KAPRUVIA®
(difelikefalin) Injection

Dosing and administration

Please refer to the full Summary of Product Characteristics before prescribing and administration

KAPRUVIA® is indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on haemodialysis. **KAPRUVIA® should be restricted for in-centre haemodialysis only.**

The recommended dose of KAPRUVIA® is **0.5 micrograms/kg dry body weight** (i.e., the target postdialysis weight). The total dose volume (mL) required from the vial should be calculated as follows: 0.01 × dry body weight (kg), rounded to the nearest tenth (0.1 mL).

KAPRUVIA® is administered **as an intravenous bolus injection** into the venous line of the dialysis circuit during rinse-back or after rinse-back:

- When **given after rinse-back**, at least 10 mL of sodium chloride 9 mg/mL (0.9%) solution for injection rinse-back volume should be administered after injection of KAPRUVIA®
- If the dose is **given during rinse-back**, no additional sodium chloride 9 mg/mL (0.9%) solution for injection is needed to flush the line

KAPRUVIA® is administered **3 times per week** at the end of haemodialysis treatment. Dosing is the same for elderly patients aged ≥65 years as adult patients.* No dose adjustment is required for patients with mild or moderate hepatic impairment. KAPRUVIA® has not been studied in subjects with severe hepatic impairment and therefore not recommended for use in this patient population.

If a 4th haemodialysis dose is performed in a week, KAPRUVIA® should be administered at the end of haemodialysis per the recommended dose. **No more than 4 doses are recommended**, even if the number of dialysis treatments in a week is more than 4. Safety and efficacy of a 4th dose has not been fully established due to insufficient data.

If a regular haemodialysis treatment is missed, KAPRUVIA® should be administered at the next haemodialysis treatment. For haemodialysis treatments less than 1 hour, administration of KAPRUVIA® should be withheld until the next haemodialysis session.

Prescribing information and adverse event (AE) reporting can be found on the back of this document.

*The safety and efficacy of KAPRUVIA® in children aged 0–17 years has not yet been established. No data are available.

TARGET DRY BODY WEIGHT RANGE (KG)	INJECTION VOLUME (ML)
40 – 44	0.4
45 – 54	0.5
55 – 64	0.6
65 – 74	0.7
75 – 84	0.8
85 – 94	0.9
95 – 104	1.0
105 – 114	1.1
115 – 124	1.2
125 – 134	1.3
135 – 144	1.4
145 – 154	1.5
155 – 164	1.6
165 – 174	1.7
175 – 184	1.8
185 – 194	1.9
≥ 195	2.0

PLEASE NOTE:

- **KAPRUVIA® should not be diluted or mixed** with other medicinal products
- Vials are for **single-use only**, discard any unused product
- KAPRUVIA® should be a clear, colourless solution, free from particles. Inspect for any particulate matter or discolouration before administration

VIFOR FRESENIUS MEDICAL CARE RENAL PHARMA

UK-DFK-2300112 | Date of Preparation: November 2023

Reference: KAPRUVIA® Summary of Product Characteristics.

CSL Vifor

PRESCRIBING INFORMATION

Kapruvia® ▼ (Difelikefalin)
Prescribing Information – United Kingdom
For full prescribing information refer to the Summary of Product Characteristics (SmPC)

Active ingredient: Difelikefalin
Presentation 50 microgram/mL solution for injection. Available as a 2mL vial (containing 1 mL of solution for injection)
Indication: Treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on haemodialysis
Dosage and Administration: Difelikefalin should be restricted for in-centre haemodialysis use only. Difelikefalin is administered 3 times per week by intravenous bolus injection into the venous line of the dialysis circuit at the end of the haemodialysis treatment during rinse-back or after rinse-back. The recommended dose of difelikefalin is 0.5 micrograms/kg dry body weight (i.e., the target postdialysis weight). The total dose volume (mL) required from the vial should be calculated as follows: 0.01 × dry body weight (kg), rounded to the nearest tenth (0.1 mL).
Difelikefalin is removed by the dialyzer membrane and must be administered after blood is no longer circulating through the dialyzer. When given after rinse-back, at least 10 mL of sodium chloride 9 mg/mL (0.9%) solution for injection rinse-back volume should be administered after injection of difelikefalin. If the dose is given during rinse-back, no additional sodium chloride 9 mg/mL (0.9%) solution for injection is needed to flush the line. Difelikefalin should not be diluted and should not be mixed with other medicinal products. For patients with a dry body weight equal to or above 195 kg the recommended dose is 100 micrograms (2 mL). Please refer to SmPC for a table detailing injection volumes of difelikefalin.
If a regularly scheduled haemodialysis treatment is missed, difelikefalin should be administered at the next haemodialysis treatment at the same dose. If a 4th haemodialysis treatment is performed in a week, difelikefalin should be administered at the end of the haemodialysis per the recommended dose. No more than 4 doses per week should be administered even if the number of haemodialysis treatments in a week exceeds 4. Safety and efficacy of a 4th dose has not been fully established due to insufficient data. For haemodialysis treatments less than 1 hour, administration of difelikefalin should be withheld until the next haemodialysis session. No clinical interaction studies have been performed. Concurrent administration of medicinal products such as sedating antihistamines, opioid analgesics or other CNS depressants (e.g., clonidine, ondansetron, gabapentin, pregabalin, zolpidem, alprazolam, sertraline, trazodone) may increase the likelihood of dizziness and somnolence.
Contraindications: Hypersensitivity to active substance or to any of the excipients.
Special warnings and precautions: In the placebo-controlled clinical studies a numerically higher rate of adverse events of hyperkalaemia was reported for the difelikefalin treated patients compared to placebo. No causal relationship was established. Frequent monitoring of potassium levels is recommended. Difelikefalin has not been studied in patients with New York Heart Association class IV heart failure. In the pivotal clinical studies a small numerical imbalance of cardiac failure and atrial fibrillation events was observed in the difelikefalin treated patients compared to placebo, in particular among patients with a medical history of atrial fibrillation who discontinued or missed their atrial fibrillation treatment. No causal relationship was established. Difelikefalin is a peripherally acting kappa opioid receptor agonist with restricted access to the central nervous system (CNS). Patients with clinically important disruptions to the BBB (e.g., primary brain malignancies, CNS metastases or other inflammatory conditions, active multiple sclerosis, advanced Alzheimer's disease) may be at risk for difelikefalin entry into the CNS. Difelikefalin should be prescribed with caution in such patients taking into account their individual benefit-risk balance with observation for potential CNS effects. Dizziness and somnolence have occurred in patients taking difelikefalin and may subside over time with continued treatment. Concomitant use of sedating antihistamines, opioid analgesics or other CNS depressants may increase the likelihood of these adverse reactions and should be used with caution during treatment with difelikefalin.
Difelikefalin has minor influence on the ability to drive and use machines. Patients should be cautioned about driving or operating hazardous machinery until the effect of difelikefalin on the patient's ability to drive or operate machinery is known. This medicinal product contains less than 1 mmol sodium per vial.
Overdose: In the event of overdose, the appropriate medical attention based on patient's clinical status should be provided. Haemodialysis for 4 hours using a high-flux dialyzer effectively cleared approximately 70-80% of difelikefalin from plasma, and difelikefalin was not detectable in plasma at the end of the second of two dialysis cycles
Special populations: No dose adjustment is required for patients with mild or moderate hepatic impairment. Difelikefalin has not been studied in subjects with severe hepatic impairment and is therefore not recommended for use in this patient population. Dosing recommendations for elderly patients (≥ 65 years of age) are the same as for adult patients. The safety and efficacy of difelikefalin in children aged 0-17 years has not yet been established. There are no or limited amount of data from the use of difelikefalin in pregnant women. As a precautionary measure, it is preferable to avoid the use of difelikefalin during pregnancy. It is unknown whether difelikefalin is excreted in human breast milk. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from difelikefalin therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. There are no data on the effect of difelikefalin on fertility in humans.
Undesirable effects: Common (≥1/100 to <1/10): Somnolence and paraesthesia. Please consult the SmPC in relation to other undesirable effects.
Legal category: POM
Price: Pack size of 12 x 2 ml vials (containing 1 mL of solution for injection) = £420.00
MA Number: PLGB 50784/0009, EU/1/22/1643/001, EU/1/22/1643/002
Date of Authorisation: 29/04/2022
MA Holder: Vifor Fresenius Medical Care Renal Pharma France, 100-101 Terrasse Boieldieu, Tour Franklin La Défense 8, 92042 Paris La Défense Cedex, France

Kapruvia® is a registered trademark

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This medicine is subject to additional monitoring. Adverse events should be reported. Reporting forms and information for United Kingdom can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Vifor Pharma Ltd. Tel: +44 1276 853633. E-mail: MedicalInfo_UK@viforpharma.com