1. NAME AND DOSAGE FORM OF MEDICINAL PRODUCT

SURVANTA Sterile Dispersion

2. ANATOMIC THERAPEUTIC CHEMICAL CLASSIFICATION AND DISTRIBUTION CATEGORY

R07AA30

3. QUALITATIVE AND QUANTINTATIVE COMPOSITION

Each 1 ml contains 25 mg of total phospholipids (beractant)

4. PHARMACEUTICAL FORM

Sterile Dispersion (Suspension)

5. CLINICAL PARTICULARS

Therapeutic indications

SURVANTA is indicated in the treatment and prevention of neonatal respiratory distress syndrome (RDS).

Posology and method of administration

Before administration, **SURVANTA** should be warmed by standing at room temperature for about 20 minutes or warmed in the hand for 8 minutes. ARTIFICIAL METHODS OF WARMING SHOULD NOT BE USED.

If settling has occurred during storage, redisperse by swirling the vial gently. Slowly withdraw the entire contents of the vial into a plastic syringe through a large-gauge needle, i.e. 20 gauge or larger. DO NOT FILTER **SURVANTA**.

The recommended dose of **SURVANTA** is 100 mg phospholipid/kg body weight in a volume not exceeding 4 ml/kg. Treatment should be administered early in the course of Respiratory Distress Syndrome, i.e. preferably babies less than 8 hours of age.

For treatment and prophylaxis of RDS in high risk infants, up to four doses of **SURVANTA** may be administered within 48 hours. The first dose is given at 15 minutes postpartum, with up to three additional doses at intervals of at least six hours.

SURVANTA is administered intratracheally.

It can be instilled:

1) Through a 5 French end-hole catheter inserted into the infant's endotracheal tube by briefly disconnecting the endotracheal tube from the ventilator or

2) By inserting the catheter through a neonatal suction valve without disconnecting the endotracheal tube from the ventilator.

If the medicine is instilled through an end-hole catheter, the length of the catheter should be shortened so that the tip of the catheter protrudes just beyond the end of the endotracheal tube above the infant's carina. **SURVANTA** should not be instilled into a mainstream bronchus.

To ensure homogenous distribution of **SURVANTA** throughout the lungs, each dose is divided into fractional doses. Each dose can be administered in two half-doses or in four quarter doses. Each fractional dose is administered with the infant in a different position. To adminis-ter **SURVANTA** in two half doses, the recommended positions are :

- Head and body turned approximately 45 deg. to the right.
- Head and body turned approximately 45 deg. to the left.

To administer **SURVANTA** in four quarter doses, the recommended positions are :

- Head and body inclined slightly downwards, head and body turned to the right.
- Head and body inclined slightly downwards, head and body turned to the left.
- Head and body inclined slightly upwards, head and body turned to the right.
- Head and body inclined slightly upwards, head and body turned to the left.

It is recommended that **SURVANTA** be administered in two half doses through a neonatal suc-tion valve.

AFTER COMPLETION OF THE DOSING PROCEDURE, RESUME USUAL VENTILATOR MANAGEMENT AND CLINICAL CARE.

SURVANTA may rapidly affect oxygenation and lung compliance. Following its administration, monitoring of the arterial blood gases, the fraction of inspired oxygen and ventilator change is mandatory to assure appropriate adjustments.

Unused vials: unopened, unused vials of **SURVANTA** that have been warmed to room temperature may be returned to the refrigerator within 24 hours of warming and stored for future use. **SURVANTA** should not be warmed and re-refrigerated more than once.

Used vials containing residual medicine should be discarded.

Contraindication

None known

Special Warnings and Precautions for use

None known

Interaction with other medicinal products and other forms of interaction

Interactions between **SURVANTA** and other medicines commonly used concomitantly in neonatal intensive care, e.g. catecholamines, indomethacin, tolazoline, pancuronium, phenobarbital, opiates, antibiotics and parenteral nutrients, have not been observed.

Additionally, medicines such as tocolytics and corticosteroids given prenatally to mothers did not interfere with the use of **SURVANTA** in the neonate.

Pregnancy and Lactation

N/A

Effects on ability to drive and use machine

N/A

Undesirable Effects

No serious adverse effects have been reported. **SURVANTA** does not prevent complications related to prematurity, e.g. patent ductus arteriosus, intracranial haemorrhage, pulmonary haemorrhage, bronchopulmonary dysplasia, sepsis and nectrotising enterolitis.

No antibody production in response to **SURVANTA** proteins has been observed in patients.

The specified dosing procedure for **SURVANTA** should be followed carefully as errors could result in hyperinflation or obstruction of separate areas of the lungs.

It is critical to be aware that pronounced improvement in oxygenation requiring changes in parameters of mechanical inflation usually occur within minutes of treatment. Therefore, close monitoring of arterial blood gases, the fraction of inspired oxygen, and ventilatory pressures is mandatory.

Administration of **SURVANTA** to patients with severe hypotension has not been studied.

Transient bradycardia has occurred.

Overdose

If an excessively large dose of **SURVANTA** is given, observe the infant for signs of acute airway obstruction.

Treatment should be symptomatic and supportive. Rales and moist breath sounds may occur transiently after **SURVANTA** is given and do not indicate overdosage.

Endotracheal suctioning or other remedial action is not required unless clear-cut signs of airway obstruction are present.

6. PHARMACOLOGICAL PROPERTIES

Pharmacodynamic properties

The mode of action of **SURVANTA** is biophysical rather than biochemical, i.e. it reduces surface tension and concomitantly increases lung compliance.

Intratracheally administered **SURVANTA** distributes rapidly to the alveolar surfaces and stabilises the alveoli against collapse during respiration, thereby increasing alveolar ventilation.

In clinical studies of premature infants with respiratory distress syndrome (RDS), a significant improvement of oxygenation was demonstrated after treatment with a single dose of **SURVANTA**. These infants showed a decreased need for supplemental oxygen and an in-crease in the arterial/alveolar oxygen ratio (a/ApO_2). A significantly decreased need for respiratory support, as indicated by a lower mean airway pressure, was also observed. In most cases these effects were maintained for at least 72 hours after the administration of a single dose of **SURVANTA**.

In prophylactic studies of premature infants at high risk of the respiratory distress syndrome, multiple doses (up to four doses within 48 hours) of **SURVANTA** reduced the incidence of mortality of RDS, reduced the incidence of pulmonary air leaks and pulmonary interstitial emphysema, improved a/ApO_2 and FiO_2 (Fraction of inspired oxygen) at 72 hours of age, and reduced the mortality from any cause.

Pharmacokinetic properties

In pre-clinical studies using radio-labelled phosphatidylcholine, the clearance rate of **SURVANTA** in the lung of three day old rabbits has been shown to be similar to that of natural calf and sheep surfactants (approximately 13 % within 24 hours).

In addition, some re-uptake and secretion of **SURVANTA** was shown, implying its entry into a metabolically active surfactant pool.

Preclinical safety data

N/A

7. PHARMACEUTICAL PARTICULARS

Incompatibilities

N/A

Shelf life

Eighteen (18) months

Special precaution for storage

Protect from light and store in a refrigerator (2 – 8 °C)

KEEP OUT OF REACH OF CHILDREN

Nature and contents of the container

Single glass vial containing 4 ml or 8 ml of liquid.

Special precautions for disposal

Keep **SURVANTA** out of reach of children.

Do not use **SURVANTA** if you notice 'visible sign of deterioration'

Do not use the **SURVANTA** after the expiry date stated on the label/ carton. The expiry date refers to the last day of that month.

8. REGISTRANT

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South Africa

9. REGISTRATION NUMBER

RWANDA FDA-HMP-MA- 0028

10. DATE OF FIRST REGISTRATION

15/09/2020

11. DATE OF REVISION OF THE TEXT