

**Prescribing Information - Please refer to the Summary of Product Characteristics (SmPC) before prescribing.**

### **BCG-medac (Bacillus Calmette Guérin) 2 x 10<sup>8</sup> – 1.5 x 10<sup>9</sup> cfu Powder and solvent for intravesical suspension**

**Qualitative and quantitative composition:** After reconstitution, one vial contains BCG (Bacillus Calmette-Guérin) bacteria derived from *Mycobacterium bovis*, seed RIVM derived from seed 1173-P2, 2 x 10<sup>8</sup> to 1.5 x 10<sup>9</sup> viable units. **Excipients:** Powder: polygeline, glucose anhydrous and polysorbate 80. Solvent: sodium chloride and water for injections. **Indications:** Treatment of primary or concurrent carcinoma-in-situ of the urinary bladder, the prevention of recurrence of high-risk non-muscle invasive urothelial bladder carcinoma (pTaG3, pT1G2, pT1G3) after transurethral resection and the treatment and/or the prevention of recurrence of aggressive variants of urothelial carcinoma, for example micropapillary or nested variants. **Contraindications:** Hypersensitivity to BCG or to any of the excipients. BCG-medac should not be used in immunosuppressed patients or persons with congenital or acquired immune deficiencies, whether due to concurrent disease (e.g., positive HIV serology, leukaemia, lymphoma), cancer therapy (e.g. cytostatic medicinal products, radiation) or immunosuppressive therapy (e.g. corticosteroids). BCG-medac should not be administered to persons with active tuberculosis. The risk of active tuberculosis must be ruled out by appropriate anamnesis and if indicated by diagnostic tests according to local guidelines. Past history of radiotherapy of the bladder. Women during lactation. BCG-medac must not be instilled before 2 to 3 weeks after TUR, bladder biopsy or traumatic catheterisation. Perforation of the bladder which might result in an increased risk of severe systemic infections. Acute urinary tract infection; asymptomatic, isolated leukocyturia and asymptomatic bacteriuria are not contraindications. **Posology and method of administration:** *Adults:* The content of one vial is required for one instillation into the urinary bladder. **Induction therapy:** BCG-therapy should begin about 2 – 3 weeks after transurethral resection (TUR) or bladder biopsy, and without traumatic catheterisation, and be repeated at weekly intervals for 6 weeks. **Maintenance therapy:** Consists of 3 instillations at weekly intervals given for a minimum of 1 year up to 3 years at month 3, 6, 12, 18, 24, 30, and 36. Patients treated with BCG-medac should be given the package leaflet and the patient alert card. **Special warnings:** BCG- medac must not be used for subcutaneous, intradermal, intramuscular or intravenous administration or vaccination. **Undesirable effects:** All patients receiving the product should be carefully monitored and advised to report all incidences of fever and other events outside the urinary tract. Systemic adverse reactions/infections are defined as: Fever > 39.5°C during at least 12 hours, fever > 38.5°C during at least 48 hours, miliary pneumonia due to BCG, granulomatous hepatitis, liver function test abnormalities, organic dysfunction (other than genito-urinary tract) with granulomatous inflammation at biopsy, Reiter's syndrome. Severe systemic BCG reaction/infection can lead to BCG sepsis which is a life-threatening situation. **Infections, infestations:** Very commonly cystitis and inflammatory reactions (granuloma) of the bladder, asymptomatic granulomatous prostatitis. Uncommonly urinary tract infection, orchitis, epididymitis, symptomatic granulomatous prostatitis, severe systemic

BCG reaction/infection, BCG sepsis, miliary pneumonitis, skin abscess, Reiter's syndrome (conjunctivitis, asymmetrical oligoarthritis and cystitis). Rarely vascular infection (e. g. infected aneurysm), renal abscess. Very rarely BCG infection of implants and surrounding tissue (e.g. aortic graft infection, cardiac defibrillator, hip or knee arthroplasty), regional lymph node infection, osteomyelitis, bone marrow infection, peritonitis, psoas abscess, infection of the glans penis, orchitis or epididymitis resistant to anti-tuberculous therapy. **Blood and lymphatic system:** Uncommonly cytopenia, anemia. Very rarely cervical lymphadenitis. Frequency not known: Haemophagocytic syndrome. **Immune system:** Very commonly transient systemic BCG reaction (fever < 38.5°C, flu-like symptoms including malaise, fever, chills, general discomfort, myalgia). Very rarely hypersensitivity reaction (e.g. oedema of eyelids, cough). **Eye:** Very rarely chorioretinitis, conjunctivitis, uveitis. **Vascular:** *Uncommonly hypotension.* Very rarely vascular fistula. Frequency not known: Vasculitis (including vasculitis of the central nervous system). **Respiratory, thoracic, mediastinal:** Uncommonly pulmonary granuloma. **Gastrointestinal:** Very commonly nausea. Commonly diarrhoea, abdominal pain. Very rarely vomiting, intestinal fistula. **Hepatobiliary:** Uncommonly hepatitis. **Skin, subcutaneous tissue:** Uncommonly skin rash. **Musculoskeletal and connective tissue:** Commonly myalgia. Uncommonly arthritis, arthralgia. **Renal, urinary:** Very commonly frequent urination with discomfort and pain. Commonly urinary incontinence. Uncommonly macroscopic haematuria, bladder retention, urinary tract obstruction, contracted bladder. Frequency not known: Renal failure, pyelonephritis, nephritis (including tubulointerstitial nephritis, interstitial nephritis and glomerulonephritis). **Reproductive system, breast:** Frequency not known: Genital disorders (e.g. vaginal pain, dyspareunia), oligospermia, azoospermia. **General; administration site:** Very commonly fatigue. Commonly fever > 38.5°C. Very rarely peripheral oedema. **Investigations:** Uncommonly hepatic enzyme increased. Frequency not known: Prostatic specific antigen (PSA) increased. See SmPC for details of other adverse events.

**In case of a flare up of a latent infection patients usually present with symptoms of fever and weight loss of unknown origin. Several case reports show that diagnosis is challenging as symptoms vary and causal relationship with BCG infection is not suspected by physicians. A correct and early diagnosis and as consequence, appropriate treatment is important for the outcome, especially in elderly or debilitated patients, to avoid fatal consequences.**

**Legal classification:** POM (prescription only medicine).

**Basic NHS Price:** £150.00

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**Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk/>. Adverse events should also be reported to medac drug safety at: [drugsafety@medac.de](mailto:drugsafety@medac.de)**