Date: 22 September 2022
Swissmedic, Swiss Agency for Therapeutic Products

Swiss Public Assessment Report

BCG APOGEPHA

International non-proprietary name: bacillus Calmette-Guérin, live attenuated (Moreau)

Pharmaceutical form: powder and solvent for intravesical suspension

Dosage strength(s): 50 mg corresponding to 150 – 600 million CFUs,
100 mg corresponding to 300 million – 1.2 billion CFUs

Route(s) of administration: intravesical

Marketing Authorisation Holder: Regulix GmbH

Marketing Authorisation No.: 68286

Decision and Decision date: approved on 28 July 2022

Note:

Assessment Report as adopted by Swissmedic with all information of a commercially confidential nature deleted.

The SwissPAR is a “final” document, which provides information relating to a submission at a particular point in time and will not be updated after publication.

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1 Terms, Definitions, Abbreviations

ADA	Anti-drug antibody
ADME	Absorption, distribution, metabolism, elimination
AE	Adverse event
ALT	Alanine aminotransferase
AST	Aspartate aminotransferase
API	Active pharmaceutical ingredient
ATC	Anatomical Therapeutic Chemical Classification System
AUC	Area under the plasma concentration-time curve
AUC_{0-24h}	Area under the plasma concentration-time curve for the 24-hour dosing interval
BCG	Bacillus Calmette-Guérin
CFU	Colony-forming units
CI	Confidence interval
C_{max}	Maximum observed plasma/serum concentration of drug
CYP	Cytochrome P450
DDI	Drug-drug interaction
EMA	European Medicines Agency
ERA	Environmental Risk Assessment
FDA	U.S. Food and Drug Administration
GLP	Good Laboratory Practice
HPLC	High-performance liquid chromatography
IC/EC_{50}	Half-maximal inhibitory/effective concentration
ICH	International Council for Harmonisation
Ig	Immunoglobulin
INN	International nonproprietary name
ITT	Intention-to-treat
LoQ	List of Questions
MAH	Marketing Authorisation Holder
Max	Maximum
Min	Minimum
MRHD	Maximum recommended human dose
N/A	Not applicable
NO(A)EL	No observed (adverse) effect level
PBPK	Physiology-based pharmacokinetics
PD	Pharmacodynamics
PIP	Paediatric Investigation Plan (EMA)
PK	Pharmacokinetics
PopPK	Population pharmacokinetic
PSP	Pediatric Study Plan (US-FDA)
RMP	Risk Management Plan
SAE	Serious adverse event
SwissPAR	Swiss Public Assessment Report
TEAE	Treatment-emergent adverse event
TPA	Federal Act of 15 December 2000 on Medicinal Products and Medical Devices (SR 812.21)
TPO	Ordinance of 21 September 2018 on Therapeutic Products (SR 812.212.21)

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2 Background Information on the Procedure

2.1 Applicant's Request(s)

New Active Substance status
The applicant requested the status of a new active entity for the active substance bacillus Calmette-Guérin, live attenuated (Moreau) of the medicinal product mentioned above.

Authorisation in accordance with Art. 14 para. 1 a$^{bis-quater}$ TPA
The applicant requested a simplified authorisation in accordance with Art. 14 para. 1 a$^{bis-quater}$ TPA.

2.2 Indication and Dosage

2.2.1 Requested Indication

Treatment of superficial, epithelial, non-muscle-invasive urothelial carcinoma (stages Ta, Tis, T1 bladder carcinoma).
The product should not be used in invasive bladder carcinoma due to the low chances of cure.

2.2.2 Approved Indication

The product is used for the treatment of superficial, epithelial, non-muscle invasive urothelial carcinoma of the urinary bladder (Carcinoma urotheliale Ta, Tis, T1).
The product should not be used in invasive bladder carcinoma as chances of complete recovery are negligible.

2.2.3 Requested Dosage

Summary of the applied standard dosage:

One ampoule of BCG Apogepha 100 mg corresponds to one complete dose for intravesical instillation. The ampoule powder is suspended in 1 ml of sterile, isotonic sodium chloride solution.

In case of recurrent side effects (dysuria, increased body temperature) or increased tuberculin reaction, BCG Apogepha 50 mg may be used.

Instillation with BCG Apogepha 50 mg / 100 mg should be performed once a week for 6 weeks as induction therapy. The subsequent maintenance therapy is administered once a week for 3 weeks after 3, 6, 12, 18, 24, 30 and 36 months. In case of tumour recurrence, the 6-week induction therapy should be repeated.

2.2.4 Approved Dosage

(see appendix)

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2.3 Regulatory History (Milestones)

Application	2 December 2020
Formal control completed	28 December 2020
List of Questions (LoQ)	27 April 2021
Answers to LoQ	26 July 2021
2nd List of Questions (LoQ)	21 October 2021
Answers to 2nd LoQ	22 December 2021
Predecision	21 March 2022
Answers to Predecision	1 May 2022
Final Decision	28 July 2022
Decision	approval

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3 Quality Aspects

3.1 Drug Substance

The drug substance of BCG Apogepha is a preparation of live bacteria, “Bacillus Calmette-Guérin (*Mycobacterium bovis*), substrain Moreau”, a strain originally developed and utilised for the prevention of tuberculosis (vaccination) and subsequently established for the immunotherapy of non-invasive urothelial carcinomas in Poland.

The production is based on a seed lot system. The manufacturing process starts with inoculation of a starter culture with *Mycobacterium bovis*, substrain Moreau, and expansion steps. The bacterial mass is harvested, washed, homogenised and diluted in carrier solution to obtain a suspension with the defined concentration for filling.

The specifications include tests for identity, live bacterial count, and microbiological purity.

Batch analysis data from commercial scale batches were provided and indicate a consistent manufacturing process. The analytical methods established for drug substance release are described and have been validated in accordance with Ph. Eur.

No drug substance shelf life has been established since drug substance is immediately introduced into the drug product manufacturing process.

3.2 Drug Product

The finished drug product is a powder (lyophilisate) for suspension for intravesical administration. It is available in two dosage strengths, BCG Apogepha 50 mg and BCG Apogepha 100 mg, containing 1.5 – 6.0 x 10^8 and 3.0 – 12.0 x 10^8 colony-forming units of BCG mycobacterium, respectively, and a solvent for suspension. Both dosage strengths are available in either 5 ml amber glass vials or 3.4 ml amber glass ampoules. The solvent (0.9% saline) is provided in a 2 ml clear glass ampoule. For reconstitution of the lyophilised drug product, 1 ml of diluent is used for both dosage strengths.

The manufacturing process for the finished drug product comprises aseptic filling and freeze-drying. Process validation studies were executed at commercial scale using three consecutive validation batches.

The specifications include tests for appearance, identity, live bacterial count per unit, virulent mycobacteria, microbiological purity, water content and uniformity of mass. The analytical procedures comply with Ph. Eur.

For BCG Apogepha (50 mg and 100 mg) presented in 3.4 ml amber glass ampoules, the claimed shelf life of 24 months when stored under refrigerated conditions (2 – 8°C) is justified based on stability studies performed according to ICH guidance. For BCG Apogepha (50 mg and 100 mg) presented in 5 ml amber glass vials, a shelf life of 9 months when stored under refrigerated conditions (2 – 8°C) is accepted.

3.3 Quality Conclusions

Satisfactory and consistent quality of drug substance and drug product has been demonstrated.

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4 Nonclinical Aspects

In accordance with Art. 14 para. 1 a^{bis} TPA, Swissmedic has only reviewed the nonclinical overview for the authorisation of BCG Apogepha, powder and solvent for intravesical suspension. The approval of BCG Apogepha, powder and solvent for intravesical suspension, is based on the medicinal product Onko BCG, which contains the same active substance and has been authorised in Poland for more than 10 years.

5 Clinical and Clinical Pharmacology Aspects

Swissmedic has not assessed the primary data relating to clinical aspects of this application and is taking over the results of the assessment of the foreign reference authority of Poland.

5.1 Approved Indication and Dosage

See information for healthcare professionals in the Appendix.

6 Risk Management Plan Summary

The RMP summaries contain information on the medicinal products' safety profiles and explain the measures that are taken in order to further investigate and monitor the risks as well as to prevent or minimise them.
The RMP summaries are published separately on the Swissmedic website. Marketing Authorisation Holders are responsible for the accuracy and correctness of the content of the published RMP summaries. As the RMPs are international documents, their summaries might differ from the content in the information for healthcare professionals / product information approved and published in Switzerland, e.g. by mentioning risks occurring in populations or indications not included in the Swiss authorisations.

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7 Appendix

Approved Information for Healthcare Professionals

Please be aware that the following version of the information for healthcare professionals relating to BCG Apogepha, powder and solvent for intravesical suspension was approved with the submission described in the SwissPAR. This information for healthcare professionals may have been updated since the SwissPAR was published.

Please note that the reference document, which is valid and relevant for the effective and safe use of medicinal products in Switzerland, is the information for healthcare professionals currently authorised by Swissmedic (see www.swissmedicinfo.ch).

Note:
The following information for healthcare professionals has been translated by the MAH. The Authorisation Holder is responsible for the correct translation of the text. Only the information for healthcare professionals approved in one of the official Swiss languages is binding and legally valid.

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BCG Apogepha 50 / 100 mg

The efficacy and safety of BCG Apogepha 50 mg / 100 mg have only been summarily assessed by Swissmedic. The approval of BCG Apogepha 50 mg / 100 mg is based on Onko BCG 50 / 100 with information as of November 2018, which contain the same active substance(s) and are authorised in Poland.

Composition

Active substances

Bacillus Calmette-Guerin, live, attenuated (Moreau strain)

Excipients

Powder: sodium hydrogen glutamate monohydrate
Solvent: sodium chloride (9 mg/ml, equivalent to 3.54 mg sodium/ml), water for injections

Pharmaceutical form and active substance quantity per unit

Powder and solvent for suspension for intravesical use.
White to cream-coloured, dry, amorphous powder.

BCG Apogepha 50 mg
One ampoule / vial contains 50 mg live, attenuated Bacillus Calmette-Guérin (BCG) from the Brazilian Moreau substrain (min. 1.5 - max. 6.0 x 10^8 CFU (colony forming units)).

BCG Apogepha 100 mg
One ampoule / vial contains 100 mg live, attenuated Bacillus Calmette-Guérin (BCG) from the Brazilian Moreau substrain (min. 3.0 - max. 12.0 x 10^8 CFU (colony forming units)).

Indications/Uses

The product is used for the treatment of superficial, epithelial, non-muscle invasive urothelial carcinoma of the urinary bladder (Carcinoma urotheliale Ta, Tis, T1) .[1][2]
The product should not be used in invasive bladder carcinoma as chances of complete recovery are negligible.

Dosage/Administration

[1] EU-SmPC Areas of application

[2] Modules 2.5

Dosage[3]

The content of one ampoule / vial of BCG Apogepha 100 mg corresponds to one complete dose for intravesical instillation. The powder contained is suspended in 1 ml sterile physiological saline solution (0.9%).

In case of recurring side effects (dysuria, increased body temperature) or increased tuberculin reaction, BCG Apogepha 50 mg may be used. In this case, the content of one ampoule / vial of BCG Apogepha 50 mg corresponds to a complete dose for intravesical instillation. The powder contained is suspended in 1 ml sterile physiological saline solution (0.9%).

Method of administration

Using a sterile 2 ml or 5 ml syringe, add 1 ml of the enclosed solvent (sterile physiological saline solution (0.9%)) to an ampoule / vial of BCG.

To obtain a homogeneous suspension, the following procedure should be repeated three times: The BCG suspension is carefully aspirated from the ampoule / vial into the syringe and then returned to the ampoule / vial (avoid shaking and foaming of the suspension).

Then draw up the entire suspension from the ampoule / vial into a sterile 50 ml syringe and add 49 ml sterile physiological saline solution (0.9%).

The suspension should be homogeneous and without visible conglomerates.

Insert a catheter into the urethra to empty the bladder completely. Then, the entire BCG suspension (50 ml in the sterile syringe) should be slowly instilled into the bladder via the catheter.

To remove the BCG suspension completely from the catheter after instillation, it should be rinsed with 5 ml of sterile physiological saline solution (0.9%). The catheter can now be removed.

The patient should not take any liquids 3-4 hours before and 2 hours after administration of the BCG suspension.

The instilled BCG suspension must remain in the urinary bladder for 2 hours. During this period, the patient should change his/her body position every 15 minutes (prone, supine, side position). After 2 hours, the urinary bladder should be emptied completely.

BCG Apogepha 50 mg / 100 mg should be instilled into the urinary bladder no earlier than 14 days after a urinary bladder biopsy or transurethral resection of the bladder tumour (TUR-B).

Instillation with BCG Apogepha 50 mg / 100 mg should be performed once a week for 6 consecutive weeks as induction therapy. The subsequent maintenance therapy is administered once a week for 3 consecutive weeks every 3 months. In case of tumour recurrence, the 6-week induction therapy should be repeated.

Before starting treatment, an intradermal tuberculin test (PT, PPD) should be performed to assess the patient's degree of immunoreactivity. When skin reaction is severe or when its diameter exceeds 1 cm (6 mm induration diameter is considered a positive result), immunotherapy should not be performed.

[3] EU-SmPC Dosage and method of use

6 weeks after the start of treatment, the intradermal tuberculin test should be repeated to assess the effect of treatment on the patient's general immunoreactivity. This is significantly increased in some patients.

Urination

Two hours after instillation of the BCG suspension, the patient should empty the urinary bladder. If this is not successful, the patient should be catheterised by healthcare professionals to remove the remaining urine. After urination, the toilet is cleaned with standard disinfectants.

Patient information card:

Patients should be informed about the risks of treatment and the precautions for the safe use of BCG Apogepha 50 mg / 100 mg, and the patient information card should be given before treatment is started.

Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section "Composition".
- Infections of the urinary tract. In these cases, therapy with BCG Apogepha 50 mg / 100 mg should be interrupted until the urine culture results are negative and therapy with antibiotics and/or local antiseptics has been terminated.
- Macrohaematuria. In these cases, treatment with BCG Apogepha 50 mg / 100 mg should be discontinued or postponed until the haematuria has been successfully treated.
- Clinical presence of active tuberculosis. Before starting treatment with BCG Apogepha 50 mg / 100 mg, active tuberculosis should be excluded in patients with active PPD skin test.
- Active tuberculosis infection or other diseases requiring the use of tuberculostats such as streptomycin, paraamino-salicylic acid (PAS), isoniazid (INH), rifampicin and ethambutol.
- Treatment with immunosuppressants (e.g., corticosteroids, cytostatics or radiotherapy)
- Impaired immune response, whether congenital or acquired through disease, drugs, or other therapies.
- Positive HIV serology
- Pregnancy and lactation
- Febrile infections or fever of unknown origin
- Recent TUR-B (less than 2-3 weeks after TUR-B)
- Presence of urinary bladder wall perforation.

Warnings and Precautions

- BCG Apogepha 50 mg / 100 mg contains live, attenuated mycobacteria. Because of the potential risk of accidental infection, the suspension must be prepared and used with the greatest care.
- Before the first intravesical instillation of BCG Apogepha 50 mg / 100 mg, a tuberculin test should be performed. If this test is positive, the intravesical instillation of BCG Apogepha 50 mg / 100 mg is contraindicated only if, in addition, there are additional medical indications of an existing active tuberculosis infection.
- The possibility of severe systemic BCG infection or allergic reaction necessitating antituberculostatic therapy or treatment of the allergic reaction should be considered before starting BCG therapy.
- A traumatic event during catheter insertion or other injury to the urethra or bladder mucosa may trigger systemic BCG infection. It should be considered to postpone BCG Apogepha 50 mg / 100 mg treatment until the injured mucosa has healed.
- The lubricant for catheterisation should be free of tuberculostatic agents.
- The amount of liquid taken in should be increased for 24 hours after the first urination after instillation. Urination should be done regularly.
- In patients with known risk factors for HIV infection, it is recommended that adequate HIV testing be performed before starting therapy.
- After each intravesical instillation, patients must be monitored for symptoms of systemic BCG infection and signs of a toxic reaction.
- Manifestation of latent BCG infection (including delayed diagnosis)
  BCG bacteria can persist in the body for several years. Such latent BCG infections can become manifest years after the initial infection, especially in the form of granulomatous pneumonitis, abscesses, infected aneurysms, infection of an implant, graft, or surrounding tissue.
  The patient must be made aware of the possibility of a late onset of latent BCG infection and informed of the measures to be taken if symptoms such as fever and weight loss of unknown cause occur. If latent BCG infection is suspected to have manifested, a doctor specialised in infectious diseases should be consulted. Please note that a patient information card is available on this subject, which must be given to the patient (see section "Dosage/Administration").
- BCG Apogepha 50 mg / 100 mg must not be administered intravenously, subcutaneously, or intramuscularly.
- To protect the partner, it is recommended not to have sexual intercourse or use a condom within one week after instillation.
- The use of BCG Apogepha 50 mg / 100 mg may cause sensitisation of patients and a positive reaction of the PPD test.

- Reconstitution, preparation of BCG Apogepha 50 mg / 100 mg suspension for instillation and administration must be carried out under aseptic conditions.
- Spilled suspension may cause BCG contamination. The spilled BCG Apogepha 50 mg / 100 mg suspension should be cleaned with paper towels soaked in tuberculostatic disinfectant for at least 10 minutes. Subsequently, all waste material should be disposed of in a manner appropriate for hazardous waste.
- In case of self-instillation, inhalation or unintentional swallowing of BCG Apogepha 50 mg / 100 mg suspension, unintentional contact with the skin or mucous membrane may occur. In healthy individuals, contact with BCG should not cause significant adverse health effects. In case of suspected accidental ingestion or instillation, it is recommended to perform a PPD skin test immediately and 6 weeks afterwards to detect any conversion of reactivity to PPD.

Interactions

The product should not be used in patients receiving concomitant treatment with cytostatic drugs or are systemic steroids. Topical steroids are not a contraindication for treatment with BCG Apogepha 50 mg / 100 mg.
During BCG treatment, administration of drugs such as antibiotics and p-aminosalicylic acid (PAS), which have a possible bactericidal effect on BCG, should be restricted.[4]

Pregnancy, lactation

Pregnancy
BCG Apogepha 50 mg / 100 mg should not be used during pregnancy.
Lactation
BCG Apogepha 50 mg / 100 mg is contraindicated during lactation.

Effects on ability to drive and use machines

The ability to drive and operate machinery during treatment with BCG Apogepha 50 mg / 100 mg has not been examined.

Undesirable effects

Treatment of non-invasive bladder carcinoma with intravesical instillation with BCG Apogepha 50 mg / 100 mg is well tolerated by most patients. Local or systemic side effects may nevertheless occur.
The most common side effects include acute cystitis, which often occurs after the second or third administration. Pollakiuria, haematuria and vesical tenesmus often occur on the day of therapy and usually subside after a few hours.
Tuberculous granulomas have been described in the lungs.
Tuberculous granulomas have also been described in the liver.

[4] SmPC OncoTICE interactions

More serious adverse effects of therapy are also known, such as tuberculous inflammation of the deeper layers of the urinary bladder wall, prostate, and epididymis with foci of caseous necrosis.
In patients with tuberculous prostatitis or persistent (sub)-febrile status, the 6-week protocol based on daily administration of rifampicin (600 mg) and isoniazid (5 mg per kilogram of body weight) should be used.
In patients with acute septic symptoms or arthritis, the 4-month protocol should be used:

- 3 drugs daily for 2 months: Daily administration of rifampicin (600 mg), isoniazid (5 mg per kilogram body weight), ethambutol (25 mg per kilogram body weight, replaceable by pyraniazid 1500 mg) and
- 2 medicines 3 times a week for 2 consecutive months: rifampicin (600 mg) and isoniazid (10 mg per kilogram of body weight).

If patients develop symptoms of arthritis, the administration of corticosteroids may be necessary.
In the case of the mentioned systemic BCG reactions/infections, therapy with BCG Apogepha 50 mg / 100 mg must be stopped.
In addition to local reactions, general reactions such as malaise, brief increase in body temperature (38°C - 39°C), chills, nausea, muscle and joint pain, diarrhoea and pain in the genital area may occur. Usually, the symptoms disappear after 3 days at the latest.
Very rarely, the symptoms just mentioned require interruption of BCG treatment and administration of tuberculostats.
All mentioned severe side effects of intravesical BCG instillation usually resolve after 4 months of antituberculostatic therapy.

The following side effects may occur after administration of BCG Apogepha 50 / 100 mg:

- allergic reaction, possibly manifested in breathing difficulties, cough, skin rash, oedema of the face,
- Tuberculosis infection, possibly manifested by cough, high fever lasting longer than 12 hours (temperature above 39.5°C) or fever lasting longer than 2 days (temperature above 38.5°C),
- yellow eyes or yellow skin,
- greyish or whitish stools,
- fever (a temperature below 38.5°C) with chills, headache, muscle and joint pain lasting longer than 2 days,
- marked pain when urinating or excessive urge to urinate,
- panophthalmitis,
- haematuria.

To reduce side effects, it is recommended to:

- stop smoking (if the patient is a smoker),

- rest when tired,
- not drink alcohol,
- follow all medical recommendations and take the medication prescribed by the doctor.

The following list has been prepared in accordance with the MedDRA classification of system organ classes (System Organ Classes and recommended terminology). Adverse reactions by organ system and frequency: Very common (>1/10); common (>1/100, <1/10); uncommon (>1/1000, <1/100); rare (>1/10,000, <1/1000); very rare (<1/10,000); not known (cannot be estimated from the available data).

Infections and infestations
Not known: Tuberculosis-like inflammation of the deeper layers of the urinary bladder wall, tuberculosis-like infection [cough, severe fever over 12 hours (temperature over 39.5°C) or fever persisting over 2 days (temperature over 38.5°C)], prostatitis and/or epididymitis with foci of caseous necrosis.

Immune system disorders
Not known: Allergic reaction (dyspnoea, cough, exanthema, oedema of the face).

Eye disorders
Not known: Inflammation of the eyeball, yellowing of the eyes, panophthalmitis

Respiratory, thoracic and mediastinal disorders
Not known: Foci of tuberculosis-like granulomas in the lungs

Gastrointestinal disorders
Not known: Diarrhoea, nausea, whitish or greyish stools

Hepatobiliary disorders
Not known: Foci of tuberculosis-like granulomas in the liver

Skin and subcutaneous tissue disorders
Not known: Yellow discolouration of the skin

Musculoskeletal and connective tissue disorders
Not known: Myalgia, arthralgia, arthritis

Renal and urinary disorders
Not known: Vesical tenesmus on the day of administration, pollakiuria, haematuria, polyuria, dysuria, cystitis

Reproductive system and breast disorders
Not known: Pain in the genital area

General disorders and administration site conditions

Not known: Chills, fever (below 38.5 ºC) with chills, headache, myalgia or arthralgia lasting more than 2 days, short-term increase in body temperature (38 ºC - 39 ºC), malaise. [5]

Reporting of suspected adverse reactions after authorisation is of great importance. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected new or serious adverse reactions via the online portal ElViS (Electronic Vigilance System). You can obtain information about this at www.swissmedic.ch.

Overdose

If a higher dose than recommended was administered or the retention period in the urinary bladder was longer than prescribed, the urinary bladder should be rinsed several times with sterile physiological saline solution (0.9%). The urinary bladder should be completely emptied (by means of a catheter in patients with residual urine) and tuberculostats administered in case of septic symptoms.[6]

Properties/Effects

ATC code
L03AX03

Mechanism of action
BCG is used as a non-specific immunostimulant in the treatment of some types of carcinoma. [7]

Pharmacodynamics
Intravesical treatment with BCG is intended to eliminate the primary tumour or reduce the recurrence rate or delay the occurrence of a recurrence. The exact mechanism of action is not fully clarified. It is assumed that the drug triggers the development of inflammation in the bladder wall, which protects the organism from the development of a recurrence of the disease and stimulates the patient's immune system.

Clinical efficacy
No information

Pharmacokinetics

Absorption
No information

[5] EU SmPC side effects

[6] EU SmPC Overdose

[7] EU SmPC Pharmacological properties

Distribution

No information

Metabolism

No information

Elimination

No information

Kinetics of special patient groups

No information

Preclinical data

From tests on laboratory animals (guinea pigs and white mice) it was concluded that the product is not toxic.

Other information

Incompatibilities

No incompatibilities were found. Use only sterile physiological saline solution (0.9%) for reconstitution and dilution. Do not mix with other medicinal products.

Influencing diagnostic methods

None known so far.

Shelf life

The medicinal product may only be used until the date marked "Exp." on the container.

Shelf life after opening

The BCG suspension for intravesical use should be used immediately after preparation.

Special precautions for storage

Store in the refrigerator (2°C - 8°C).
Keep out of reach of children.
Store in the original packaging to protect the contents from light. [8][9]

Instructions for handling

The BCG suspension should be prepared immediately before performing the instillation. The preparation of BCG Apogepha 50 mg / 100 mg should be carried out under aseptic conditions and should be performed by trained personnel wearing sterile gloves, mask, and headgear. Body sites or

[8] Modules 3.2.P.8 50 mg

[9] Modules 3.2.P.8 100 mg

other surfaces contaminated by BCG suspension should be treated with 70% ethyl alcohol or 2% septyl solution. After completion of the instillation, the equipment and materials should be disposed of in accordance with hazardous waste regulations.

Marketing authorisation number

68286 (Swissmedic)

Packs

BCG Apogepha 50 mg
Packs of 1, 3, 5 or 6 ampoules (type I glass) each containing 50 mg BCG powder and 1, 3, 5 or 6 ampoules (type I glass) each containing 1 ml solvent. [A]
Packs of 1, 3, 5 or 6 vials (type I glass) each containing 50 mg BCG powder and 1, 3, 5 or 6 ampoules (type I glass) each containing 1 ml solvent. [A]

BCG Apogepha 100 mg
Packs of 1, 3, 5 or 6 ampoules (type I glass) each containing 100 mg BCG powder and 1, 3, 5 or 6 ampoules (type I glass) each containing 1 ml solvent. [A]
Packs of 1, 3, 5 or 6 vials (type I glass) each containing 100 mg BCG powder and 1, 3, 5 or 6 ampoules (type I glass) each containing 1 ml solvent. [A]

Marketing authorisation holder

Regulix GmbH, Bern

Date of revision of the text

Status of information on foreign comparator product: November 2018.
With safety-related amendments of Swissmedic: March 2022