HIGHLIGHTS OF PRESCRIBING INFORMATION

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

RETACRIT™ (epoetin alfa-epbx) injection, for intravenous or subcutaneous use

Initial U.S. Approval: 2018

RETACRIT (epoetin alfa-epbx) is biosimilar* to EPOGEN/PROCRIT (epoetin alfa)

WARNING: ESAs INCREASE THE RISK OF DEATH, MYOCARDIAL INFARCTION, STROKE, VENOUS THROMBOEMBOLISM, THROMBOSIS OF VASCULAR ACCESS AND TUMOR PROGRESSION OR RECURRENCE

See full prescribing information for complete boxed warning.

Chronic Kidney Disease:

- **In controlled trials, patients experienced greater risks for death, serious adverse cardiovascular reactions, and stroke when administered erythropoiesis-stimulating agents (ESAs) to target a hemoglobin level of greater than 11 g/dL (5.1).**
- **No trial has identified a hemoglobin target level, ESA dose, or dosing strategy that does not increase these risks (2.2).**
- **Use the lowest RETACRIT dose sufficient to reduce the need for red blood cell (RBC) transfusions (5.1).**

Cancer:

- **ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (5.2).**
- **Use the lowest dose to avoid RBC transfusions (2.4).**
- **Use ESAs only for anemia from myelosuppressive chemotherapy (1.3).**
- **ESAs are not indicated for patients receiving myelosuppressive chemotherapy when the anticipated outcome is cure (1.5).**
- **Discontinue following the completion of a chemotherapy course (2.4).**

Perisurgery:

- **Due to increased risk of deep venous thrombosis (DVT), DVT prophylaxis is recommended (5.1).**

---------- **RECENT MAJOR CHANGES**----------

Warnings and Precautions, Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence in Patients with Cancer (5.2) 7/2018

---------- **INDICATIONS AND USAGE** ----------

RETACRIT is an erythropoiesis-stimulating agent (ESA) indicated for:

- Treatment of anemia due to
  - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis (1.1).
  - Zidovudine in patients with HIV-infection (1.2).
  - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy (1.3).
- Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery (1.4).

Limitations of Use

RETACRIT has not been shown to improve quality of life, fatigue, or patient well-being (1.5).

RETACRIT is not indicated for use:

- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy (1.5).
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure (1.5).
- In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion (1.5).
- In patients scheduled for surgery who are willing to donate autologous blood (1.5).
- In patients undergoing cardiac or vascular surgery (1.5).
- As a substitute for RBC transfusions in patients who require immediate correction of anemia (1.5).

---------- **DOSAGE AND ADMINISTRATION** ----------

- Evaluate iron status before and during treatment and maintain iron repletion. Correct or exclude other causes of anemia before initiating treatment (2.1).
- Patients with CKD: Initial dose: 50 to 100 Units/kg 3 times weekly (adults) and 50 Units/kg 3 times weekly (pediatric patients). Individualize maintenance dose. Intravenous route recommended for patients on hemodialysis (2.2).
- Patients on Zidovudine due to HIV-infection: 100 Units/kg 3 times weekly (2.3).
- Patients with Cancer on Chemotherapy: 40,000 Units weekly or 150 Units/kg 3 times weekly (adults); 600 Units/kg intravenously weekly (pediatric patients ≥ 5 years) (2.4).
- Surgery Patients: 300 Units/kg per day daily for 15 days or 600 Units/kg weekly (2.5).

---------- **DOSAGE FORMS AND STRENGTHS** ----------

Injection

2,000 Units/mL, 3,000 Units/mL, 4,000 Units/mL, 10,000 Units/mL, and 40,000 Units/mL in single-dose vials (3)

----------**CONTRAINDICATIONS**----------

- Uncontrolled hypertension (4)
- Pure red cell aplasia (PRCA) that begins after treatment with RETACRIT or other erythropoietin protein drugs (4)
- Serious allergic reactions to RETACRIT or other epoetin alfa products (4)

----------**WARNINGS AND PRECAUTIONS**----------

- Increased Mortality, Myocardial Infarction, Stroke, and Thromboembolism: Using ESAs to target a hemoglobin level of greater than 11 g/dL increases the risk of serious adverse cardiovascular reactions and has not been shown to provide additional benefit (5.1 and 14.1). Use caution in patients with coexistent cardiovascular disease and stroke (5.1).
- Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence in Patients With Cancer (5.2).
- Hypertension: Control hypertension prior to initiating and during treatment with RETACRIT (5.3).
- Seizures: Epoetin alfa products increase the risk for seizures in patients with CKD (5.4). Increase monitoring of these patients for changes in seizure frequency or premonitory symptoms (5.4).
- PRCA: If severe anemia and low reticulocyte count develop during RETACRIT treatment, withhold RETACRIT and evaluate for PRCA (5.6).
- Serious Allergic Reactions: Discontinue RETACRIT and manage reactions (5.7).
- Severe Cutaneous Reactions: Discontinue RETACRIT (5.8).
- Phenylketonurics: Contains phenylalanine (5.9).

----------**ADVERSE REACTIONS** ----------

- Patients with CKD: Adverse reactions in ≥ 5% of epoetin alfa-treated patients in clinical studies were hypertension, arthralgia, muscle spasm, pyrexia, dizziness, medical device malfunction, vascular occlusion, and upper respiratory tract infection (6.1).
- Patients on Zidovudine due to HIV-infection: Adverse reactions in ≥ 5% of epoetin alfa-treated patients in clinical studies were pyrexia, cough, rash, and injection site irritation (6.1).
- Patients with Cancer on Chemotherapy: Adverse reactions in ≥ 5% of epoetin alfa-treated patients in clinical studies were nausea, vomiting, myalgia, arthralgia, stomatitis, cough, weight decrease, leukopenia, bone pain, rash, hyperglycemia, insomnia, headache, depression, dysphagia, hypokalemia, and thrombosis (6.1).
- Surgery Patients: Adverse reactions in ≥ 5% of epoetin alfa-treated patients in clinical studies were nausea, vomiting, pruritus, headache, injection site pain, chills, deep vein thrombosis, cough, and hypertension (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Hospira, Inc., a Pfizer company, at 1-800-438-1985, or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

*Biosimilar means that the biological product is approved based on data demonstrating that it is highly similar to an FDA-approved biological product,

known as a reference product, and that there are no clinically meaningful differences between the biosimilar product and the reference product. Biosimilarity of RETACRIT has been demonstrated for the condition(s) of use (e.g. indication(s), dosing regimen(s)), strength(s), dosage form(s), and route(s) of administration described in its Full Prescribing Information.

Revised: 1/2019

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

WARNING: ESAs INCREASE THE RISK OF DEATH, MYOCARDIAL INFARCTION, STROKE, VENOUS THROMBOEMBOLISM, THROMBOSIS OF VASCULAR ACCESS AND TUMOR PROGRESSION OR RECURRENCE

Chronic Kidney Disease:

- **In controlled trials, patients experienced greater risks for death, serious adverse cardiovascular reactions, and stroke when administered erythropoiesis-stimulating agents (ESAs) to target a hemoglobin level of greater than 11 g/dL *[see Warnings and Precautions (5.1)]*.**
- **No trial has identified a hemoglobin target level, ESA dose, or dosing strategy that does not increase these risks *[see Dosage and Administration (2.2)]*.**
- **Use the lowest RETACRIT dose sufficient to reduce the need for red blood cell (RBC) transfusions *[see Warnings and Precautions (5.1)]*.**

Cancer:

- **ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers *[see Warnings and Precautions (5.2)]*.**
- **To decrease these risks, as well as the risk of serious cardiovascular and thromboembolic reactions, use the lowest dose needed to avoid RBC transfusions *[see Dosage and Administration (2.4)]*.**
- **Use ESAs only for anemia from myelosuppressive chemotherapy *[see Indications and Usage (1.3)]*.**
- **ESAs are not indicated for patients receiving myelosuppressive chemotherapy when the anticipated outcome is cure *[see Indications and Usage (1.5)]*.**
- **Discontinue following the completion of a chemotherapy course *[see Dosage and Administration (2.4)]*.**

Perisurgery:

- **Due to increased risk of deep venous thrombosis (DVT), DVT prophylaxis is recommended *[see Dosage and Administration (2.5), Warnings and Precautions (5.1)]*.**

1 INDICATIONS AND USAGE

1.1 Anemia Due to Chronic Kidney Disease

RETACRIT is indicated for the treatment of anemia due to chronic kidney disease (CKD), including patients on dialysis and not on dialysis to decrease the need for red blood cell (RBC) transfusion.

1.2 Anemia Due to Zidovudine in Patients with HIV-infection

RETACRIT is indicated for the treatment of anemia due to zidovudine administered at ≤ 4,200 mg/week in patients with HIV-infection with endogenous serum erythropoietin levels of ≤ 500 mUnits/mL.

1.3 Anemia Due to Chemotherapy in Patients with Cancer

RETACRIT is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

1.4 Reduction of Allogeneic Red Blood Cell Transfusions in Patients Undergoing Elective, Noncardiac, Nonvascular Surgery

RETACRIT is indicated to reduce the need for allogeneic RBC transfusions among patients with perioperative hemoglobin > 10 to ≤ 13 g/dL who are at high risk for perioperative blood loss from elective, noncardiac, nonvascular surgery. RETACRIT is not indicated for patients who are willing to donate autologous blood pre-operatively.

1.5 Limitations of Use

RETACRIT has not been shown to improve quality of life, fatigue, or patient well-being.
RETACRIT is not indicated for use:

- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
- In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.
- In patients scheduled for surgery who are willing to donate autologous blood.
- In patients undergoing cardiac or vascular surgery.
- As a substitute for RBC transfusions in patients who require immediate correction of anemia.

2 DOSAGE AND ADMINISTRATION

2.1 Important Dosing Information

Evaluation of Iron Stores and Nutritional Factors
Evaluate the iron status in all patients before and during treatment. Administer supplemental iron therapy when serum ferritin is less than 100 mcg/L or when serum transferrin saturation is less than 20%. The majority of patients with CKD will require supplemental iron during the course of ESA therapy.

Monitoring of Response to Therapy
Correct or exclude other causes of anemia (e.g., vitamin deficiency, metabolic or chronic inflammatory conditions, bleeding, etc.) before initiating RETACRIT. Following initiation of therapy and after each dose adjustment, monitor hemoglobin weekly until the hemoglobin level is stable and sufficient to minimize the need for RBC transfusion.

2.2 Patients with Chronic Kidney Disease

In controlled trials, patients experienced greater risks for death, serious adverse cardiovascular reactions, and stroke when administered erythropoiesis-stimulating agents (ESAs) to target a hemoglobin level of greater than 11 g/dL. No trial has identified a hemoglobin target level, ESA dose, or dosing strategy that does not increase these risks. Individualize dosing and use the lowest dose of RETACRIT sufficient to reduce the need for RBC transfusions *[see Warnings and Precautions (5.1)]*. Physicians and patients should weigh the possible benefits of decreasing transfusions against the increased risks of death and other serious cardiovascular adverse reactions *[see Boxed Warning and Clinical Studies (14)]*.

For all patients with CKD:
When initiating or adjusting therapy, monitor hemoglobin levels at least weekly until stable, then monitor at least monthly. When adjusting therapy consider hemoglobin rate of rise, rate of decline, ESA responsiveness and hemoglobin variability. A single hemoglobin excursion may not require a dosing change.

- Do not increase the dose more frequently than once every 4 weeks. Decreases in dose can occur more frequently. Avoid frequent dose adjustments.
- If the hemoglobin rises rapidly (e.g., more than 1 g/dL in any 2-week period), reduce the dose of RETACRIT by 25% or more as needed to reduce rapid responses.
- For patients who do not respond adequately, if the hemoglobin has not increased by more than 1 g/dL after 4 weeks of therapy, increase the dose by 25%.
- For patients who do not respond adequately over a 12-week escalation period, increasing the RETACRIT dose further is unlikely to improve response and may increase risks. Use the lowest dose that will maintain a hemoglobin level sufficient to reduce the need for RBC transfusions. Evaluate other causes of anemia. Discontinue RETACRIT if responsiveness does not improve.

For adult patients with CKD on dialysis:

- Initiate RETACRIT treatment when the hemoglobin level is less than 10 g/dL.
- If the hemoglobin level approaches or exceeds 11 g/dL, reduce or interrupt the dose of RETACRIT.
- The recommended starting dose for adult patients is 50 to 100 Units/kg 3 times weekly intravenously or subcutaneously. The intravenous route is recommended for patients on hemodialysis.

For adult patients with CKD not on dialysis:

- Consider initiating RETACRIT treatment only when the hemoglobin level is less than 10 g/dL and the following considerations apply:
  - The rate of hemoglobin decline indicates the likelihood of requiring a RBC transfusion and,
  - Reducing the risk of alloimmunization and/or other RBC transfusion-related risks is a goal
- If the hemoglobin level exceeds 10 g/dL, reduce or interrupt the dose of RETACRIT, and use the lowest dose of RETACRIT sufficient to reduce the need for RBC transfusions.
- The recommended starting dose for adult patients is 50 to 100 Units/kg 3 times weekly intravenously or subcutaneously.

For pediatric patients with CKD:

- Initiate RETACRIT treatment only when the hemoglobin level is less than 10 g/dL.
- If the hemoglobin level approaches or exceeds 12 g/dL, reduce or interrupt the dose of RETACRIT .
- The recommended starting dose for pediatric patients (ages 1 month or older) is 50 Units/kg 3 times weekly intravenously or subcutaneously.

When treating patients who have chronic kidney disease and cancer, physicians should refer to *Warnings and Precautions (5.1 and 5.2).*

2.3 Zidovudine-treated Patients with HIV-infection

Starting Dose

The recommended starting dose in adults is 100 Units/kg as an intravenous or subcutaneous injection 3 times per week.

Dose Adjustment

- If hemoglobin does not increase after 8 weeks of therapy, increase RETACRIT dose by approximately 50 to 100 Units/kg at 4- to 8-week intervals until hemoglobin reaches a level needed to avoid RBC transfusions or 300 Units/kg.

- Withhold RETACRIT if hemoglobin exceeds 12 g/dL. Resume therapy at a dose 25% below the previous dose when hemoglobin declines to less than 11 g/dL.

Discontinue RETACRIT if an increase in hemoglobin is not achieved at a dose of 300 Units/kg for 8 weeks.

2.4 Patients on Cancer Chemotherapy

Initiate RETACRIT in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL, and if there is a minimum of two additional months of planned chemotherapy.

Use the lowest dose of RETACRIT necessary to avoid RBC transfusions.

Recommended Starting Dose

Adults:

- 150 Units/kg subcutaneously 3 times per week until completion of a chemotherapy course or
- 40,000 Units subcutaneously weekly until completion of a chemotherapy course.

Pediatric Patients (5 to 18 years):

- 600 Units/kg intravenously weekly until completion of a chemotherapy course.

Dose Reduction

Reduce dose by 25% if:

- Hemoglobin increases greater than 1 g/dL in any 2-week period or
- Hemoglobin reaches a level needed to avoid RBC transfusion.

Withhold dose if hemoglobin exceeds a level needed to avoid RBC transfusion. Reinitiate at a dose 25% below the previous dose when hemoglobin approaches a level where RBC transfusions may be required.

Dose Increase

After the initial 4 weeks of RETACRIT therapy, if hemoglobin increases by less than 1 g/dL and remains below 10 g/dL, increase dose to:

- 300 Units/kg three times per week in adults or
- 60,000 Units weekly in adults
- 900 Units/kg (maximum 60,000 Units) weekly in pediatric patients

After 8 weeks of therapy, if there is no response as measured by hemoglobin levels or if RBC transfusions are still required, discontinue RETACRIT.

2.5 Surgery Patients

The recommended RETACRIT regimens are:

- 300 Units/kg per day subcutaneously for 15 days total: administered daily for 10 days before surgery, on the day of surgery, and for 4 days after surgery.
- 600 Units/kg subcutaneously in 4 doses administered 21, 14, and 7 days before surgery and on the day of surgery.

Deep venous thrombosis prophylaxis is recommended during RETACRIT therapy *[see Warnings and Precautions (5.1)]*.

2.6 Preparation and Administration

- Do not shake. Do not use RETACRIT that has been shaken or frozen.
- Protect vials from light.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.

- Discard unused portions of RETACRIT in preservative-free vials. Do not re-enter preservative-free vials.
- Do not dilute. Do not mix with other drug solutions.

3 DOSAGE FORMS AND STRENGTHS

Injection

2,000 Units/mL, 3,000 Units/mL, 4,000 Units/mL, 10,000 Units/mL, and 40,000 Units/mL of RETACRIT as a clear and colorless liquid in single-dose vials.

4 CONTRAINDICATIONS

RETACRIT is contraindicated in patients with:

- Uncontrolled hypertension *[see Warnings and Precautions (5.3)]*.
- Pure red cell aplasia (PRCA) that begins after treatment with RETACRIT or other erythropoietin protein drugs *[see Warnings and Precautions (5.6)]*.
- Serious allergic reactions to RETACRIT or other epoetin alfa products *[see Warnings and Precautions (5.7)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Increased Mortality, Myocardial Infarction, Stroke, and Thromboembolism

- In controlled clinical trials of patients with CKD comparing higher hemoglobin targets (13 - 14 g/dL) to lower targets (9 – 11.3 g/dL), epoetin alfa and other ESAs increased the risk of death, myocardial infarction, stroke, congestive heart failure, thrombosis of hemodialysis vascular access, and other thromboembolic events in the higher target groups.
- Using ESAs to target a hemoglobin level of greater than 11 g/dL increases the risk of serious adverse cardiovascular reactions and has not been shown to provide additional benefit *[see Clinical Studies (14.1)]*. Use caution in patients with coexistent cardiovascular disease and stroke *[see Dosage and Administration (2.2)]*. Patients with CKD and an insufficient hemoglobin response to ESA therapy may be at even greater risk for cardiovascular reactions and mortality than other patients. A rate of hemoglobin rise of greater than 1 g/dL over 2 weeks may contribute to these risks.
- In controlled clinical trials of patients with cancer, epoetin alfa and other ESAs increased the risks for death and serious adverse cardiovascular reactions. These adverse reactions included myocardial infarction and stroke.
- In controlled clinical trials, ESAs increased the risk of death in patients undergoing coronary artery bypass graft surgery (CABG) and the risk of deep venous thrombosis (DVT) in patients undergoing orthopedic procedures.

The design and overall results of the 3 large trials comparing higher and lower hemoglobin targets are shown in Table 1.

MEDICATION GUIDE
RETACRIT™ (Ret-uh-krit)
(epoetin alfa-epbx)

Read this Medication Guide:
- before you start RETACRIT.
- if you are told by your healthcare provider that there is new information about RETACRIT.
- if you are told by your healthcare provider that you may inject RETACRIT at home, read this Medication Guide each time you receive a new supply of medicine.

This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or your treatment. Talk with your healthcare provider regularly about the use of RETACRIT and ask if there is new information about RETACRIT.

What is the most important information I should know about RETACRIT?
RETACRIT may cause serious side effects that can lead to death, including:

For people with cancer:
- Your tumor may grow faster and you may die sooner if you choose to take RETACRIT. Your healthcare provider will talk with you about these risks.

For all people who take RETACRIT, including people with cancer or chronic kidney disease:
- **Serious heart problems, such as heart attack or heart failure, and stroke.** You may die sooner if you are treated with RETACRIT to increase red blood cells (RBCs) to near the same level found in healthy people.
- **Blood clots.** Blood clots may happen at any time while taking RETACRIT. If you are receiving RETACRIT for any reason and you are going to have surgery, talk to your healthcare provider about whether or not you need to take a blood thinner to lessen the chance of blood clots during or following surgery. Blood clots can form in blood vessels (veins), especially in your leg (deep venous thrombosis or DVT). Pieces of a blood clot may travel to the lungs and block the blood circulation in the lungs (pulmonary embolus).
- Call your healthcare provider or get medical help right away if you have any of these symptoms:
  - Chest pain
  - Trouble breathing or shortness of breath
  - Pain in your legs, with or without swelling
  - A cool or pale arm or leg
  - Sudden confusion, trouble speaking, or trouble understanding others' speech
  - Sudden numbness or weakness in your face, arm, or leg, especially on one side of your body
  - Sudden trouble seeing
  - Sudden trouble walking, dizziness, loss of balance or coordination
  - Loss of consciousness (fainting)
  - Hemodialysis vascular access stops working

See "**What are the possible side effects of RETACRIT?**" below for more information.
If you decide to take RETACRIT, your healthcare provider should prescribe the smallest dose of RETACRIT that is necessary to reduce your chance of needing RBC transfusions.

What is RETACRIT?
RETACRIT is a prescription medicine used to treat anemia. People with anemia have a lower-than-normal number of RBCs. RETACRIT works like the human protein called erythropoietin to help your body make more RBCs. RETACRIT is used to reduce or avoid the need for RBC transfusions.

RETACRIT may be used to treat anemia if it is caused by:
- Chronic kidney disease (you may or may not be on dialysis).
- Chemotherapy that will be used for at least two months after starting RETACRIT.
- A medicine called zidovudine (AZT) used to treat HIV infection.

RETACRIT may also be used to reduce the chance you will need RBC transfusions if you are scheduled for certain surgeries where a lot of blood loss is expected.

If your hemoglobin level stays too high or if your hemoglobin goes up too quickly, this may lead to serious

health problems which may result in death. These serious health problems may happen if you take RETACRIT, even if you do not have an increase in your hemoglobin level.

RETACRIT has not been proven to improve quality of life, fatigue, or well-being.

RETACRIT **should not be used** for treatment of anemia:

- If you have cancer and you will not be receiving chemotherapy that may cause anemia.
- If you have a cancer that has a high chance of being cured. Talk with your healthcare provider about the kind of cancer you have.
- If your anemia caused by chemotherapy treatment can be managed by RBC transfusion.
- In place of emergency treatment for anemia (RBC transfusions).

RETACRIT should not be used to reduce the chance you will need RBC transfusions if:

- You are scheduled for surgery on your heart or blood vessels.
- You are able and willing to donate blood prior to surgery.

It is not known if RETACRIT is safe and effective in treating anemia in children less than 1 month old who have chronic kidney disease and in children less than 5 years old who have anemia caused by chemotherapy.

Who should not take RETACRIT?
Do not take RETACRIT if you:

- Have cancer and have not been counseled by your healthcare provider about treatment with RETACRIT.
- Have high blood pressure that is not controlled (uncontrolled hypertension).
- Have been told by your healthcare provider that you have or have ever had a type of anemia called Pure Red Cell Aplasia (PRCA) that starts after treatment with RETACRIT or other erythropoietin protein medicines.
- Have had a serious allergic reaction to RETACRIT or other epoetin alfa products.

Before taking RETACRIT, tell your healthcare provider about all of your medical conditions, including if you:

- Have heart disease.
- Have high blood pressure.
- Have had a seizure (convulsion) or stroke.
- Have phenylketonuria. RETACRIT contains phenylalanine (a component of aspartame).
- Receive dialysis treatment.
- Are pregnant or plan to become pregnant. It is not known if RETACRIT may harm your unborn baby. Talk to your healthcare provider about possible pregnancy and birth control choices that are right for you.
- Are breastfeeding or plan to breastfeed. It is not known if RETACRIT passes into breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I take RETACRIT?

- If you or your caregiver has been trained to give RETACRIT shots (injections) at home:
  - Be sure that you read, understand, and follow the “Instructions for Use” that come with RETACRIT.
  - Take RETACRIT exactly as your healthcare provider tells you to. Do not change the dose of RETACRIT unless told to do so by your healthcare provider.
  - Your healthcare provider will show you how much RETACRIT to use, how to inject it, how often it should be injected, and how to safely throw away the used vials, syringes, and needles.
  - If you miss a dose of RETACRIT, call your healthcare provider right away and ask what to do.
  - If you take more than the prescribed dose of RETACRIT, call your healthcare provider right away.
- During treatment with RETACRIT, continue to follow your healthcare provider’s instructions for diet and medicines.
- Have your blood pressure checked as instructed by your healthcare provider.

What are the possible side effects of RETACRIT?
RETACRIT may cause serious side effects, including:

- See "**What is the most important information I should know about RETACRIT?**"
- **High blood pressure.** High blood pressure is a common side effect of RETACRIT in people with chronic kidney disease. Your blood pressure may go up or be difficult to control with blood pressure medicine while taking RETACRIT. This can happen even if you have never had high blood pressure before. Your healthcare provider should check your blood pressure often. If your blood pressure does go up, your healthcare provider may prescribe new or more blood pressure medicine.
- **Seizures.** If you have any seizures while taking RETACRIT, get medical help right away and tell your healthcare provider.
- **Antibodies to RETACRIT.** Your body may make antibodies to RETACRIT. These antibodies can block or lessen your body's ability to make RBCs and cause you to have severe anemia. Call your healthcare provider if you have unusual tiredness, lack of energy, dizziness, or fainting. You may need to stop taking RETACRIT.
- **Serious allergic reactions.** Serious allergic reactions can cause a skin rash, itching, shortness of breath, wheezing, dizziness and fainting because of a drop in blood pressure, swelling around your mouth or eyes, fast pulse, or sweating. If you have a serious allergic reaction, stop using RETACRIT and call your healthcare provider or get medical help right away.
- **Severe skin reactions.** Signs and symptoms of severe skin reactions with RETACRIT may include: skin rash with itching, blisters, skin sores, peeling, or areas of skin coming off. If you have any signs or symptoms of a severe skin reaction, stop using RETACRIT and call your healthcare provider or get medical help right away.

Common side effects of RETACRIT include:

- joint, muscle, or bone pain
- fever
- cough
- dizziness
- high blood sugar
- low potassium levels in the blood
- chills
- redness and pain at the RETACRIT injection site
- rash
- nausea
- vomiting
- blood vessel blockage
- low white blood cells
- trouble sleeping
- difficulty swallowing
- soreness of mouth
- itching
- headache
- respiratory infection
- weight decrease
- depression
- muscle spasm

These are not all of the possible side effects of RETACRIT. Your healthcare provider can give you a more complete list. Tell your healthcare provider about any side effects that bother you or that do not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store RETACRIT?

- Do not shake RETACRIT.
- Store RETACRIT vials in the carton it comes in to protect from light.
- Store RETACRIT in the refrigerator between 36°F to 46°F (2°C to 8°C).
- **Do not freeze RETACRIT.** Do not use RETACRIT that has been frozen.
- Single-dose vials of RETACRIT should be used only one time. Throw the vial away after use even if there is medicine left in the vial.

Keep RETACRIT and all medicines out of the reach of children.

General information about RETACRIT.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use RETACRIT for a condition for which it was not prescribed. Do not give RETACRIT to other people even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about RETACRIT that is written for healthcare professionals.

What are the ingredients in RETACRIT?

Active Ingredient: epoetin alfa-epbx

Inactive Ingredients:

- All vials contain calcium chloride dehydrate, glycine, isoleucine, leucine, L-glutamic acid,

phenylalanine, polysorbate 20, sodium chloride, sodium phosphate dibasic anhydrous, sodium phosphate monobasic monohydrate, and threonine, in water for injection.

Manufactured by Hospira, Inc., a subsidiary of Pfizer Inc., Lake Forest, IL 60045 USA
US License No. 1974
Distributed by Pfizer Labs, division of Pfizer Inc., New York, NY 10017 USA

LAB-0827-2.0
For more information, go to www.pfizer.com or call 1-800-438-1985.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Revised: 1/2019

Instructions for Use

RETACRIT™ (Ret-uh-krit**)**

(epoetin alfa-epbx)

Use these Instructions for Use if you or your caregiver has been trained to give RETACRIT injections at home. Do not give yourself the injection unless you have received training from your healthcare provider. If you are not sure about giving the injection or you have questions, ask your healthcare provider for help.

Before reading these Instructions for Use, read the Medication Guide that comes with RETACRIT for the most important information you need to know.

When you receive your RETACRIT vial make sure that:

- The name RETACRIT appears on the carton and vial label.
- The expiration date on the vial label has not passed. Do not use a vial of RETACRIT after the expiration date on the label.
- The dose strength of the RETACRIT vial (number of Units per mL on the vial label) is the same as your healthcare provider prescribed.
- You understand what the dose strength of RETACRIT means. RETACRIT vials come in several dose strengths. For example, the dose strength may be described as 10,000 Units/mL on the vial label. This strength means that 10,000 Units of medicine are contained in each 1 mL (milliliter) of liquid. Your healthcare provider may also refer to a mL as a “cc.” One mL is the same as one “cc.”
- The RETACRIT liquid in the vial is clear and colorless. Do not use RETACRIT if the liquid in the vial looks discolored or cloudy, or if the liquid has lumps, flakes, or particles.
- The RETACRIT vial has a color cap on the top of the vial. Do not use a vial of RETACRIT if the color cap on the top of the vial has been removed or is missing.
- Use only the type of disposable syringe and needle that your healthcare provider has prescribed.
- Do not shake RETACRIT. Shaking could cause RETACRIT not to work. If you shake RETACRIT, the solution in the vial may look foamy and should not be used.
- Do not freeze RETACRIT. Do not use a vial of RETACRIT that has been frozen.
- Store RETACRIT in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Keep RETACRIT away from light.
- Single-dose vials of RETACRIT should be used only one time. Throw the vial away after use even if there is medicine left in the vial.

How should I prepare for an injection of RETACRIT?

- Always keep an extra syringe and needle on hand.
- Follow your healthcare provider’s instructions on how to measure your dose of RETACRIT. This dose will be measured in Units per mL or cc (1 mL is the same as 1 cc). Use a syringe that is marked in tenths of mL (for example, 0.2 mL or 0.2 cc). Using the wrong syringe can lead to a mistake in your dose and you could inject too much or too little RETACRIT.

***Only use disposable syringes and needles. Use the syringes and needles only one time and then throw them away as instructed by your healthcare provider*.**

Important: Follow these instructions exactly to help avoid infections.