

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Ribasphere (ribavirin, USP) safely and effectively. See full prescribing information for Ribasphere (ribavirin, USP).

Ribasphere® (ribavirin, USP) Tablets  
Initial U.S. Approval: 2002

### WARNING: RISK OF SERIOUS DISORDERS AND RIBAVIRIN-ASSOCIATED EFFECTS

See full prescribing information for complete boxed warning

- **Ribavirin monotherapy, including Ribasphere (ribavirin, USP), is not effective for the treatment of chronic hepatitis C virus infection (Boxed Warning).**
- **The hemolytic anemia associated with ribavirin therapy may result in worsening of cardiac disease and lead to fatal and nonfatal myocardial infarctions. Patients with a history of significant or unstable cardiac disease should not be treated with Ribasphere (ribavirin, USP) (2.3, 5.2, 6.1).**
- **Significant teratogenic and embryocidal effects have been demonstrated in all animal species exposed to ribavirin. Therefore, Ribasphere (ribavirin, USP) is contraindicated in women who are pregnant and in the male partners of women who are pregnant. Extreme care must be taken to avoid pregnancy during therapy and for 6 months after completion of treatment in both female patients and in female partners of male patients who are taking Ribasphere (ribavirin, USP) therapy (4, 5.1, 8.1).**

### RECENT MAJOR CHANGES

Boxed Warning	10/2010
Indications and Usage (1)	10/2010
Dosage and Administration (2.2, 2.3, 2.4, 2.5)	10/2010
Contraindications (4)	12/2010
Warnings and Precautions (5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 5.8, 5.9)	10/2010
Warnings and Precautions, Hepatic Failure (5.3)	12/2010

### INDICATIONS AND USAGE

Ribasphere (ribavirin, USP) is a nucleoside analogue indicated for the treatment of chronic hepatitis C (CHC) virus infection in combination with peginterferon alfa-2a in adults with compensated liver disease not previously treated with interferon alpha, and in CHC patients coinfecting with HIV (1)

### DOSAGE AND ADMINISTRATION

- CHC: Ribasphere (ribavirin, USP) is administered according to body weight and genotype (2.1)
- CHC with HIV coinfection: 800 mg by mouth daily for a total of 48 weeks, regardless of genotype (2.2)
- Dose reduction or discontinuation is recommended in patients experiencing certain adverse reactions or renal impairment (2.4, 2.5)

### DOSAGE FORMS AND STRENGTHS

- Ribasphere (ribavirin, USP) tablets 200 mg (3)
- Ribasphere (ribavirin, USP) tablets 400 mg (3)
- Ribasphere (ribavirin, USP) tablets 600 mg (3)

### CONTRAINDICATIONS

- Pregnant women and men whose female partners are pregnant (4, 5.1, 8.1)
- Hemoglobinopathies (4)
- Coadministration with didanosine (4, 7.1)

Ribasphere (ribavirin, USP) in combination with peginterferon alfa-2a is contraindicated in patients with:

- Autoimmune hepatitis (4)
- Hepatic decompensation in cirrhotic patients (4, 5.3)

### WARNINGS AND PRECAUTIONS

- Birth defects and fetal death with ribavirin: Do not use in pregnancy and for 6 months after treatment. Patients must have a negative pregnancy test prior to therapy, use at least 2 forms of contraception and undergo monthly pregnancy tests (4, 5.1, 8.1)

Peginterferon alfa-2a/Ribasphere (ribavirin, USP): Patients exhibiting the following conditions should be closely monitored and may require dose reduction or discontinuation of therapy:

- Hemolytic anemia may occur with a significant initial drop in hemoglobin. This may result in worsening cardiac disease leading to fatal or nonfatal myocardial infarctions (5.2, 6.1)
- Risk of hepatic failure and death: Monitor hepatic function during treatment and discontinue treatment for hepatic decompensation (5.3)
- Severe hypersensitivity reactions including urticaria, angioedema, bronchoconstriction, and anaphylaxis, and serious skin reactions such as Stevens-Johnson Syndrome (5.4)
- Pulmonary disorders, including pulmonary function impairment and pneumonitis, including fatal cases of pneumonia (5.6)
- Severe depression and suicidal ideation, autoimmune and infectious disorders, suppression of bone marrow function, pancreatitis, and diabetes (5)
- Bone marrow suppression with azathioprine coadministration (5.7)

### ADVERSE REACTIONS

The most common adverse reactions (frequency > 40%) in adults receiving combination therapy are fatigue/asthenia, pyrexia, myalgia, and headache (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Kadmon Pharmaceuticals at 1-877-377-7862 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### DRUG INTERACTIONS

- Nucleoside analogues: Closely monitor for toxicities. Discontinue nucleoside reverse transcriptase inhibitors or reduce dose or discontinue interferon, ribavirin or both with worsening toxicities (7.1)
- Azathioprine: Concomitant use of azathioprine with ribavirin has been reported to induce severe pancytopenia and may increase the risk of azathioprine-related myelotoxicity (7.3)

### USE IN SPECIFIC POPULATIONS

- **Ribavirin Pregnancy Registry: 1-800-593-2214**
- Pediatrics: Safety and efficacy in patients < 18 years old have not been established (8.4)
- Renal Impairment: Do not use in patients with GFR < 50 mL/min (8.7)
- Organ transplant: Safety and efficacy have not been studied (8.10)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved Medication Guide

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**FULL PRESCRIBING INFORMATION:****WARNING: RISK OF SERIOUS DISORDERS AND RIBAVIRIN-ASSOCIATED EFFECTS**

**Ribasphere (ribavirin, USP) monotherapy is not effective for the treatment of chronic hepatitis C virus infection and should not be used alone for this indication.**

**The primary clinical toxicity of ribavirin is hemolytic anemia. The anemia associated with ribavirin therapy may result in worsening of cardiac disease and lead to fatal and nonfatal myocardial infarctions. Patients with a history of significant or unstable cardiac disease should not be treated with Ribasphere (ribavirin, USP) [see *Warnings and Precautions (5.2), Adverse Reactions (6.1), and Dosage and Administration (2.3)*].**

**Significant teratogenic and/or embryocidal effects have been demonstrated in all animal species exposed to ribavirin. In addition, ribavirin has a multiple dose half-life of 12 days, and it may persist in non-plasma compartments for as long as 6 months. Therefore, ribavirin, including Ribasphere (ribavirin, USP), is contraindicated in women who are pregnant and in the male partners of women who are pregnant. Extreme care must be taken to avoid pregnancy during therapy and for 6 months after completion of therapy in both female patients and in female partners of male patients who are taking ribavirin therapy. At least two reliable forms of effective contraception must be utilized during treatment and during the 6-month post treatment follow-up period [see *Contraindications (4), Warnings and Precautions (5.1), and Use in Specific Populations (8.1)*].**

## 1 INDICATIONS AND USAGE

Ribasphere (ribavirin, USP) in combination with peginterferon alfa-2a is indicated for the treatment of adults with chronic hepatitis C (CHC) virus infection who have compensated liver disease and have not been previously treated with interferon alpha.

The following points should be considered when initiating Ribasphere (ribavirin, USP) combination therapy with peginterferon alfa-2a:

- This indication is based on clinical trials of combination therapy in patients with CHC and compensated liver disease, some of whom had histological evidence of cirrhosis (Child-Pugh class A), and in patients with clinically stable HIV disease and CD4 count > 100 cells/mm<sup>2</sup>.
- This indication is based on achieving undetectable HCV-RNA after treatment for 24 or 48 weeks, based on HCV genotype, and maintaining a Sustained Virologic Response (SVR) 24 weeks after the last dose.
- Safety and efficacy data are not available for treatment longer than 48 weeks.
- The safety and efficacy of ribavirin and peginterferon alfa-2a therapy have not been established in liver or other organ transplant recipients, patients with decompensated liver disease, or previous non-responders to interferon therapy.
- The safety and efficacy of ribavirin therapy for the treatment of adenovirus, RSV, parainfluenza or influenza infections have not been established. Ribasphere (ribavirin, USP) should not be used for these indications. Ribavirin for inhalation has a separate package insert, which should be consulted if ribavirin inhalation therapy is being considered.

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Chronic Hepatitis C Monoinfection

The recommended dose of Ribasphere (ribavirin, USP) tablets is provided in **Table 1**. The recommended duration of treatment for patients previously untreated with ribavirin and interferon is 24 to 48 weeks.

The daily dose of Ribasphere (ribavirin, USP) is 800 mg to 1200 mg administered orally in two divided doses. The dose should be individualized to the patient depending on baseline disease characteristics (e.g., genotype), response to therapy, and tolerability of the regimen (see **Table 1**).

Ribasphere (ribavirin, USP) should be taken with food.

**Table 1 Peginterferon alfa-2a and Ribasphere (ribavirin, USP) Dosing Recommendations**

Hepatitis C Virus (HCV) Genotype	Peginterferon alfa-2a Dose*	Ribasphere (ribavirin, USP) Dose	Duration
Genotypes 1, 4	180 mcg	<75 kg = 1000 mg	48 weeks
		≥75 kg = 1200 mg	48 weeks
Genotypes 2, 3	180 mcg	800 mg	24 weeks

Genotypes 2 and 3 showed no increased response to treatment beyond 24 weeks (see **Table 6**).

Data on genotypes 5 and 6 are insufficient for dosing recommendations.

\*See peginterferon alfa-2a Package Insert for further details on peginterferon alfa-2a dosing and administration.

### 2.2 Chronic Hepatitis C with HIV Coinfection

The recommended dose for treatment of chronic hepatitis C in patients coinfecting with HIV is peginterferon alfa-2a 180 mcg subcutaneous once weekly and Ribasphere (ribavirin, USP) 800 mg by mouth daily for a total duration of 48 weeks, regardless of HCV genotype.

Ribasphere (ribavirin, USP) should be taken with food.

## 2.3 Dose Modifications

If severe adverse reactions or laboratory abnormalities develop during combination Ribasphere (ribavirin, USP)/peginterferon alfa-2a therapy, the dose should be modified or discontinued, if appropriate, until the adverse reactions abate or decrease in severity. If intolerance persists after dose adjustment, Ribasphere (ribavirin, USP)/peginterferon alfa-2a therapy should be discontinued. **Table 2** provides guidelines for dose modifications and discontinuation based on the patient's hemoglobin concentration and cardiac status.

Ribasphere (ribavirin, USP) should be administered with caution to patients with pre-existing cardiac disease. Patients should be assessed before commencement of therapy and should be appropriately monitored during therapy. If there is any deterioration of cardiovascular status, therapy should be stopped [*see Warnings and Precautions (5.2)*].

**Table 2 Ribasphere (ribavirin, USP) Dosage Modification Guidelines**

Laboratory Values	Reduce Only Ribasphere (ribavirin, USP) Dose to 600 mg/day* if:	Discontinue Ribasphere (ribavirin, USP) if:
Hemoglobin in patients with no cardiac disease	<10 g/dL	<8.5 g/dL
Hemoglobin in patients with history of stable cardiac disease	≥2 g/dL decrease in hemoglobin during any 4 week period treatment	<12 g/dL despite 4 weeks at reduced dose

\* One 200 mg tablet in the morning and either two 200 mg tablets or one 400 mg tablet in the evening.

Once Ribasphere (ribavirin, USP) has been withheld due to either a laboratory abnormality or clinical manifestation, an attempt may be made to restart Ribasphere (ribavirin, USP) at 600 mg daily and further increase the dose to 800 mg daily. However, it is not recommended that Ribasphere (ribavirin, USP) be increased to its original assigned dose (1000 mg to 1200 mg).

See Peginterferon alfa-2a full prescribing information for recommendations on peginterferon alfa-2a dose modification.

## 2.4 Discontinuation of Dosing

Discontinuation of peginterferon alfa-2a/ Ribasphere (ribavirin, USP) therapy should be considered if the patient has failed to demonstrate at least a 2 log<sub>10</sub> reduction from baseline in HCV RNA by 12 weeks of therapy, or undetectable HCV RNA levels after 24 weeks of therapy.

Peginterferon alfa-2a/ Ribasphere (ribavirin, USP) therapy should be discontinued in patients who develop hepatic decompensation during treatment [*see Warnings and Precautions (5.3)*].

## 2.5 Renal Impairment

Ribasphere (ribavirin, USP) should not be used in patients with creatinine clearance <50 mL/min [*see Use in Specific Populations (8.7)*].

## 3 DOSAGE FORMS AND STRENGTHS

Ribasphere (ribavirin, USP) is available as tablets for oral administration.

Each Ribasphere (ribavirin, USP) 200-mg tablet contains 200 mg of ribavirin and is a capsule-shaped, light blue colored, film-coated tablet, debossed with "200" on one side and the logo "3RP" on the other side.

Each Ribasphere (ribavirin, USP) 400-mg tablet contains 400 mg of ribavirin and is a capsule-shaped, medium blue colored, film-coated tablet, debossed with “400” on one side and the logo “3RP” on the other side.

Each Ribasphere (ribavirin, USP) 600-mg tablet contains 600 mg of ribavirin and is a capsule-shaped, dark blue colored, film-coated tablet, debossed with “600” on one side and the logo “3RP” on the other side.

## 4 CONTRAINDICATIONS

Ribasphere (ribavirin, USP) is contraindicated in:

- Women who are pregnant. Ribasphere (ribavirin, USP) may cause fetal harm when administered to a pregnant woman. Ribasphere (ribavirin, USP) is contraindicated in women who are or may become pregnant. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus [*see Warnings and Precautions (5.1), Use in Specific Populations (8.1), and Patient Counseling Information (17)*].
- Men whose female partners are pregnant.
- Patients with hemoglobinopathies (e.g., thalassemia major or sickle-cell anemia).
- In combination with didanosine. Reports of fatal hepatic failure, as well as peripheral neuropathy, pancreatitis, and symptomatic hyperlactatemia/lactic acidosis have been reported in clinical trials [*see Drug Interactions (7.1)*].

Ribasphere (ribavirin, USP) and peginterferon alfa-2a combination therapy is contraindicated in patients with:

- Autoimmune hepatitis.
- Hepatic decompensation (Child-Pugh score greater than 6; class B and C) in cirrhotic CHC monoinfected patients before treatment [*see Warnings and Precautions (5.3)*].
- Hepatic decompensation (Child-Pugh score greater than or equal to 6) in cirrhotic CHC patients coinfecting with HIV before treatment [*see Warnings and Precautions (5.3)*].

## 5 WARNINGS AND PRECAUTIONS

Significant adverse reactions associated with Ribasphere (ribavirin, USP)/peginterferon alfa-2a combination therapy include severe depression and suicidal ideation, hemolytic anemia, suppression of bone marrow function, autoimmune and infectious disorders, ophthalmologic disorders, cerebrovascular disorders, pulmonary dysfunction, colitis, pancreatitis, and diabetes.

The Peginterferon alfa-2a Package Insert should be reviewed in its entirety for additional safety information prior to initiation of combination treatment.

### 5.1 Pregnancy

**Ribasphere (ribavirin, USP) may cause birth defects and/or death of the exposed fetus.** Ribavirin has demonstrated significant teratogenic and/or embryocidal effects in all animal species in which adequate studies have been conducted. These effects occurred at doses as low as one twentieth of the recommended human dose of ribavirin.

**Ribasphere (ribavirin, USP) therapy should not be started unless a report of a negative pregnancy test has been obtained immediately prior to planned initiation of therapy.** Extreme care must be taken to avoid pregnancy in female patients and in female partners of male patients. Patients should be instructed to use at least two forms of effective contraception during treatment and for 6 months after treatment has been stopped.

Pregnancy testing should occur monthly during Ribasphere (ribavirin, USP) therapy and for 6 months after therapy has stopped [see *Boxed Warning, Contraindications (4), Use in Specific Populations (8.1), and Patient Counseling Information (17)*].

## 5.2 Anemia

The primary toxicity of ribavirin is hemolytic anemia, which was observed in approximately 13% of all ribavirin/peginterferon alfa-2a- treated subjects in clinical trials. Anemia associated with ribavirin occurs within 1 to 2 weeks of initiation of therapy. Because the initial drop in hemoglobin may be significant, it is advised that hemoglobin or hematocrit be obtained pretreatment and at week 2 and week 4 of therapy or more frequently if clinically indicated. Patients should then be followed as clinically appropriate. Caution should be exercised in initiating treatment in any patient with baseline risk of severe anemia (e.g., spherocytosis, history of gastrointestinal bleeding) [see *Dosage and Administration (2.3)*].

Fatal and nonfatal myocardial infarctions have been reported in patients with anemia caused by ribavirin. Patients should be assessed for underlying cardiac disease before initiation of ribavirin therapy. Patients with pre-existing cardiac disease should have electrocardiograms administered before treatment, and should be appropriately monitored during therapy. If there is any deterioration of cardiovascular status, therapy should be suspended or discontinued [see *Dosage and Administration (2.3)*]. Because cardiac disease may be worsened by drug-induced anemia, patients with a history of significant or unstable cardiac disease should not use Ribasphere (ribavirin, USP) [see *Boxed Warning, and Dosage and Administration (2.3)*].

## 5.3 Hepatic Failure

Chronic hepatitis C (CHC) patients with cirrhosis may be at risk of hepatic decompensation and death when treated with alpha interferons, including peginterferon alfa-2a. Cirrhotic CHC patients coinfecting with HIV receiving highly active antiretroviral therapy (HAART) and interferon alfa-2a with or without ribavirin appear to be at increased risk for the development of hepatic decompensation compared to patients not receiving HAART. In Study NR15961 [see *Clinical Studies (14.3)*], among 129 CHC/HIV cirrhotic patients receiving HAART, 14 (11%) of these patients across all treatment arms developed hepatic decompensation resulting in 6 deaths. All 14 patients were on NRTIs, including stavudine, didanosine, abacavir, zidovudine, and lamivudine. These small numbers of patients do not permit discrimination between specific NRTIs or the associated risk. During treatment, patients' clinical status and hepatic function should be closely monitored for signs and symptoms of hepatic decompensation. Treatment with peginterferon alfa-2a/ Ribasphere (ribavirin, USP) should be discontinued immediately in patients with hepatic decompensation [see *Contraindications (4)*].

## 5.4 Hypersensitivity

Severe acute hypersensitivity reactions (e.g., urticaria, angioedema, bronchoconstriction, and anaphylaxis) have been observed during alpha interferon and ribavirin therapy. If such a reaction occurs, therapy with peginterferon alfa-2a and Ribasphere (ribavirin, USP) should be discontinued immediately and appropriate medical therapy instituted. Serious skin reactions including vesiculobullous eruptions, reactions in the spectrum of Stevens-Johnson Syndrome (erythema multiforme major) with varying degrees of skin and mucosal involvement and exfoliative dermatitis (erythroderma) have been reported in patients receiving peginterferon alfa-2a with and without ribavirin. Patients developing signs or symptoms of severe skin reactions must discontinue therapy [see *Adverse Reactions (6.2)*].

## 5.5 Renal Impairment

Ribasphere (ribavirin, USP) should not be used in patients with creatinine clearance <50 mL/min [see *Use in Specific Populations (8.7)*].

## 5.6 Pulmonary Disorders

Dyspnea, pulmonary infiltrates, pneumonitis, pulmonary hypertension, and pneumonia have been reported during therapy with ribavirin and interferon. Occasional cases of fatal pneumonia have occurred. In addition, sarcoidosis or the exacerbation of sarcoidosis has been reported. If there is evidence of pulmonary infiltrates or pulmonary function impairment, patients should be closely monitored and, if appropriate, combination Ribasphere (ribavirin, USP)/Peginterferon alfa-2a treatment should be discontinued.

## 5.7 Bone Marrow Suppression

Pancytopenia (marked decreases in RBCs, neutrophils and platelets) and bone marrow suppression have been reported in the literature to occur within 3 to 7 weeks after the concomitant administration of pegylated interferon/ribavirin and azathioprine. In this limited number of patients (n=8), myelotoxicity was reversible within 4 to 6 weeks upon withdrawal of both HCV antiviral therapy and concomitant azathioprine and did not recur upon reintroduction of either treatment alone. Peginterferon alfa-2a, Ribasphere (ribavirin, USP), and azathioprine should be discontinued for pancytopenia, and pegylated interferon/ribavirin should not be re-introduced with concomitant azathioprine [see *Drug Interactions (7.3)*].

## 5.8 Pancreatitis

Ribasphere (ribavirin, USP) and peginterferon alfa-2a therapy should be suspended in patients with signs and symptoms of pancreatitis, and discontinued in patients with confirmed pancreatitis.

## 5.9 Laboratory Tests

Before beginning peginterferon alfa-2a/Ribasphere (ribavirin, USP) combination therapy, standard hematological and biochemical laboratory tests are recommended for all patients. Pregnancy screening for women of childbearing potential must be performed. Patients who have pre-existing cardiac abnormalities should have electrocardiograms administered before treatment with peginterferon alfa-2a/Ribasphere (ribavirin, USP).

After initiation of therapy, hematological tests should be performed at 2 weeks and 4 weeks and biochemical tests should be performed at 4 weeks. Additional testing should be performed periodically during therapy. In the clinical studies, the CBC (including hemoglobin level and white blood cell and platelet counts) and chemistries (including liver function tests and uric acid) were measured at 1, 2, 4, 6, and 8 weeks, and then every 4 to 6 weeks or more frequently if abnormalities were found. Thyroid stimulating hormone (TSH) was measured every 12 weeks. Monthly pregnancy testing should be performed during combination therapy and for 6 months after discontinuing therapy.

The entrance criteria used for the clinical studies of ribavirin and peginterferon alfa-2a may be considered as a guideline to acceptable baseline values for initiation of treatment:

- Platelet count  $\geq 90,000$  cells/mm<sup>3</sup> (as low as 75,000 cells/mm<sup>3</sup> in HCV patients with cirrhosis or 70,000 cells/mm<sup>3</sup> in patients with CHC and HIV)
- Absolute neutrophil count (ANC)  $\geq 1500$  cells/mm<sup>3</sup>
- TSH and T<sub>4</sub> within normal limits or adequately controlled thyroid function
- CD4+ cell count  $\geq 200$  cells/mcL or CD4+ cell count  $\geq 100$  cells/mcL but  $< 200$  cells/mcL and HIV-1 RNA  $< 5000$  copies/mL in patients coinfecting with HIV

- Hemoglobin  $\geq 12$  g/dL for women and  $\geq 13$  g/dL for men in CHC monoinfected patients
- Hemoglobin  $\geq 11$  g/dL for women and  $\geq 12$  g/dL for men in patients with CHC and HIV

## 6 ADVERSE REACTIONS

Peginterferon alfa-2a in combination with ribavirin causes a broad variety of serious adverse reactions [*see Boxed Warning and Warnings and Precautions (5)*]. The most common serious or life-threatening adverse reactions induced or aggravated by ribavirin/peginterferon alfa-2a include depression, suicide, relapse of drug abuse/overdose, and bacterial infections each occurring at a frequency of  $< 1\%$ . Hepatic decompensation occurred in 2% (10/574) CHC/HIV patients [*see Warnings and Precautions (5.3)*].

### 6.1 Clinical Studies Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In the pivotal registration trials NV15801 and NV15942, 886 patients received ribavirin for 48 weeks at doses of 1000/1200 mg based on body weight. In these trials, one or more serious adverse reactions occurred in 10% of CHC monoinfected subjects and in 19% of CHC/HIV subjects receiving peginterferon alfa-2a alone or in combination with ribavirin. The most common serious adverse event (3% in CHC and 5% in CHC/HIV) was bacterial infection (e.g., sepsis, osteomyelitis, endocarditis, pyelonephritis, pneumonia).

Other serious adverse reactions occurred at a frequency of  $< 1\%$  and included: suicide, suicidal ideation, psychosis, aggression, anxiety, drug abuse and drug overdose, angina, hepatic dysfunction, fatty liver, cholangitis, arrhythmia, diabetes mellitus, autoimmune phenomena (e.g., hyperthyroidism, hypothyroidism, sarcoidosis, systemic lupus erythematosus, rheumatoid arthritis), peripheral neuropathy, aplastic anemia, peptic ulcer, gastrointestinal bleeding, pancreatitis, colitis, corneal ulcer, pulmonary embolism, coma, myositis, cerebral hemorrhage, thrombotic thrombocytopenic purpura, psychotic disorder, and hallucination.

The percentage of patients in clinical trials who experienced one or more adverse events was 98%. The most commonly reported adverse reactions were psychiatric reactions, including depression, insomnia, irritability, anxiety, and flu-like symptoms such as fatigue, pyrexia, myalgia, headache and rigors. Other common reactions were anorexia, nausea and vomiting, diarrhea, arthralgias, injection site reactions, alopecia, and pruritus.

**Table 3** shows rates of adverse events occurring in  $\geq 5\%$  subjects receiving pegylated interferon and ribavirin combination therapy in the CHC Clinical Trial, NV15801.

Ten percent of CHC monoinfected patients receiving 48 weeks of therapy with peginterferon alfa-2a in combination with ribavirin discontinued therapy; 16% of CHC/HIV coinfecting patients discontinued therapy. The most common reasons for discontinuation of therapy were psychiatric, flu-like syndrome (e.g., lethargy, fatigue, headache), dermatologic and gastrointestinal disorders and laboratory abnormalities (thrombocytopenia, neutropenia, and anemia).

Overall 39% of patients with CHC or CHC/HIV required modification of peginterferon alfa-2a and/or ribavirin therapy. The most common reason for dose modification of peginterferon alfa-2a in CHC and CHC/HIV patients was for laboratory abnormalities; neutropenia (20% and 27%, respectively) and thrombocytopenia (4% and 6%, respectively). The most common reason for dose modification of ribavirin in CHC and CHC/HIV patients was anemia (22% and 16%, respectively).

Peginterferon alfa-2a dose was reduced in 12% of patients receiving 1000 mg to 1200 mg ribavirin for 48 weeks and in 7% of patients receiving 800 mg ribavirin for 24 weeks. Ribavirin dose was reduced in 21% of patients

receiving 1000 mg to 1200 mg ribavirin for 48 weeks and in 12% of patients receiving 800 mg ribavirin for 24 weeks.

Chronic hepatitis C monoinfected patients treated for 24 weeks with peginterferon alfa-2a and 800 mg ribavirin were observed to have lower incidence of serious adverse events (3% vs. 10%), hemoglobin <10g/dL (3% vs. 15%), dose modification of peginterferon alfa-2a (30% vs. 36%) and ribavirin (19% vs. 38%), and of withdrawal from treatment (5% vs. 15%) compared to patients treated for 48 weeks with peginterferon alfa-2a and 1000 mg or 1200 mg ribavirin. On the other hand, the overall incidence of adverse events appeared to be similar in the two treatment groups.

**Table 3 Adverse Reactions Occurring in  $\geq$ 5% of Patients in Chronic Hepatitis C Clinical Trials (Study NV15801)**

Body System	CHC Combination Therapy	
	Study NV15801	
	peginterferon alfa-2a 180 mcg + 1000 mg or 1200 mg ribavirin tablets 48 weeks	interferon alfa-2b + 1000 mg or 1200 mg ribavirin capsules 48 weeks
	N=451	N=443
	%	%
<b>Application Site Disorders</b>		
Injection site reaction	23	16
<b>Endocrine Disorders</b>		
Hypothyroidism	4	5
<b>Flu-like Symptoms and Signs</b>		
Fatigue/Asthenia	65	68
Pyrexia	41	55
Rigors	25	37
Pain	10	9
<b>Gastrointestinal</b>		
Nausea/Vomiting	25	29
Diarrhea	11	10
Abdominal pain	8	9
Dry mouth	4	7
Dyspepsia	6	5
<b>Hematologic*</b>		
Lymphopenia	14	12
Anemia	11	11
Neutropenia	27	8
Thrombocytopenia	5	<1
<b>Metabolic and Nutritional</b>		
Anorexia	24	26
Weight decrease	10	10
<b>Musculoskeletal, Connective Tissue and Bone</b>		
Myalgia	40	49

Body System	CHC Combination Therapy	
	Study NV15801	
	peginterferon alfa-2a 180 mcg + 1000 mg or 1200 mg ribavirin tablets 48 weeks	interferon alfa-2b + 1000 mg or 1200 mg ribavirin capsules 48 weeks
	N=451	N=443
	%	%
Arthralgia	22	23
Back pain	5	5
<b>Neurological</b>		
Headache	43	49
Dizziness (excluding vertigo)	14	14
Memory impairment	6	5
<b>Psychiatric</b>		
Irritability/Anxiety/Nervousness	33	38
Insomnia	30	37
Depression	20	28
Concentration impairment	10	13
Mood alteration	5	6
<b>Resistance Mechanism Disorders</b>		
Overall	12	10
<b>Respiratory, Thoracic and Mediastinal</b>		
Dyspnea	13	14
Cough	10	7
Dyspnea exertional	4	7
<b>Skin and Subcutaneous Tissue</b>		
Alopecia	28	33
Pruritus	19	18
Dermatitis	16	13
Dry skin	10	13
Rash	8	5
Sweating increased	6	5
Eczema	5	4
<b>Visual Disorders</b>		
Vision blurred	5	2

\* Severe hematologic abnormalities (lymphocyte  $<0.5 \times 10^9/L$ ; hemoglobin  $<10 \text{ g/dL}$ ; neutrophil  $<0.75 \times 10^9/L$ ; platelet  $<50 \times 10^9/L$ ).

### Common Adverse Reactions in CHC with HIV Coinfection

The adverse event profile of coinfecting patients treated with peginterferon alfa-2a/ribavirin in Study NR15961 was generally similar to that shown for mono-infected patients in Study NV15801 (**Table 3**). Events occurring more frequently in coinfecting patients were neutropenia (40%), anemia (14%), thrombocytopenia (8%), weight decrease (16%), and mood alteration (9%).

## Laboratory Test Abnormalities

Anemia due to hemolysis is the most significant toxicity of ribavirin therapy. Anemia (hemoglobin <10 g/dL) was observed in 13% of all ribavirin and peginterferon alfa-2a combination-treated patients in clinical trials. The maximum drop in hemoglobin occurred during the first 8 weeks of initiation of ribavirin therapy [see *Dosage and Administration (2.3)*].

**Table 4 Selected Laboratory Abnormalities During Treatment With Ribavirin in Combination With Either Peginterferon alfa-2a or Interferon alfa-2b**

Laboratory Parameter	Peginterferon alfa- 2a + Ribavirin 1000/1200 mg 48 wks (N=887)	Interferon alfa-2b + Ribavirin 1000/1200 mg 48 wks (N=443)
<b>Neutrophils (x10<sup>9</sup>/L)</b>		
1.0 – 1.49	34%	38%
0.5 – 0.99	49%	21%
< 0.5	5%	1%
<b>Platelets (x10<sup>9</sup>/L)</b>		
50 – 74.9	11%	4%
20 – 49.9	5%	< 1%
< 20	0	0
<b>Hemoglobin (g/dL)</b>		
8.5 – 9.9	11%	11%
< 8.5	2%	< 1%

## 6.2 Postmarketing Experience

The following adverse reactions have been identified and reported during post-approval use of peginterferon alfa-2a/ribavirin combination therapy. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

### *Blood and Lymphatic System disorders*

Pure red cell aplasia

### *Ear and Labyrinth disorders*

Hearing impairment, hearing loss

### *Eye disorders*

Serous retinal detachment

*Immune disorders*

Liver and renal graft rejection

*Metabolism and Nutrition disorders*

Dehydration

*Skin and Subcutaneous Tissue disorders*

Stevens-Johnson Syndrome (SJS)

Toxic epidermal necrolysis (TEN)

## **7 DRUG INTERACTIONS**

Results from a pharmacokinetic sub-study demonstrated no pharmacokinetic interaction between peginterferon alfa-2a and ribavirin.

### **7.1 Nucleoside Reverse Transcriptase Inhibitors (NRTIs)**

*In vitro* data indicate ribavirin reduces phosphorylation of lamivudine, stavudine, and zidovudine. However, no pharmacokinetic (e.g., plasma concentrations or intracellular triphosphorylated active metabolite concentrations) or pharmacodynamic (e.g., loss of HIV/HCV virologic suppression) interaction was observed when ribavirin and lamivudine (n=18), stavudine (n=10), or zidovudine (n=6) were co-administered as part of a multi-drug regimen to HCV/HIV coinfecting patients.

In Study NR15961 among the CHC/HIV coinfecting cirrhotic patients receiving NRTIs cases of hepatic decompensation (some fatal) were observed [*see Warnings and Precautions (5.3)*].

Patients receiving peginterferon alfa-2a/Ribasphere (ribavirin, USP) and NRTIs should be closely monitored for treatment associated toxicities. Physicians should refer to prescribing information for the respective NRTIs for guidance regarding toxicity management. In addition, dose reduction or discontinuation of peginterferon alfa-2a, Ribasphere (ribavirin, USP) or both should also be considered if worsening toxicities are observed, including hepatic decompensation (e.g., Child-Pugh  $\geq 6$ ) [*see Warnings and Precautions (5.3) and Dosage and Administration (2.3)*].

*Didanosine*

Co-administration of Ribasphere (ribavirin, USP) and didanosine is contraindicated. Didanosine or its active metabolite (dideoxyadenosine 5'-triphosphate) concentrations are increased when didanosine is co-administered with ribavirin, which could cause or worsen clinical toxicities. Reports of fatal hepatic failure, as well as peripheral neuropathy, pancreatitis, and symptomatic hyperlactatemia/lactic acidosis have been reported in clinical trials [*see Contraindications (4)*].

*Zidovudine*

In Study NR15961, patients who were administered zidovudine in combination with peginterferon alfa-2a/ribavirin developed severe neutropenia (ANC <500) and severe anemia (hemoglobin <8 g/dL) more frequently than similar patients not receiving zidovudine (neutropenia 15% vs. 9%) (anemia 5% vs. 1%). Discontinuation of zidovudine should be considered as medically appropriate.

## 7.2 Drugs Metabolized by Cytochrome P450

*In vitro* studies indicate that ribavirin does not inhibit CYP 2C9, CYP 2C19, CYP 2D6 or CYP 3A4.

## 7.3 Azathioprine

The use of ribavirin to treat chronic hepatitis C in patients receiving azathioprine has been reported to induce severe pancytopenia and may increase the risk of azathioprine-related myelotoxicity. Inosine monophosphate dehydrogenase (IMDH) is required for one of the metabolic pathways of azathioprine. Ribavirin is known to inhibit IMDH, thereby leading to accumulation of an azathioprine metabolite, 6-methylthioinosine monophosphate (6-MTITP), which is associated with myelotoxicity (neutropenia, thrombocytopenia, and anemia). Patients receiving azathioprine with ribavirin should have complete blood counts, including platelet counts, monitored weekly for the first month, twice monthly for the second and third months of treatment, then monthly or more frequently if dosage or other therapy changes are necessary [*see Warnings and Precautions (5.7)*].

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

Pregnancy: Category X [*see Contraindications (4)*].

Ribavirin produced significant embryocidal and/or teratogenic effects in all animal species in which adequate studies have been conducted. Malformations of the skull, palate, eye, jaw, limbs, skeleton, and gastrointestinal tract were noted. The incidence and severity of teratogenic effects increased with escalation of the drug dose. Survival of fetuses and offspring was reduced [*see Contraindications (4), Warnings and Precautions (5.1)*].

In conventional embryotoxicity/teratogenicity studies in rats and rabbits, observed no-effect dose levels were well below those for proposed clinical use (0.3 mg/kg/day for both the rat and rabbit; approximately 0.06 times the recommended daily human dose of ribavirin). No maternal toxicity or effects on offspring were observed in a peri/postnatal toxicity study in rats dosed orally at up to 1 mg/kg/day (approximately 0.01 times the maximum recommended daily human dose of ribavirin).

#### **Treatment and Post treatment: Potential Risk to the Fetus**

Ribavirin is known to accumulate in intracellular components from where it is cleared very slowly. It is not known whether ribavirin is contained in sperm, and if so, will exert a potential teratogenic effect upon fertilization of the ova. However, because of the potential human teratogenic effects of ribavirin, male patients should be advised to take every precaution to avoid risk of pregnancy for their female partners.

Ribasphere (ribavirin, USP) should not be used by pregnant women or by men whose female partners are pregnant. Female patients of childbearing potential and male patients with female partners of childbearing potential should not receive Ribasphere (ribavirin, USP) unless the patient and his/her partner are using effective contraception (two reliable forms) during therapy and for 6 months post therapy [*see Contraindications (4)*].

#### **Ribavirin Pregnancy Registry**

A Ribavirin Pregnancy Registry has been established to monitor maternal-fetal outcomes of pregnancies of female patients and female partners of male patients exposed to ribavirin during treatment and for 6 months following cessation of treatment. Healthcare providers and patients are encouraged to report such cases by calling 1-800-593-2214.

### **8.3 Nursing Mothers**

It is not known whether ribavirin is excreted in human milk. Because many drugs are excreted in human milk and to avoid any potential for serious adverse reactions in nursing infants from ribavirin, a decision should be made either to discontinue nursing or therapy with Ribasphere (ribavirin, USP), based on the importance of the therapy to the mother.

### **8.4 Pediatric Use**

Pharmacokinetic evaluations in pediatric patients have not been performed.

Safety and effectiveness of Ribasphere (ribavirin, USP) tablets have not been established in patients below the age of 18.

### **8.5 Geriatric Use**

Clinical studies of ribavirin and peginterferon alfa-2a did not include sufficient numbers of subjects aged 65 or over to determine whether they respond differently from younger subjects. Specific pharmacokinetic evaluations for ribavirin in the elderly have not been performed. The risk of toxic reactions to this drug may be greater in patients with impaired renal function. Ribasphere (ribavirin, USP) should not be administered to patients with creatinine clearance <50 mL/min.

### **8.6 Race**

A pharmacokinetic study in 42 subjects demonstrated there is no clinically significant difference in ribavirin pharmacokinetics among Black (n=14), Hispanic (n=13) and Caucasian (n=15) subjects.

### **8.7 Renal Impairment**

The pharmacokinetics of ribavirin following administration of ribavirin have not been studied in patients with renal impairment and there are limited data from clinical trials on administration of ribavirin in patients with creatinine clearance <50 mL/min. Therefore, patients with creatinine clearance <50 mL/min should not be treated with ribavirin [*see Warnings and Precautions (5.5) and Dosage and Administration (2.5)*].

### **8.8 Hepatic Impairment**

The effect of hepatic impairment on the pharmacokinetics of ribavirin following administration of ribavirin has not been evaluated. The clinical trials of ribavirin were restricted to patients with Child-Pugh class A disease.

### **8.9 Gender**

No clinically significant differences in the pharmacokinetics of ribavirin were observed between male and female subjects.

Ribavirin pharmacokinetics, when corrected for weight, are similar in male and female patients.

### **8.10 Organ Transplant Recipients**

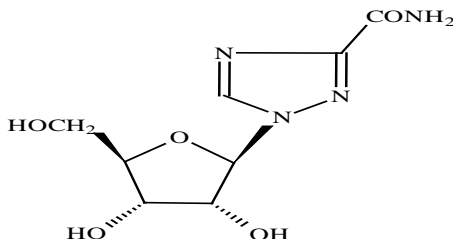
The safety and efficacy of peginterferon alfa-2a and ribavirin treatment have not been established in patients with liver and other transplantations. As with other alpha interferons, liver and renal graft rejections have been reported on peginterferon alfa-2a, alone or in combination with ribavirin [*see Adverse Reactions (6.2)*].

## 10 OVERDOSAGE

No cases of overdose with ribavirin have been reported in clinical trials. Hypocalcemia and hypomagnesemia have been observed in persons administered greater than the recommended dosage of ribavirin. In most of these cases, ribavirin was administered intravenously at dosages up to and in some cases exceeding four times the recommended maximum oral daily dose.

## 11 DESCRIPTION

Ribasphere (ribavirin, USP), is a nucleoside analogue with antiviral activity. The chemical name of ribavirin is 1-β-D-ribofuranosyl-1*H*-1,2,4-triazole-3-carboxamide and has the following structural formula:



The molecular formula of ribavirin is C<sub>8</sub>H<sub>12</sub>N<sub>4</sub>O<sub>5</sub> and the molecular weight is 244.2. Ribavirin is a white to off-white powder. It is freely soluble in water and slightly soluble in anhydrous alcohol.

Ribasphere (ribavirin, USP) is available as a blue-colored (shade depending on strength), capsule-shaped, film-coated tablet for oral administration. Each tablet contains 200 mg, 400 mg, or 600 mg of ribavirin and the following inactive ingredients: microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, povidone K27-33, magnesium stearate, and purified water. The coating of the 200 mg tablet contains partially hydrolyzed polyvinyl alcohol, titanium dioxide, polyethylene glycol 3350, talc, FD&C blue #2 [indigo carmine aluminum lake], and carnauba wax. The coating of the 400 mg and 600 mg tablet contains partially hydrolyzed polyvinyl alcohol, titanium dioxide, polyethylene glycol 3350, talc, FD&C blue #1 [brilliant blue FCF aluminum lake], and carnauba wax.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Ribavirin is an antiviral drug [*see Clinical Pharmacology (12.4)*].

### 12.3 Pharmacokinetics

Multiple dose ribavirin pharmacokinetic data are available for HCV patients who received ribavirin in combination with peginterferon alfa-2a. Following administration of 1200 mg/day with food for 12 weeks mean±SD (n=39; body weight >75 kg) AUC<sub>0-12hr</sub> was 25,361±7110 ng·hr/mL and C<sub>max</sub> was 2748±818 ng/mL. The average time to reach C<sub>max</sub> was 2 hours. Trough ribavirin plasma concentrations following 12 weeks of dosing with food were 1662±545 ng/mL in HCV infected patients who received 800 mg/day (n=89), and 2112±810 ng/mL in patients who received 1200 mg/day (n=75; body weight >75 kg).

The terminal half-life of ribavirin following administration of a single oral dose of ribavirin is about 120 to 170 hours. The total apparent clearance following administration of a single oral dose of ribavirin is about 26 L/h.

There is extensive accumulation of ribavirin after multiple dosing (twice daily) such that the  $C_{\max}$  at steady state was four-fold higher than that of a single dose.

### Effect of Food on Absorption of Ribavirin

Bioavailability of a single oral dose of ribavirin was increased by co-administration with a high-fat meal. The absorption was slowed ( $T_{\max}$  was doubled) and the  $AUC_{0-192h}$  and  $C_{\max}$  increased by 42% and 66%, respectively, when ribavirin was taken with a high-fat meal compared with fasting conditions [see *Dosage and Administration (2.1) and Patient Counseling Information (17)*].

### Elimination and Metabolism

The contribution of renal and hepatic pathways to ribavirin elimination after administration of ribavirin is not known. *In vitro* studies indicate that ribavirin is not a substrate of CYP450 enzymes.

## 12.4 Microbiology

### Mechanism of Action

The mechanism by which ribavirin contributes to its antiviral efficacy in the clinic is not fully understood. Ribavirin has direct antiviral activity in tissue culture against many RNA viruses. Ribavirin increases the mutation frequency in the genomes of several RNA viruses and ribavirin triphosphate inhibits HCV polymerase in a biochemical reaction.

### Antiviral Activity in Cell Culture

In the stable HCV cell culture model system (HCV replicon), ribavirin inhibited autonomous HCV RNA replication with a 50% effective concentration ( $EC_{50}$ ) value of 11-21  $\mu$ M. In the same model, PEG-IFN  $\alpha$ -2a also inhibited HCV RNA replication, with an  $EC_{50}$  value of 0.1-3 ng/mL. The combination of PEG-IFN  $\alpha$ -2a and ribavirin was more effective at inhibiting HCV RNA replication than either agent alone.

### Resistance

Different HCV genotypes display considerable clinical variability in their response to PEG-IFN- $\alpha$  and ribavirin therapy. Viral genetic determinants associated with the variable response have not been definitively identified.

### Cross-resistance

Cross-resistance between IFN  $\alpha$  and ribavirin has not been observed.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

#### Carcinogenesis

In a p53 (+/-) mouse carcinogenicity study up to the maximum tolerated dose of 100 mg/kg/day, ribavirin was not oncogenic. Ribavirin was also not oncogenic in a rat 2-year carcinogenicity study at doses up to the maximum tolerated dose of 60 mg/kg/day. On a body surface area basis, these doses are approximately 0.5 and 0.6 times the maximum recommended daily human dose of ribavirin, respectively.

#### Mutagenesis

Ribavirin demonstrated mutagenic activity in the *in vitro* mouse lymphoma assay. No clastogenic activity was observed in an *in vivo* mouse micronucleus assay at doses up to 2000 mg/kg. However, results from studies

published in the literature show clastogenic activity in the in vivo mouse micronucleus assay at oral doses up to 2000 mg/kg. A dominant lethal assay in rats was negative, indicating that if mutations occurred in rats they were not transmitted through male gametes. However, potential carcinogenic risk to humans cannot be excluded.

### Impairment of Fertility

In a fertility study in rats, ribavirin showed a marginal reduction in sperm counts at the dose of 100 mg/kg/day with no effect on fertility. Upon cessation of treatment, total recovery occurred after 1 spermatogenesis cycle. Abnormalities in sperm were observed in studies in mice designed to evaluate the time course and reversibility of ribavirin-induced testicular degeneration at doses of 15 to 150 mg/kg/day (approximately 0.1 to 0.8 times the maximum recommended daily human dose of ribavirin) administered for 3 to 6 months. Upon cessation of treatment, essentially total recovery from ribavirin-induced testicular toxicity was apparent within 1 or 2 spermatogenic cycles.

Female patients of childbearing potential and male patients with female partners of childbearing potential should not receive Ribasphere (ribavirin, USP) unless the patient and his/her partner are using effective contraception (two reliable forms). Based on a multiple dose half-life ( $t_{1/2}$ ) of ribavirin of 12 days, effective contraception must be utilized for 6 months post therapy (i.e., 15 half-lives of clearance for ribavirin).

No reproductive toxicology studies have been performed using peginterferon alfa-2a in combination with ribavirin. However, peginterferon alfa-2a and ribavirin when administered separately, each has adverse effects on reproduction. It should be assumed that the effects produced by either agent alone would also be caused by the combination of the two agents.

## 13.2 Animal Toxicology

In a study in rats, it was concluded that dominant lethality was not induced by ribavirin at doses up to 200 mg/kg for 5 days (up to 1.7 times the maximum recommended human dose of ribavirin).

Long-term studies in the mouse and rat (18 to 24 months; dose 20 to 75, and 10 to 40 mg/kg/day, respectively, approximately 0.1 to 0.4 times the maximum daily human dose of ribavirin) have demonstrated a relationship between chronic ribavirin exposure and an increased incidence of vascular lesions (microscopic hemorrhages) in mice. In rats, retinal degeneration occurred in controls, but the incidence was increased in ribavirin-treated rats.

## 14 CLINICAL STUDIES

### 14.1 Chronic Hepatitis C Patients

The safety and effectiveness of peginterferon alfa-2a in combination with ribavirin for the treatment of hepatitis C virus infection were assessed in two randomized controlled clinical trials. All patients were adults, had compensated liver disease, detectable hepatitis C virus, liver biopsy diagnosis of chronic hepatitis, and were previously untreated with interferon. Approximately 20% of patients in both studies had compensated cirrhosis (Child-Pugh class A). Patients coinfecting with HIV were excluded from these studies.

In Study NV15801, patients were randomized to receive either peginterferon alfa-2a 180 mcg subcutaneous once weekly with an oral placebo, peginterferon alfa-2a 180 mcg once weekly with ribavirin 1000 mg by mouth (body weight <75 kg) or 1200 mg by mouth (body weight  $\geq$ 75 kg) or interferon alfa-2b 3 MIU subcutaneous three times a week plus ribavirin 1000 mg or 1200 mg by mouth. All patients received 48 weeks of therapy followed by 24 weeks of treatment-free follow-up. Ribavirin or placebo treatment assignment was blinded. Sustained virological response was defined as undetectable (<50 IU/mL) HCV RNA on or after study week 68. Peginterferon alfa-2a in combination with ribavirin resulted in a higher SVR compared to peginterferon alfa-2a

alone or interferon alfa-2b and ribavirin (**Table 5**). In all treatment arms, patients with viral genotype 1, regardless of viral load, had a lower response rate to peginterferon alfa-2a in combination with ribavirin compared to patients with other viral genotypes.

**Table 5 Sustained Virologic Response (SVR) to Combination Therapy (Study NV15801)**

	<b>Interferon alfa-2b + Ribavirin 1000 mg or 1200 mg</b>	<b>Peginterferon alfa-2a + placebo</b>	<b>Peginterferon alfa-2a + Ribavirin Tablets 1000 mg or 1200 mg</b>
All Patients	197/444 (44%)	65/224 (29%)	241/453 (53%)
Genotype 1	103/285 (36%)	29/145 (20%)	132/298 (44%)
Genotypes 2–6	94/159 (59%)	36/79 (46%)	109/155 (70%)

Difference in overall treatment response (Peginterferon alfa-2a /ribavirin – Interferon alfa-2b/ribavirin) was 9% (95% CI 2.3, 15.3).

In Study NV15942, all patients received peginterferon alfa-2a 180 mcg subcutaneous once weekly and were randomized to treatment for either 24 or 48 weeks and to a ribavirin dose of either 800 mg or 1000 mg/1200 mg (for body weight <75 kg/≥75 kg). Assignment to the four treatment arms was stratified by viral genotype and baseline HCV viral titer. Patients with genotype 1 and high viral titer (defined as  $>2 \times 10^6$  HCV RNA copies/mL serum) were preferentially assigned to treatment for 48 weeks.

#### **Sustained Virologic Response (SVR) and HCV Genotype**

HCV 1 and 4- Irrespective of baseline viral titer, treatment for 48 weeks with peginterferon alfa-2a and 1000 mg or 1200 mg of ribavirin resulted in higher SVR (defined as undetectable HCV RNA at the end of the 24-week treatment-free follow-up period) compared to shorter treatment (24 weeks) and/or 800 mg ribavirin.

HCV 2 and 3- Irrespective of baseline viral titer, treatment for 24 weeks with peginterferon alfa-2a and 800 mg of ribavirin resulted in a similar SVR compared to longer treatment (48 weeks) and/or 1000 mg or 1200 mg of ribavirin (see **Table 6**).

The numbers of patients with genotype 5 and 6 were too few to allow for meaningful assessment.

**Table 6 Sustained Virologic Response as a Function of Genotype (Study NV15942)**

	24 Weeks Treatment		48 Weeks Treatment	
	<b>Peginterferon alfa-2a + Ribavirin 800 mg (N=207)</b>	<b>Peginterferon alfa-2a + Ribavirin 1000 mg or 1200 mg* (N=280)</b>	<b>Peginterferon alfa-2a + Ribavirin 800 mg (N=361)</b>	<b>Peginterferon alfa-2a + Ribavirin 1000 mg or 1200 mg* (N=436)</b>
Genotype 1	29/101 (29%)	48/118 (41%)	99/250 (40%)	138/271 (51%)
Genotypes 2,3	79/96 (82%)	116/144 (81%)	75/99 (76%)	117/153 (76%)
Genotype 4	0/5 (0%)	7/12 (58%)	5/8 (63%)	9/11 (82%)

\*1000 mg for body weight <75 kg; 1200 mg for body weight ≥75 kg.

## 14.2 Other Treatment Response Predictors

Treatment response rates are lower in patients with poor prognostic factors receiving pegylated interferon alpha therapy. In studies NV15801 and NV15942, treatment response rates were lower in patients older than 40 years (50% vs. 66%), in patients with cirrhosis (47% vs. 59%), in patients weighing over 85 kg (49% vs. 60%), and in patients with genotype 1 with high vs. low viral load (43% vs. 56%). African-American patients had lower response rates compared to Caucasians.

In studies NV15801 and NV15942, lack of early virologic response by 12 weeks (defined as HCV RNA undetectable or >2 log<sub>10</sub> lower than baseline) was grounds for discontinuation of treatment. Of patients who lacked an early viral response by 12 weeks and completed a recommended course of therapy despite a protocol-defined option to discontinue therapy, 5/39 (13%) achieved an SVR. Of patients who lacked an early viral response by 24 weeks, 19 completed a full course of therapy and none achieved an SVR.

## 14.3 Chronic Hepatitis C/HIV Coinfected Patients

In Study NR15961, patients with CHC/HIV were randomized to receive either peginterferon alfa-2a 180 mcg subcutaneous once weekly plus an oral placebo, peginterferon alfa-2a 180 mcg once weekly plus ribavirin 800 mg by mouth daily or interferon alfa-2a, 3 MIU subcutaneous three times a week plus ribavirin 800 mg by mouth daily. All patients received 48 weeks of therapy and sustained virologic response (SVR) was assessed at 24 weeks of treatment-free follow-up. Ribavirin or placebo treatment assignment was blinded in the peginterferon alfa-2a treatment arms. All patients were adults, had compensated liver disease, detectable hepatitis C virus, liver biopsy diagnosis of chronic hepatitis C, and were previously untreated with interferon. Patients also had CD4+ cell count ≥200 cells/mcL or CD4+ cell count ≥100 cells/mcL but <200 cells/mcL and HIV-1 RNA <5000 copies/mL, and stable status of HIV. Approximately 15% of patients in the study had cirrhosis. Results are shown in Table 7.

**Table 7 Sustained Virologic Response in Patients With Chronic Hepatitis C Coinfected With HIV (Study NR15961)**

	<b>Interferon alfa-2a + Ribavirin 800 mg (N=289)</b>	<b>peginterferon alfa-2a + Placebo (N=289)</b>	<b>peginterferon alfa-2a + Ribavirin 800 mg (N=290)</b>
<b>All patients</b>	<b>33 (11%)</b>	<b>58 (20%)</b>	<b>116 (40%)</b>
<b>Genotype 1</b>	<b>12/171 (7%)</b>	<b>24/175 (14%)</b>	<b>51/176 (29%)</b>
<b>Genotypes 2, 3</b>	<b>18/89 (20%)</b>	<b>32/90 (36%)</b>	<b>59/95 (62%)</b>

Treatment response rates were lower in CHC/HIV patients with poor prognostic factors (including HCV genotype 1, HCV RNA >800,000 IU/mL, and cirrhosis) receiving pegylated interferon alpha therapy.

Of the patients who did not demonstrate either undetectable HCV RNA or at least a 2 log<sub>10</sub> reduction from baseline in HCV RNA titer by 12 weeks of peginterferon alfa-2a and ribavirin combination therapy, 2% (2/85) achieved an SVR.

In CHC patients with HIV coinfection who received 48 weeks of peginterferon alfa-2a alone or in combination with ribavirin treatment, mean and median HIV RNA titers did not increase above baseline during treatment or 24 weeks post treatment.

## **16 HOW SUPPLIED/STORAGE AND HANDLING**

Ribasphere (ribavirin, USP) is available as tablets for oral administration.

Each Ribasphere (ribavirin, USP) 200-mg tablet contains 200 mg of ribavirin and is a capsule-shaped, light blue colored, film-coated tablet, debossed with “200” on one side and the logo “3RP” on the other side.

Each Ribasphere (ribavirin, USP) 400-mg tablet contains 400 mg of ribavirin and is a capsule-shaped, medium blue colored, film-coated tablet, debossed with “400” on one side and the logo “3RP” on the other side.

Each Ribasphere (ribavirin, USP) 600-mg tablet contains 600 mg of ribavirin and is a capsule-shaped, dark blue colored, film-coated tablet, debossed with “600” on one side and the logo “3RP” on the other side.

They are packaged as follows:

200 mg	Bottles of 168 NDC 66435-102-16
200 mg	Bottles of 500 NDC 66435-102-95
400 mg	Bottles of 56 NDC 66435-103-56
400 mg	Bottles of 500 NDC 66435-103-95

600 mg      Bottles of 56    NDC 66435-104-56

600 mg      Bottles of 250    NDC 66435-104-92

**Ribasphere<sup>®</sup> is also available in blister packs with the tradename Ribasphere<sup>®</sup> RibaPak<sup>®</sup>. Ribasphere<sup>®</sup> RibaPak<sup>®</sup> is available as follows:**

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 800 Dose Pack Carton contains a total of 56 - 400 mg Ribasphere (ribavirin, USP) tablets. Each carton contains 4 individual Ribasphere RibaPak 800 Dose Packs. Each individual Ribasphere RibaPak 800 Dose Pack contains 14 (fourteen) - 400 mg Ribasphere (ribavirin, USP) tablets.

Each 400 mg Ribasphere (ribavirin, USP) tablet contains 400 mg of ribavirin and is a capsule-shaped, medium blue colored, film-coated tablet, debossed with “400” on one side and the logo “3RP” on the other side.

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 800 Dose Pack Carton

NDC: 66435-105-99

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 800 Dose Pack

NDC: 66435-105-56

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1000 Dose Pack Carton contains a total of 28 - 400 mg Ribasphere (ribavirin, USP) tablets and 28 - 600 mg Ribasphere (ribavirin, USP) tablets. Each carton contains 4 individual Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1000 Dose Packs. Each individual Ribasphere<sup>®</sup>RibaPak<sup>®</sup> 1000 Dose Pack contains 7 (seven) - 400 mg Ribasphere (ribavirin, USP) tablets and 7 (seven) - 600 mg Ribasphere (ribavirin, USP) tablets.

Each 400 mg Ribasphere (ribavirin, USP) tablet contains 400 mg of ribavirin and is a capsule-shaped, medium blue colored, film-coated tablet, debossed with “400” on one side and the logo “3RP” on the other side. Each 600 mg Ribasphere (ribavirin, USP) tablet contains 600 mg of ribavirin and is a capsule-shaped, dark blue colored, film-coated tablet, debossed with “600” on one side and the logo “3RP” on the other side.

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1000 Dose Pack Carton

NDC: 66435-106-99

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1000 Dose Pack

NDC: 66435-106-56

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1200 Dose Pack Carton contains a total of 56 - 600 mg Ribasphere (ribavirin, USP) tablets. Each carton contains 4 individual Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1200 Dose Packs. Each individual Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1200 Dose Pack contains 14 (fourteen) - 600 mg Ribasphere (ribavirin, USP) tablets.

Each 600 mg Ribasphere (ribavirin, USP) tablet contains 600 mg of ribavirin and is a capsule-shaped, dark blue colored, film-coated tablet, debossed with “600” on one side and the logo “3RP” on the other side.

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1200 Dose Pack Carton

NDC: 66435-107-99

Ribasphere<sup>®</sup> RibaPak<sup>®</sup> 1200 mg Dose Pack

NDC: 66435-107-56

## Storage and Handling

Store the Ribasphere<sup>®</sup> Tablets bottle at 25°C (77°F); excursions are permitted between 15°C and 30°C (59°F and 86°F) [see USP Controlled Room Temperature]. Keep bottle tightly closed.

## 17 PATIENT COUNSELING INFORMATION

See Medication Guide

### Pregnancy

Patients must be informed that ribavirin may cause birth defects and/or death of the exposed fetus. Ribasphere (ribavirin, USP) therapy must not be used by women who are pregnant or by men whose female partners are pregnant. Extreme care must be taken to avoid pregnancy in female patients and in female partners of male patients taking Ribasphere (ribavirin, USP) therapy and for 6 months post therapy. Ribasphere (ribavirin, USP) therapy should not be initiated until a report of a negative pregnancy test has been obtained immediately prior to initiation of therapy. Patients must perform a pregnancy test monthly during therapy and for 6 months post therapy.

Female patients of childbearing potential and male patients with female partners of childbearing potential must be advised of the teratogenic/embryocidal risks and must be instructed to practice effective contraception during Ribasphere (ribavirin, USP) therapy and for 6 months post therapy. Patients should be advised to notify the healthcare provider immediately in the event of a pregnancy [*see Contraindications (4) and Warnings and Precautions (5.1)*].

### Anemia

The most common adverse event associated with ribavirin is anemia, which may be severe [*see Boxed Warning, Warnings and Precautions (5.2) and Adverse Reactions (6.1)*]. Patients should be advised that laboratory evaluations are required prior to starting Ribasphere (ribavirin, USP) therapy and periodically thereafter [*see Warnings and Precautions (5.9)*]. It is advised that patients be well hydrated, especially during the initial stages of treatment.

Patients who develop dizziness, confusion, somnolence, and fatigue should be cautioned to avoid driving or operating machinery.

Patients should be advised to take Ribasphere (ribavirin, USP) with food.

Patients should be questioned about prior history of drug abuse before initiating Ribasphere (ribavirin, USP)/peginterferon alfa-2a, as relapse of drug addiction and drug overdoses have been reported in patients treated with interferons.

Patients should be advised not to drink alcohol, as alcohol may exacerbate chronic hepatitis C infection.

Patient should be informed about what to do in the event they miss a dose of Ribasphere (ribavirin, USP). The missed doses should be taken as soon as possible during the same day. Patients should not double the next dose. Patients should be advised to call their healthcare provider if they have questions.

Patients should be informed that the effect of peginterferon alfa-2a/Ribasphere (ribavirin, USP) treatment of hepatitis C infection on transmission is not known, and that appropriate precautions to prevent transmission of hepatitis C virus should be taken.

Patients should be informed regarding the potential benefits and risks attendant to the use of Ribasphere (ribavirin, USP). Instructions on appropriate use should be given, including review of the contents of the enclosed MEDICATION GUIDE, which is not a disclosure of all or possible adverse effects.

U.S. Patent No. 7,723,310

C108.00001-04/11

Issued: 12/2011

## FDA-approved Medication Guide

### MEDICATION GUIDE

RIBASPHERE<sup>®</sup> (Rīb-ă-sphere)

(ribavirin, USP)

Tablets

Read this Medication Guide carefully before you start taking Ribasphere (ribavirin, USP) and read the Medication Guide each time you get more Ribasphere (ribavirin, USP). There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

Also read the Medication Guide for PEGASYS<sup>1</sup> (peginterferon alfa-2a).

### What is the most important information I should know about Ribasphere (ribavirin, USP)?

- 1. You should not take Ribasphere (ribavirin, USP) alone to treat chronic hepatitis C infection.**  
Ribasphere (ribavirin, USP) should be used with peginterferon alfa-2a to treat chronic hepatitis C infection.
- 2. Ribasphere (ribavirin, USP) may cause you to have a blood problem (hemolytic anemia) that can worsen any heart problems you have, and cause you to have a heart attack or die.** Tell your healthcare provider if you have ever had any heart problems. Ribasphere (ribavirin, USP) may not be right for you. If you have chest pain while you take Ribasphere (ribavirin, USP), get emergency medical attention right away.
- 3. Ribasphere (ribavirin, USP) may cause birth defects or death of your unborn baby.** If you are pregnant or your sexual partner is pregnant, do not take Ribasphere (ribavirin, USP). You or your sexual partner should not become pregnant while you take Ribasphere (ribavirin, USP) and for 6 months after treatment is over. You must use two forms of birth control when you take Ribasphere (ribavirin, USP) and for the 6 months after treatment.
  - Females must have a pregnancy test before starting Ribasphere (ribavirin, USP), every month while treated with Ribasphere (ribavirin, USP), and every month for the 6 months after treatment with Ribasphere (ribavirin, USP).
  - **If you or your female sexual partner becomes pregnant** while taking Ribasphere (ribavirin, USP) or within 6 months after you stop taking Ribasphere (ribavirin, USP), tell your healthcare provider right away. You or your healthcare provider should contact the **Ribavirin Pregnancy Registry by calling 1-800-593-2214**. The Ribavirin Pregnancy Registry collects information about what happens to mothers and their babies if the mother takes Ribasphere (ribavirin, USP) while she is pregnant.

## **What is Ribasphere (ribavirin, USP)?**

Ribasphere (ribavirin, USP) is a medicine used with another medicine called peginterferon alfa-2a to treat chronic (lasting a long time) hepatitis C infection in people whose liver still works normally, and who have not been treated before with a medicine called an interferon alpha. It is not known if Ribasphere (ribavirin, USP) is safe and will work in children under 18 years of age.

## **Who should not take Ribasphere (ribavirin, USP)?**

See “What is the most important information I should know about Ribasphere (ribavirin, USP)?”

## **Do not take Ribasphere (ribavirin, USP) if you:**

- **have certain types of hepatitis** caused by your immune system attacking your liver (autoimmune hepatitis)
- **have certain blood disorders, such as thalassemia major or sickle-cell anemia (hemoglobinopathies)**
- **have severe kidney disease**
- **take didanosine (Videx or Videx EC)**

Talk to your healthcare provider before starting treatment with Ribasphere (ribavirin, USP) if you have any of these medical conditions.

## **What should I tell my healthcare provider before taking Ribasphere (ribavirin, USP)?**

### **Before you take Ribasphere (ribavirin, USP), tell your healthcare provider if you have or have had:**

- **treatment for hepatitis C that did not work for you**
- **serious allergic reactions to Ribasphere (ribavirin, USP) or to any of the ingredients in Ribasphere (ribavirin, USP).** See the end of this Medication Guide for a list of ingredients.
- **breathing problems.** Ribasphere (ribavirin, USP) may cause or worsen your breathing problems you already have.
- **vision problems.** Ribasphere (ribavirin, USP) may cause eye problems or worsen eye problems you already have. You should have an eye exam before you start treatment with Ribasphere (ribavirin, USP).
- **certain blood disorders such as anemia**
- **high blood pressure, heart problems or have had a heart attack.** Your healthcare provider should test your blood and heart before you start treatment with Ribasphere (ribavirin, USP).
- **thyroid problems**
- **diabetes.** Ribasphere (ribavirin, USP) and peginterferon alfa-2a combination therapy may make your diabetes worse or harder to treat.
- **liver problems other than hepatitis C virus infection**
- **human immunodeficiency virus (HIV) or other immunity problems**
- **mental health problems, including depression or thoughts of suicide**
- **kidney problems**
- **an organ transplant**

- **drug addiction or abuse**
- **infection with hepatitis B virus**
- **any other medical condition**
- **are breast-feeding.** It is not known if Ribasphere (ribavirin, USP) passes into your breast milk. You and your healthcare provider should decide if you will take Ribasphere (ribavirin, USP) or breast-feed.

**Tell your healthcare provider about all the medicines you take**, including prescription and non-prescription medicines, vitamins and herbal supplements. Some medicines can cause serious side effects if taken while you also take Ribasphere (ribavirin, USP). Some medicines may affect how Ribasphere (ribavirin, USP) works or Ribasphere (ribavirin, USP) may affect how your other medicines work.

Especially tell your healthcare provider if you take any medicines to treat HIV, including didanosine (Videx or Videx EC), or if you take azathioprine (Imuran<sup>®2</sup> or Azasan).

Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

### **How should I take Ribasphere (ribavirin, USP)?**

- Take Ribasphere (ribavirin, USP) exactly as your healthcare provider tells you. Your healthcare provider will tell you how much Ribasphere (ribavirin, USP) to take and when to take it.
- Take Ribasphere (ribavirin, USP) with food.
- If you miss a dose of Ribasphere (ribavirin, USP), take the missed dose as soon as possible during the same day. Do not double the next dose. If you have questions about what to do, call your healthcare provider.
- If you take too much Ribasphere (ribavirin, USP), call your healthcare provider or local Poison Control Center right away, or go to the nearest hospital emergency room right away.
- Your healthcare provider should do blood tests before you start treatment with Ribasphere (ribavirin, USP), at weeks 2 and 4 of treatment, and then as needed to see how well you are tolerating treatment and to check for side effects. Your healthcare provider may change your dose of Ribasphere (ribavirin, USP) based on blood test results or side effects you may have.
- If you have heart problems, your healthcare provider should check your heart by doing an electrocardiogram before you start treatment with Ribasphere (ribavirin, USP), and if needed during treatment.

### **What should I avoid while taking Ribasphere (ribavirin, USP)?**

- **Ribasphere (ribavirin, USP) can make you feel tired, dizzy, or confused. You should not drive or operate machinery if you have any of these symptoms.**
- **Do not drink alcohol**, including beer, wine, and liquor. This may make your liver disease worse.

### **What are the possible side effects of Ribasphere (ribavirin, USP)?**

**Ribasphere (ribavirin, USP) may cause serious side effects including:**

See “**What is the most important information I should know about Ribasphere (ribavirin, USP)?**”

- **Swelling and irritation of your pancreas (pancreatitis).** You may have stomach pain, nausea, vomiting or diarrhea.

- **Severe allergic reactions.** Symptoms may include hives, wheezing, trouble breathing, chest pain, swelling of your mouth, tongue, or lips, or severe rash.
- **Serious breathing problems.** Difficulty breathing may be a sign of a serious lung infection (pneumonia) that can lead to death.
- **Serious eye problems** that may lead to vision loss or blindness.
- **Liver problems.** Some people may get worsening of liver function. Tell your healthcare provider right away if you have any of these symptoms: stomach bloating, confusion, brown urine, and yellow eyes.
- **Severe depression**
- **Suicidal thoughts and attempts**

**Call your healthcare provider or get medical help right away if you have any of the symptoms listed above. These may be signs of a serious side effect of Ribasphere (ribavirin, USP) treatment.**

**Common side effects of Ribasphere (ribavirin, USP) taken with peginterferon alfa-2a include:**

- flu-like symptoms-feeling tired, headache, shaking along with high temperature (fever), and muscle or joint aches
- mood changes, feeling irritable, anxiety, and difficulty sleeping
- loss of appetite, nausea, vomiting, and diarrhea
- hair loss
- itching

Tell your healthcare provider about any side effect that bothers you or that does not go away.

These are not all the possible side effects of Ribasphere (ribavirin, USP) treatment. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Kadmon Pharmaceuticals, LLC at 1-877-377-7862.

**How should I store Ribasphere (ribavirin, USP)?**

- Store Ribasphere (ribavirin, USP) tablets between 59°F and 86°F (15°C and 30°C).
- Keep the bottle tightly closed.

**Keep Ribasphere (ribavirin, USP) and all medicines out of the reach of children.**

**General information about the safe and effective use of Ribasphere (ribavirin, USP)**

It is not known if treatment with Ribasphere (ribavirin, USP) can cure hepatitis C or if it can prevent liver damage (cirrhosis), liver failure or liver cancer that is caused by hepatitis C virus infections. It is not known if treatment with Ribasphere (ribavirin, USP) will prevent an infected person from spreading the hepatitis C virus to another person.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Ribasphere (ribavirin, USP) for a condition for which it was not prescribed. Do not give Ribasphere (ribavirin, USP) to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about Ribasphere (ribavirin, USP). If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Ribasphere (ribavirin, USP) that is written for healthcare professionals.

**What are the ingredients in Ribasphere (ribavirin, USP)?**

Active Ingredient: ribavirin

Inactive Ingredients: microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, povidone K27-33, magnesium stearate, and purified water. The tablet is coated with partially hydrolyzed polyvinyl alcohol, polyethylene glycol 3350, talc, titanium dioxide, FD&C blue #2 [indigo carmine aluminum lake] (200 mg tablet only), FD&C blue #1 [brilliant blue FCF aluminum lake] (400 mg and 600 mg tablets only), and carnauba wax.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

<sup>1</sup> PEGASYS is a trademark of Hoffmann-La Roche Inc.

<sup>2</sup> Imuran is a registered trademark of Prometheus Laboratories, Inc.

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