all are considered abnormal).

- Activity is asymmetric, e.g. activity in the region of the putamen of one hemisphere is absent or greatly reduced with respect to the other. Activity is still visible in the caudate nuclei of both hemispheres resulting in a comma or crescent shape in one and a circular or oval focus in the other. There may be reduced activity between at least one striatum and surrounding tissues (Figure 2).
- Activity is absent in the putamen of both hemispheres and confined to the caudate nuclei. Activity is relatively symmetric and forms two roughly circular or oval foci. Activity of one or both is generally reduced (Figure 3).
- Activity is absent in the putamen of both hemispheres and greatly reduced in one or both caudate nuclei. Activity of the striata with respect to the background is reduced (Figure 4).

3 DOSAGE FORMS AND STRENGTHS
Single-use vials containing 185 MBq (5 mCi) in 2.5 mL sterile solution for intravenous injection [74 MBq (2 mCi) per mL at calibration time].

4 CONTRAINDICATIONS
DaTscan is contraindicated in patients with known hypersensitivity to the active substance or to any of the excipients, or to iodine.

5 WARNINGS AND PRECAUTIONS
5.1 Hypersensitivity Reactions
Hypersensitivity reactions have been reported following DaTscan administration [see Adverse Reactions (6.2)]. The reactions have generally consisted of skin erythema and pruritis and have either resolved spontaneously or following the administration of corticosteroids and antihistamines. Prior to administration, question the patient for a history of prior reactions to DaTscan. If the patient is known or strongly suspected of having had a hypersensitivity reaction to DaTscan, the decision to administer DaTscan should be based upon an assessment of the expected benefits compared to the potential hypersensitivity risks. Have anaphylactic and hypersensitivity treatment measures available prior to DaTscan administration and, following administration, observe patients for symptoms or signs of a hypersensitivity reaction.

5.2 Thyroid Accumulation
The DaTscan injection may contain up to 6% of free iodide (iodine 123). To decrease thyroid accumulation of iodine 123, block the thyroid gland before administration of DaTscan [see Dosage and Administration (2.2)]. Avoid the use of Potassium Iodide Oral Solution or Lugol’s Solution in patients who are sensitive to such products. Failure to block thyroid uptake of iodine 123 may result in an increased long term risk for thyroid neoplasia.

6 ADVERSE REACTIONS
6.1 Clinical Study Experience
The data from clinical studies reflect exposure to DaTscan in 942 subjects with a mean age of 66 years (range 25 to 90 years). Among these subjects, 42% were women and 99% Caucasian. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of DaTscan cannot be directly compared to rates in the clinical trials of another drug and may not

Reference ID: 3810585
reflect the rates observed in practice. In clinical trials, no serious adverse reactions were reported. Other adverse reactions occurred at a rate of 1% or less and the reported events consisted of headache, nausea, vertigo, dry mouth or dizziness. These reactions were of mild to moderate severity.

6.2 Postmarketing Experience

Because postmarketing reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. In the postmarketing experience, hypersensitivity reactions have been reported. The reactions generally related to rash and pruritis within minutes of DaTscan administration. The reactions either resolved spontaneously or following the administration of corticosteroids and antihistamines. Injection site pain has also been reported.

7 DRUG INTERACTIONS

The ioflupane within DaTscan binds to the dopamine transporter. Drugs that bind to the dopamine transporter with high affinity may interfere with the image obtained following DaTscan administration. These potentially interfering drugs consist of: amoxapine, amphetamine, benzotropine, bupropion, buspirone, cocaine, mazindol, methamphetamine, methylphenidate, norephedrine, phentermine, phenylpropanolamine, selegiline, and sertraline. Selective serotonin reuptake inhibitors (paroxetine and citalopram) may increase or decrease ioflupane binding to the dopamine transporter. Whether discontinuation of these drugs prior to DaTscan administration may minimize the interference with a DaTscan image is unknown.

The impact of dopamine agonists and antagonists upon DaTscan imaging results has not been established.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C: It is not known whether DaTscan can cause fetal harm or increase the risk of pregnancy loss when administered to a pregnant woman. Animal reproductive and developmental toxicity studies have not been conducted with DaTscan. Prior to the administration of DaTscan to women of childbearing potential, assess for the presence of pregnancy. DaTscan should be given to a pregnant woman only if clearly needed.

Like all radiopharmaceuticals, DaTscan has a potential to cause fetal harm. The likelihood of fetal harm depends on the stage of fetal development, and the magnitude of the radionuclide dose. Administration of DaTscan at a dose of 185 MBq (5 mCi) results in an absorbed radiation dose to the uterus of 0.3 rad (3.0 mGy). Radiation doses greater than 15 rad (150 mGy) have been associated with congenital anomalies but doses under 5 rad (50 mGy) generally have not. Radioactive iodine products cross the placenta and can permanently impair fetal thyroid function.

8.3 Nursing Mothers

It is not known whether DaTscan is excreted into human milk. However, iode 123 is excreted into human milk. Because many drugs are excreted into human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to interrupt nursing after administration of DaTscan or not to administer DaTscan, taking into account the importance of the drug to the mother. Based on the physical half-life of iodine 123 (13.2 hours), nursing women may consider interrupting nursing and pumping and discarding breast milk for 6 days after DaTscan administration in order to minimize risks to a nursing infant.

8.4 Pediatric Use

DaTscan is not indicated for use in children. The safety and efficacy of DaTscan have not been established in pediatric patients.

8.5 Geriatric Use

In the two principal clinical studies, 45% of the subjects were aged 65 and over. There were no differences in response compared to younger subjects that would require a dose adjustment. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

8.6 Renal and Hepatic Impairment

The effect of renal or hepatic impairment upon DaTscan imaging has not been established. DaTscan is excreted by the kidney and patients with severe renal impairment may have increased radiation exposure and altered DaTscan images.

10 OVERDOSE

The clinical consequence of overdose with DaTscan has not been reported. It is unknown whether or not ioflupane is dialyzable. Due to the small quantity of ioflupane in each vial, overdosage with ioflupane is not expected to result in pharmacologic effects. The major risks of overdose relates predominantly to increased radiation exposure, with the long-term risks for neoplasia. In case of overdosage of radioactivity, frequent urination and defecation should be encouraged to minimize radiation exposure to the patient; care should be taken to avoid contamination from the radioactivity eliminated by the patient.

11 DESCRIPTION

DaTscan [Ioflupane I 123 Injection] is a sterile, pyrogen-free radiopharmaceutical for intravenous injection. The clear and colorless solution is supplied in single-use vials in which each milliliter contains 0.07 to 0.13 μg ioflupane, 74 MBq (2 mCi) of iodine 123 (as ioflupane I 123) at calibration time, 5.7 mg acetic acid, 7.8 mg sodium acetate and 0.05 mL (5%) ethanol. The pH of the solution is between 4.2 and 5.2. Ioflupane I 123 has the following structural formula:

![Structural formula of Ioflupane](image)

11.1 Physical Characteristics

Iodine 123 is a cyclotron-produced radionuclide that decays to 123Te by electron capture and has a physical half-life of 13.2 hours. The photon that is useful for detection and imaging studies is listed in Table 2.

<table>
<thead>
<tr>
<th>Radiation</th>
<th>Energy Level (keV)</th>
<th>Abundance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gamma</td>
<td>159</td>
<td>83</td>
</tr>
</tbody>
</table>

11.2 External Radiation

The specific gamma-ray constant for iodine 123 is 1.6 R/mCi·hr at 1 cm. The first value-thickness of lead (Pb) for iodine 123 is 0.04 cm. The relative transmission of radiation emitted by the radionuclide that results from interposition of various thicknesses of Pb is shown in Table 3 (e.g., the use of 2.16 cm Pb will decrease the external radiation exposure by a factor of about 1,000).

<table>
<thead>
<tr>
<th>Shield Thickness (cm of lead)</th>
<th>Reduction in In-air Collision Kerma</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.04</td>
<td>0.5</td>
</tr>
<tr>
<td>0.13</td>
<td>10³</td>
</tr>
<tr>
<td>0.77</td>
<td>10²</td>
</tr>
<tr>
<td>2.16</td>
<td>10¹</td>
</tr>
<tr>
<td>3.67</td>
<td>10⁰</td>
</tr>
</tbody>
</table>

* -Calculation based on attenuation and energy-transfer coefficients obtained from National Institute of Standards & Technology Internal Report NISTIR 5632.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The active drug substance in DaTscan is N-ω-fluoropropyl-2β-carbamethoxy-3β-[4-[123]iodophenyl]nortropane or ioflupane I 123. In vitro, ioflupane binds reversibly to the human recombinant dopamine transporter (DaT) (Kᵢ = 0.62 nM; IC₅₀ = 0.71 nM). Autoradiography of post-mortem human brain slices exposed to radiolabeled ioflupane shows concentration of the radiolabel in striatum (caudate nucleus and putamen). The specificity of the binding of ioflupane I 125 to dopamine transporter was demonstrated by competition studies with the DaT inhibitor GBR 12909 (a dopamine reuptake inhibitor), the serotonin reuptake inhibitor citalopram, and the norepinephrine reuptake inhibitor desipramine in post-mortem human brain slices exposed to radiolabeled ioflupane. Citalopram reduced binding in the neocortex and thalamus with only minor effects in the striatum. This indicated that the binding in the cortex and thalamus is mainly to the serotonin reuptake sites. Desipramine showed no effect on the level of striatal binding of ioflupane I 125, but reduced extrastriatal binding by 60 to 85%. The binding of ioflupane I 125 to the striatum was abolished in the presence of high concentrations of GBR 12909, indicating selectivity of ioflupane binding for the pre-synaptic DaT.

Following administration of DaTscan to humans, radioactive decay of the iodine 123 emits gamma radiation which can be detected externally using gamma detectors, allowing visualization of the brain striata through SPECT imaging (see Clinical Pharmacology [12.3]).

12.2 Pharmacodynamics
As DaTscan contains a very small quantity of ioflupane, no ioflupane pharmacologic effects are expected [see Description (11)].

12.3 Pharmacokinetics
The pharmacokinetics of ioflupane I 123 were studied by monitoring radioactivity following intravenous injection; only 5% of the administered radioactivity remained in whole blood at 5 minutes post-injection. Uptake in the brain reached approximately 7% of injected radioactivity at 10 minutes post-injection and decreased to 3% after 5 hours; striatal to background ratios were relatively constant between 3 and 6 hours post-injection. About 30% of the whole brain radioactivity was attributed to striatal uptake. By 48 hours post-injection, approximately 60% of the injected radioactivity has been excreted in the urine, with fecal excretion estimated to be approximately 14%.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies on reproductive toxicity have not been conducted. Ioflupane showed no evidence of mutagenic potential in in vitro or in vivo mutagenicity studies. Studies to assess the carcinogenic potential of ioflupane have not been performed.

13.2 Animal Toxicology and/or Pharmacology
Single- and repeated-dose intravenous toxicity studies have been performed using ioflupane in rats, rabbits, and dogs. Additionally, single-dose acute toxicity studies have been performed in cynomolgus monkeys. No mortality or other toxicity was observed at doses up to 5,500 times the maximum clinical dose of DaTscan; at doses greater than 1,500 times the maximum clinical dose, pharmacological responses such as mydriasis and hyperactivity were seen in some species.

14 CLINICAL STUDIES
The safety and efficacy of DaTscan were evaluated in two multicenter, single-arm studies (Study 1 and Study 2) that evaluated 284 adult patients with tremor. In the studies, DaTscan image outcomes were compared to a reference clinical diagnostic standard of “PS” or “non-PS”. The reference clinical diagnostic standard for “PS” consisted of the following diagnoses: Parkinson’s disease (PD), multiple system atrophy (MSA), and progressive supranuclear palsy (PSP). These three conditions have been associated with dopaminergic neurodegeneration and DaTscan imaging is sensitive to DaTscan.

Table 4: Positive and Negative Percent Agreements for Studies 1 and 2

<table>
<thead>
<tr>
<th>Study 1 (patients with early signs and/or symptoms of PS)</th>
<th>Study 2 (patients with established diagnoses of PS or ET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive percent agreement (95 % CI) (%) patients with an abnormal DaTscan image among patients with PS</td>
<td>Positive percent agreement (95 % CI) (%) patients with a normal DaTscan image among patients with non-PS</td>
</tr>
<tr>
<td>Reader A, n = 99 77 (66, 87) 96 (82, 100)</td>
<td>Reader A, n = 185 93 (88, 97) 96 (81, 100)</td>
</tr>
<tr>
<td>Reader B, n = 96 78 (66, 87) 96 (82, 100)</td>
<td></td>
</tr>
<tr>
<td>Reader C, n = 98 79 (67, 87) 96 (82, 100)</td>
<td></td>
</tr>
</tbody>
</table>

The effectiveness of DaTscan as a screening or confirmatory test and for monitoring disease progression or response to therapy has not been established.

16 HOW SUPPLIED/STORAGE AND HANDLING
DaTscan is supplied in 10-mL glass vials containing a total volume of 2.5 mL of solution with a total radioactivity of 185 MBq (5 mCi) at calibration time. Each vial is enclosed in a lead container of appropriate thickness.

Storage
Store DaTscan at 20 to 25°C (68 to 77°F). This product does not contain a preservative. Store DaTscan within the original lead container or equivalent radiation shielding.

Handling
This preparation is approved for use by persons licensed by the Illinois Emergency Management Agency pursuant to 32 IL. Adm. Code Section 330.260(a) and 335.4010 or equivalent licenses of the Nuclear Regulatory Commission or an Agreement State.

17 PATIENT COUNSELING INFORMATION
Instruct patients to inform their physician or healthcare provider if they:
1. have reduced renal or hepatic function.
2. are sensitive to DaTscan.
3. are sensitive to Potassium Iodide Oral Solution or Lugol’s Solution.
4. may be pregnant, are trying to become pregnant, or are breast feeding.

Instruct patients to increase their level of hydration prior to and after receiving DaTscan and to avoid frequently for the first 48 hours following DaTscan administration.

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ProOF SHOWn AT 200%
**Datscan**

Ioflupane I-123 Injection

Each mL contains 74 MBq (2 mCi) of ioflupane I-123 at calibration, 0.07 - 0.18 ng ioflupane, 5.7 mg sodium acetate, 7.8 mg sodium acetate, 0.05 mL ethanol.

Radiopharmaceutical for Intravenous Injection

Single Use Vial

Rx ONLY

<table>
<thead>
<tr>
<th>VOLUME: 2.5 mL</th>
<th>RADIOACTIVE CONCENTRATION: 74 MBq/mL (2 mCi/mL)</th>
<th>TOTAL ACTIVITY: 185 MBq (5 mCi)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIB. DATE:</td>
<td>CALIB. TIME: 1200</td>
<td>LOT NO.: 2010 -</td>
</tr>
</tbody>
</table>