Application Number 21-481

FINAL PRINTED LABELING
DESCRIPTION
FUZEON (enfuvirtide) is an inhibitor of the fusion of HIV-1 with CD4+ cells. Enfuvirtide is a linear 36-amino acid synthetic peptide with the N-terminus acetylated and the C-terminus is a carboxamide. It is composed of naturally occurring L-amino acid residues.

Enfuvirtide is a white to off-white amorphous solid. It has negligible solubility in pure water and the solubility increases in aqueous buffers (pH 7.5) to 85-142 g/100 mL. The empirical formula of enfuvirtide is C_{204}H_{30}N_{51}O_{64}, and the molecular weight is 4492. It has the following primary amino acid sequence:

\[
\]

The drug product, FUZEON (enfuvirtide) for Injection, is a white to off-white, sterile, lyophilized powder. Each single-use vial contains 108 mg of enfuvirtide for the delivery of 90 mg. Prior to subcutaneous administration, the contents of the vial are reconstituted with 1.1 mL of Sterile Water for Injection giving a volume of approximately 1.2 mL to provide the delivery of 1 mL of the solution. Each 1 mL of the reconstituted solution
contains approximately 90 mg of enfuvirtide with approximate amounts of the following excipients: 22.55 mg of mannitol, 2.39 mg of sodium carbonate (anhdyrous), and sodium hydroxide and hydrochloric acid for pH adjustment as needed. The reconstituted solution has an approximate pH of 9.0.

MICROBIOLOGY

Mechanism of Action
Enfuvirtide interferes with the entry of HIV-1 into cells by inhibiting fusion of viral and cellular membranes. Enfuvirtide binds to the first heptad-repeat (HR1) in the gp41 subunit of the viral envelope glycoprotein and prevents the conformational changes required for the fusion of viral and cellular membranes.

Antiviral Activity In Vitro
The in vitro antiviral activity of enfuvirtide was assessed by infecting different CD4+ cell types with laboratory and clinical isolates of HIV-1. The IC₅₀ (50% inhibitory concentration) for enfuvirtide in laboratory and primary isolates representing HIV-1 clades A to G ranged from 4 to 280 nM (18 to 1260 ng/mL). The IC₅₀ for baseline clinical isolates ranged from 0.089 to 107 nM (0.4 to 480 ng/mL) by the cMAGI assay (n=130) and from 1.56 to 1680 nM (7 to 7530 ng/mL) by a recombinant phenotypic entry assay (n=612). Enfuvirtide was similarly active in vitro against R5, X4, and dual tropic viruses. Enfuvirtide has no activity against HIV-2.

Enfuvirtide exhibited additive to synergistic effects in cell culture assays when combined with individual members of various antiretroviral classes, including zidovudine, lamivudine, nelfinavir, indinavir, and efavirenz.

Drug Resistance
HIV-1 isolates with reduced susceptibility to enfuvirtide have been selected in vitro. Genotypic analysis of the in vitro-selected resistant isolates showed mutations that resulted in amino acid substitutions at the enfuvirtide binding HR1 domain positions 36 to 38 of the HIV-1 envelope glycoprotein gp41. Phenotypic analysis of site-directed mutants in positions 36 to 38 in an HIV-1 molecular clone showed a 5-fold to 684-fold decrease in susceptibility to enfuvirtide.

In clinical trials, HIV-1 isolates with reduced susceptibility to enfuvirtide have been recovered from subjects treated with FUZEON in combination with other antiretroviral agents. Posttreatment HIV-1 virus from 185 subjects exhibited decreases in susceptibility to enfuvirtide ranging from 4-fold to 422-fold relative to their respective baseline virus and exhibited genotypic changes in gp41 amino acids 36 to 45. Substitutions in this region were observed with decreasing frequency at amino acid positions 38, 43, 36, 40, 42, and 45.
Cross-resistance
HIV-1 clinical isolates resistant to nucleoside analogue reverse transcriptase inhibitors (NRTI), non-nucleoside analogue reverse transcriptase inhibitors (NNRTI), and protease inhibitors (PI) were susceptible to enfuvirtide in cell culture.

CLINICAL PHARMACOLOGY
Pharmacokinetics
The pharmacokinetic properties of enfuvirtide were evaluated in HIV-1 infected adult and pediatric patients.

Absorption
Following a 90-mg single subcutaneous injection of FUZEON into the abdomen in 12 HIV-1 infected subjects, the mean (±SD) C\text{max} was 4.59 ± 1.5 μg/mL, AUC was 55.8 ± 12.1 μg*h/mL and the median T\text{max} was 8 hours (ranged from 3 to 12 h). The absolute bioavailability (using a 90-mg intravenous dose as a reference) was 84.3% ± 15.5%. Following 90-mg bid dosing of FUZEON subcutaneously in combination with other antiretroviral agents in 11 HIV-1 infected subjects, the mean (±SD) steady-state C\text{max} was 5.0 ± 1.7 μg/mL, C\text{ trough } was 3.3 ± 1.6 μg/mL, AUC\text{0-12h} was 48.7 ± 19.1 μg*h/mL, and the median T\text{max} was 4 hours (ranged from 4 to 8 h).

Absorption of the 90-mg dose was comparable when injected into the subcutaneous tissue of the abdomen, thigh or arm.

Distribution
The mean (±SD) steady-state volume of distribution after intravenous administration of a 90-mg dose of FUZEON (N=12) was 5.5 ± 1.1 L.

Enfuvirtide is approximately 92% bound to plasma proteins in HIV-infected plasma over a concentration range of 2 to 10 μg/mL. It is bound predominantly to albumin and to a lower extent to α-1 acid glycoprotein.

Metabolism/Elimination
As a peptide, enfuvirtide is expected to undergo catabolism to its constituent amino acids, with subsequent recycling of the amino acids in the body pool.

Mass balance studies to determine elimination pathway(s) of enfuvirtide have not been performed in humans.

In vitro studies with human microsomes and hepatocytes indicate that enfuvirtide undergoes hydrolysis to form a deamidated metabolite at the C-terminal phenylalanine residue, M3. The hydrolysis reaction is not NADPH dependent. The M3 metabolite is detected in human plasma following administration of enfuvirtide, with an AUC ranging from 2.4% to 15% of the enfuvirtide AUC.

Following a 90-mg single subcutaneous dose of enfuvirtide (N=12) the mean ±SD elimination half-life of enfuvirtide is 3.8 ± 0.6 h and the mean ±SD apparent clearance
was 24.8 ± 4.1 mL/h/kg. Following 90-mg bid dosing of FUZEON subcutaneously in combination with other antiretroviral agents in 11 HIV-1 infected subjects, the mean ±SD apparent clearance was 30.6 ± 10.6 mL/h/kg.

Special Populations

*Hepatic Insufficiency*
Formal pharmacokinetic studies of enfuvirtide have not been conducted in patients with hepatic impairment.

*Renal Insufficiency*
Formal pharmacokinetic studies of enfuvirtide have not been conducted in patients with renal insufficiency. However, analysis of plasma concentration data from subjects in clinical trials indicated that the clearance of enfuvirtide is not affected in patients with creatinine clearance greater than 35 mL/min. The effect of creatinine clearance less than 35 mL/min on enfuvirtide clearance is unknown.

*Gender and Weight*

**GENDER**
Analysis of plasma concentration data from subjects in clinical trials indicated that the clearance of enfuvirtide is 20% lower in females than males after adjusting for body weight.

**WEIGHT**
Enfuvirtide clearance decreases with decreased body weight irrespective of gender. Relative to the clearance of a 70-kg male, a 40-kg male will have 20% lower clearance and a 110-kg male will have a 26% higher clearance. Relative to a 70-kg male, a 40-kg female will have a 36% lower clearance and a 110-kg female will have the same clearance.

No dose adjustment is recommended for weight or gender.

*Race*
Analysis of plasma concentration data from subjects in clinical trials indicated that the clearance of enfuvirtide was not different in Blacks compared to Caucasians. Other pharmacokinetic studies suggest no difference between Asians and Caucasians after adjusting for body weight.

*Pediatric Patients*
The pharmacokinetics of enfuvirtide have been studied in 18 pediatric subjects aged 6 through 16 years at a dose of 2 mg/kg. Enfuvirtide pharmacokinetics were determined in the presence of concomitant medications including antiretroviral agents. A dose of 2 mg/kg bid (maximum 90 mg bid) provided enfuvirtide plasma concentrations similar to those obtained in adult patients receiving 90 mg bid.
In the 18 pediatric subjects receiving the 2 mg/kg bid dose, the mean ±SD steady-state AUC was 53.6 ± 21.4 μg*h/mL, C_{max} was 5.9 ± 2.2 μg/mL, C_{trough} was 3.0 ± 1.5 μg/mL, and apparent clearance was 40 ± 14 mL/h/kg.

**Geriatric Patients**
The pharmacokinetics of enfuvirtide have not been studied in patients over 65 years of age.

**Drug Interactions**

*Influence of FUZEON on the Metabolism of Concomitant Drugs*
Based on the results from an in vitro human microsomal study, enfuvirtide is not an inhibitor of CYP450 enzymes. In an in vivo human metabolism study (N=12), FUZEON at the recommended dose of 90 mg bid did not alter the metabolism of CYP3A4, CYP2D6, CYP1A2, CYP2C19 or CYP2E1 substrates.

*Influence of Concomitant Drugs on the Metabolism of Enfuvirtide*

In separate pharmacokinetic interaction studies, coadministration of ritonavir (N=12), saquinavir/ritonavir (N=12), and rifampin (N=12) did not result in clinically significant pharmacokinetic interactions with FUZEON (see Table 1).

**Table 1. Effect of Ritonavir, Saquinavir/Ritonavir, and Rifampin on the Steady-State Pharmacokinetics of Enfuvirtide (90 mg bid)*

<table>
<thead>
<tr>
<th>Coadministered Drug</th>
<th>Dose of Coadministered Drug</th>
<th>N</th>
<th>% Change of Enfuvirtide Pharmacokinetic Parameters† (90% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>C_{max}</td>
</tr>
<tr>
<td>Ritonavir</td>
<td>200 mg, q12h, 4 days</td>
<td>12</td>
<td>↑24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(↑9 to ↑41)</td>
</tr>
<tr>
<td>Saquinavir/Ritonavir</td>
<td>1000/100 mg, q12h, 4 days</td>
<td>12</td>
<td>⇔</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampin</td>
<td>600 mg, qd, 10 days</td>
<td>12</td>
<td>⇔</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* All studies were performed in HIV-1+ subjects using a sequential crossover design.
† ↑ = Increase; ↓ = Decrease; ⇔ = No Effect (↑ or ↓ <10%)

**INDICATIONS AND USAGE**

FUZEON in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.

This indication is based on analyses of plasma HIV-1 RNA levels and CD4 cell counts in controlled studies of FUZEON of 24 weeks duration. Subjects enrolled were treatment-experienced adults; many had advanced disease. There are no studies of FUZEON in
antiretroviral naive patients. There are no results from controlled trials evaluating the
effect of FUZEON on clinical progression of HIV-1.

**Description of Clinical Studies**

**Studies in Antiretroviral Experienced Patients**

Studies T20-301 and T20-302 are ongoing, randomized, controlled, open-label,
multicenter trials in HIV-1 infected subjects. Subjects were required to have either (1)
viremia despite 3 to 6 months prior therapy with a nucleoside reverse transcriptase
inhibitor (NRTI), non-nucleoside reverse transcriptase inhibitor (NNRTI), and protease
inhibitor (PI) or (2) viremia and documented resistance or intolerance to at least one
member in each of the NRTI, NNRTI, and PI classes.

All subjects received an individualized background regimen consisting of 3 to 5
antiretroviral agents selected on the basis of the subject's prior treatment history and
baseline genotypic and phenotypic viral resistance measurements. Subjects were then
randomized at a 2:1 ratio to FUZEON 90 mg bid with background regimen or
background regimen alone.

Demographic characteristics for studies T20-301 and T20-302 are shown in Table 2.
Subjects had prior exposure to a median of 12 antiretrovirals for a median of 7 years.

**Table 2. T20-301 and T20-302 Pooled Subject Demographics**

<table>
<thead>
<tr>
<th></th>
<th>FUZEON+Background Regimen</th>
<th>Background Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=661</td>
<td>N=334</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Female</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Black</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Mean Age (yr)</strong></td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>(range)</td>
<td>(16-67)</td>
<td>(24-82)</td>
</tr>
<tr>
<td><strong>Median Baseline HIV-1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNA (log₁₀ copies/mL)</td>
<td>5.2</td>
<td>5.1</td>
</tr>
<tr>
<td>(range)</td>
<td>(3.5-6.7)</td>
<td>(3.7-7.1)</td>
</tr>
<tr>
<td><strong>Median Baseline CD4</strong></td>
<td>88</td>
<td>97</td>
</tr>
<tr>
<td>Cell Count (cells/mm³)</td>
<td>(1-994)</td>
<td>(1-847)</td>
</tr>
</tbody>
</table>

The change in plasma HIV-1 RNA from baseline to week 24 was $-1.52 \log_{10}$ copies/mL
for subjects receiving FUZEON plus background regimen compared to $-0.73 \log_{10}$
copies/mL for subjects receiving the background regimen only (see Table 3).

Subjects with two or more active drugs in their background regimen were more likely to
achieve a HIV-1 RNA of <400 copies/mL.
Table 3.  Outcomes of Randomized Treatment at Week 24 (Pooled Studies T20-301 and T20-302)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>FUZEON +Background Regimen 90 mg bid</th>
<th>Background Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=661</td>
<td>N=334</td>
</tr>
<tr>
<td>HIV-1 RNA Log Change from Baseline (log₁₀ copies/mL)*</td>
<td>-1.52</td>
<td>-0.73</td>
</tr>
<tr>
<td>CD4+ cell count Change from Baseline (cells/mm³)#</td>
<td>+71</td>
<td>+35</td>
</tr>
<tr>
<td>HIV RNA ≥1 log below Baseline</td>
<td>342 (52%)</td>
<td>86 (26%)</td>
</tr>
<tr>
<td>HIV RNA &lt;400 copies/mL</td>
<td>247 (37%)</td>
<td>54 (16%)</td>
</tr>
<tr>
<td>HIV RNA &lt;50 copies/mL</td>
<td>151 (23%)</td>
<td>30 (9%)</td>
</tr>
<tr>
<td>Discontinued due to adverse reactions/labs†</td>
<td>40 (6%)</td>
<td>12 (4%)</td>
</tr>
<tr>
<td>Discontinued due to injection site reactions†</td>
<td>20 (3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Discontinued due to other reasons†‡</td>
<td>36 (5%)</td>
<td>14 (4%)</td>
</tr>
</tbody>
</table>

* Based on results from pooled data of T20-301 and T20-302 on ITT population (week 24 viral load for subjects who were lost to follow-up, discontinued therapy, or switched from their original randomization, is replaced by their baseline value).

# Last value carried forward

† Percentages based on safety population FUZEON+background (N=663) and background (N=337).

‡ As per the judgment of the investigator.

§ Includes discontinuations from loss to follow-up, treatment refusal, and other reasons.

CONTRAINDICATIONS
FUZEON is contraindicated in patients with known hypersensitivity to FUZEON or any of its components (see WARNINGS).

WARNINGS

Local Injection Site Reactions
The most common adverse events associated with FUZEON use are local injection site reactions. Manifestations may include pain and discomfort, induration, erythema, nodules and cysts, pruritus, and ecchymosis. Nine percent of patients had local reactions that required analgesics or limited usual activities (see ADVERSE REACTIONS). Reactions are often present at more than one injection site. Patients must be familiar with the FUZEON Injection Instructions in order to know how to inject FUZEON appropriately and how to monitor carefully for signs or symptoms of cellulitis or local infection.
Pneumonia

An increased rate of bacterial pneumonia was observed in subjects treated with FUZEON in the Phase 3 clinical trials compared to the control arm (see ADVERSE REACTIONS). It is unclear if the increased incidence of pneumonia is related to FUZEON use. However, because of this finding, patients with HIV infection should be carefully monitored for signs and symptoms of pneumonia, especially if they have underlying conditions which may predispose them to pneumonia. Risk factors for pneumonia included low initial CD4 cell count, high initial viral load, intravenous drug use, smoking, and a prior history of lung disease (see ADVERSE REACTIONS).

Hypersensitivity Reactions

Hypersensitivity reactions have been associated with FUZEON therapy and may recur on re-challenge. Hypersensitivity reactions have included individually and in combination: rash, fever, nausea and vomiting, chills, rigors, hypotension, and elevated serum liver transaminases. Other adverse events that may be immune mediated and have been reported in subjects receiving FUZEON include primary immune complex reaction, respiratory distress glomerulonephritis, and Guillain-Barre syndrome. Patients developing signs and symptoms suggestive of a systemic hypersensitivity reaction should discontinue FUZEON and should seek medical evaluation immediately. Therapy with FUZEON should not be restarted following systemic signs and symptoms consistent with a hypersensitivity reaction. Risk factors that may predict the occurrence or severity of hypersensitivity to FUZEON have not been identified (see ADVERSE REACTIONS).

PRECAUTIONS

Non-HIV Infected Individuals

There is a theoretical risk that FUZEON use may lead to the production of anti-enfuvirtide antibodies which cross react with HIV gp41. This could result in a false positive HIV test with an ELISA assay; a confirmatory western blot test would be expected to be negative. FUZEON has not been studied in non-HIV infected individuals.

Information for Patients

To assure safe and effective use of FUZEON, the following information and instructions should be given to patients:

- Patients should be informed that injection site reactions occur commonly. Patients must be familiar with the FUZEON Injection Instructions for instructions on how to appropriately inject FUZEON and how to carefully monitor for signs or symptoms of cellulitis or local infection. Patients should be instructed when to contact their healthcare provider about these reactions.

- Patients should be made aware that an increased rate of bacterial pneumonia was observed in subjects treated with FUZEON in Phase 3 clinical trials compared to the control arm. Patients should be advised to seek medical evaluation immediately if they develop signs or symptoms suggestive of pneumonia (cough with fever, rapid breathing, shortness of breath) (see WARNINGS).
• Patients should be advised of the possibility of a hypersensitivity reaction to FUZEON. Patients should be advised to discontinue therapy and immediately seek medical evaluation if they develop signs/symptoms of hypersensitivity (see WARNINGS).

• FUZEON is not a cure for HIV-1 infection and patients may continue to contract illnesses associated with HIV-1 infection. The long-term effects of FUZEON are unknown at this time. FUZEON therapy has not been shown to reduce the risk of transmitting HIV-1 to others through sexual contact or blood contamination.

• FUZEON must be taken as part of a combination antiretroviral regimen. Use of FUZEON alone may lead to rapid development of virus resistant to FUZEON and possibly other agents of the same class.

• Patients and caregivers must be instructed in the use of aseptic technique when administering FUZEON in order to avoid injection site infections. Appropriate training for FUZEON reconstitution and self-injection must be given by a healthcare provider, including a careful review of the FUZEON Patient Package Insert and FUZEON Injection Instructions. The first injection should be performed under the supervision of an appropriately qualified healthcare provider. It is recommended that the patient and/or caregiver’s understanding and use of aseptic self-injection techniques and procedures be periodically re-evaluated.

• Patients should contact their healthcare provider for any questions regarding the administration of FUZEON. Patients should be told not to reuse needles or syringes, and be instructed in safe disposal procedures including the use of a puncture-resistant container for disposal of used needles and syringes. Patients must be instructed on the safe disposal of full containers as per local requirements. Caregivers who experience an accidental needlestick after patient injection should contact a healthcare provider immediately.

• Patients should inform their healthcare provider if they are pregnant, plan to become pregnant or become pregnant while taking this medication.

• Patients should inform their healthcare provider if they are breast-feeding.

• Patients should not change the dose or dosing schedule of FUZEON or any antiretroviral medication without consulting their healthcare provider.

• Patients should contact their healthcare provider immediately if they stop taking FUZEON or any other drug in their antiretroviral regimen.

• Patients should be told that they can obtain more information on the self-administration of FUZEON at www.FUZEON.com or by calling 1-877-4-FUZEON (1-877-438-9366).

Patients should be advised that no studies have been conducted on the ability to drive or operate machinery while taking FUZEON. If patients experience dizziness while taking FUZEON, they should be advised to talk to their healthcare provider before driving or operating machinery.
Drug Interactions

CYP450 Metabolized Drugs
Results from in vitro and in vivo studies suggest that enfuvirtide is unlikely to have significant drug interactions with concomitantly administered drugs metabolized by CYP450 enzymes (see CLINICAL PHARMACOLOGY).

Antiretroviral Agents
No drug interactions with other antiretroviral medications have been identified that would warrant alteration of either the enfuvirtide dose or the dose of the other antiretroviral medication.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis
Long-term animal carcinogenicity studies of enfuvirtide have not been conducted.

Mutagenesis
Enfuvirtide was neither mutagenic nor clastogenic in a series of in vivo and in vitro assays including the Ames bacterial reverse mutation assay, a mammalian cell forward gene mutation assay in AS52 Chinese Hamster ovary cells or an in vivo mouse micronucleus assay.

Impairment of Fertility
Enfuvirtide produced no adverse effects on fertility in male or female rats at doses of up to 30 mg/kg/day administered by subcutaneous injection (1.6 times the maximum recommended adult human daily dose on a m² basis).

Pregnancy
Pregnancy Category B. Reproduction studies have been performed in rats and rabbits at doses up to 27 times and 3.2 times the adult human dose on a m² basis. The animal studies revealed no evidence of harm to the fetus from enfuvirtide. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Antiretroviral Pregnancy Registry
To monitor maternal-fetal outcomes of pregnant women exposed to FUZEON and other antiretroviral drugs, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers
The Centers for Disease Control and Prevention recommends that HIV-infected mothers not breast-feed their infants to avoid the risk of postnatal transmission of HIV. It is not known whether enfuvirtide is excreted in human milk. Because of both the
potential for HIV transmission and the potential for serious adverse reactions in nursing infants, mothers should be instructed not to breast-feed if they are receiving FUZEON.

Studies where radio-labeled $^3$H-enfuvirtide was administered to lactating rats indicated that radioactivity was present in the milk. It is not known whether the radioactivity in the milk was from radio-labeled enfuvirtide or from radio-labeled metabolites of enfuvirtide (ie, amino acids and peptide fragments).

**Pediatric Use**

The safety and pharmacokinetics of FUZEON have not been established in pediatric subjects below 6 years of age. Limited efficacy data is available in pediatric subjects 6 years of age and older.

Thirty-five HIV-1 infected pediatric subjects ages 6 through 16 years have received FUZEON in two open-label, single-arm clinical trials. Adverse experiences were similar to those observed in adult patients.

Study T20-204 was an open-label, multicenter trial that evaluated the safety, and antiviral activity of FUZEON in treatment-experienced pediatric subjects. Eleven subjects from 6 to 12 years were enrolled (median age of 9 years). Median baseline CD4 cell count was 509 cells/μL and the median baseline HIV-1 RNA was 4.5 log$_{10}$ copies/mL.

Ten of the 11 study subjects completed 48 weeks of chronic therapy. By week 48, 6/11 (55%) subjects had $\geq$1 log$_{10}$ decline in HIV-1 RNA and 4/11 (36%) subjects were below 400 copies/mL of HIV-1 RNA. The median changes from baseline in HIV-1 RNA and CD4 cell count were -1.48 log$_{10}$ copies/mL and 122 cells/μL, respectively.

Study T20-310 is an ongoing, open-label, multicenter trial evaluating the pharmacokinetics, safety, and antiviral activity of FUZEON in treatment-experienced pediatric subjects and adolescents. Twenty-four subjects from 6 through 16 years were enrolled (median age of 13 years). Median baseline CD4 cell count was 143 cells/μL and the median baseline HIV-1 RNA was 5.0 log$_{10}$ copies/mL. The evaluation of the antiviral activity is ongoing.

**Geriatric Use**

Clinical studies of FUZEON did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

**ADVERSE REACTIONS**

The overall safety profile of FUZEON is based on 1188 subjects who received at least 1 dose of FUZEON during various clinical trials. This includes 1153 adults, 608 of whom received the recommended dose for greater than 24 weeks, and 35 pediatric subjects.

Assessment of treatment-emergent adverse events is based on the pooled data from the two Phase 3 studies T20-301 and T20-302.
Local Injection Site Reactions

Local injection site reactions were the most frequent adverse events associated with the use of FUZEON. In Phase 3 clinical studies (T20-301 and T20-302), 98% of subjects had at least 1 local injection site reaction (ISR). Three percent of subjects discontinued treatment with FUZEON because of ISRs. Eighty-six percent of subjects experienced their first ISR during the initial week of treatment. The majority of ISRs were associated with mild to moderate pain at the injection site, erythema, induration, and the presence of nodules or cysts. For most subjects the severity of signs and symptoms associated with ISRs did not change during the 24 weeks of treatment. In 17% of subjects an individual ISR lasted for longer than 7 days. Because of the frequency and duration of individual ISRs, 23% of subjects had six or more ongoing ISRs at any given time. Individual signs and symptoms characterizing local ISRs are summarized in Table 4. Infection at the injection site (including abscess and cellulitis) was reported in 1% of subjects.

Table 4. Summary of Individual Signs/Symptoms Characterizing Local Injection Site Reactions to Enfuvirtide in Studies T20-301 and T20-302 Combined (% of Subjects)

<table>
<thead>
<tr>
<th>Event Category</th>
<th>Any Severity Grade</th>
<th>% of Events Comprising Grade 3 Reactions</th>
<th>% of Events Comprising Grade 4 Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain/Discomfort a</td>
<td>95%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Induration b</td>
<td>89%</td>
<td>41%</td>
<td>16%</td>
</tr>
<tr>
<td>Erythema c</td>
<td>89%</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Nodules and Cysts d</td>
<td>76%</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td>Pruritus e</td>
<td>62%</td>
<td>4%</td>
<td>NA</td>
</tr>
<tr>
<td>Ecchymosis f</td>
<td>48%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

a Grade 3 = severe pain requiring analgesics (or narcotic analgesics for ≤72 hours) and/or limiting usual activities;
Grade 4 = severe pain requiring hospitalization or prolongation of hospitalization, resulting in death, or persistent or significant disability/incapacity, or life-threatening, or medically significant.
b Grade 3 = ≥25 mm but <50 mm; Grade 4 = ≥50 mm average diameter.
c Grade 3 = ≥50 mm but <85 mm average diameter; Grade 4 = ≥85 mm average diameter.
d Grade 3 = ≥3 cm; Grade 4 = if draining.
e Grade 3 = refractory to topical treatment or requiring oral or parenteral treatment;
Grade 4 = not applicable.
f Grade 3 = >3 cm but ≤5 cm; Grade 4 = >5 cm.

Other Adverse Events

Hypersensitivity reactions have been attributed to FUZEON (≤1%) and in some cases have recurred upon re-challenge (see WARNINGS).
The events most frequently reported in subjects receiving FUZEON+background regimen, excluding injection site reactions, were diarrhea (26.8%), nausea (20.1%), and fatigue (16.1%). These events were also commonly observed in subjects that received background regimen alone: diarrhea (33.5%), nausea (23.7%), and fatigue (17.4%).

Treatment-emergent adverse events (% of subjects), excluding ISRs, from Phase 3 studies are summarized for adult subjects, regardless of severity and causality, in Table 5. Only events occurring in ≥2% of subjects and at a higher rate in subjects treated with FUZEON are summarized in Table 5; events that occurred at a higher rate in the control arms are not displayed.
Table 5. Percentage of Patients With Selected Treatment-Emergent Adverse Events* Reported in ≥2% of Adult Patients and Occurring More Frequently in Patients Treated With FUZEON (Pooled Studies T20-301/T20-302 at 24 Weeks)

<table>
<thead>
<tr>
<th>Adverse Event (by System Organ Class)</th>
<th>FUZEON+ Background Regimen</th>
<th>Background Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=663</td>
<td>N=334</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Neuropathy</td>
<td>8.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Taste Disturbance</td>
<td>2.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>11.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Depression</td>
<td>8.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Respiratory, Thoracic, and Mediastinal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>7.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinusitis</td>
<td>6.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Herpes Simplex</td>
<td>5.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Skin Papilloma</td>
<td>4.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Influenza</td>
<td>3.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Decreased</td>
<td>6.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Appetite Decreased</td>
<td>6.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Asthenia</td>
<td>5.7%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Anorexia</td>
<td>2.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Influenza-like Illness</td>
<td>2.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Skin and Subcutaneous Tissue Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pruritus Nos</td>
<td>5.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Musculoskeletal, Connective Tissue, and Bone Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myalgia</td>
<td>5.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>3.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Abdominal Pain Upper</td>
<td>3.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>2.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Eye Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>2.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Blood and Lymphatic System Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>2.3%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

*Excludes Injection Site Reactions

An increased rate of bacterial pneumonia was observed in subjects treated with FUZEON in the Phase 3 clinical trials compared to the control arm (4.68 pneumonia events per 100 patient-years versus 0.61 events per 100 patient-years, respectively). Approximately half
of the study subjects with pneumonia required hospitalization. One subject death in the FUZEON arm was attributed to pneumonia. Risk factors for pneumonia included low initial CD4 lymphocyte count, high initial viral load, intravenous drug use, smoking, and a prior history of lung disease. It is unclear if the increased incidence of pneumonia was related to FUZEON use. However, because of this finding patients with HIV infection should be carefully monitored for signs and symptoms of pneumonia, especially if they have underlying conditions which may predispose them to pneumonia (see WARNINGS).

Less Common Events
The following adverse events have been reported in 1 or more subjects; however, a causal relationship to FUZEON has not been established.

Immune System Disorders: worsening abacavir hypersensitivity reaction
Renal and Urinary Disorders: renal insufficiency (glomerulonephritis); renal failure
Blood and Lymphatic Disorders: thrombocytopenia; neutropenia, and fever
Endocrine and Metabolic: hyperglycemia
Infections and Infestations: pneumonia
Nervous System Disorders: Guillain-Barre syndrome (fatal); sixth nerve palsy

Laboratory Abnormalities
Table 6 shows the treatment-emergent laboratory abnormalities that occurred in at least 2% of subjects and more frequently in those receiving FUZEON+background regimen than background regimen alone from studies T20-301 and T20-302.
Table 6. Percentage of Treatment-Emergent Laboratory Abnormalities That Occurred in ≥2% of Adult Patients and More Frequently in Patients Receiving FUZEON (Pooled Studies T20-301 and T20-302 at 24 Weeks)

<table>
<thead>
<tr>
<th>Laboratory Parameters</th>
<th>Grading</th>
<th>FUZEON+ Background Regimen</th>
<th>Background Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=663</td>
<td>N=334</td>
<td></td>
</tr>
<tr>
<td>Eosinophilia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 X ULN (0.7 x 10^9/L)</td>
<td>0.7-1.4 x 10^9/L</td>
<td>8.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>&gt;2 X ULN (0.7 x 10^9/L)</td>
<td>&gt;1.4 x 10^9/L</td>
<td>1.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Amylase (U/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;2-5 x ULN</td>
<td>6.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;5 x ULN or clinical pancreatitis</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lipase (U/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;2-5 x ULN</td>
<td>5.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;5 x ULN</td>
<td>2.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Triglycerides (mmol/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;1000 mg/dL</td>
<td>8.9%</td>
<td>7.2%</td>
</tr>
<tr>
<td>ALT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;5-10 x ULN</td>
<td>3.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;10 x ULN</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>AST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;5-10 x ULN</td>
<td>3.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;10 x ULN</td>
<td>1.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Creatine Phosphokinase (U/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;5-10 x ULN</td>
<td>5.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;10 x ULN</td>
<td>2.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>GGT (U/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>&gt;5-10 x ULN</td>
<td>3.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&gt;10 x ULN</td>
<td>2.4%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Hemoglobin (g/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. 3</td>
<td>6.5-7.9 g/dL</td>
<td>1.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Gr. 4</td>
<td>&lt;6.5 g/dL</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Adverse Events in Pediatric Patients
FUZEON has been studied in 35 pediatric subjects 6 through 16 years of age with duration of FUZEON exposure ranging from 1 dose to 48 weeks. Adverse experiences seen during clinical trials were similar to those observed in adult subjects.
OVERDOSAGE
There are no reports of human experience of acute overdose with FUZEON. The highest dose administered to 12 subjects in a clinical trial was 180 mg as a single dose subcutaneously. There is no specific antidote for overdose with FUZEON. Treatment of overdose should consist of general supportive measures.

DOSAGE AND ADMINISTRATION

Adults
The recommended dose of FUZEON is 90 mg (1 mL) twice daily injected subcutaneously into the upper arm, anterior thigh or abdomen. Each injection should be given at a site different from the preceding injection site, and only where there is no current injection site reaction from an earlier dose. FUZEON should not be injected into moles, scar tissue, bruises or the navel. Additional detailed information regarding the administration of FUZEON is described in the FUZEON Injection Instructions.

Pediatric Patients
No data are available to establish a dose recommendation of FUZEON in pediatric patients below the age of 6 years. In pediatric patients 6 years through 16 years of age, the recommended dosage of FUZEON is 2 mg/kg twice daily up to a maximum dose of 90 mg twice daily injected subcutaneously into the upper arm, anterior thigh or abdomen. Each injection should be given at a site different from the preceding injection site and only where there is no current injection site reaction from an earlier dose. FUZEON should not be injected into moles, scar tissue, bruises or the navel. Table 7 contains dosing guidelines for FUZEON based on body weight. Weight should be monitored periodically and the FUZEON dose adjusted accordingly.

<table>
<thead>
<tr>
<th>Kilograms (kg)</th>
<th>Pounds (lbs)</th>
<th>Dose per bid Injection (mg/dose)</th>
<th>Injection Volume (90 mg enfuvirtide per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.0 to 15.5</td>
<td>24 to 34</td>
<td>27</td>
<td>0.3 mL</td>
</tr>
<tr>
<td>15.6 to 20.0</td>
<td>&gt;34 to 44</td>
<td>36</td>
<td>0.4 mL</td>
</tr>
<tr>
<td>20.1 to 24.5</td>
<td>&gt;44 to 54</td>
<td>45</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>24.6 to 29.0</td>
<td>&gt;54 to 64</td>
<td>54</td>
<td>0.6 mL</td>
</tr>
<tr>
<td>29.1 to 33.5</td>
<td>&gt;64 to 74</td>
<td>63</td>
<td>0.7 mL</td>
</tr>
<tr>
<td>33.6 to 38.0</td>
<td>&gt;74 to 84</td>
<td>72</td>
<td>0.8 mL</td>
</tr>
<tr>
<td>38.1 to 42.5</td>
<td>&gt;84 to 94</td>
<td>81</td>
<td>0.9 mL</td>
</tr>
<tr>
<td>&gt;42.6</td>
<td>&gt;94</td>
<td>90</td>
<td>1.0 mL</td>
</tr>
</tbody>
</table>

Table 7. Pediatric Dosing Guidelines
Directions for Use
For more detailed instructions, see FUZEON Injection Instructions.

Subcutaneous Administration
FUZEON must only be reconstituted with 1.1 mL of Sterile Water for Injection. After adding sterile water, the vial should be gently tapped for 10 seconds and then gently rolled between the hands to avoid foaming and to ensure all particles of drug are in contact with the liquid and no drug remains on the vial wall. The vial should then be allowed to stand until the powder goes completely into solution, which could take up to 45 minutes. Reconstitution time can be reduced by gently rolling the vial between the hands until the product is completely dissolved. Before the solution is withdrawn for administration, the vial should be inspected visually to ensure that the contents are fully dissolved in solution, and that the solution is clear, colorless and without bubbles or particulate matter. If there is evidence of particulate matter, the vial must not be used and should be returned to the pharmacy.

FUZEON contains no preservatives. Once reconstituted, FUZEON should be injected immediately or kept refrigerated in the original vial until use. Reconstituted FUZEON must be used within 24 hours. The subsequent dose of FUZEON can be reconstituted in advance and must be stored in the refrigerator in the original vial and used within 24 hours. Refrigerated reconstituted solution should be brought to room temperature before injection and the vial should be inspected visually again to ensure that the contents are fully dissolved in solution and that the solution is clear, colorless, and without bubbles or particulate matter.

The reconstituted solution should be injected subcutaneously in the upper arm, abdomen or anterior thigh. The injection should be given at a site different from the preceding injection site and only where there is no current injection site reaction. Also, do not inject into moles, scar tissue, bruises or the navel. A vial is suitable for single use only; unused portions must be discarded (see FUZEON Injection Instructions).

Patients should contact their healthcare provider for any questions regarding the administration of FUZEON. Information about the self-administration of FUZEON may also be obtained by calling the toll-free number 1-877-4-FUZEON (1-877-438-9366) or at the FUZEON website, www.FUZEON.com. Patients should be taught to recognize the signs and symptoms of injection site reactions and instructed when to contact their healthcare provider about these reactions.

HOW SUPPLIED
FUZEON (enfuvirtide) for Injection is a white to off-white, sterile, lyophilized powder and it is packaged in a single-use clear glass vial containing 108 mg of enfuvirtide for the delivery of approximately 90 mg/1 mL when reconstituted with 1.1 mL of Sterile Water for Injection.
FUZEON is available in a Convenience Kit containing 60 single-use vials (2 cartons of 30 each) of FUZEON (90 mg strength), 60 vials (2 cartons of 30 each) of Sterile Water for Injection (1.1 mL per vial), 60 reconstitution syringes (3 cc), 60 administration syringes (1 cc), alcohol wipes, Package Insert, Patient Package Insert, and Injection Instruction Guide (NDC 0004-0380-39).

**Storage Conditions**
Store at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature].

Reconstituted solution should be stored under refrigeration at 2° to 8°C (36° to 46°F) and used within 24 hours.

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Roche Laboratories Inc.
340 Kingsland Street
Nutley, New Jersey 07110-1199

Trimeris, Inc.
Durham, NC 27707

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WHAT IS FUZEON?

DOES FUZEON LOWER THE CHANCE OF PASSING HIV TO OTHER PEOPLE?

WHO SHOULD NOT USE FUZEON?

HOW SHOULD I USE FUZEON?

CAN FUZEON BE USED WITH OTHER MEDICINES?

WHAT SHOULD I AVOID WHILE USING FUZEON?

WHAT ARE THE POSSIBLE SIDE EFFECTS OF FUZEON?

HOW IS FUZEON STORED?

GENERAL INFORMATION ABOUT THE SAFE AND EFFECTIVE USE OF FUZEON

WHAT ARE THE INGREDIENTS IN FUZEON?

WHERE CAN I GET MORE INFORMATION ABOUT FUZEON?

CHANGES SINCE THE LAST VERSION OF THIS LEAFLET

This leaflet contains important information for patients and their caregivers about FUZEON. Please read this leaflet and FUZEON Injection Instructions carefully before you start using FUZEON. Always read the section “Changes since the last version of this leaflet” at the end of this leaflet each time you get your FUZEON prescription refilled. There may be new important information about the use of FUZEON.

This information does not take the place of talking with your healthcare provider about your medical conditions or treatment.
What is FUZEON?
FUZEON is a medicine called an HIV (human immunodeficiency virus) fusion inhibitor. FUZEON is always used with other anti-HIV medicines to treat adults and children ages 6 years and older with HIV infection. FUZEON is not used by itself to treat HIV infection.

FUZEON blocks HIV's ability to infect healthy CD4 cells. When used with other anti-HIV medicines, FUZEON can reduce the amount of HIV in the blood and increase the number of CD4 cells. This may keep your immune system healthy, so it can help fight infection.

FUZEON does not cure HIV infection or AIDS. The long-term effects of FUZEON are not known at this time. People taking FUZEON may still get opportunistic infections or other conditions that can happen with HIV infection. For these reasons it is very important that you remain under the care of your healthcare provider while taking FUZEON.

Does FUZEON lower the chance of passing HIV to other people?
FUZEON does not lower your chance of passing HIV to other people through unprotected sex, sharing needles or being exposed to your blood. For your own health and the health of others, it is important to continue to practice safer sex. Use a latex or polyurethane condom or other barrier method to lower the chance of sexual contact with semen, vaginal secretions or blood. Never use or share dirty needles. Ask your healthcare provider if you have any questions about safer sex or how to prevent passing HIV to other people.

Who should not use FUZEON?
Do not use FUZEON if you are allergic to any of the ingredients in FUZEON. See the end of this leaflet for a list of ingredients in FUZEON.

Tell your healthcare provider:
• if you are pregnant or plan to become pregnant. We do not know if FUZEON can harm your unborn child. You and your healthcare provider will need to decide if FUZEON is right for you. If you use FUZEON while you are pregnant, talk to your healthcare provider about how you can be in the Antiretroviral Pregnancy Registry.

• if you are breast-feeding. You should not breast-feed if you are HIV-positive because of the chance of passing the HIV virus to your baby. Also, it is not known if FUZEON can pass into your breast milk and if it can harm your baby.

• about all your medical conditions.
• about all the medicines you use, including prescription and non-prescription medicines, vitamins, and herbal supplements. FUZEON has not been tested with all medicines.

How should I use FUZEON?
Before you use FUZEON, make sure you understand all of the information in this leaflet and the FUZEON Injection Instructions that come with your medicine. You or your caregiver should be trained by a healthcare provider before injecting it. If you do not understand all the information, talk with your healthcare provider about your questions or concerns.

• Use FUZEON with other anti-HIV medicines. Do not use FUZEON as your only anti-HIV medicine.

• FUZEON must be injected. FUZEON does not work if the medicine is swallowed.

• Do not mix other medicines in the same syringe with FUZEON.

• FUZEON is given under the skin by injection (a “shot”) in the upper arm, upper leg or stomach two times a day. See the FUZEON Injection Instructions that come with your medicine for step-by-step instructions about how to inject FUZEON.

• Do not inject FUZEON in the same area as you did the time before. Do not inject FUZEON into the following areas: around the navel (belly button), scar tissue, a bruise or a mole, and where there is an injection site reaction.

• Do not inject FUZEON if you see particles floating in the FUZEON vial after you mix it up.

• You can use FUZEON whether you have eaten or not. Food does not affect FUZEON. However, you must keep taking your other medicines the way you did before.

• Do not change your dose or stop taking FUZEON without first talking with your healthcare provider.

• See your healthcare provider regularly while using FUZEON.

• When your FUZEON supply runs low, be sure to have it refilled. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. If you miss or skip doses of FUZEON, HIV may develop resistance to FUZEON and become harder to treat.

• If you miss a dose of FUZEON, take the missed dose as soon as you can and then take your next dose as scheduled. If you have missed a dose of FUZEON and it is close to the time when you are supposed to take your next dose, wait and take the next dose as regularly scheduled. Do not take two doses of FUZEON at the same time.
• If you take too much FUZEON, call your healthcare provider right away. We do not
know what can happen if you take too much FUZEON. You will be watched very
carefully if you take too much FUZEON.

• It is important that you put your used syringes into a special sharps container
after injecting FUZEON. Your healthcare provider will give you more instructions
about the safe disposal of your used syringes. Do not put them in a trash can. If you
do not have a sharps container, call your healthcare provider or pharmacist to get one
before using FUZEON.

Can FUZEON be used with other medicines?
• FUZEON does not affect other anti-HIV medicines or the medicine rifampin (also
known as rifampicin and manufactured under the brand names Rifadin® and
Rimactane®). You can take FUZEON at the same times or at different times than your
other anti-HIV medicines.

What should I avoid while using FUZEON?
• Avoid doing anything that can spread HIV infection since FUZEON does not stop
you from passing the HIV infection to others.

• Do not share needles or other injection equipment.

• Do not share personal items that can have blood or body fluids on them, like
toothbrushes or razor blades.

• Do not have any kind of sex without protection. Always practice safer sex by using a
latex or polyurethane condom or other barrier method to reduce the chance of sexual
contact with semen, vaginal secretions or blood.

• Do not drive or operate heavy machinery if FUZEON makes you feel dizzy.

What are the possible side effects of FUZEON?

Injection site reactions
FUZEON causes injection site reactions. Almost all people get injection site reactions
with FUZEON. Reactions are usually mild to moderate but occasionally may be severe.
Reactions on the skin where FUZEON is injected include:

• itching
• swelling
• redness
• pain or tenderness
• hardened skin
• bumps
These reactions generally happen within the first week of FUZEON treatment and usually happen again as you keep using FUZEON. A reaction at one skin injection site usually lasts for less than 7 days.

Injection site reactions may be worse when injections are given again in the same place on the body or when the injection is given deeper than it should be (for example, into the muscle).

If you are worried about the reaction you are having, call your healthcare provider to help you decide if you need medical care. If the injection site reaction you are having is severe, call your healthcare provider right away. If you have an injection site reaction, you can discuss with your healthcare provider ways to help the symptoms.

An injection site can get infected. It is important to follow the FUZEON Injection Instructions that come with your medicine to lower your chances of getting an injection site infection. Call your healthcare provider right away if there are signs of infection at the injection site such as oozing, increasing heat, swelling, redness or pain.

**Pneumonia**

Patients with HIV get bacterial pneumonia more often than patients without HIV. In clinical trials, patients taking FUZEON with other HIV medicines got bacterial pneumonia more often than patients not receiving FUZEON. It is unclear if this was related to the use of FUZEON. You should contact your healthcare provider right away if you have a cough, fever or trouble breathing. Patients are more likely to get bacterial pneumonia if they had a low number of CD4 cells, increased amount of HIV in the blood, intravenous (injected into the vein) drug use, smoking or had experienced lung disease in the past. It is unclear if pneumonia is related to FUZEON.

**Allergic reactions**

FUZEON can cause serious allergic reactions. Symptoms of a serious allergic reaction with FUZEON can include:

- trouble breathing
- fever with vomiting and a skin rash
- blood in your urine
- swelling of your feet

Call your healthcare provider right away if you get any of these symptoms.

**Other side effects**

The following side effects were seen more often in patients using FUZEON with their other anti-HIV medicines than in patients not using FUZEON with their other anti-HIV medicines:

- pain and numbness in feet or legs
- loss of sleep
- depression
- decreased appetite
• weakness or loss of strength
• muscle pain
• constipation
• pancreas problems

These are not all the side effects of FUZEON. The list of side effects with FUZEON is not complete at this time because FUZEON is still being studied.

If you have questions about side effects, ask your healthcare provider. Report any new or continuing symptoms to your healthcare provider. Your healthcare provider will tell you what to do and may be able to help you with these side effects.

How is FUZEON stored?
FUZEON vials not mixed with sterile water can be stored at room temperature (59° to 86°F). FUZEON should be refrigerated if it cannot be stored at room temperature.

The Sterile Water for Injection (diluent) may be stored at room temperature (59° to 86°F).

After FUZEON has been mixed with the sterile water, the vial can be stored in a refrigerator for up to 24 hours.

Do not use FUZEON or sterile water after the expiration date on the vials. Do not keep FUZEON that is out of date or that you no longer need.

General information about the safe and effective use of FUZEON
Medicines are sometimes prescribed for conditions not mentioned in patient information leaflets. Do not use FUZEON for a condition for which it was not prescribed. Do not give FUZEON to other people, even if they have the same symptoms you have. It may harm them. Keep FUZEON and all medicines out of the reach of children.

This leaflet summarizes the most important information about FUZEON. If you would like more information, talk with your healthcare provider or see the section, “Where can I get more information about FUZEON?” in this leaflet. You can ask your healthcare provider or pharmacist for information about FUZEON that is written for health professionals.

What are the ingredients in FUZEON?
Active Ingredient: enfuvirtide

Inactive Ingredients: Mannitol, sodium carbonate, sodium hydroxide, and hydrochloric acid.

FUZEON comes packaged as a convenience kit containing the following:
• 60 vials of FUZEON (2 cartons of 30 each)
• 60 vials of Sterile Water for Injection (2 cartons of 30 each)
• syringes for mixing (3 cc)
• syringes for injecting (1 cc)
• alcohol pads

Call your healthcare provider or pharmacist if you need more supplies.

Where can I get more information about FUZEON?
The best source for more information about FUZEON is your healthcare provider. Additional information about FUZEON is located at www.FUZEON.com and 1-877-4FUZEON (1-877-438-9366).

Changes since the last version of this leaflet
This is the first version of this leaflet and was written in March, 2003. Please check this section when your medicine is refilled for any important new information about FUZEON.

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Roche Laboratories Inc.
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Trimeris, Inc.
Durham, NC 27707

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FUZEON™ (enfuvirtide) Injection Instructions

1 Before You Begin

This is a step-by-step guide to injecting FUZEON™ (enfuvirtide) that helps remind you about what you learned at your healthcare provider's office. Complete information about FUZEON is included in the box with your medicine. If you have any questions about using FUZEON, call your healthcare provider or the pharmacy that provided your FUZEON. These instructions are for an adult dose of 1 mL/cc of FUZEON. If your prescription is for less than 1 mL/cc, or if the prescription is for a child, your healthcare provider may tell you to use different syringes.

Safety Tips

• Wash your hands well before starting. Once your hands are clean, do not touch anything except the medicine, supplies, and the area around the injection site.

• Do not touch the needle when holding the syringe. If you touch the needle, you will need to start over with a new syringe. If you run out of syringes, contact your pharmacy.

• Do not touch the tops of the vials once they have been cleaned with an alcohol pad. If you do, clean them again with a new alcohol pad. If you run out of alcohol pads, contact your pharmacy.

• Make sure none of the items in your kit have been opened. Do not use opened materials.

• Never mix FUZEON with tap water. Use only the sterile water provided to mix FUZEON.

• Never mix anything or any other medicine in the same syringe as FUZEON.

• Inject FUZEON just under the skin (subcutaneous). FUZEON should never be given directly into your veins (intravenous) or directly into your muscle (intramuscular).

• There should never be any particles floating in the FUZEON once it is completely mixed with sterile water. If you see any, do not use that vial—contact the pharmacy that provided your FUZEON.

• Use syringes, vials of FUZEON and vials of sterile water only one time.

Disposing of Used Syringes, Needles, and Supplies

• Put all used syringes and needles directly into the sharps container.

• Do not overfill the sharps container.

• Keep the cover on the container and keep it out of the reach of children.

• Once the container is full, it is important to safely dispose of it. Never throw the sharps container into the trash. Your healthcare provider or the pharmacy that provided your FUZEON can tell you the right way to dispose of the sharps container.
• Used alcohol pads and vials can be thrown into the trash. If you see any blood on an alcohol pad, put it in the sharps container

• If you have any other questions about safely disposing of syringes, needles or supplies, please talk to your healthcare provider or the pharmacy that provided your FUZEON

Having Someone Help You With Injections
Certain injection sites, such as the upper arms, can be hard to use at first. If you need help, ask your partner, a friend or a family member. Anyone who will be helping you should know how to inject FUZEON to lower the chance of getting an accidental needlestick or giving you an infection. They should:

• Meet with your healthcare provider to learn the safe way to give injections

• Read the Caregiver's Guide to Injecting FUZEON

2 Injection Sites and NMT Syringe Information
Injection Sites
Changing where you inject FUZEON on your body each time is an important way to lessen how bad your injection site reactions get. For more detailed information about each injection site, see Your Guide to Taking FUZEON.

About the NMT Safety Syringe
• There are two different-sized NMT Safety Syringes, a 3-mL (large) syringe and a 1-mL (small) syringe

• NMT Safety Syringes are included with FUZEON because the used needle springs back by itself into the syringe after use, lowering the chance of accidental needlesticks

  Important! When first picking up the NMT Safety Syringe or injecting air or sterile water into vials, do not push the plunger past the 0.2-mL/cc mark on the barrel of the 3-mL (large) syringe or past the 0.05-mL/cc mark on the barrel of the 1-mL (small) syringe. This could make the needle spring back into the barrel of the syringe or make it hard to pull the plunger back.

• Your healthcare provider may recommend other types of syringes for use with FUZEON

• Never throw your used syringes into the trash. Put them in the sharps container

3 Getting Started
Gather Supplies
Gather the following supplies for each dose and put them on your FUZEON Preparation Mat or a cleaned surface:

• One vial of FUZEON—at room temperature
• One vial of sterile water
• One 3-mL/cc (large) syringe with a 1-inch needle
• One 1-mL/cc (small) syringe with a 1/2-inch needle
• Alcohol pads
• Sharps container

**Mixing Two Doses**
• To save time, you can mix both of your daily doses of FUZEON at the same time, but you will need to keep the second vial of mixed FUZEON in the refrigerator. **Do not store** mixed FUZEON in the syringe
• Once sterile water has been added to the FUZEON, the vial can be placed in the refrigerator. The FUZEON will dissolve in time for your next dose
• Before using the dose of refrigerated FUZEON, be sure it is clear and allow it to warm to room temperature
• Mixed FUZEON must be used within 24 hours
• The instructions below are for mixing a single dose. If you want to mix two doses at the same time, be sure to use new alcohol pads, syringes, medicine and sterile water
• Write the date and time on the vial when mixed if you are mixing the dose to be used later

**Prepare Supplies**
• Open the syringe packages and take the caps off the vials
• Throw the syringe packages and vial caps into the trash

**Wash Hands**
• Wash your hands well using soap and warm water and dry them with a clean towel
• Once your hands are clean, **do not** touch anything other than the medicine, supplies and the area around the injection site

**Clean Vial Tops**
• Wipe each vial top with a new alcohol pad and let the tops air-dry
• If you touch the rubber tops after cleaning them, clean them again with a new alcohol pad
4 Mixing FUZEON

Draw Up Sterile Water
- Gently tap the FUZEON vial to loosen the powder
- Using the 3-mL/cc (large) syringe, *slowly* pull the plunger back to get 1.1 mL/cc of air
  
  **Important!** To avoid causing the needle to spring back into the barrel of the syringe, **do not** push the plunger past the 0.2-mL/cc mark.
- Before turning the sterile water vial upside down, *slowly* inject the air into the vial—and keep the needle in the vial
- Turn the vial upside down. Make sure the tip of the needle is always below the surface of the water to help keep air bubbles from entering the syringe
  
  **Tip!** Gently tap or flick the barrel and push and pull the plunger to remove extra air and bubbles. To be sure you end up with 1.1 mL/cc of sterile water in the syringe, you may need to pull the plunger past the 1.1 mL/cc mark.
- *Slowly* pull the plunger back to get 1.1 mL/cc of sterile water into the syringe
- Carefully remove the needle and syringe from the vial

Inject Sterile Water Into FUZEON
- Insert the syringe with sterile water into the FUZEON vial at an angle
- Inject the sterile water slowly, so that it drips down the side of the vial into the FUZEON powder
- Remove the needle from the vial. Push the plunger all the way down with the tip of your thumb until you hear a snap. *This will make the needle spring back into the syringe*
- Put the used syringe in the sharps container

Gently Mix FUZEON
- Gently tap the FUZEON vial with your fingertip for 10 seconds to start dissolving the powder. Then gently roll the FUZEON vial between your hands to reduce the mixing time. Make sure no FUZEON is stuck to the vial wall. After tapping, it could take up to 45 minutes to dissolve
  
  **Important! Never shake the FUZEON vial.** Shaking will make the medicine foam and it will take much longer to dissolve.
- Once the powder starts to dissolve, just set it aside and it will completely dissolve

Inspect FUZEON
- When completely mixed, the liquid FUZEON should be clear
**Important!** Completely dissolved FUZEON should be clear and without foam. If the FUZEON is foamy, allow more time for it to dissolve

- If you see bubbles, gently tap the vial until they disappear
- If you see any particles in the FUZEON once it is completely mixed, do not use that vial. Contact the pharmacy that provided it
- Mixed FUZEON must be used right away or stored in the vial in the refrigerator and used within 24 hours. Do not store mixed FUZEON in the syringe

5 Giving the Injection

**Choose the Injection Site**

- Using your FUZEON Planner to help you, choose a site different from the one you used for your last injection

  **Important!** With the tips of your fingers, feel for any hard bumps. Do not inject in or near bumps or any other types of reactions from past injections. Also, do not inject into moles, scars, bruises, your belly button or areas that could be irritated by a belt or waistband.

- Clean the injection site with a new alcohol pad. Start in the center, apply pressure and clean in a circular motion, working outward. Allow the site to air-dry

**Draw Up FUZEON**

- Clean the FUZEON vial top again, using a new alcohol pad. Allow it to air-dry
- Using the 1-mL/cc (small) syringe, pull back the plunger to get 1 mL/cc of air
- Insert the syringe into the vial of mixed FUZEON
- Before turning the vial upside down, slowly inject the air into the FUZEON, and keep the needle in the vial

  **Important!** To avoid causing the needle to spring back into the barrel of the syringe, do not push the plunger past the 0.05-mL/cc mark.

- Gently turn the vial upside down
- Make sure the tip of the needle is always below the surface of the FUZEON to help keep air bubbles from entering the syringe. Slowly pull the plunger to get 1 mL/cc of FUZEON

  **Tip!** Gently tap or flick the barrel and push and pull the plunger to remove extra air and bubbles. To be sure you end up with 1 mL/cc of FUZEON in the syringe, you may need to pull the plunger past the 1-mL/cc mark.
- Carefully remove the needle and syringe from the vial
Inject FUZEON

- Pinch and hold a fold of skin around the injection site
- Pierce the skin at a 45-degree angle. The needle should be inserted 3/4 of the way in

  **Tip!** Your healthcare provider may teach you to inject in a different way.

- With the tip of your thumb, slowly push the plunger all the way to inject FUZEON. *The needle will pull out of the skin and spring back into the syringe by itself when you are done*

  **Tip! Do not** force the needle deeper into the skin while trying to make the needle spring back into the barrel. If you are having a problem, remove the needle from the skin and right away press the plunger down all the way until the needle springs back into the barrel of the syringe.

- Put the used syringe in the sharps container
- Cover the site with a small bandage if you see any blood or medicine

**Safety Information**

**What are the possible side effects of FUZEON?**

**Injection site reactions**

FUZEON causes injection site reactions. Almost all people get injection site reactions with FUZEON. Reactions are usually mild to moderate, but occasionally may be severe. Reactions on the skin where FUZEON is injected include:

- itching
- swelling
- redness
- pain or tenderness
- hardened skin
- bumps

These reactions generally happen within the first week of FUZEON treatment and usually happen again as you keep using FUZEON. A reaction at one skin injection site usually lasts for less than 7 days.

Injection site reactions may be worse when injections are given again in the same place on the body, or when the injection is given deeper than it should be (for example, into the muscle).
If you are worried about the reaction you are having, call your healthcare provider to help you decide if you need medical care. If the injection site reaction you are having is severe, call your healthcare provider right away. If you have an injection site reaction, you can discuss with your healthcare provider ways to help the symptoms.

An injection site can get infected. It is important to follow these FUZEON Injection Instructions to lower your chances of getting an injection site infection. Call your healthcare provider right away if there are signs of infection at the injection site such as oozing, increasing heat, swelling, redness or pain.

**Pneumonia**

Patients with HIV get bacterial pneumonia more often than patients without HIV. In clinical trials, patients taking FUZEON with other HIV medicines got bacterial pneumonia more often than patients not receiving FUZEON. It is unclear if this was related to the use of FUZEON. **You should contact your healthcare provider right away if you have a cough, fever or trouble breathing.** Patients are more likely to get bacterial pneumonia if they had a low number of CD4 cells, increased amount of HIV in the blood, intravenous (injected into the vein) drug use, smoking or had experienced lung disease in the past. It is unclear if pneumonia is related to FUZEON.

**Allergic reactions**

FUZEON can cause serious allergic reactions. Symptoms of a serious allergic reaction with FUZEON can include:

- trouble breathing
- fever with vomiting and a skin rash
- blood in your urine
- swelling of your feet

Call your healthcare provider right away if you get any of these symptoms.

**Other side effects**

The following side effects were seen more often in patients using FUZEON with their other anti-HIV medicines than in patients not using FUZEON with their other anti-HIV medicines:

- pain and numbness in feet or legs
- loss of sleep
- depression
- decreased appetite
- weakness or loss of strength
- muscle pain
- constipation
- pancreas problems

These are not all the side effects of FUZEON. The list of side effects with FUZEON is not complete at this time because FUZEON is still being studied. FUZEON is still being studied in children. The safety of FUZEON in children under 6 years of age is not known. The side effects of FUZEON for HIV-positive children aged 6 through 16 years were the same as seen in adult patients.

If you have questions about side effects, ask your healthcare provider. Report any new or worsening symptoms to your healthcare provider. Your healthcare provider will tell you what to do and may be able to help you with these side effects.

For more information on FUZEON, please see the patient package insert, www.FUZEON.com, and 1-877-4 FUZEON (1-877-438-9366).

Rx only

Trimeris, Inc.
4727 University Drive
Durham, North Carolina 27707
www.trimeris.com

Roche Pharmaceuticals
Roche Laboratories Inc.
340 Kingsland Street
Nutley, New Jersey 07110-1169
www.roche.com

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