



MSD
Hertford Road
Hoddesdon
Hertfordshire
EN11 9BU
UK

Telephone: +44 (0) 1992 46 72 72
Facsimile: +44 (0) 1992 46 72 70

28th August 2013

Supply update: OncoTICE® (BCG 12.5 mg per vial containing 2-8 x 10⁸ CFUTice BCG)

Dear Healthcare Professional,

On behalf of MSD I would like to update you on the availability of BCG – OncoTICE® – within the UK.

At present, there are limited supplies of OncoTICE® (2-8 x 10⁸ CFU Tice BCG) available, which is indicated for the treatment of primary or concurrent carcinoma-in-situ of the urinary bladder.

Due to a shipment delay in August, and an increased demand for product in the UK, MSD expects there to be a short period where OncoTICE® will become unavailable. MSD expects stock levels to return to normal after mid-October 2013.

This communication is intended to help you to manage your clinical care of patients over the next few weeks.

Guidance for healthcare professionals

Currently, limited supplies of OncoTICE BCG vials and the MERCI Reconstitution system are available to order by contacting MSD Customer Services on 01992 452094. MSD may request the number of patients each hospital is anticipating to prescribe BCG, in order to manage the current national stock levels effectively.

For further information, please contact:

Customer Services enquiries: Telephone: +44 (0) 1992 452094
Medical Information Department for medical information enquiries: Telephone: +44 (0) 1992 467272

Please cascade this information to relevant people within your department and healthcare team using BCG.

Yours Sincerely,

Manjit Aujla
Head of Sales & Marketing
Established Brands

OncoTICE® powder for instillation fluid for intravesical use containing 2-8 x 10⁸ CFU Tice BCG

PRESCRIBING INFORMATION

Refer to Summary of Product Characteristics before prescribing

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to MSD (tel: 01992 467272).

PRESENTATION: Tice® BCG 12.5 mg Equivalent to 2-8 x 10⁸ CFU. Powder for intravesical instillation. Reconstitute before use.

USES: Treatment of primary or concurrent carcinoma-in-situ of the urinary bladder and for the prevention of recurrence of high grade and/or relapsing superficial papillary transitional cell carcinoma of the urinary bladder Stage Ta (grade 2 or 3) or T1 (grade 1, 2 or 3) after transurethral resection. OncoTICE is only recommended for stage Ta grade 1 papillary tumours, when there is judged to be a high risk of tumour recurrence.

DOSAGE AND ADMINISTRATION: In adults and the elderly: The contents of one vial of OncoTICE, reconstituted and diluted, are instilled into the urinary bladder. **Induction treatment.** Weekly instillation with OncoTICE during the first 6 weeks. OncoTICE should be administered ten to fifteen days after TUR. Treatment should not be started until mucosal lesions after TUR have healed. Delay treatment also in cases of gross haematuria or major bladder irritability. **Maintenance treatment.** Weekly instillation with OncoTICE during 3 consecutive weeks at months 3, 6 and 12 after initiation of treatment. The need for maintenance treatment every 6 months beyond the first year of treatment should be evaluated on the basis of tumour classification and clinical response. **Children:** Not recommended.

CONTRAINDICATIONS: Gross haematuria (in these cases OncoTICE therapy should be stopped or postponed until the haematuria has been successfully treated or resolved); Impaired immune response (irrespective of whether this impairment is congenital or caused by disease, drugs or other therapy); In patients with a positive Tuberculin test, OncoTICE instillations are contraindicated only if there is supplementary medical evidence for an active tuberculous infection. OncoTICE is contraindicated during treatment with anti-tuberculosis drugs like streptomycin, para-aminosalicylic acid (PAS), isoniazid (INH), rifampicin and ethambutol. Urinary tract infections; Therapy should be interrupted until the bacterial culture from urine becomes negative and therapy with antibiotics and/or urinary antiseptics is stopped. Positive HIV serology; Pregnancy and lactation.

PRECAUTIONS AND WARNINGS: Before use, a Tuberculin test (PPD) should be performed. Not to be administered intravenously, subcutaneously or intramuscularly. Reconstitution and preparation of the OncoTICE suspension for instillation and administration should be performed under aseptic conditions. Any spillage should be treated with tuberculocidal disinfectant and waste must be handled as biohazard material. If self-inoculation is suspected, PPD testing is advised at the time of

the accident and six weeks later. Traumatic catheterisation or other injuries to the urethra or bladder mucosa can promote systemic BCG infection. Delay administration in such patients until mucosal damage has healed. In patients with known risk factors for HIV infection, perform adequate HIV screening prior to therapy. Patients should be monitored for the presence of systemic BCG infection and signs of toxicity during treatment. To protect the partner intercourse is not recommended for one week after treatment (or a condom should be used). The use of OncoTICE may sensitise patients to tuberculin resulting in a positive reaction to PPD.

SIDE EFFECTS: Refer to SPC for complete information on side effects. Very common side effects: Cystitis or bladder irritation such as dysuria, pollakiuria and haematuria. The cystitis and inflammatory reaction (granulomata) may be an essential part of the antitumour activity. In most cases the symptoms disappear within two days and the cystitis does not require treatment. Severe or prolonged (greater than 48 hours) frequency and dysuria may be treated with isoniazid (300 mg daily) and analgesics until the symptoms resolve. Malaise, fatigue, low grade fever and/or a flu-like syndrome. Symptoms usually appear within 4 hours of administration and last for 24–48 hours. Fever above 39°C that does not resolve within 12 hours despite antipyretic therapy must be considered as systemic BCG-infection. This may be manifested by pneumonitis, hepatitis and/or cytopenia after fever and malaise during which symptoms progressively increase. Patients should be treated with anti-tuberculosis drugs. Further treatment with Tice BCG is contraindicated. **Common side effects:** arthralgia, arthritis, myalgia, nausea, vomiting, abdominal pain, diarrhoea, pneumonitis, anaemia, urinary incontinence, urgency, urinary tract infection, abnormal urine, rigors. **Uncommon side effects:** Skin rash, hepatitis, increase in hepatic enzymes, pancytopenia, thrombocytopenia, pyuria, bladder constriction, uretic obstruction and urinary retention. **Rare and very rare side effects:** Reiter's syndrome, lymphadenopathy, anorexia, hypotension, bronchitis, dyspnoea, acute renal failure, chest pain, peripheral oedema and increase in prostatic specific antigen (PSA).

Interactions: Tice BCG is sensitive to most antibiotics and particularly to the anti-tuberculosis drugs streptomycin, para-aminosalicylic acid (PAS), isoniazid (INH), rifampicin and ethambutol. Immunosuppressants and/or bone marrow depressants and/or radiation should not be used in combination with OncoTICE.

Overdose: Patients should be closely monitored for signs of systemic BCG infection and if necessary treated with anti-tuberculosis drugs.

PACKAGE QUANTITIES: 1 x 2 ml glass vial

BASIC NHS COST: 2 ml vial £71.61

Product Licence number: PL 05003/0046

Marketing Authorisation holder: N V Organon, Kloosterstraat 6, PO Box 20, 5340 BH, Oss, The Netherlands

POM Date of review of prescribing information: August 2012.

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OncoTICE/PI/UK/08-2012/7