ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 20 mg film-coated tablets
Xofluza 40 mg film-coated tablets
Xofluza 80 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Xofluza 20 mg

Each tablet contains 20 mg baloxavir marboxil.

Excipient(s) with known effect

Each tablet contains 77.9 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

Xofluza 40 mg

Each tablet contains 40 mg baloxavir marboxil.

Excipient(s) with known effect

Each tablet contains 155.8 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

Xofluza 80 mg

Each tablet contains 80 mg baloxavir marboxil.

Excipient(s) with known effect

Each tablet contains 311.6 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Xofluza 20 mg

Tablet
White to light yellow, oblong shaped film-coated tablets approximately 8.6 mm in length, debossed with "♋ 772" on one side and "20" on the other side.

Xofluza 40 mg

Tablet
White to light yellow, oblong shaped film-coated tablets approximately 11.1 mm in length, debossed on one side with "BXM40".

Xofluza 80 mg

Tablet

White to light yellow, oblong shaped film-coated tablets approximately 16.1 mm in length, debossed on one side with “BXM80”.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of influenza

Xofluza is indicated for the treatment of uncomplicated influenza in patients aged 3 weeks and above.

Post-exposure prophylaxis of influenza

Xofluza is indicated for post-exposure prophylaxis of influenza in individuals aged 3 weeks and above.

Xofluza should be used in accordance with official recommendations.

4.2 Posology and method of administration

Posology

Treatment of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours of symptom(s) onset.

Post-exposure prophylaxis of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours following close contact with an individual known or suspected to have influenza (see section 5.1).

Adults, adolescents, children and infants (≥ 3 weeks of age)
The recommended single oral dose of baloxavir marboxil is determined by body weight (see Table 1).

Adults, adolescents and children who are unable to, or experience difficulty swallowing tablets, or those who require enteral administration may instead receive treatment with Xofluza granules for oral suspension. Refer to the Xofluza granules for oral suspension prescribing information.

Table 1. Baloxavir marboxil dosing by patient body weight (≥ 3 weeks of age)

Patient body weight	Recommended oral dose
< 20 kg	Refer to the Xofluza granules for oral suspension prescribing information.
≥ 20 kg to < 80 kg	Single dose of 40 mg taken as 1 x 40 mg tablet OR 2 x 20 mg tablets
≥ 80 kg	Single dose of 80 mg taken as 1 x 80 mg tablet OR 2 x 40 mg tablets

There are no clinical data on the use of a repeat dose of baloxavir marboxil for the treatment of uncomplicated influenza or for post-exposure prophylaxis in any one influenza season.

Special populations

Elderly
No dose adjustment is required (see section 5.2).

Hepatic impairment
No dose adjustment is required for patients with mild or moderate hepatic impairment (Child-Pugh class A or B). The safety and efficacy of baloxavir marboxil have not been established in patients with severe hepatic impairment (Child-Pugh class C).

Renal impairment
No dose adjustment is required in patients with renal impairment (see section 5.2).

Paediatric population
The safety and efficacy of baloxavir marboxil in preterm neonates and children aged < 3 weeks have not been established. No data are available.

Method of administration

Oral use. The tablets should be taken with water.

Xofluza may be taken with or without food (see section 5.2).

Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium (see section 4.5).

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Lactose intolerance

Xofluza contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Sodium

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

Effects of other medicinal products on baloxavir marboxil or its active metabolite baloxavir

Products that contain polyvalent cations may decrease plasma concentrations of baloxavir. Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium.

Immune response to influenza virus

Interaction studies with influenza vaccines and baloxavir marboxil have not been conducted. In studies of naturally acquired influenza, treatment with Xofluza did not impair the humoral antibody response to influenza infection.

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited data from the use of baloxavir marboxil in pregnant women.

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

As a precautionary measure, it is preferable to avoid the use of Xofluza during pregnancy.

Breast-feeding

It is unknown whether baloxavir marboxil or baloxavir are excreted in human milk. Baloxavir marboxil and its metabolites are secreted in the milk of lactating rats.

A risk to the newborns/infants cannot be excluded.

A decision must be made whether to discontinue breast-feeding or to abstain from Xofluza therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

No effects on male or female fertility were observed in animal studies performed with baloxavir marboxil (see section 5.3).

4.7 Effects on ability to drive and use machines

Xofluza has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

Hypersensitivity reactions have been observed in the post-marketing setting, which include reports of anaphylaxis/anaphylactic reactions and less severe forms of hypersensitivity reactions, including urticaria and angioedema. Of these adverse reactions only urticaria has been observed in clinical studies with an estimated frequency category of “uncommon”.

Tabulated list of adverse reactions

The following adverse drug reactions have been identified from post-marketing experience with baloxavir marboxil (Table 2) based on spontaneous case reports and cases from non-interventional study programmes. Adverse drug reactions are listed according to system organ classes in MedDRA and the corresponding frequency category estimation for each adverse drug reaction is based on the following convention: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); very rare (< 1/10 000) and not known (cannot

be estimated from the available data). Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness.

Table 2. Adverse drug reactions from post-marketing experience in adults, adolescents and paediatric patients

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Immune system disorders	Anaphylaxis[a]	Not known
	Anaphylactic reactions[a]	Not known
	Hypersensitivity[a]	Not known
Gastrointestinal disorders	Diarrhoea[b]	Common
	Vomiting[b]	Common
	Ischaemic colitis[a]	Not known
Skin and subcutaneous disorders	Urticaria[b]	Uncommon
	Angioedema[a]	Not known

[a]Not reported in clinical studies.

[b]The frequency calculation is based on completed clinical studies.

Paediatric population

The safety profile of baloxavir marboxil in paediatric patients (3 weeks to < 12 years) was determined from data collected from treatment and post-exposure prophylaxis studies and for patients 5 years and above from the household influenza transmission study. Table 3 presents adverse drug reactions identified from clinical trial experience.

Anaphylactic reaction, anaphylaxis, urticaria and angioedema (face, eyelid and lip swelling) have been reported post-marketing in the paediatric population (see Table 2).

Table 3. Adverse drug reactions in children from clinical trial experience

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Gastrointestinal disorders	Diarrhoea	Common
	Vomiting	Common
Skin and subcutaneous disorders	Rash	Common

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Reports of overdoses with baloxavir marboxil have been received from clinical trials and during post-marketing experience. In the majority of cases reporting overdose, no adverse reactions were reported. Data are insufficient to determine what symptoms may be anticipated as a result of an overdose.

Management

No known specific antidote exists for Xofluza. In the event of overdose, standard supportive medical care should be initiated based on the patient's signs and symptoms.

Baloxavir is unlikely to be significantly removed by dialysis due to high serum protein binding.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antivirals for systemic use, other anti-virals. ATC code: J05AX25.

Mechanism of action

Baloxavir marboxil is a prodrug that is converted by hydrolysis to baloxavir, the active form that exerts anti-influenza activity. Baloxavir acts on the cap-dependent endonuclease (CEN), an influenza virus-specific enzyme in the polymerase acidic (PA) subunit of the viral RNA polymerase complex and thereby inhibits the transcription of influenza virus genomes resulting in inhibition of influenza virus replication.

In vitro activity
The 50 % inhibition concentration (IC_{50}) of baloxavir was 1.4 to 3.1 nmol/L for influenza A viruses and 4.5 to 8.9 nmol/L for influenza B viruses in an enzyme inhibition assay.

In a MDCK cell culture assay, the median 50 % effective concentration (EC_{50}) values of baloxavir were 0.73 nmol/L (n=31; range: 0.20-1.85 nmol/L) for subtype A/H1N1 strains, 0.83 nmol/L (n=33; range: 0.35-2.63 nmol/L) for subtype A/H3N2 strains, and 5.97 nmol/L (n=30; range: 2.67-14.23 nmol/L) for type B strains.

In a MDCK cell-based virus titre reduction assay, the 90 % effective concentration (EC_{90}) values of baloxavir were in the range of 0.46 to 0.98 nmol/L for subtype A/H1N1 and A/H3N2 viruses, 0.80 to 3.16 nmol/L for avian subtype A/H5N1 and A/H7N9 viruses, and 2.21 to 6.48 nmol/L for type B viruses.

Resistance
Viruses bearing PA/I38T/F/M/N/S mutations or the PA/T20K mutation selected *in vitro* or in clinical studies show reduced susceptibility to baloxavir. PA/I38T/F/M/N/S mutations led to an increase in EC_{50} values ranging from 11 to 57-fold for influenza A viruses and 2 to 8-fold for influenza B viruses. The PA/T20K mutation led to a 7-fold increase in the EC_{50} value for influenza B virus.

In the four phase 3 studies of treatment of uncomplicated influenza and a phase 3b study of household influenza transmission, no resistance to baloxavir was detected in baseline isolates. In the two adult and adolescent studies of baloxavir marboxil treatment, treatment-emergent mutations PA/I38T/M/N were detected in 36/370 (9.7 %) and in 15/290 (5.2 %) patients treated with baloxavir marboxil but were not detected in any patients treated with placebo.

In the phase 3 study in paediatric patients aged 1 to < 12 years (Ministone-2 (CP40563)), treatment-emergent mutations PA/I38T/M/S were found in 11 of 57 (19.3 %) influenza-infected subjects in the baloxavir marboxil treatment group.

In the phase 3 study in paediatric patients aged < 1 year (Ministone-1 (CP40559)), PA/I38T and PA/T20K were detected in 2 of 13 (15.4 %) influenza-infected subjects treated with baloxavir marboxil.

In the phase 3 study of post-exposure prophylaxis (Blockstone (1719T0834)), PA/I38T/M were found in 10 of 374 (2.7 %) baloxavir marboxil-treated subjects. PA/I38 substitutions were not detected in placebo-treated subjects, with the exception of 2 subjects who received baloxavir marboxil as rescue medication.

In a phase 3b study of household influenza transmission, treatment-emergent mutations, PA/I38M/N/T were detected in 15 of 208 influenza-infected index patients (7.2 %) in the baloxavir marboxil group.

Baloxavir is active *in vitro* against influenza viruses that are considered resistant to neuraminidase inhibitors, including strains with the following mutations: H274Y in A/H1N1, E119V and R292K in A/H3N2, R152K and D198E in type B virus, H274Y in A/H5N1, R292K in A/H7N9.

Clinical trials

Treatment of uncomplicated influenza

Adult and adolescent patients

Capstone 1 (1601T0831) was a phase 3 randomised, double-blind, multicentre study conducted in Japan and the US to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in healthy adult and adolescent patients (aged ≥ 12 years to ≤ 64 years) with uncomplicated influenza. Patients were randomised to receive baloxavir marboxil (patients who weighed 40 to < 80 kg received 40 mg and patients who weighed ≥ 80 kg received 80 mg), oseltamivir 75 mg twice daily for 5 days (only if aged ≥ 20 years) or placebo. Dosing occurred within 48 hours of first onset of symptoms.

A total of 1436 patients (of which 118 were aged ≥ 12 years to ≤ 17 years) were enrolled in the 2016-2017 Northern Hemisphere influenza season. The predominant influenza virus strain in this study was the A/H3 subtype (84.8 % to 88.1 %) followed by the B type (8.3 % to 9.0 %) and the A/H1N1pdm subtype (0.5 % to 3.0 %). The primary efficacy endpoint was time to alleviation of symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain, and fatigue) (TTAS). Baloxavir marboxil elicited a statistically significant reduction in TTAS when compared with placebo (Table 4).

Table 4. Capstone 1: Time to alleviation of symptoms (baloxavir marboxil vs placebo), ITTI population*

Time to alleviation of symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=455	**Placebo (95 % CI) N=230**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
53.7 (49.5, 58.5)	80.2 (72.6, 87.1)	-26.5 (−35.8, −17.8)	< 0.0001

CI: Confidence interval

*ITTI: The Intention-to-treat Infected population consisted of patients who received the study medicine with a confirmed diagnosis of influenza. Confirmation of influenza was based on the results of RT-PCR on Day 1.

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTAS (53.5 h vs 53.8 h, respectively).

The median (95 % CI) TTAS was 49.3 (44.0, 53.1) and 82.1 (69.5, 92.9) hours for patients who were symptomatic for > 0 to ≤ 24 hours, and 66.2 (54.4, 74.7) and 79.4 (69.0, 91.1) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

The median time to resolution of fever in patients treated with baloxavir marboxil was 24.5 hours (95 % CI: 22.6, 26.6) compared with 42.0 hours (95 % CI: 37.4, 44.6) in those receiving placebo. No

difference was noted in duration of fever in the baloxavir marboxil group compared with the oseltamivir group.

Capstone 2 (1602T0832) was a phase 3 randomised, double-blind, multicentre study to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in adult and adolescent patients (aged ≥ 12 years) with uncomplicated influenza who had at least one host factor predisposing to the development of complications. Patients were randomised to receive a single oral dose of baloxavir marboxil (according to weight as in Capstone 1), oseltamivir 75 mg twice daily for 5 days, or placebo. Dosing occurred within 48 hours of first onset of symptoms.

Of the total 2184 patients 59 were aged ≥ 12 to ≤ 17 years, 446 were aged ≥ 65 to ≤ 74 years, 142 were aged ≥ 75 to ≤ 84 years and 14 were aged ≥ 85 years. The predominant influenza viruses in this study were the A/H3 subtype (46.9 % to 48.8 %) and influenza B (38.3 % to 43.5 %). The primary efficacy endpoint was time to improvement of influenza symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain, and fatigue) (TTIS).
Baloxavir marboxil elicited a statistically significant reduction in TTIS when compared with placebo (Table 5).

Table 5. Capstone 2: Time to improvement of influenza symptoms (baloxavir marboxil vs placebo), ITTI population

Time to improvement of influenza symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=385	**Placebo (95 % CI) N=385**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
73.2 (67.2, 85.1)	102.3 (92.7, 113.1)	-29.1 (−42.8, −14.6)	< 0.0001

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTIS (73.2 h vs 81.0 h, respectively).

The median (95 % CI) TTIS was 68.6 (62.4, 78.8) and 99.1 (79.1, 112.6) hours for patients who were symptomatic for > 0 to ≤ 24 hours and 79.4 (67.9, 96.3) and 106.7 (92.7, 125.4) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

For patients infected with type A/H3 virus, the median TTIS was shorter in the baloxavir marboxil group compared with the placebo group but not compared with the oseltamivir group (see Table 6). In the subgroup of patients infected with type B virus, the median TTIS was shorter in the baloxavir marboxil group compared with both the placebo and oseltamivir group (see Table 6).

Table 6. Time to improvement of symptoms by influenza virus subtype, ITTI population

Time to improvement of symptoms (Hours) Median [95 % CI]			
Virus	**Baloxavir marboxil**	**Placebo**	**Oseltamivir**
A/H3	75.4 [62.4, 91.6] N=180	100.4 [88.4, 113.4] N=185	68.2 [53.9, 81.0] N=190
B	74.6 [67.4, 90.2) N=166	100.6 [82.8, 115.8] N=167	101.6 [90.5, 114.9] N=148

The median time to resolution of fever was 30.8 hours (95 % CI: 28.2, 35.4) in the baloxavir marboxil group compared with 50.7 hours (95 % CI: 44.6, 58.8) in the placebo group. No clear differences between the baloxavir marboxil group and the oseltamivir group were observed.

The overall incidence of influenza-related complications (death, hospitalisation, sinusitis, otitis media, bronchitis, and/or pneumonia) was 2.8 % (11/388 patients) in the baloxavir marboxil group compared with 10.4 % (40/386 patients) in the placebo group. The lower overall incidence of influenza-related complications in the baloxavir marboxil group compared with the placebo group was mainly driven by lower incidences of bronchitis (1.8 % vs. 6.0 %, respectively) and sinusitis (0.3 % vs. 2.1 %, respectively).

Paediatric patients (aged 1 - < 12 years)

Ministone-2 (CP40563) was a randomised, double-blind, multicentre, active-controlled study, designed to evaluate the safety, efficacy, and pharmacokinetics of a single oral dose of granules for oral suspension of baloxavir marboxil compared with oseltamivir in otherwise healthy paediatric patients (aged 1 to < 12 years) with influenza-like symptoms.

A total of 173 patients were randomised in a 2:1 ratio to receive a single oral dose of baloxavir marboxil based on body weight (2 mg/kg for patients weighing < 20 kg or 40 mg for patients weighing ≥ 20 kg) or oseltamivir (dose based on body weight) for 5 days. Patients could receive paracetamol as required. Patients with host factors predisposing to the development of complications (14 % (25/173)) were included in the study. The predominant influenza virus strain in this study was the A/H3 subtype. The primary objective was to compare the safety of a single dose of baloxavir marboxil with 5 days of oseltamivir administered twice daily. A secondary objective was to compare the efficacy of baloxavir marboxil with oseltamivir based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever).

Time to alleviation of influenza signs and symptoms were comparable between the baloxavir marboxil group (median 138.1 hours [95 % CI: 116.6, 163.2]) and the oseltamivir group (median 150 hours [95 % CI: 115.0, 165.7]) (see Table 7).

Table 7. Time to alleviation of influenza signs and symptoms, ITTI population

Time to alleviation of symptoms (Median [hours])	
Baloxavir marboxil **(95 % CI)** **N=80**	**Oseltamivir** **(95 % CI)** **N=43**
138.1 (116.6, 163.2)	150.0 (115.0, 165.7)

The median duration of fever was comparable between the baloxavir marboxil group (41.2 hours [95 % CI: 24.5, 45.7]) and the oseltamivir group (46.8 hours [95 % CI: 30.0, 53.5]).

The overall incidence of influenza-related complications (death, hospitalisation, pneumonia, bronchitis, sinusitis, otitis media, encephalitis/encephalopathy, febrile seizures, myositis) was 7.4 % (6/81 patients) in the baloxavir marboxil group and 7 % (3/43 patients) in the oseltamivir group. The incidence of otitis media was 3.7 % (3/81 patients) in the baloxavir marboxil group and 4.7 % (2/43 patients) in the oseltamivir group. Sinusitis, pneumonia and bronchitis occurred in one patient each in the baloxavir marboxil group and febrile seizures occurred in one patient in the oseltamivir group.

Paediatric patients (aged < 1 year)

Ministone-1 (CP40559) was a multicenter, single-arm, open label study to evaluate the safety, pharmacokinetics and efficacy of a single oral dose of baloxavir marboxil in paediatric patients (aged < 1 year) with influenza-like symptoms. The youngest patient recruited was 3 weeks of age. Extrapolation of efficacy to < 1 year was based on exposure matching from adults and older children.

A total of 48 patients received a single oral dose of baloxavir marboxil based on body weight and age

(2 mg/kg for patients ≥ 3 months (N=39), 1 mg/kg for patients ≥ 4 weeks to < 3 months (N=8) and 1 mg/kg for patients <4 weeks (N=1)). The predominant influenza virus strain in this study was the A/H3 subtype. The primary objective was to evaluate the safety and PK of a single oral dose of baloxavir marboxil. A secondary objective was to evaluate the efficacy of baloxavir marboxil based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever). No new safety concerns were identified.

Post-exposure prophylaxis of influenza

Blockstone (1719T0834) was a phase 3, randomised, double-blind, multicentre study conducted in 749 subjects in Japan to evaluate the efficacy and safety of a single oral tablet dose or a single dose of granules of baloxavir marboxil compared with placebo for post-exposure prophylaxis of influenza. Subjects were household contacts of influenza-infected index patients.

There were 607 subjects ≥ 12 years, and 142 subjects 1 to < 12 years who received either baloxavir marboxil dosed according to weight as in the treatment studies or placebo. The majority of subjects (73.0 %) were enrolled within 24 hours of symptom onset in the index patient group. The predominant influenza virus strains in the index patients were the A/H3 subtype (48.6 %) and the A/H1N1pdm subtype (47.5 %) followed by influenza B (0.7 %).

The primary efficacy endpoint was the proportion of household subjects who were infected with influenza virus and presented with fever and at least one respiratory symptom in the period from Day 1 to Day 10.

There was a statistically significant reduction in the proportion of subjects with laboratory-confirmed clinical influenza from 13.6 % in the placebo group to 1.9 % in the baloxavir marboxil group (see Table 8).

Table 8. Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (baloxavir vs placebo)

Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (%) mITT* population			
Baloxavir marboxil (95 % CI)	**Placebo (95 % CI)**	**Adjusted risk ratio (95 % CI)**	**P-value**
N=374 1.9 (0.8, 3.8)	N=375 13.6 (10.3, 17.5)	 0.14 (0.06, 0.30)	 < 0.0001
Proportion of subjects ≥ 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=303 1.3 (0.4, 3.3)	N=304 13.2 (9.6, 17.5)	 0.10 (0.04, 0.28)	 < 0.0001
Proportion of subjects 1 to < 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=71 4.2 (0.9, 11.9)	N=71 15.5 (8, 26)	 0.27 (0.08, 0.90)	 0.0339

* mITT: modified intention-to-treat. The mITT population included all randomised subjects who received the study medicine and had post-baseline efficacy data available among household members of influenza-infected index patients. The mITT population was analysed as randomised.

5.2 Pharmacokinetic properties

Absorption

After oral administration, baloxavir marboxil is extensively converted to its active metabolite, baloxavir. The plasma concentration of baloxavir marboxil is very low or below the limit of quantitation (< 0.100 ng/mL).

Pharmacokinetic (PK) parameters of baloxavir have been characterised in healthy adult subjects and in patients with influenza-like symptoms. Baloxavir's PK was best described by a population PK model with a two-compartment disposition model with first-order absorption and elimination processes, including a sigmoid E_{max} model to quantify the clearance maturation with age in infants. Body weight and race were found to have a significant effect on the PK.

In adults after single administration of baloxavir marboxil at the therapeutic doses, the estimated mean baloxavir $AUC_{0\text{-}inf}$ were 9580 and 4750 ng.hr/mL, and the estimated mean C_{max} were 95.2 and 62.4 ng/mL in the Asian and non-Asian populations, respectively.

Following a single oral administration of 80 mg of baloxavir marboxil, the time to achieve peak plasma concentration (T_{max}) is approximately 4 hours in the fasted state. The absolute bioavailability of baloxavir after oral dosing with baloxavir marboxil has not been established.

Food effect

In a food-effect study, after administration of baloxavir marboxil at a 40 mg dose to healthy volunteers, the maximum plasma concentration (C_{max}) and area under the curve ($AUC_{0\text{-}inf}$) of baloxavir were decreased by 48 % (geometric mean (CV %) of 67.6 (40.0) vs 130 (24.1) ng/mL) and 36 % (geometric mean (SD) of 4540 (38.8) vs 7090 (19. 6) ng.hr/mL), in fed (with a meal of approximately 400 to 500 kcal including 150 kcal from fat) relative to fasting conditions, respectively. T_{max} was unchanged in the presence of food. In clinical studies there were no clinically relevant differences in efficacy when baloxavir was taken with versus without food.

Distribution

In an *in vitro* study, the binding of baloxavir to human serum proteins, primarily albumin, is 92.9 % to 93.9 %. The apparent volume of distribution of baloxavir during the terminal elimination phase (Vz/F) following a single oral administration of baloxavir marboxil is approximately 1180 L in Caucasian subjects and 647 L in Japanese subjects. The population PK parameter estimates were 260 L for the apparent peripheral volume of distribution (Vp/F), and 489 L and 735 L for the apparent central volume of distribution (Vc/F) in the Asian and non-Asian populations, respectively.

Biotransformation

Baloxavir is primarily metabolised by UGT1A3 to form a glucuronide with a minor contribution from CYP3A4 to form a sulfoxide.

Drug-drug interaction studies

Based on *in vitro* and *in vivo* drug-drug interaction (DDI) studies, baloxavir marboxil and baloxavir are not expected to inhibit isozymes of the CYP or UGT families or cause relevant induction of CYP enzymes.

Based on *in vitro* transporter studies and *in vivo* DDI studies, no relevant pharmacokinetic interaction is anticipated between baloxavir marboxil or baloxavir and medicines which are substrates of the following transporters: OATP1B1, OATP1B3, OCT1, OCT2, OAT1, OAT3, MATE1, or MATE2K.

Excretion

Following a single oral administration of 40 mg of [^{14}C]-labeled baloxavir marboxil, the proportion of total radioactivity excreted in faeces was 80.1 % of the administered dose, with the urine accounting for 14.7 % (3.3 % and 48.7 % of the administered dose was excreted as baloxavir in urine and faeces, respectively).

Elimination

Population PK analyses estimated an apparent oral clearance (CL/F) of 5.47 L/h and 11.02 L/h for baloxavir in the Asian and non-Asian populations, respectively.

The apparent terminal elimination half-life ($t_{1/2,z}$) of baloxavir after a single oral administration of baloxavir marboxil is 79.1, 50.3 and 29.4 hours in Caucasian adults, adolescent and paediatric subjects, respectively. Based on the population pharmacokinetic analysis, baloxavir apparent oral clearance (CL/F) and apparent volume of distribution for central compartment (Vc/F) increased with body weight with different exponents, therefore half-life is shorter in patients with a lower body weight (i.e. a shorter $t_{1/2}$ in paediatric patients when compared to adults (see Table 9 and subsection-´*Race*´ below).

Table 9. Baloxavir half-life per age and race

	< 12 years of age		**≥ 12 years of age**	
	Non-Asians	**Asians**	**Non-Asians**	**Asians**
$t_{1/2}$ (h) Mean (SD)	29.4 (9.9)	35.6 (8.17)	50.3 (12.6)	59.6 (13.5)

Linearity/non-linearity

Following single oral administration of baloxavir marboxil, baloxavir exhibits linear pharmacokinetics within the dose range of 6 mg to 80 mg.

Special populations

Body weight
Body weight is a significant covariate for baloxavir pharmacokinetics based on the population pharmacokinetic analysis, independently of age. Dosing recommendations for baloxavir marboxil are based on body weight in both adult and paediatric patients (see section 4.2).

Gender
A population pharmacokinetic analysis did not identify a clinically meaningful effect of gender on the pharmacokinetics of baloxavir. No dose adjustment based on gender is required.

Race
Based on a population pharmacokinetic analysis, race is an age-independent covariate on CL/F and Vc/F of baloxavir in addition to body weight; however, no dose adjustment of baloxavir marboxil based on race is required.

Age
A population pharmacokinetic analysis using plasma baloxavir concentrations from clinical studies in subjects aged 1 to 85 years did not identify age as a relevant covariate on the pharmacokinetics of baloxavir. In a population PK analysis including 57 paediatric patients under 1 year of age, age significantly influenced baloxavir CL/F; a maturation half-life of 38.3 weeks was estimated. However, no dose adjustment of baloxavir marboxil based on age is required.

Paediatric population
Pharmacokinetic data of baloxavir were collected in patients aged 3 weeks to < 12 years. The body weight-adjusted dosing regimen (2 mg/kg up to 20 kg and 40 mg for ≥ 20 kg) provides similar baloxavir exposures to the therapeutic doses of baloxavir marboxil in adults (40 mg for adult patients < 80 kg and 80 mg for adult patients ≥ 80 kg) in both Asian and non-Asian populations (see Table 10).

Table 10. Mean (5^{th} – 95^{th} percentile) pharmacokinetic parameters of baloxavir in non-Asian patients aged 3 weeks and above receiving a single oral baloxavir marboxil administration

Age group	Dose group*	N	$AUC_{0\text{-}inf}$ (ng.hr/mL)	C_{max} (ng/mL)	C_{72} (ng/mL)	T_{max} (hr)	$T_{1/2}$ (hr)
22 - < 28 days	1 mg/kg**	1	2640 [NA,NA]***	66.9 [NA,NA]	8.71 [NA,NA]	5 [NA,NA]	23.4 [NA,NA]
28 days - <3 months	1 mg/kg**	8	2580 [864,4880]	57.1 [37.1,80.4]	9.53 [1.3,20.3]	6.5 [2,13]	25.2 [13,32.8]
3 months - < 1 year	2 mg/kg	37	5670 [1800,11900]	144 [48.8,294]	18.4 [4.43,41.5]	5.09 [2,13]	22.9 [15.5,30.3]
1 - < 2 years	2 mg/kg	8	3260 [1670,5970]	95.5 [33.1,215]	10.0 [2.02,14.2]	3.56 [1.5,7]	23 [11.6,38.8]
2 - < 12 years	2 mg/kg	32	4490 [765,9070]	116 [21.4,272]	15.0 [3.06,32.2]	3.94 [1.5,7.5]	24.2 [17.4,35.3]
	40 mg	64	4650 [1770,9130]	87.1 [31.1,147]	19.1 [7.36,39.2]	5.51 [2.5,10.5]	33.8 [21.7,52.4]
12 - < 18 years	40 mg	44	3520 [1230,7470]	52.7 [17.5,94.3]	15.5 [5.76,31.2]	4.32 [1.5,7.5]	42.9 [32,69]
	80 mg	13	6600 [2730,11600]	83.7 [43.9,147]	29.6 [12.1,51.7]	5.19 [1,13]	50.7 [34.2,64.5]
18 years and above	40 mg	310	3470 [1440,6350]	47.4 [20.6,86.2]	15.4 [6.36,27.8]	4.67 [1.5,10]	47.7 [31.2,67.5]
	80 mg	338	5880 [2270,11200]	73.4 [27.5,141]	26.2 [10.7,49.4]	5.19 [2,11]	52.8 [33.6,76.2]

* Dose groups are based on bodyweight: < 20 kg: 2 mg/kg; ≥ 20 kg - < 80 kg: 40 mg; ≥ 80 kg: 80 mg;
** For age categories with no PK observations at the recommended dose of baloxavir marboxil, population-PK modeling predicts that a dose of 2 mg/kg in children 22 days to 3 months of age produces a similar exposure as adults and older children.
***NA: Not available

The pharmacokinetics of baloxavir in paediatric patients < 3 weeks of age have not been established.

Elderly
Pharmacokinetic data collected in 181 patients aged ≥ 65 years show that exposure to baloxavir in the plasma was similar to that in patients aged ≥ 12 to 64 years.

Hepatic impairment
No clinically meaningful differences in the pharmacokinetics of baloxavir were observed in patients with mild or moderate hepatic impairment (Child-Pugh class A and B) compared with healthy controls with normal hepatic function.

The pharmacokinetics in patients with severe hepatic impairment have not been evaluated (see section 4.2).

Renal impairment
The effects of renal impairment on the pharmacokinetics of baloxavir marboxil or baloxavir have not been evaluated. Renal impairment is not expected to alter the elimination of baloxavir marboxil or baloxavir.

5.3 Preclinical safety data

Nonclinical data reveal no special hazards for humans based on conventional studies of safety pharmacology, acute and repeated dose toxicity.

Prolongation of PT and APTT were observed in rats at exposures at least equal to the human exposure based on $AUC_{0\text{-}24hr}$ under specific experimental conditions, i.e. when fasted and when the food was either autoclaved or radiation-treated, resulting in vitamin K limiting/deficient conditions. These effects were not observed in monkey studies up to 4 weeks duration at the highest tested dose equivalent to 8-times the human exposure based on $AUC_{0\text{-}24hr}$. They are considered to be of limited clinical relevance.

Carcinogenicity studies have not been performed with baloxavir marboxil.

The prodrug baloxavir marboxil, and its active form, baloxavir, were not considered genotoxic as they tested negative in bacterial reverse mutation tests, micronucleus tests with cultured mammalian cells, and as baloxavir marboxil was negative in an *in vivo* rodent micronucleus test.

Baloxavir marboxil had no effects on fertility when given orally to male and female rats at doses providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

Baloxavir marboxil did not cause malformations in rats or rabbits.

The oral embryo-foetal development study of baloxavir marboxil in rats with daily doses from gestation day 6 to 17 revealed no signs of maternal or foetal toxicity up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

In rabbits, a dose providing exposure equivalent to 14-times the human exposure based on $AUC_{0\text{-}24hr}$ following the MHRD caused maternal toxicity resulting in miscarriages and significant increase in incidence of foetuses with a skeletal variation (cervical rib). The skeletal variations were reabsorbed during the growing process of adjacent cervical vertebra. A dose providing exposure equivalent to 6-times the human exposure based on $AUC_{0\text{-}24hr}$ in rabbits was without adverse effects.

The pre- and postnatal study in rats did not show baloxavir marboxil-related adverse findings in dams and pups up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core

Lactose monohydrate
Croscarmellose sodium (E468)
Povidone (K25) (E1201)
Microcrystalline cellulose (E460)

Sodium stearyl fumarate

Film-coating

Hypromellose (E464)
Talc (E553b)
Titanium dioxide (E171)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

Xofluza 20 mg and 40 mg film-coated tablets

7 years.

Xofluza 80 mg film-coated tablets

5 years.

6.4 Special precautions for storage

This medicinal product does not require any special temperature storage conditions.
Store in the original package in order to protect from moisture.

6.5 Nature and contents of container

Blister pack (OPA/aluminium foil/PVC, sealed with aluminium foil).

Pack sizes

Xofluza 20 mg film-coated tablets

1 blister containing 2 film-coated tablets

Xofluza 40 mg film-coated tablets

1 blister containing 1 film-coated tablet
1 blister containing 2 film-coated tablets

Xofluza 80 mg film-coated tablets

1 blister containing 1 film-coated tablet

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen

Germany

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/001
EU/1/20/1500/002
EU/1/20/1500/003
EU/1/20/1500/004

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 07 January 2021
Date of latest renewal: 17 November 2025

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency https://www.ema.europa.eu.

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 2 mg/mL granules for oral suspension

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each ml of oral suspension contains 2 mg of baloxavir marboxil.
One bottle contains 40 mg of baloxavir marboxil.

Excipient(s) with known effect

Each 20 mL of oral suspension contains 1.03 mmol (or 23.6 mg) sodium and 700 mg of maltitol.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Granules for oral suspension.
White to light yellow granules.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of influenza

Xofluza is indicated for the treatment of uncomplicated influenza in patients aged 3 weeks and above.

Post-exposure prophylaxis of influenza

Xofluza is indicated for post-exposure prophylaxis of influenza in individuals aged 3 weeks and above.

Xofluza should be used in accordance with official recommendations.

4.2 Posology and method of administration

Posology

Treatment of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours of symptom(s) onset.

Post-exposure prophylaxis of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours following close contact with an individual known or suspected to have influenza (see section 5.1).

Adults, adolescents, children and infants (≥ 3 weeks of age)
The recommended single oral dose of baloxavir marboxil is determined by body weight (see Table 1).

Adults, adolescents and children weighing ≥ 20 kg who are able to swallow tablets may instead receive treatment with Xofluza tablets at a dose of 40 mg or 80 mg depending on the patient's body weight. Refer to the Xofluza tablet SmPC for dose information.

Table 1. Baloxavir marboxil dosing by patient body weight (≥ 3 weeks of age)

Patient body weight (kg)	**Recommended single dose of oral suspension**	**Volume of oral suspension***
< 20 kg	2 mg per kg of body weight	1 mL per kg of body weight
≥ 20 kg to < 80 kg	40 mg	20 mL
≥ 80 kg	80 mg	40 mL**

* The volume of the suspension in the bottle after reconstitution is 22 mL. The exact volume to be administered should be measured using the oral dispenser(s) included in the carton. e.g., 20 mL of suspension provides the recommended single dose of 40 mg.

**Dose requires 2 bottles of Xofluza granules for oral suspension.

There are no clinical data on the use of a repeat dose of baloxavir marboxil for the treatment of uncomplicated influenza or for post-exposure prophylaxis in any one influenza season.

Special populations

Elderly
No dose adjustment is required (see section 5.2).

Hepatic impairment
No dose adjustment is required for patients with mild or moderate hepatic impairment (Child-Pugh class A or B). The safety and efficacy of baloxavir marboxil have not been established in patients with severe hepatic impairment (Child-Pugh class C).

Renal impairment
No dose adjustment is required in patients with renal impairment (see section 5.2).

Paediatric population
The safety and efficacy of baloxavir marboxil in preterm neonates and children aged < 3 weeks have not been established. No data are available.

Method of administration

Oral or enteral use.

Xofluza may be taken with or without food (see section 5.2). Granules for oral suspension and final oral suspension should not be mixed with food. Any mixing outside the recommendations is the responsibility of the healthcare professional or the user.

Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium (see section 4.5).

It is recommended that Xofluza granules for oral suspension be reconstituted by a healthcare professional prior to dispensing. If the patient or caregiver is reconstituting the oral suspension, they must be advised to read the instructions for use before preparing and administering.

For instructions on reconstitution of Xofluza granules before administration, see section 6.6.

The appearance after reconstitution is a greyish white, white to light yellow opaque suspension.

The recommended dose can be administered via an enteral feeding tube. The tube should be flushed with water before and after delivering Xofluza. Follow the manufacturer's instructions for the feeding tube to administer the medicine, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Sodium

This medicinal product contains 23.6 mg of sodium per 20 mL of oral suspension, equivalent to 1.2 % of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Maltitol

This medicinal product contains 700 mg of maltitol per 20 mL of oral suspension. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Effects of other medicinal products on baloxavir marboxil or its active metabolite baloxavir

Products that contain polyvalent cations may decrease plasma concentrations of baloxavir. Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium.

Immune response to influenza virus

Interaction studies with influenza vaccines and baloxavir marboxil have not been conducted. In studies of naturally acquired influenza, treatment with Xofluza did not impair the humoral antibody response to influenza infection.

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited data from the use of baloxavir marboxil in pregnant women.

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

As a precautionary measure, it is preferable to avoid the use of Xofluza during pregnancy.

Breast-feeding

It is unknown whether baloxavir marboxil or baloxavir are excreted in human milk. Baloxavir marboxil and its metabolites are secreted in the milk of lactating rats.

A risk to the newborns/infants cannot be excluded.

A decision must be made whether to discontinue breast-feeding or to abstain from Xofluza therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

No effects on male or female fertility were observed in animal studies performed with baloxavir marboxil (see section 5.3).

4.7 Effects on ability to drive and use machines

Xofluza has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

Hypersensitivity reactions have been observed in the post-marketing setting, which include reports of anaphylaxis/anaphylactic reactions and less severe forms of hypersensitivity reactions, including urticaria and angioedema. Of these adverse reactions only urticaria has been observed in clinical studies with an estimated frequency category of "uncommon".

Tabulated list of adverse reactions

The following adverse drug reactions have been identified from post-marketing experience with baloxavir marboxil (Table 2) based on spontaneous case reports and cases from non-interventional study programmes. Adverse drug reactions are listed according to system organ classes in MedDRA and the corresponding frequency category estimation for each adverse drug reaction is based on the following convention: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); very rare (< 1/10 000) and not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness.

Table 2. Adverse drug reactions from post-marketing experience in adults, adolescents and paediatric patients

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Immune system disorders	Anaphylaxis[a]	Not known
	Anaphylactic reactions[a]	Not known
	Hypersensitivity[a]	Not known
Gastrointestinal disorders	Diarrhoea[b]	Common
	Vomiting[b]	Common
	Ischaemic colitis[a]	Not known
Skin and subcutaneous disorders	Urticaria[b]	Uncommon
	Angioedema[a]	Not known

[a]Not reported in clinical studies.

[b]The frequency calculation is based on completed clinical studies.

Paediatric population

The safety profile of baloxavir marboxil in paediatric patients (3 weeks to < 12 years) was determined from data collected from treatment and post-exposure prophylaxis studies and for patients 5 years and above from the household influenza transmission study. Table 3 presents adverse drug reactions identified from clinical trial experience.

Anaphylactic reaction, anaphylaxis, urticaria and angioedema (face, eyelid and lip swelling) have been reported post-marketing in the paediatric population (see Table 2).

Table 3. Adverse drug reactions in children from clinical trial experience

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Gastrointestinal disorders	Diarrhoea	Common
	Vomiting	Common
Skin and subcutaneous disorders	Rash	Common

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Reports of overdoses with baloxavir marboxil have been received from clinical trials and during post-marketing experience. In the majority of cases reporting overdose, no adverse reactions were reported. Data are insufficient to determine what symptoms may be anticipated as a result of an overdose.

Management

No known specific antidote exists for Xofluza. In the event of overdose, standard supportive medical care should be initiated based on the patient's signs and symptoms.

Baloxavir is unlikely to be significantly removed by dialysis due to high serum protein binding.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antivirals for systemic use, other anti-virals. ATC code: J05AX25

Mechanism of action

Baloxavir marboxil is a prodrug that is converted by hydrolysis to baloxavir, the active form that exerts anti-influenza activity. Baloxavir acts on the cap-dependent endonuclease (CEN), an influenza virus-specific enzyme in the polymerase acidic (PA) subunit of the viral RNA polymerase complex and thereby inhibits the transcription of influenza virus genomes resulting in inhibition of influenza virus replication.

In vitro activity
The 50 % inhibition concentration (IC_{50}) of baloxavir was 1.4 to 3.1 nmol/L for influenza A viruses and 4.5 to 8.9 nmol/L for influenza B viruses in an enzyme inhibition assay.
In a MDCK cell culture assay, the median 50 % effective concentration (EC_{50}) values of baloxavir were 0.73 nmol/L (n=31; range: 0.20-1.85 nmol/L) for subtype A/H1N1 strains, 0.83 nmol/L (n=33; range: 0.35-2.63 nmol/L) for subtype A/H3N2 strains, and 5.97 nmol/L (n=30; range: 2.67-14.23 nmol/L) for type B strains.

In a MDCK cell-based virus titre reduction assay, the 90 % effective concentration (EC_{90}) values of baloxavir were in the range of 0.46 to 0.98 nmol/L for subtype A/H1N1 and A/H3N2 viruses, 0.80 to 3.16 nmol/L for avian subtype A/H5N1 and A/H7N9 viruses, and 2.21 to 6.48 nmol/L for type B viruses.

Resistance
Viruses bearing PA/I38T/F/M/N/S mutations or the PA/T20K mutation selected *in vitro* or in clinical studies show reduced susceptibility to baloxavir. PA/I38T/F/M/N/S mutations led to an increase in EC_{50} values ranging from 11 to 57-fold for influenza A viruses and 2 to 8-fold for influenza B viruses. The PA/T20K mutation led to a 7-fold increase in the EC_{50} value for influenza B virus.

In the four phase 3 studies of treatment of uncomplicated influenza and a phase 3b study of household influenza transmission, no resistance to baloxavir was detected in baseline isolates. In the two adult and adolescent studies of baloxavir marboxil treatment, treatment-emergent mutations PA/I38T/M/N were detected in 36/370 (9.7 %) and in 15/290 (5.2 %) patients treated with baloxavir marboxil but were not detected in any patients treated with placebo.

In the phase 3study in paediatric patients aged 1 to < 12 years (Ministone-2 (CP40563)), treatment-emergent mutations PA/I38T/M/S were found in 11 of 57 (19.3 %) influenza-infected subjects in the baloxavir marboxil treatment group.

In the phase 3 study in paediatric patients aged < 1 year (Ministone-1 (CP40559)), PA/I38T and PA/T20K were detected in 2 of 13 (15.4 %) influenza-infected subjects treated with baloxavir marboxil.

In the phase 3 study of post-exposure prophylaxis (Blockstone (1719T0834)), PA/I38T/M were found in 10 of 374 (2.7 %) baloxavir marboxil-treated subjects. PA/I38 substitutions were not detected in placebo-treated subjects, with the exception of 2 subjects who received baloxavir marboxil as rescue medication.

In a phase 3b study of household influenza transmission, treatment-emergent mutations, PA/I38M/N/T were detected in 15 of 208 influenza-infected index patients (7.2 %) in the baloxavir marboxil group.

Baloxavir is active *in vitro* against influenza viruses that are considered resistant to neuraminidase inhibitors, including strains with the following mutations: H274Y in A/H1N1, E119V and R292K in A/H3N2, R152K and D198E in type B virus, H274Y in A/H5N1, R292K in A/H7N9.

Clinical trials

Treatment of uncomplicated influenza

Adult and adolescent patients

Capstone 1 (1601T0831) was a phase 3 randomised, double-blind, multicentre study conducted in Japan and the US to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in healthy adult and adolescent patients (aged ≥ 12 years to ≤ 64 years) with uncomplicated influenza. Patients were randomised to receive baloxavir marboxil (patients who weighed 40 to < 80 kg received 40 mg and patients who weighed ≥ 80 kg received 80 mg), oseltamivir 75 mg twice daily for 5 days (only if aged ≥ 20 years) or placebo. Dosing occurred within 48 hours of first onset of symptoms.

A total of 1436 patients (of which 118 were aged ≥ 12 years to ≤ 17 years) were enrolled in the 2016-2017 Northern Hemisphere influenza season. The predominant influenza virus strain in this study was the A/H3 subtype (84.8 % to 88.1 %) followed by the B type (8.3 % to 9.0 %) and the A/H1N1pdm subtype (0.5 % to 3.0 %). The primary efficacy endpoint was time to alleviation of symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain,

and fatigue) (TTAS). Baloxavir marboxil elicited a statistically significant reduction in TTAS when compared with placebo (Table 4).

Table 4. Capstone 1: Time to alleviation of symptoms (baloxavir marboxil vs placebo), ITTI population*

Time to alleviation of symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=455	**Placebo (95 % CI) N=230**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
53.7 (49.5, 58.5)	80.2 (72.6, 87.1)	-26.5 (−35.8, −17.8)	< 0.0001

CI: Confidence interval

*ITTI: The Intention-to-treat Infected population consisted of patients who received the study medicine with a confirmed diagnosis of influenza. Confirmation of influenza was based on the results of RT-PCR on Day 1.

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTAS (53.5 h vs 53.8 h, respectively).

The median (95 % CI) TTAS was 49.3 (44.0, 53.1) and 82.1 (69.5, 92.9) hours for patients who were symptomatic for > 0 to ≤ 24 hours, and 66.2 (54.4, 74.7) and 79.4 (69.0, 91.1) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

The median time to resolution of fever in patients treated with baloxavir marboxil was 24.5 hours (95 % CI: 22.6, 26.6) compared with 42.0 hours (95 % CI: 37.4, 44.6) in those receiving placebo. No difference was noted in duration of fever in the baloxavir marboxil group compared with the oseltamivir group.

Capstone 2 (1602T0832) was a phase 3 randomised, double-blind, multicentre study to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in adult and adolescent patients (aged ≥ 12 years) with uncomplicated influenza who had at least one host factor predisposing to the development of complications. Patients were randomised to receive a single oral dose of baloxavir marboxil (according to weight as in Capstone 1), oseltamivir 75 mg twice daily for 5 days, or placebo. Dosing occurred within 48 hours of first onset of symptoms.

Of the total 2184 patients 59 were aged ≥ 12 to ≤ 17 years, 446 were aged ≥ 65 to ≤ 74 years, 142 were aged ≥ 75 to ≤ 84 years and 14 were aged ≥ 85 years. The predominant influenza viruses in this study were the A/H3 subtype (46.9 % to 48.8 %) and influenza B (38.3 % to 43.5 %). The primary efficacy endpoint was time to improvement of influenza symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain, and fatigue) (TTIS). Baloxavir marboxil elicited a statistically significant reduction in TTIS when compared with placebo (Table 5).

Table 5. Capstone 2: Time to improvement of influenza symptoms (baloxavir marboxil vs placebo), ITTI population

Time to improvement of influenza symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=385	**Placebo (95 % CI) N=385**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
73.2 (67.2, 85.1)	102.3 (92.7, 113.1)	-29.1 (−42.8, −14.6)	< 0.0001

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTIS (73.2 h vs 81.0 h, respectively).

The median (95 % CI) TTIS was 68.6 (62.4, 78.8) and 99.1 (79.1, 112.6) hours for patients who were symptomatic for > 0 to ≤ 24 hours and 79.4 (67.9, 96.3) and 106.7 (92.7, 125.4) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

For patients infected with type A/H3 virus, the median TTIS was shorter in the baloxavir marboxil group compared with the placebo group but not compared with the oseltamivir group (see Table 6). In the subgroup of patients infected with type B virus, the median TTIS was shorter in the baloxavir marboxil group compared with both the placebo and oseltamivir group (see Table 6).

Table 6. Time to improvement of symptoms by influenza virus subtype, ITTI population

Time to improvement of symptoms (Hours) Median [95 % CI]			
Virus	**Baloxavir marboxil**	**Placebo**	**Oseltamivir**
A/H3	75.4 [62.4, 91.6] N=180	100.4 [88.4, 113.4] N=185	68.2 [53.9, 81.0] N=190
B	74.6 [67.4, 90.2) N=166	100.6 [82.8, 115.8] N=167	101.6 [90.5, 114.9] N=148

The median time to resolution of fever was 30.8 hours (95 % CI: 28.2, 35.4) in the baloxavir marboxil group compared with 50.7 hours (95 % CI: 44.6, 58.8) in the placebo group. No clear differences between the baloxavir marboxil group and the oseltamivir group were observed.

The overall incidence of influenza-related complications (death, hospitalisation, sinusitis, otitis media, bronchitis, and/or pneumonia) was 2.8 % (11/388 patients) in the baloxavir marboxil group compared with 10.4 % (40/386 patients) in the placebo group. The lower overall incidence of influenza-related complications in the baloxavir marboxil group compared with the placebo group was mainly driven by lower incidences of bronchitis (1.8 % vs. 6.0 %, respectively) and sinusitis (0.3 % vs. 2.1 %, respectively).

Paediatric patients (aged 1 - < 12 years)

Ministone-2 (CP40563) was a randomised, double-blind, multicentre, active-controlled study, designed to evaluate the safety, efficacy, and pharmacokinetics of a single oral dose of granules for oral suspension of baloxavir marboxil compared with oseltamivir in otherwise healthy paediatric patients (aged 1 to < 12 years) with influenza-like symptoms.

A total of 173 patients were randomised in a 2:1 ratio to receive a single oral dose of baloxavir marboxil based on body weight (2 mg/kg for patients weighing < 20 kg or 40 mg for patients weighing ≥ 20 kg) or oseltamivir (dose based on body weight) for 5 days. Patients could receive paracetamol as required. Patients with host factors predisposing to the development of complications (14 % (25/173)) were included in the study. The predominant influenza virus strain in this study was the A/H3 subtype. The primary objective was to compare the safety of a single dose of baloxavir marboxil with 5 days of oseltamivir administered twice daily. A secondary objective was to compare the efficacy of baloxavir marboxil with oseltamivir based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever).

Time to alleviation of influenza signs and symptoms were comparable between the baloxavir marboxil group (median 138.1 hours [95 % CI: 116.6, 163.2]) and the oseltamivir group (median 150 hours [95 % CI: 115.0, 165.7]) (see Table 7).

Table 7. Time to alleviation of influenza signs and symptoms, ITTI population

Time to alleviation of symptoms (Median [hours])	
Baloxavir marboxil (95 % CI) N=80	**Oseltamivir (95 % CI) N=43**
138.1 (116.6, 163.2)	150.0 (115.0, 165.7)

The median duration of fever was comparable between the baloxavir marboxil group (41.2 hours [95 % CI: 24.5, 45.7]) and the oseltamivir group (46.8 hours [95 % CI: 30.0, 53.5]).

The overall incidence of influenza-related complications (death, hospitalisation, pneumonia, bronchitis, sinusitis, otitis media, encephalitis/encephalopathy, febrile seizures, myositis) was 7.4 % (6/81 patients) in the baloxavir marboxil group and 7 % (3/43 patients) in the oseltamivir group. The incidence of otitis media was 3.7 % (3/81 patients) in the baloxavir marboxil group and 4.7 % (2/43 patients) in the oseltamivir group. Sinusitis, pneumonia and bronchitis occurred in one patient each in the baloxavir marboxil group and febrile seizures occurred in one patient in the oseltamivir group.

Paediatric patients (aged < 1 year)

Ministone-1 (CP40559) was a multicenter, single-arm, open label study to evaluate the safety, pharmacokinetics and efficacy of a single oral dose of baloxavir marboxil in paediatric patients (aged < 1 year) with influenza-like symptoms. The youngest patient recruited was 3 weeks of age. Extrapolation of efficacy to < 1 year was based on exposure matching from adults and older children.

A total of 48 patients received a single oral dose of baloxavir marboxil based on body weight and age (2 mg/kg for patients ≥ 3 months (N=39), 1 mg/kg for patients ≥ 4 weeks to < 3 months (N=8) and 1 mg/kg for patients <4 weeks (N=1)). The predominant influenza virus strain in this study was the A/H3 subtype. The primary objective was to evaluate the safety and PK of a single oral dose of baloxavir marboxil. A secondary objective was to evaluate the efficacy of baloxavir marboxil based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever). No new safety concerns were identified.

Post-exposure prophylaxis of influenza

Blockstone (1719T0834) was a phase 3, randomised, double-blind, multicentre study conducted in 749 subjects in Japan to evaluate the efficacy and safety of a single oral tablet dose or a single dose of granules of baloxavir marboxil compared with placebo for post-exposure prophylaxis of influenza. Subjects were household contacts of influenza-infected index patients.

There were 607 subjects ≥ 12 years and 142 subjects 1 to < 12 years who received either baloxavir marboxil dosed according to weight, as in the treatment studies, or placebo. The majority of subjects (73.0 %) were enrolled within 24 hours of symptom onset in the index patient group. The predominant influenza virus strains in the index patients were the A/H3 subtype (48.6 %) and the A/H1N1pdm subtype (47.5 %) followed by influenza B (0.7 %).

The primary efficacy endpoint was the proportion of household subjects who were infected with influenza virus and presented with fever and at least one respiratory symptom in the period from Day 1 to Day 10.

There was a statistically significant reduction in the proportion of subjects with laboratory-confirmed clinical influenza from 13.6 % in the placebo group to 1.9 % in the baloxavir marboxil group (see Table 8).

Table 8. Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (baloxavir vs placebo)

Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (%) mITT* population			
Baloxavir marboxil (95 % CI)	**Placebo (95 % CI)**	**Adjusted risk ratio (95 % CI)**	**P-value**
N=374 1.9 (0.8, 3.8)	N=375 13.6 (10.3, 17.5)	 0.14 (0.06, 0.30)	 < 0.0001
Proportion of subjects ≥ 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=303 1.3 (0.4, 3.3)	N=304 13.2 (9.6, 17.5)	 0.10 (0.04, 0.28)	 < 0.0001
Proportion of subjects 1 to < 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=71 4.2 (0.9, 11.9)	N=71 15.5 (8, 26)	 0.27 (0.08, 0.90)	 0.0339

* mITT: modified intention-to-treat. The mITT population included all randomised subjects who received the study medicine and had post-baseline efficacy data available among household members of influenza-infected index patients. The mITT population was analysed as randomised.

5.2 Pharmacokinetic properties

Absorption

After oral administration, baloxavir marboxil is extensively converted to its active metabolite, baloxavir. The plasma concentration of baloxavir marboxil is very low or below the limit of quantitation (< 0.100 ng/mL).

Pharmacokinetic (PK) parameters of baloxavir have been characterised in healthy adult subjects and in patients with influenza-like symptoms. Baloxavir's PK was best described by a population PK model with a two-compartment disposition model with first-order absorption and elimination processes, including a sigmoid E_{max} model to quantify the clearance maturation with age in infants. Body weight and race were found to have a significant effect on the PK.

In adults after single administration of baloxavir marboxil at the therapeutic doses, the estimated mean baloxavir $AUC_{0\text{-}inf}$ were 9580 and 4750 ng.hr/mL, and the estimated mean C_{max} were 95.2 and 62.4 ng/mL in the Asian and non-Asian populations, respectively.

Following a single oral administration of 80 mg of baloxavir marboxil, the time to achieve peak plasma concentration (T_{max}) is approximately 4 hours in the fasted state. The absolute bioavailability of baloxavir after oral dosing with baloxavir marboxil has not been established.

Food effect

In a food-effect study, after administration of baloxavir marboxil at a 40 mg dose to healthy volunteers, the maximum plasma concentration (C_{max}) and area under the curve ($AUC_{0\text{-}inf}$) of baloxavir were decreased by 48 % (geometric mean (CV %) of 67.6 (40.0) vs 130 (24.1) ng/mL) and 36 % (geometric mean (SD) of 4540 (38.8) vs 7090 (19. 6) ng.hr/mL), in fed (with a meal of approximately 400 to 500 kcal including 150 kcal from fat) relative to fasting conditions, respectively. T_{max} was unchanged in the presence of food. In clinical studies there were no clinically relevant differences in efficacy when baloxavir was taken with versus without food.

Distribution

In an *in vitro* study, the binding of baloxavir to human serum proteins, primarily albumin, is 92.9 % to 93.9 %. The apparent volume of distribution of baloxavir during the terminal elimination phase (Vz/F) following a single oral administration of baloxavir marboxil is approximately 1180 L in Caucasian subjects and 647 L in Japanese subjects. The population PK parameter estimates were 260 L for the apparent peripheral volume of distribution (Vp/F), and 489 L and 735 L for the apparent central volume of distribution (Vc/F) in the Asian and non-Asian populations, respectively.

Biotransformation

Baloxavir is primarily metabolised by UGT1A3 to form a glucuronide with a minor contribution from CYP3A4 to form a sulfoxide.

Drug-drug interaction studies

Based on *in vitro* and *in vivo* drug-drug interaction (DDI) studies, baloxavir marboxil and baloxavir are not expected to inhibit isozymes of the CYP or UGT families or cause relevant induction of CYP enzymes.

Based on *in vitro* transporter studies and *in vivo* DDI studies, no relevant pharmacokinetic interaction is anticipated between baloxavir marboxil or baloxavir and medicines which are substrates of the following transporters: OATP1B1, OATP1B3, OCT1, OCT2, OAT1, OAT3, MATE1, or MATE2K.

Excretion

Following a single oral administration of 40 mg of [^{14}C]-labeled baloxavir marboxil, the proportion of total radioactivity excreted in faeces was 80.1 % of the administered dose, with the urine accounting for 14.7 % (3.3 % and 48.7 % of the administered dose was excreted as baloxavir in urine and faeces, respectively).

Elimination

Population PK analyses estimated an apparent oral clearance (CL/F) of 5.47 L/h and 11.02 L/h for baloxavir in the Asian and non-Asian populations, respectively.

The apparent terminal elimination half-life ($t_{1/2,z}$) of baloxavir after a single oral administration of baloxavir marboxil is 79.1, 50.3 and 29.4 hours in Caucasian adults, adolescent and paediatric subjects, respectively. Based on the population pharmacokinetic analysis, baloxavir apparent oral clearance (CL/F) and apparent volume of distribution for central compartment (Vc/F) increased with body weight with different exponents, therefore half-life is shorter in patients with a lower body weight (i.e. a shorter $t_{1/2}$ in paediatric patients when compared to adults (see Table 9 and subsection-´*Race*´ below).

Table 9. Baloxavir half-life per age and race

	< 12 years of age		**≥ 12 years of age**	
	Non-Asians	**Asians**	**Non-Asians**	**Asians**
$t_{1/2}$ (h) Mean (SD)	29.4 (9.9)	35.6 (8.17)	50.3 (12.6)	59.6 (13.5)

Linearity/non-linearity

Following single oral administration of baloxavir marboxil, baloxavir exhibits linear pharmacokinetics within the dose range of 6 mg to 80 mg.

Special populations

Body weight
Body weight is a significant covariate for baloxavir pharmacokinetics based on the population pharmacokinetic analysis, independently of age. Dosing recommendations for baloxavir marboxil are based on body weight in both adult and paediatric patients (see section 4.2).

Gender
A population pharmacokinetic analysis did not identify a clinically meaningful effect of gender on the pharmacokinetics of baloxavir. No dose adjustment based on gender is required.

Race
Based on a population pharmacokinetic analysis, race is an age-independent covariate on CL/F and Vc/F of baloxavir in addition to body weight; however, no dose adjustment of baloxavir marboxil based on race is required.

Age
A population pharmacokinetic analysis using plasma baloxavir concentrations from clinical studies in subjects aged 1 to 85 years did not identify age as a relevant covariate on the pharmacokinetics of baloxavir. In a population PK analysis including 57 paediatric patients under 1 year of age, age significantly influenced baloxavir CL/F; a maturation half-life of 38.3 weeks was estimated. However, no dose adjustment of baloxavir marboxil based on age is required.

Paediatric population
Pharmacokinetic data of baloxavir were collected in patients aged 3 weeks to < 12 years. The body weight-adjusted dosing regimen (2 mg/kg up to 20 kg and 40 mg for ≥ 20 kg) provides similar baloxavir exposures to the therapeutic doses of baloxavir marboxil in adults (40 mg for adult patients < 80 kg and 80 mg for adult patients ≥ 80 kg) in both Asian and non-Asian populations (see Table 10).

Table 10. Mean (5^{th} – 95^{th} percentile) pharmacokinetic parameters of baloxavir in non-Asian patients aged 3 weeks and above receiving a single oral baloxavir marboxil administration

Age group	Dose group*	N	$AUC_{0\text{-}inf}$ (ng.hr/mL)	C_{max} (ng/mL)	C_{72} (ng/mL)	T_{max} (hr)	$T_{1/2}$ (hr)
22 - < 28 days	1 mg/kg**	1	2640 [NA,NA]***	66.9 [NA,NA]	8.71 [NA,NA]	5 [NA,NA]	23.4 [NA,NA]
28 days - <3 months	1 mg/kg**	8	2580 [864,4880]	57.1 [37.1,80.4]	9.53 [1.3,20.3]	6.5 [2,13]	25.2 [13,32.8]
3 months - < 1 year	2 mg/kg	37	5670 [1800,11900]	144 [48.8,294]	18.4 [4.43,41.5]	5.09 [2,13]	22.9 [15.5,30.3]
1 - < 2 years	2 mg/kg	8	3260 [1670,5970]	95.5 [33.1,215]	10.0 [2.02,14.2]	3.56 [1.5,7]	23 [11.6,38.8]
2 - < 12 years	2 mg/kg	32	4490 [765,9070]	116 [21.4,272]	15.0 [3.06,32.2]	3.94 [1.5,7.5]	24.2 [17.4,35.3]
	40 mg	64	4650 [1770,9130]	87.1 [31.1,147]	19.1 [7.36,39.2]	5.51 [2.5,10.5]	33.8 [21.7,52.4]
12 - < 18 years	40 mg	44	3520 [1230,7470]	52.7 [17.5,94.3]	15.5 [5.76,31.2]	4.32 [1.5,7.5]	42.9 [32,69]
	80 mg	13	6600 [2730,11600]	83.7 [43.9,147]	29.6 [12.1,51.7]	5.19 [1,13]	50.7 [34.2,64.5]
18 years and above	40 mg	310	3470 [1440,6350]	47.4 [20.6,86.2]	15.4 [6.36,27.8]	4.67 [1.5,10]	47.7 [31.2,67.5]
	80 mg	338	5880 [2270,11200]	73.4 [27.5,141]	26.2 [10.7,49.4]	5.19 [2,11]	52.8 [33.6,76.2]

* Dose groups are based on bodyweight: < 20 kg: 2 mg/kg; ≥ 20 kg - < 80 kg: 40 mg; ≥ 80 kg: 80 mg;
** For age categories with no PK observations at the recommended dose of baloxavir marboxil, population-PK modeling predicts that a dose of 2 mg/kg in children 22 days to 3 months of age produces a similar exposure as adults and older children.
***NA: Not available

The pharmacokinetics of baloxavir in paediatric patients < 3 weeks of age have not been established.

Elderly
Pharmacokinetic data collected in 181 patients aged ≥ 65 years show that exposure to baloxavir in the plasma was similar to that in patients aged ≥ 12 to 64 years.

Hepatic impairment
No clinically meaningful differences in the pharmacokinetics of baloxavir were observed in patients with mild or moderate hepatic impairment (Child-Pugh class A and B) compared with healthy controls with normal hepatic function.

The pharmacokinetics in patients with severe hepatic impairment have not been evaluated (see section 4.2).

Renal impairment
The effects of renal impairment on the pharmacokinetics of baloxavir marboxil or baloxavir have not been evaluated. Renal impairment is not expected to alter the elimination of baloxavir marboxil or baloxavir.

5.3 Preclinical safety data

Nonclinical data reveal no special hazards for humans based on conventional studies of safety pharmacology, acute and repeated dose toxicity.

Prolongation of PT and APTT were observed in rats at exposures at least equal to the human exposure based on $AUC_{0\text{-}24hr}$ under specific experimental conditions, i.e. when fasted and when the food was either autoclaved or radiation-treated, resulting in vitamin K limiting/deficient conditions. These effects were not observed in monkey studies up to 4 weeks duration at the highest tested dose equivalent to 8-times the human exposure based on $AUC_{0\text{-}24hr}$. They are considered to be of limited clinical relevance.

Carcinogenicity studies have not been performed with baloxavir marboxil.

The prodrug baloxavir marboxil, and its active form, baloxavir, were not considered genotoxic as they tested negative in bacterial reverse mutation tests, micronucleus tests with cultured mammalian cells, and as baloxavir marboxil was negative in an *in vivo* rodent micronucleus test.

Baloxavir marboxil had no effects on fertility when given orally to male and female rats at doses providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

Baloxavir marboxil did not cause malformations in rats or rabbits.

The oral embryo-foetal development study of baloxavir marboxil in rats with daily doses from gestation Day 6 to 17 revealed no signs of maternal or foetal toxicity up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

In rabbits, a dose providing exposure equivalent to 14-times the human exposure based on $AUC_{0\text{-}24hr}$ following the MHRD caused maternal toxicity resulting in miscarriages and significant increase in incidence of foetuses with a skeletal variation (cervical rib). The skeletal variations were reabsorbed during the growing process of adjacent cervical vertebra. A dose providing exposure equivalent to 6-times the human exposure based on $AUC_{0\text{-}24hr}$ in rabbits was without adverse effects.

The pre- and postnatal study in rats did not show baloxavir marboxil-related adverse findings in dams and pups up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Silica, colloidal anhydrous (E551)
Hypromellose (E464)
Maltitol (E965)
Mannitol (E421)
Povidone (K25) (E1201)
Sodium chloride
Strawberry flavour (including propylene glycol)
Sucralose (E955)
Talc (E553b)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years

After reconstitution, use within 10 hours.

6.4 Special precautions for storage

Before reconstitution: This medicinal product does not require any special temperature storage conditions. Keep the bottle tightly closed in order to protect from moisture.

After reconstitution: Do not store above 30°C.

6.5 Nature and contents of container

Amber glass bottle with a tamper-evident child-resistant screw cap.

Each carton contains: 1 bottle, 1 press-in bottle adapter, 1 measuring cup, a 3 mL oral syringe with orange plunger and a 10 mL oral syringe with transparent plunger.

6.6 Special precautions for disposal and other handling

Do not shake the bottle.
Avoid skin contact.

It is recommended that Xofluza granules for oral suspension should be reconstituted by a healthcare professional prior to dispensing. If necessary, the patient or caregiver may also reconstitute the oral suspension. The healthcare professional must counsel the individual or caregiver on how to reconstitute the suspension and must advise them to read the instructions for use before preparing and administering.

Xofluza granules for oral suspension should be taken immediately or within 10 hours of reconstitution. Discard the suspension if not used within 10 hours of reconstitution.

<u>Preparation of oral suspension</u>

1 Gently tap the bottom of the bottle to loosen the granules.
2 Add a measured 20 mL of drinking water to the granules, using a measuring cup.
3 Do not shake the bottle.
4 Gently swirl the suspension to ensure that the granules are evenly suspended.
5 Write the ‘Discard after’ time (10 hours from reconstitution time) on the bottle label.
6 Indicate the volume of oral suspension (2 mg/mL) to withdraw, based on body weight (see Table 1).

The appearance after reconstitution is a greyish white, white to light yellow opaque suspension.

Refer to the Instructions for Use included within the carton for full details on preparation and administration of Xofluza granules for oral suspension.

Check the manufacturer’s instructions for the size and dimensions of the enteral feeding tube.

For administration through enteral feeding tubes, draw up suspension with an enteral syringe. Flush with 1 mL of water before and after enteral administration.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/005

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 07 January 2021
Date of latest renewal: 17 November 2025

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency https://www.ema.europa.eu.

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 10 mg granules in sachet
Xofluza 30 mg granules in sachet
Xofluza 40 mg granules in sachet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Xofluza 10 mg granules in sachet

Each sachet contains 500 mg of granules, equivalent to 10 mg of baloxavir marboxil.

Excipient(s) with known effect

Each 10 mg sachet contains less than 1 mmol (23.0 mg) sodium and 175 mg of maltitol.

Xofluza 30 mg granules in sachet

Each sachet contains 1500 mg of granules, equivalent to 30 mg of baloxavir marboxil.

Excipient(s) with known effect

Each 30 mg sachet contains less than 1 mmol (23.0 mg) sodium and 525 mg of maltitol.

Xofluza 40 mg granules in sachet

Each sachet contains 2000 mg of granules, equivalent to 40 mg of baloxavir marboxil.

Excipient(s) with known effect

Each 40 mg sachet contains 1.03 mmol (or 23.6 mg) sodium and 700 mg of maltitol.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Granules in sachet.
White to light yellow granules.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of influenza

Xofluza is indicated for the treatment of uncomplicated influenza in patients aged 3 weeks and above.

Post-exposure prophylaxis of influenza

Xofluza is indicated for post-exposure prophylaxis of influenza in individuals aged 3 weeks and above.

Xofluza should be used in accordance with official recommendations.

4.2 Posology and method of administration

Posology

Treatment of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours of symptom(s) onset.

Post-exposure prophylaxis of influenza
A single dose of baloxavir marboxil should be taken as soon as possible within 48 hours following close contact with an individual known or suspected to have influenza (see section 5.1).

Adults, adolescents, children and infants (≥ 3 weeks of age)
The recommended single oral dose of baloxavir marboxil is determined by body weight (see Table 1).

Adults, adolescents and children weighing ≥ 20 kg who are able to swallow tablets may instead receive treatment with Xofluza tablets at a dose of 40 mg or 80 mg depending on the patient's body weight. Refer to the Xofluza tablet SmPC for dose information.

Table 1. Baloxavir marboxil dosing by patient body weight (≥ 3 weeks of age)

Patient body weight (kg)	**Recommended single weight-based bracket[a] dose of baloxavir marboxil**
< 9 kg	2 mg/kg[b]
≥ 9 kg to < 15 kg	20 mg[c]
≥ 15 kg to < 20 kg	30 mg
≥ 20 kg to < 80 kg	40 mg
≥ 80 kg	80 mg[d]

[a] Weight-based bracket dosing applies to body weight ≥ 9 kg. Body weight < 9 kg follows the weight-based dosing.
[b] Preparation and administration of the suspension (2 mg/mL) must be done by the healthcare professional. A 2 mg/kg dose requires the 40 mg sachet. 1 mL per kg (of body weight) of the suspension must be administered, e.g. a child weighing 8 kg must receive 8 mL of the suspension.
[c] Dose requires 2x Xofluza 10 mg granules in sachet.
[d] Dose requires 2x Xofluza 40 mg granules in sachet.

There are no clinical data on the use of a repeat dose of baloxavir marboxil for the treatment of uncomplicated influenza or for post-exposure prophylaxis in any one influenza season.

Special populations

Elderly
No dose adjustment is required (see section 5.2).

Hepatic impairment
No dose adjustment is required for patients with mild or moderate hepatic impairment (Child-Pugh class A or B). The safety and efficacy of baloxavir marboxil have not been established in patients with severe hepatic impairment (Child-Pugh class C).

Renal impairment
No dose adjustment is required in patients with renal impairment (see section 5.2).

Paediatric population
The safety and efficacy of baloxavir marboxil in preterm neonates and children aged < 3 weeks have not been established. No data are available.

Method of administration

Oral or enteral use.

Xofluza may be taken with or without food (see section 5.2). Granules and granules mixed with drinking water should not be mixed with food. Any mixing outside the recommendations is the responsibility of the healthcare professional or the user.

Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium (see section 4.5).

For instructions on preparation of Xofluza granules before administration, see section 6.6.

The recommended dose can be administered via an enteral feeding tube. The tube should be flushed with water before and after delivering Xofluza. Follow the manufacturer's instructions for the feeding tube to administer the medicine, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Sodium

The 10 mg and 30 mg granules in sachet contain less than 23 mg of sodium per sachet, that is to say essentially ´sodium-free´.

The 40 mg granules in sachet contains 23.6 mg of sodium. per sachet. This is equivalent to 1.2 % of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Maltitol

This medicinal product contains 175 mg, 525 mg and 700 mg of maltitol per 10 mg, 30 mg and 40 mg granules in sachet, respectively. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Effects of other medicinal products on baloxavir marboxil or its active metabolite baloxavir

Products that contain polyvalent cations may decrease plasma concentrations of baloxavir. Xofluza should not be taken with products that contain polyvalent cations such as laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium or magnesium.

Immune response to influenza virus

Interaction studies with influenza vaccines and baloxavir marboxil have not been conducted. In studies of naturally acquired influenza, treatment with Xofluza did not impair the humoral antibody response to influenza infection.

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited data from the use of baloxavir marboxil in pregnant women.

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

As a precautionary measure, it is preferable to avoid the use of Xofluza during pregnancy.

Breast-feeding

It is unknown whether baloxavir marboxil or baloxavir are excreted in human milk. Baloxavir marboxil and its metabolites are secreted in the milk of lactating rats.

A risk to the newborns/infants cannot be excluded.

A decision must be made whether to discontinue breast-feeding or to abstain from Xofluza therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

No effects on male or female fertility were observed in animal studies performed with baloxavir marboxil (see section 5.3).

4.7 Effects on ability to drive and use machines

Xofluza has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

Hypersensitivity reactions have been observed in the post-marketing setting, which include reports of anaphylaxis/anaphylactic reactions and less severe forms of hypersensitivity reactions, including urticaria and angioedema. Of these adverse reactions only urticaria has been observed in clinical studies with an estimated frequency category of “uncommon”.

Tabulated list of adverse reactions

The following adverse drug reactions have been identified from post-marketing experience with baloxavir marboxil (Table 2) based on spontaneous case reports and cases from non-interventional study programmes. Adverse drug reactions are listed according to system organ classes in MedDRA and the corresponding frequency category estimation for each adverse drug reaction is based on the following convention: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); very rare (< 1/10 000) and not known (cannot

be estimated from the available data). Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness.

Table 2. Adverse drug reactions from post-marketing experience in adults, adolescents and paediatric patients

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Immune system disorders	Anaphylaxis[a]	Not known
	Anaphylactic reactions[a]	Not known
	Hypersensitivity[a]	Not known
Gastrointestinal disorders	Diarrhoea[b]	Common
	Vomiting[b]	Common
	Ischaemic colitis[a]	Not known
Skin and subcutaneous disorders	Urticaria[b]	Uncommon
	Angioedema[a]	Not known

[a]Not reported in clinical studies.

[b]The frequency calculation is based on completed clinical studies.

Paediatric population

The safety profile of baloxavir marboxil in paediatric patients (3 weeks to < 12 years) was determined from data collected from treatment and post-exposure prophylaxis studies and for patients 5 years and above from the household influenza transmission study. Table 3 presents adverse drug reactions identified from clinical trial experience.

Anaphylactic reaction, anaphylaxis, urticaria and angioedema (face, eyelid and lip swelling) have been reported post-marketing in the paediatric population (see Table 2).

Table 3. Adverse drug reactions in children from clinical trial experience

System organ class (SOC)	Adverse reaction (preferred term (PT), MedDRA)	Frequency
Gastrointestinal disorders	Diarrhoea	Common
	Vomiting	Common
Skin and subcutaneous disorders	Rash	Common

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Reports of overdoses with baloxavir marboxil have been received from clinical trials and during post-marketing experience. In the majority of cases reporting overdose, no adverse reactions were reported. Data are insufficient to determine what symptoms may be anticipated as a result of an overdose.

Management

No known specific antidote exists for Xofluza. In the event of overdose, standard supportive medical care should be initiated based on the patient's signs and symptoms.

Baloxavir is unlikely to be significantly removed by dialysis due to high serum protein binding.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antivirals for systemic use, other anti-virals. ATC code: J05AX25.

Mechanism of action

Baloxavir marboxil is a prodrug that is converted by hydrolysis to baloxavir, the active form that exerts anti-influenza activity. Baloxavir acts on the cap-dependent endonuclease (CEN), an influenza virus-specific enzyme in the polymerase acidic (PA) subunit of the viral RNA polymerase complex and thereby inhibits the transcription of influenza virus genomes resulting in inhibition of influenza virus replication.

In vitro activity
The 50 % inhibition concentration (IC_{50}) of baloxavir was 1.4 to 3.1 nmol/L for influenza A viruses and 4.5 to 8.9 nmol/L for influenza B viruses in an enzyme inhibition assay.

In a MDCK cell culture assay, the median 50 % effective concentration (EC_{50}) values of baloxavir were 0.73 nmol/L (n=31; range: 0.20-1.85 nmol/L) for subtype A/H1N1 strains, 0.83 nmol/L (n=33; range: 0.35-2.63 nmol/L) for subtype A/H3N2 strains, and 5.97 nmol/L (n=30; range: 2.67-14.23 nmol/L) for type B strains.

In a MDCK cell-based virus titre reduction assay, the 90 % effective concentration (EC_{90}) values of baloxavir were in the range of 0.46 to 0.98 nmol/L for subtype A/H1N1 and A/H3N2 viruses, 0.80 to 3.16 nmol/L for avian subtype A/H5N1 and A/H7N9 viruses, and 2.21 to 6.48 nmol/L for type B viruses.

Resistance
Viruses bearing PA/I38T/F/M/N/S mutations or the PA/T20K mutation selected *in vitro* or in clinical studies show reduced susceptibility to baloxavir. PA/I38T/F/M/N/S mutations led to an increase in EC_{50} values ranging from 11 to 57-fold for influenza A viruses and 2 to 8-fold for influenza B viruses. The PA/T20K mutation led to a 7-fold increase in the EC_{50} value for influenza B virus.

In the four phase 3 studies of treatment of uncomplicated influenza and a phase 3b study of household influenza transmission, no resistance to baloxavir was detected in baseline isolates. In the two adult and adolescent studies of baloxavir marboxil treatment, treatment-emergent mutations PA/I38T/M/N were detected in 36/370 (9.7 %) and in 15/290 (5.2 %) patients treated with baloxavir marboxil but were not detected in any patients treated with placebo.

In the phase 3 study in paediatric patients aged 1 to < 12 years (Ministone-2 (CP40563)), treatment-emergent mutations PA/I38T/M/S were found in 11 of 57 (19.3 %) influenza-infected subjects in the baloxavir marboxil treatment group.

In the phase 3 study in paediatric patients aged < 1 year (Ministone-1 (CP40559)), PA/I38T and PA/T20K were detected in 2 of 13 (15.4 %) influenza-infected subjects treated with baloxavir marboxil.

In the phase 3 study of post-exposure prophylaxis (Blockstone (1719T0834)), PA/I38T/M were found in 10 of 374 (2.7 %) baloxavir marboxil-treated subjects. PA/I38 substitutions were not detected in placebo-treated subjects, with the exception of 2 subjects who received baloxavir marboxil as rescue medication.

In a phase 3b study of household influenza transmission, treatment-emergent mutations, PA/I38M/N/T were detected in 15 of 208 influenza-infected index patients (7.2 %) in the baloxavir marboxil group.

Baloxavir is active *in vitro* against influenza viruses that are considered resistant to neuraminidase inhibitors, including strains with the following mutations: H274Y in A/H1N1, E119V and R292K in A/H3N2, R152K and D198E in type B virus, H274Y in A/H5N1, R292K in A/H7N9.

Clinical trials

Treatment of uncomplicated influenza

Adult and adolescent patients

Capstone 1 (1601T0831) was a phase 3 randomised, double-blind, multicentre study conducted in Japan and the US to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in healthy adult and adolescent patients (aged ≥ 12 years to ≤ 64 years) with uncomplicated influenza. Patients were randomised to receive baloxavir marboxil (patients who weighed 40 to < 80 kg received 40 mg and patients who weighed ≥ 80 kg received 80 mg), oseltamivir 75 mg twice daily for 5 days (only if aged ≥ 20 years) or placebo. Dosing occurred within 48 hours of first onset of symptoms.

A total of 1436 patients (of which 118 were aged ≥ 12 years to ≤ 17 years) were enrolled in the 2016-2017 Northern Hemisphere influenza season. The predominant influenza virus strain in this study was the A/H3 subtype (84.8 % to 88.1 %) followed by the B type (8.3 % to 9.0 %) and the A/H1N1pdm subtype (0.5 % to 3.0 %). The primary efficacy endpoint was time to alleviation of symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain, and fatigue) (TTAS). Baloxavir marboxil elicited a statistically significant reduction in TTAS when compared with placebo (Table 4).

Table 4. Capstone 1: Time to alleviation of symptoms (baloxavir marboxil vs placebo), ITTI population*

Time to alleviation of symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=455	**Placebo (95 % CI) N=230**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
53.7 (49.5, 58.5)	80.2 (72.6, 87.1)	-26.5 (−35.8, −17.8)	< 0.0001

CI: Confidence interval

*ITTI: The Intention-to-treat Infected population consisted of patients who received the study medicine with a confirmed diagnosis of influenza. Confirmation of influenza was based on the results of RT-PCR on Day 1.

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTAS (53.5 h vs 53.8 h, respectively).

The median (95 % CI) TTAS was 49.3 (44.0, 53.1) and 82.1 (69.5, 92.9) hours for patients who were symptomatic for > 0 to ≤ 24 hours, and 66.2 (54.4, 74.7) and 79.4 (69.0, 91.1) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

The median time to resolution of fever in patients treated with baloxavir marboxil was 24.5 hours (95 % CI: 22.6, 26.6) compared with 42.0 hours (95 % CI: 37.4, 44.6) in those receiving placebo. No

difference was noted in duration of fever in the baloxavir marboxil group compared with the oseltamivir group.

Capstone 2 (1602T0832) was a phase 3 randomised, double-blind, multicentre study to evaluate the efficacy and safety of a single oral tablet dose of baloxavir marboxil compared with placebo and with oseltamivir in adult and adolescent patients (aged ≥ 12 years) with uncomplicated influenza who had at least one host factor predisposing to the development of complications. Patients were randomised to receive a single oral dose of baloxavir marboxil (according to weight as in Capstone 1), oseltamivir 75 mg twice daily for 5 days, or placebo. Dosing occurred within 48 hours of first onset of symptoms.

Of the total 2184 patients 59 were aged ≥ 12 to ≤ 17 years, 446 were aged ≥ 65 to ≤ 74 years, 142 were aged ≥ 75 to ≤ 84 years and 14 were aged ≥ 85 years. The predominant influenza viruses in this study were the A/H3 subtype (46.9 % to 48.8 %) and influenza B (38.3 % to 43.5 %). The primary efficacy endpoint was time to improvement of influenza symptoms (cough, sore throat, headache, nasal congestion, feverishness or chills, muscle or joint pain, and fatigue) (TTIS). Baloxavir marboxil elicited a statistically significant reduction in TTIS when compared with placebo (Table 5).

Table 5. Capstone 2: Time to improvement of influenza symptoms (baloxavir marboxil vs placebo), ITTI population

Time to improvement of influenza symptoms (Median [hours])			
Baloxavir marboxil 40/80 mg (95 % CI) N=385	**Placebo (95 % CI) N=385**	**Difference between Baloxavir marboxil and placebo (95 % CI for difference)**	**P-value**
73.2 (67.2, 85.1)	102.3 (92.7, 113.1)	-29.1 (−42.8, −14.6)	< 0.0001

When the baloxavir marboxil group was compared to the oseltamivir group, there was no statistically significant difference in TTIS (73.2 h vs 81.0 h, respectively).

The median (95 % CI) TTIS was 68.6 (62.4, 78.8) and 99.1 (79.1, 112.6) hours for patients who were symptomatic for > 0 to ≤ 24 hours and 79.4 (67.9, 96.3) and 106.7 (92.7, 125.4) hours for patients who were symptomatic for > 24 to ≤ 48 hours for baloxavir marboxil and placebo, respectively.

For patients infected with type A/H3 virus, the median TTIS was shorter in the baloxavir marboxil group compared with the placebo group but not compared with the oseltamivir group (see Table 6). In the subgroup of patients infected with type B virus, the median TTIS was shorter in the baloxavir marboxil group compared with both the placebo and oseltamivir group (see Table 6).

Table 6. Time to improvement of symptoms by influenza virus subtype, ITTI population

Time to improvement of symptoms (Hours) Median [95 % CI]			
Virus	**Baloxavir marboxil**	**Placebo**	**Oseltamivir**
A/H3	75.4 [62.4, 91.6] N=180	100.4 [88.4, 113.4] N=185	68.2 [53.9, 81.0] N=190
B	74.6 [67.4, 90.2) N=166	100.6 [82.8, 115.8] N=167	101.6 [90.5, 114.9] N=148

The median time to resolution of fever was 30.8 hours (95 % CI: 28.2, 35.4) in the baloxavir marboxil group compared with 50.7 hours (95 % CI: 44.6, 58.8) in the placebo group. No clear differences between the baloxavir marboxil group and the oseltamivir group were observed.

The overall incidence of influenza-related complications (death, hospitalisation, sinusitis, otitis media, bronchitis, and/or pneumonia) was 2.8 % (11/388 patients) in the baloxavir marboxil group compared

with 10.4 % (40/386 patients) in the placebo group. The lower overall incidence of influenza-related complications in the baloxavir marboxil group compared with the placebo group was mainly driven by lower incidences of bronchitis (1.8 % vs. 6.0 %, respectively) and sinusitis (0.3 % vs. 2.1 %, respectively).

Paediatric patients (aged 1 - < 12 years)

Ministone-2 (CP40563) was a randomised, double-blind, multicentre, active-controlled study, designed to evaluate the safety, efficacy, and pharmacokinetics of a single oral dose of granules for oral suspension of baloxavir marboxil compared with oseltamivir in otherwise healthy paediatric patients (aged 1 to < 12 years) with influenza-like symptoms.

A total of 173 patients were randomised in a 2:1 ratio to receive a single oral dose of baloxavir marboxil based on body weight (2 mg/kg for patients weighing < 20 kg or 40 mg for patients weighing ≥ 20 kg) or oseltamivir (dose based on body weight) for 5 days. Patients could receive paracetamol as required. Patients with host factors predisposing to the development of complications (14 % (25/173)) were included in the study. The predominant influenza virus strain in this study was the A/H3 subtype. The primary objective was to compare the safety of a single dose of baloxavir marboxil with 5 days of oseltamivir administered twice daily. A secondary objective was to compare the efficacy of baloxavir marboxil with oseltamivir based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever).

Time to alleviation of influenza signs and symptoms were comparable between the baloxavir marboxil group (median 138.1 hours [95 % CI: 116.6, 163.2]) and the oseltamivir group (median 150 hours [95 % CI: 115.0, 165.7]) (see Table 7).

Table 7. Time to alleviation of influenza signs and symptoms, ITTI population

Time to alleviation of symptoms (Median [hours])	
Baloxavir marboxil (95 % CI) N=80	**Oseltamivir (95 % CI) N=43**
138.1 (116.6, 163.2)	150.0 (115.0, 165.7)

The median duration of fever was comparable between the baloxavir marboxil group (41.2 hours [95 % CI: 24.5, 45.7]) and the oseltamivir group (46.8 hours [95 % CI: 30.0, 53.5]).

The overall incidence of influenza-related complications (death, hospitalisation, pneumonia, bronchitis, sinusitis, otitis media, encephalitis/encephalopathy, febrile seizures, myositis) was 7.4 % (6/81 patients) in the baloxavir marboxil group and 7 % (3/43 patients) in the oseltamivir group. The incidence of otitis media was 3.7 % (3/81 patients) in the baloxavir marboxil group and 4.7 % (2/43 patients) in the oseltamivir group. Sinusitis, pneumonia and bronchitis occurred in one patient each in the baloxavir marboxil group and febrile seizures occurred in one patient in the oseltamivir group.

Paediatric patients (aged < 1 year)

Ministone-1 (CP40559) was a multicenter, single-arm, open label study to evaluate the safety, pharmacokinetics and efficacy of a single oral dose of baloxavir marboxil in paediatric patients (aged < 1 year) with influenza-like symptoms. The youngest patient recruited was 3 weeks of age. Extrapolation of efficacy to < 1 year was based on exposure matching from adults and older children.

A total of 48 patients received a single oral dose of baloxavir marboxil based on body weight and age (2 mg/kg for patients ≥ 3 months (N=39), 1 mg/kg for patients ≥ 4 weeks to < 3 months (N=8) and 1 mg/kg for patients <4 weeks (N=1)). The predominant influenza virus strain in this study was the

A/H3 subtype. The primary objective was to evaluate the safety and PK of a single oral dose of baloxavir marboxil. A secondary objective was to evaluate the efficacy of baloxavir marboxil based on the efficacy endpoints including time to alleviation of influenza signs and symptoms (cough and nasal symptoms, time to return to normal health and activity and duration of fever). No new safety concerns were identified.

Post-exposure prophylaxis of influenza

Blockstone (1719T0834) was a phase 3, randomised, double-blind, multicentre study conducted in 749 subjects in Japan to evaluate the efficacy and safety of a single oral tablet dose or a single dose of granules of baloxavir marboxil compared with placebo for post-exposure prophylaxis of influenza. Subjects were household contacts of influenza-infected index patients.

There were 607 subjects ≥ 12 years and 142 subjects 1 to < 12 years who received either baloxavir marboxil dosed according to weight, as in the treatment studies, or placebo. The majority of subjects (73.0 %) were enrolled within 24 hours of symptom onset in the index patient group. The predominant influenza virus strains in the index patients were the A/H3 subtype (48.6 %) and the A/H1N1pdm subtype (47.5 %) followed by influenza B (0.7 %).

The primary efficacy endpoint was the proportion of household subjects who were infected with influenza virus and presented with fever and at least one respiratory symptom in the period from Day 1 to Day 10.

There was a statistically significant reduction in the proportion of subjects with laboratory-confirmed clinical influenza from 13.6 % in the placebo group to 1.9 % in the baloxavir marboxil group (see Table 8).

Table 8. Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (baloxavir vs placebo)

Proportion of subjects with influenza virus, fever, and at least one respiratory symptom (%) mITT* population			
Baloxavir marboxil (95 % CI)	**Placebo (95 % CI)**	**Adjusted risk ratio (95 % CI)**	**P-value**
N=374 1.9 (0.8, 3.8)	N=375 13.6 (10.3, 17.5)	 0.14 (0.06, 0.30)	< 0.0001
Proportion of subjects ≥ 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=303 1.3 (0.4, 3.3)	N=304 13.2 (9.6, 17.5)	 0.10 (0.04, 0.28)	< 0.0001
Proportion of subjects 1 to < 12 years with influenza virus, fever, and at least one respiratory symptom (%)			
N=71 4.2 (0.9, 11.9)	N=71 15.5 (8, 26)	 0.27 (0.08, 0.90)	0.0339

* mITT: modified intention-to-treat. The mITT population included all randomised subjects who received the study medicine and had post-baseline efficacy data available among household members of influenza-infected index patients. The mITT population was analysed as randomised.

5.2 Pharmacokinetic properties

Absorption

After oral administration, baloxavir marboxil is extensively converted to its active metabolite, baloxavir. The plasma concentration of baloxavir marboxil is very low or below the limit of quantitation (< 0.100 ng/mL).

Pharmacokinetic (PK) parameters of baloxavir have been characterised in healthy adult subjects and in patients with influenza-like symptoms. Baloxavir's PK was best described by a population PK model with a two-compartment disposition model with first-order absorption and elimination processes, including a sigmoid E_{max} model to quantify the clearance maturation with age in infants. Body weight and race were found to have a significant effect on the PK.

In adults, after single administration of baloxavir marboxil at the therapeutic doses, the estimated mean baloxavir $AUC_{0\text{-}inf}$ were 9580 and 4750 ng.hr/mL, and the estimated mean C_{max} were 95.2 and 62.4 ng/mL in the Asian and non-Asian populations, respectively.

Following a single oral administration of 80 mg of baloxavir marboxil, the time to achieve peak plasma concentration (T_{max}) is approximately 4 hours in the fasted state. The absolute bioavailability of baloxavir after oral dosing with baloxavir marboxil has not been established.

Food effect

In a food-effect study, after administration of baloxavir marboxil at a 40 mg dose to healthy volunteers, the maximum plasma concentration (C_{max}) and area under the curve ($AUC_{0\text{-}inf}$) of baloxavir were decreased by 48 % (geometric mean (CV %) of 67.6 (40.0) vs 130 (24.1) ng/mL) and 36 % (geometric mean (SD) of 4540 (38.8) vs 7090 (19.6) ng.hr/mL), in fed (with a meal of approximately 400 to 500 kcal including 150 kcal from fat) relative to fasting conditions, respectively. T_{max} was unchanged in the presence of food. In clinical studies there were no clinically relevant differences in efficacy when baloxavir was taken with versus without food.

Distribution

In an *in vitro* study, the binding of baloxavir to human serum proteins, primarily albumin, is 92.9 % to 93.9 %. The apparent volume of distribution of baloxavir during the terminal elimination phase (Vz/F) following a single oral administration of baloxavir marboxil is approximately 1180 L in Caucasian subjects and 647 L in Japanese subjects. The population PK parameter estimates were 260 L for the apparent peripheral volume of distribution (Vp/F), and 489 L and 735 L for the apparent central volume of distribution (Vc/F) in the Asian and non-Asian populations, respectively.

Biotransformation

Baloxavir is primarily metabolised by UGT1A3 to form a glucuronide with a minor contribution from CYP3A4 to form a sulfoxide.

Drug-drug interaction studies

Based on *in vitro* and *in vivo* drug-drug interaction (DDI) studies, baloxavir marboxil and baloxavir are not expected to inhibit isozymes of the CYP or UGT families or cause relevant induction of CYP enzymes.

Based on *in vitro* transporter studies and *in vivo* DDI studies, no relevant pharmacokinetic interaction is anticipated between baloxavir marboxil or baloxavir and medicines which are substrates of the following transporters: OATP1B1, OATP1B3, OCT1, OCT2, OAT1, OAT3, MATE1, or MATE2K.

Excretion

Following a single oral administration of 40 mg of [^{14}C]-labeled baloxavir marboxil, the proportion of total radioactivity excreted in faeces was 80.1 % of the administered dose, with the urine accounting for 14.7 % (3.3 % and 48.7 % of the administered dose was excreted as baloxavir in urine and faeces, respectively).

Elimination

Population PK analyses estimated an apparent oral clearance (CL/F) of 5.47 L/h and 11.02 L/h for baloxavir in the Asian and non-Asian populations, respectively.

The apparent terminal elimination half-life ($t_{1/2,z}$) of baloxavir after a single oral administration of baloxavir marboxil is 79.1, 50.3 and 29.4 hours in Caucasian adults, adolescent and paediatric subjects, respectively. Based on the population pharmacokinetic analysis, baloxavir apparent oral clearance (CL/F) and apparent volume of distribution for central compartment (Vc/F) increased with body weight with different exponents, therefore half-life is shorter in patients with a lower body weight (i.e. a shorter $t_{1/2}$ in paediatric patients when compared to adults (see Table 9 and subsection-´*Race*´ below).

Table 9. Baloxavir half-life per age and race

	< 12 years of age		**≥ 12 years of age**	
	Non-Asians	**Asians**	**Non-Asians**	**Asians**
$t_{1/2}$ (h) Mean (SD)	29.4 (9.9)	35.6 (8.17)	50.3 (12.6)	59.6 (13.5)

Linearity/non-linearity

Following single oral administration of baloxavir marboxil, baloxavir exhibits linear pharmacokinetics within the dose range of 6 mg to 80 mg.

Special populations

Body weight
Body weight is a significant covariate for baloxavir pharmacokinetics based on the population pharmacokinetic analysis, independently of age. Dosing recommendations for baloxavir marboxil are based on body weight in both adult and paediatric patients (see section 4.2).

Gender
A population pharmacokinetic analysis did not identify a clinically meaningful effect of gender on the pharmacokinetics of baloxavir. No dose adjustment based on gender is required.

Race
Based on a population pharmacokinetic analysis, race is an age-independent covariate on CL/F and Vc/F of baloxavir in addition to body weight; however, no dose adjustment of baloxavir marboxil based on race is required.

Age
A population pharmacokinetic analysis using plasma baloxavir concentrations from clinical studies in subjects aged 1 to 85 years did not identify age as a relevant covariate on the pharmacokinetics of baloxavir. In a population PK analysis including 57 paediatric patients under 1 year of age, age significantly influenced baloxavir CL/F; a maturation half-life of 38.3 weeks was estimated. However, no dose adjustment of baloxavir marboxil based on age is required.

Paediatric population
Pharmacokinetic data of baloxavir were collected in patients aged 3 weeks to < 12 years. The body weight-adjusted dosing regimen (2 mg/kg up to 20 kg and 40 mg for ≥ 20 kg) provides similar baloxavir exposures to the therapeutic doses of baloxavir marboxil in adults (40 mg for adult patients < 80 kg and 80 mg for adult patients ≥ 80 kg) in both Asian and non-Asian populations (see Table 10).

Table 10. Mean (5^{th} – 95^{th} percentile) pharmacokinetic parameters of baloxavir in non-Asian patients aged 3 weeks and above receiving a single oral baloxavir marboxil administration

Age group	**Dose group***	**N**	**$AUC_{0\text{-}inf}$ (ng.hr/mL)**	**C_{max} (ng/mL)**	**C_{72} (ng/mL)**	**T_{max} (hr)**	**$T_{1/2}$ (hr)**
22 - < 28 days	1 mg/kg**	1	2640 [NA,NA]***	66.9 [NA,NA]	8.71 [NA,NA]	5 [NA,NA]	23.4 [NA,NA]
28 days - <3 months	1 mg/kg**	8	2580 [864,4880]	57.1 [37.1,80.4]	9.53 [1.3,20.3]	6.5 [2,13]	25.2 [13,32.8]
3 months - < 1 year	2 mg/kg	37	5670 [1800,11900]	144 [48.8,294]	18.4 [4.43,41.5]	5.09 [2,13]	22.9 [15.5,30.3]
1 - < 2 years	2 mg/kg	8	3260 [1670,5970]	95.5 [33.1,215]	10.0 [2.02,14.2]	3.56 [1.5,7]	23 [11.6,38.8]
2 - < 12 years	2 mg/kg	32	4490 [765,9070]	116 [21.4,272]	15.0 [3.06,32.2]	3.94 [1.5,7.5]	24.2 [17.4,35.3]
	40 mg	64	4650 [1770,9130]	87.1 [31.1,147]	19.1 [7.36,39.2]	5.51 [2.5,10.5]	33.8 [21.7,52.4]
12 - < 18 years	40 mg	44	3520 [1230,7470]	52.7 [17.5,94.3]	15.5 [5.76,31.2]	4.32 [1.5,7.5]	42.9 [32,69]
	80 mg	13	6600 [2730,11600]	83.7 [43.9,147]	29.6 [12.1,51.7]	5.19 [1,13]	50.7 [34.2,64.5]
18 years and above	40 mg	310	3470 [1440,6350]	47.4 [20.6,86.2]	15.4 [6.36,27.8]	4.67 [1.5,10]	47.7 [31.2,67.5]
	80 mg	338	5880 [2270,11200]	73.4 [27.5,141]	26.2 [10.7,49.4]	5.19 [2,11]	52.8 [33.6,76.2]

* Dose groups are based on bodyweight: < 20 kg: 2 mg/kg; ≥ 20 kg - < 80 kg: 40 mg; ≥ 80 kg: 80 mg;
** For age categories with no PK observations at the recommended dose of baloxavir marboxil, population-PK modeling predicts that a dose of 2 mg/kg in children 22 days to 3 months of age produces a similar exposure as adults and older children.
***NA: Not available

The pharmacokinetics of baloxavir in paediatric patients < 3 weeks of age have not been established.

Elderly
Pharmacokinetic data collected in 181 patients aged ≥ 65 years show that exposure to baloxavir in the plasma was similar to that in patients aged ≥ 12 to 64 years.

Hepatic impairment
No clinically meaningful differences in the pharmacokinetics of baloxavir were observed in patients with mild or moderate hepatic impairment (Child-Pugh class A and B) compared with healthy controls with normal hepatic function.

The pharmacokinetics in patients with severe hepatic impairment have not been evaluated (see section 4.2).

Renal impairment
The effects of renal impairment on the pharmacokinetics of baloxavir marboxil or baloxavir have not been evaluated. Renal impairment is not expected to alter the elimination of baloxavir marboxil or baloxavir.

5.3 Preclinical safety data

Nonclinical data reveal no special hazards for humans based on conventional studies of safety pharmacology, acute and repeated dose toxicity.

Prolongation of PT and APTT were observed in rats at exposures at least equal to the human exposure based on $AUC_{0\text{-}24hr}$ under specific experimental conditions, i.e. when fasted and when the food was either autoclaved or radiation-treated, resulting in vitamin K limiting/deficient conditions. These effects were not observed in monkey studies up to 4 weeks duration at the highest tested dose equivalent to 8-times the human exposure based on $AUC_{0\text{-}24hr}$. They are considered to be of limited clinical relevance.

Carcinogenicity studies have not been performed with baloxavir marboxil.

The prodrug baloxavir marboxil, and its active form, baloxavir, were not considered genotoxic as they tested negative in bacterial reverse mutation tests, micronucleus tests with cultured mammalian cells, and as baloxavir marboxil was negative in an *in vivo* rodent micronucleus test.

Baloxavir marboxil had no effects on fertility when given orally to male and female rats at doses providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

Baloxavir marboxil did not cause malformations in rats or rabbits.

The oral embryo-foetal development study of baloxavir marboxil in rats with daily doses from gestation Day 6 to 17 revealed no signs of maternal or foetal toxicity up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

In rabbits, a dose providing exposure equivalent to 14-times the human exposure based on $AUC_{0\text{-}24hr}$ following the MHRD caused maternal toxicity resulting in miscarriages and significant increase in incidence of foetuses with a skeletal variation (cervical rib). The skeletal variations were reabsorbed during the growing process of adjacent cervical vertebra. A dose providing exposure equivalent to 6-times the human exposure based on $AUC_{0\text{-}24hr}$ in rabbits was without adverse effects.

The pre- and postnatal study in rats did not show baloxavir marboxil-related adverse findings in dams and pups up to the highest tested dose providing exposure equivalent to 5-times the human exposure based on $AUC_{0\text{-}24hr}$.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Silica, colloidal anhydrous (E551)
Hypromellose (E464)
Maltitol (E965)
Mannitol (E421)
Povidone (K25) (E1201)
Sodium chloride
Strawberry flavour (including propylene glycol)

Sucralose (E955)
Talc (E553b)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

Xofluza 10 mg, 30 mg and 40 mg granules are supplied in laminated foil (polyethylene terephthalate/ aluminium/polyethylene) sachets in cartons.
Each carton contains 1 (30 mg or 40 mg) or 2 (10 mg) sachets.

6.6 Special precautions for disposal and other handling

Avoid skin contact.

Xofluza granules should be taken / given immediately after mixing with drinking water.

Preparation of oral suspension, 2 mg/mL (for patients weighing < 9 kg)

Preparation and administration must be done by the healthcare professional.

For preparation and administration, the use of a glass bottle (e.g. 50 mL), suitable press-in bottle adapter and syringe is preferred.

1. For the 2 mg/kg dose, use only the 40 mg granules in sachet.
2. Tap the sachet to ensure the granules are on one side of the sachet.
3. Open the sachet and add the granules into the bottle. Tap the sachet to ensure all the granules have been removed.
4. Constitute the granules with a measured 18.5 mL of drinking water.
5. Do not shake the bottle.
6. Gently swirl the suspension to ensure that the granules are evenly suspended.
7. Measure the correct volume of suspension using an oral syringe (oral administration) or enteral syringe (enteral administration) and administer immediately. 1 mL per kg (of body weight) of the suspension should be administered, e.g. a child weighing 8 kg should receive 8 mL of the suspension. Discard the suspension if not used within 10 hours after constitution.

Once the suspension is prepared for administration and the correct volume administered, it cannot be used again. The remaining suspension must be discarded and disposed of in accordance with local requirements.

Preparation of granules (for patients weighing ≥ 9 kg)

Preparation and administration to be done by the individual or caregiver

1. Tap the sachet to ensure the granules are on one side of the sachet. Two sachets may be required depending on the dose (see Table 1).

1a. For a 20 mg dose, use two 10 mg sachets as instructed below. Take the sachets together.
1b. For an 80 mg dose, use two 40 mg sachets. Take the sachets separately. Follow steps 2-8 to take the first sachet, then repeat steps 2-8 to take the second sachet.
2. Open the sachet(s) and add the granules into a small cup containing a small amount of drinking water (i.e. 1 tablespoon, approximately 15-20 mL).
3. Tap the sachet(s) to ensure all the granules have been removed.
4. Gently swirl the cup for 1 minute, or until the granules have fully dispersed.
5. Drink immediately.
6. Refill the cup with approximately 15-20 mL of drinking water and swirl to get any remaining granules.
7. Drink immediately.
8. Repeat steps 6 and 7 one more time if there are still remaining granules in the cup.

Refer to the Instructions for Use included within the carton for full details on preparation and administration of Xofluza granules.

Check the manufacturer's instructions for the size and dimensions of the enteral feeding tube.

For administration through enteral feeding tubes, draw up granules mixed with water with an enteral syringe. Flush with 1 mL of water before and after enteral administration.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/006
EU/1/20/1500/007
EU/1/20/1500/008

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 07 January 2021
Date of latest renewal: 17 November 2025

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency https://www.ema.europa.eu.

ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) responsible for batch release

Roche Pharma AG
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic Safety Update Reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:
- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 20 mg film-coated tablets
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 20 mg baloxavir marboxil.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

2 film-coated tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
Oral use
Take both tablets as a single dose

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in the original package in order to protect from moisture

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 20 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 20 mg film-coated tablets
baloxavir marboxil

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 40 mg film-coated tablets
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 40 mg baloxavir marboxil.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

2 film-coated tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
Oral use
Take both tablets as a single dose

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in the original package in order to protect from moisture

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/002

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 40 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 40 mg film-coated tablets
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 40 mg baloxavir marboxil.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

1 film-coated tablet

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
Oral use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in the original package in order to protect from moisture

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/004

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 40 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 40 mg film-coated tablets
baloxavir marboxil

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 80 mg film-coated tablets
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 80 mg baloxavir marboxil.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

1 film-coated tablet

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
Oral use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in the original package in order to protect from moisture

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/003

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 80 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 80 mg film-coated tablets
baloxavir marboxil

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 2 mg/mL granules for oral suspension
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 bottle contains 40 mg of baloxavir marboxil.
Each mL of oral suspension contains 2 mg of baloxavir marboxil.

3. LIST OF EXCIPIENTS

Also contains sodium and maltitol.
See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Granules for oral suspension
1 bottle
Also contains: 1 measuring cup, 1 press-in bottle adapter, 2 oral syringes (3 mL and 10 mL)

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
For oral or enteral use after reconstitution

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Avoid skin contact

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Keep the bottle tightly closed in order to protect from moisture.
After reconstitution: Do not shake. Do not store above 30°C and use within 10 hours.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Discard suspension if not administered within 10 hours of reconstitution

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/005

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 2 mg/mL

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 2 mg/mL granules for oral suspension
baloxavir marboxil

2. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
For oral and enteral use after reconstitution

3. EXPIRY DATE

EXP
Discard after (hh:mm)

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Contains 40 mg of baloxavir marboxil

6. OTHER

Keep the bottle tightly closed in order to protect from moisture

After reconstitution: Do not shake. Do not store above 30°C and use within 10 hours

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 10 mg granules in sachet
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 sachet contains 10 mg of baloxavir marboxil.

3. LIST OF EXCIPIENTS

Also contains maltitol.
See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Granules in sachet
2 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
For oral or enteral use after mixing with water

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Keep the granules (and the liquid after mixing) away from your skin.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/006

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

SACHET

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Xofluza 10 mg granules in sachet
baloxavir marboxil
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER<, DONATION AND PRODUCT CODES>

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 30 mg granules in sachet
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 sachet contains 30 mg of baloxavir marboxil.

3. LIST OF EXCIPIENTS

Also contains maltitol.
See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Granules in sachet
1 sachet

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
For oral or enteral use after mixing with water

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Keep the granules (and the liquid after mixing) away from your skin.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/007

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 30 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

SACHET

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Xofluza 30 mg granules in sachet
baloxavir marboxil
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER<, DONATION AND PRODUCT CODES>

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Xofluza 40 mg granules in sachet
baloxavir marboxil

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 sachet contains 40 mg of baloxavir marboxil.

3. LIST OF EXCIPIENTS

Also contains sodium and maltitol.
See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Granules in sachet
1 sachet

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use
For oral or enteral use after mixing with water

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Keep the granules (and the liquid after mixing) away from your skin.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1500/008

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

xofluza 40 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

SACHET

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Xofluza 40 mg granules in sachet
baloxavir marboxil
Oral use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER <, DONATION AND PRODUCT CODES>

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Xofluza 20 mg film-coated tablets
Xofluza 40 mg film-coated tablets
baloxavir marboxil

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Xofluza is and what it is used for
2. What you need to know before you take Xofluza
3. How to take Xofluza
4. Possible side effects
5. How to store Xofluza
6. Contents of the pack and other information

1. What Xofluza is and what it is used for

What Xofluza is

Xofluza contains baloxavir marboxil. This is a type of antiviral medicine called a ‘cap-dependent endonuclease inhibitor’.

Xofluza is used for treating and preventing influenza. This medicine stops the influenza virus from spreading in the body and helps shorten the time to recovery from symptoms.

What Xofluza is used for

- Xofluza is used to treat influenza in patients aged 3 weeks and above who have had influenza symptoms for less than 48 hours.
- Xofluza is used to prevent influenza in individuals aged 3 weeks and above who have been in close contact with someone who is known or suspected to have influenza.

2. What you need to know before you take Xofluza

Do not take Xofluza if:

- you are allergic to baloxavir marboxil or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before taking Xofluza.

Infants and Children

Do not give this medicine to children below 3 weeks of age. This is because the effects of Xofluza in this age group are not known.

Other medicines and Xofluza

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Do not take Xofluza with:
- laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium, or magnesium

The medicines listed above may decrease the effect of Xofluza.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, as a precautionary measure it is preferable to avoid the use of Xofluza. Ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

Xofluza is not likely to change your ability to drive and to use machines.

Xofluza contains lactose

Xofluza contains lactose (a type of sugar). If you have been told by your doctor that you have an intolerance to some sugars, talk to your doctor before taking this medicine.

Xofluza contains sodium

This medicine contains less than 1 mmol (23 mg) of sodium per tablet, that is to say essentially 'sodium-free’.

3. How to take Xofluza

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

When to take Xofluza

For treatment of influenza, take Xofluza as a single dose as soon as possible within 48 hours of your flu symptoms starting.

For prevention of influenza, take Xofluza as a single dose as soon as possible within 48 hours following exposure to an infected person.

How much Xofluza to take

Your dose of Xofluza depends on how much you weigh. Your doctor or pharmacist will tell you how much to take.

Your weight	**Xofluza dose**
< 20 kg	Refer to the Xofluza granules for oral suspension package leaflet.
≥ 20 kg to < 80 kg	Single dose of 40 mg taken as - 2 x 20 mg tablets
80 kg or more	Single dose of 80 mg taken as - 2 x 40 mg tablets

Xofluza can be taken with or without food (i.e. either on an empty stomach or after eating). Take all the tablets with some water.

If you take more Xofluza than you should

If you accidentally take more of this medicine than you should, talk to your doctor or pharmacist for advice.

If you forget to take Xofluza

If you forget to take some or all of your dose, take it as soon as possible.

For the treatment of influenza, Xofluza should be taken within 48 hours of your flu symptoms starting.

For the prevention of influenza, Xofluza should be taken within 48 hours of close contact with someone who is known or suspected to have flu.

4. Possible side effects

Like all medicines, it is possible for this medicine to cause side effects, although not everybody gets them.

Adults, adolescents and children

Get medical help immediately if you get any of the following serious side effects:

- Severe allergic reaction (anaphylaxis), with signs such as swelling of the face or skin, itchy rashes, low blood pressure and difficulty breathing

The frequency of these side effects cannot be estimated from the available data.

Other possible side effects:

The following side effects are **common** (can affect up to 1 in every 10 patients):
- Diarrhoea and vomiting

The following side effect is **uncommon** (can affect up to 1 in every 100 patients):
- Itchy rash

The following side effect has frequency **not known** (frequency cannot be estimated from the available data):
- Ischaemic colitis (inflammation of the colon due to reduced blood flow)

Children (3 weeks to < 12 years)

The following side effects are **common** (can affect up to 1 in every 10 patients)
- Diarrhoea, rash and vomiting

Reporting of side effects

If you get any side effects, talk to your doctor. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Xofluza

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the blister and carton after 'EXP'. The expiry date refers to the last day of that month.

This medicine does not need any special temperature storage conditions.

Store in the original package in order to protect from moisture.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Xofluza contains

- The active substance is baloxavir marboxil.
- Each 20 mg film-coated tablet contains 20 mg baloxavir marboxil. Each 40 mg film-coated tablet contains 40 mg baloxavir marboxil.
- The other ingredients are lactose monohydrate (see Section 2 'Xofluza contains lactose'), croscarmellose sodium ((E468) (see Section 2 'Xofluza contains sodium')), povidone (K25) (E1201), microcrystalline cellulose (E460), sodium stearyl fumarate in the tablet core, and hypromellose (E464), talc (E553b) and titanium dioxide (E171) in the film-coating.

What Xofluza looks like and contents of the pack

Xofluza 20 mg tablets are white to light yellow, oblong shaped film-coated tablets with "Ⓡ 772" marked on one side and "20" on the other side.

Xofluza 20 mg film-coated tablets are available in blister packs of 2.

Xofluza 40 mg tablets are white to light yellow, oblong shaped film-coated tablets with "BXM40" marked on one side.

Xofluza 40 mg film-coated tablets are available in blister packs of 2.

Marketing Authorisation Holder
Roche Registration GmbH

Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

Manufacturer
Roche Pharma AG
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien
Luxembourg/Luxemburg
N.V. Roche S.A.
België/Belgique/Belgien
Tél/Tel: +32 (0) 2 525 82 11

България
Рош България ЕООД
Тел: +359 2 474 5444

Česká republika
Roche s. r. o.
Tel: +420 - 2 20382111

Danmark
Roche Pharmaceuticals A/S
Tlf.: +45 - 36 39 99 99

Deutschland
Roche Pharma AG
Tel: +49 (0) 7624 140

Eesti
Roche Eesti OÜ
Tel: + 372 - 6 177 380

Ελλάδα, Κύπρος
Roche (Hellas) A.E.
Ελλάδα
Τηλ: +30 210 61 66 100

España
Roche Farma S.A.
Tel: +34 - 91 324 81 00

France
Roche
Tél: +33 (0)1 47 61 40 00

Hrvatska
Roche d.o.o.
Tel: + 385 1 47 22 333

Latvija
Roche Latvija SIA
Tel: +371 - 6 7039831

Lietuva
UAB “Roche Lietuva”
Tel: +370 5 2546799

Magyarország
Roche (Magyarország) Kft.
Tel: +36 – 1 279 4500

Nederland
Roche Nederland B.V.
Tel: +31 (0) 348 438050

Norge
Roche Norge AS
Tlf: +47 - 22 78 90 00

Österreich
Roche Austria GmbH
Tel: +43 (0) 1 27739

Polska
Roche Polska Sp.z o.o.
Tel: +48 - 22 345 18 88

Portugal
Roche Farmacêutica Química, Lda
Tel: +351 - 21 425 70 00

România
Roche România S.R.L.
Tel: +40 21 206 47 01

Slovenija
Roche farmacevtska družba d.o.o.
Tel: +386 - 1 360 26 00

Ireland, Malta
Roche Products (Ireland) Ltd.
Ireland/L-Irlanda
Tel: +353 (0) 1 469 0700

Ísland
Roche Pharmaceuticals A/S
c/o Icepharma hf
Sími: +354 540 8000

Italia
Roche S.p.A.
Tel: +39 - 039 2471

Slovenská republika
Roche Slovensko, s.r.o.
Tel: +421 - 2 52638201

Suomi/Finland
Roche Oy
Puh/Tel: +358 (0) 10 554 500

Sverige
Roche AB
Tel: +46 (0) 8 726 1200

This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site: https://www.ema.europa.eu.

Package leaflet: Information for the patient

Xofluza 40 mg film-coated tablets
Xofluza 80 mg film-coated tablets
baloxavir marboxil

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Xofluza is and what it is used for
2. What you need to know before you take Xofluza
3. How to take Xofluza
4. Possible side effects
5. How to store Xofluza
6. Contents of the pack and other information

1. What Xofluza is and what it is used for

What Xofluza is

Xofluza contains baloxavir marboxil. This is a type of antiviral medicine called a ‘cap-dependent endonuclease inhibitor’.

Xofluza is used for treating and preventing influenza. This medicine stops the influenza virus from spreading in the body and helps shorten the time to recovery from symptoms.

What Xofluza is used for

- Xofluza is used to treat influenza in patients aged 3 weeks and above who have had influenza symptoms for less than 48 hours.
- Xofluza is used to prevent influenza in individuals aged 3 weeks and above who have been in close contact with someone who is known or suspected to have influenza.

2. What you need to know before you take Xofluza

Do not take Xofluza if:

- you are allergic to baloxavir marboxil or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before taking Xofluza.

Infants and Children

Do not give this medicine to children below 3 weeks of age. This is because the effects of Xofluza in this age group are not known.

Other medicines and Xofluza

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Do not take Xofluza with:
- laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium, or magnesium

The medicines listed above may decrease the effect of Xofluza.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, as a precautionary measure it is preferable to avoid the use of Xofluza. Ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

Xofluza is not likely to change your ability to drive and to use machines.

Xofluza contains lactose

Xofluza contains lactose (a type of sugar). If you have been told by your doctor that you have an intolerance to some sugars, talk to your doctor before taking this medicine.

Xofluza contains sodium

This medicine contains less than 1 mmol (23 mg) of sodium per tablet, that is to say essentially 'sodium-free’.

3. How to take Xofluza

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

When to take Xofluza

For treatment of influenza, take Xofluza as a single dose as soon as possible within 48 hours of your flu symptoms starting.

For prevention of influenza, take Xofluza as a single dose as soon as possible within 48 hours following exposure to an infected person.

How much Xofluza to take

Your dose of Xofluza depends on how much you weigh. Your doctor or pharmacist will tell you how much to take.

Your weight	**Xofluza dose**
< 20 kg	Refer to the Xofluza granules for oral suspension package leaflet
≥ 20 kg to <80 kg	Single dose of 40 mg taken as - 1 x 40 mg tablet
80 kg or more	Single dose of 80 mg taken as - 1 x 80 mg tablet

Xofluza can be taken with or without food (i.e. either on an empty stomach or after eating). Take the tablet with some water.

If you take more Xofluza than you should

If you accidentally take more of this medicine than you should, talk to your doctor or pharmacist for advice.

If you forget to take Xofluza

If you forget to take your dose, take it as soon as possible.

For the treatment of influenza, Xofluza should be taken within 48 hours of your flu symptoms starting.

For the prevention of influenza, Xofluza should be taken within 48 hours of close contact with someone who is known or suspected to have flu.

4. Possible side effects

Like all medicines, it is possible for this medicine to cause side effects, although not everybody gets them.

Adults, adolescents and children

Get medical help immediately if you get any of the following serious side effects:

- Severe allergic reaction (anaphylaxis), with signs such as swelling of the face or skin, itchy rashes, low blood pressure and difficulty breathing

The frequency of these side effects cannot be estimated from the available data.

Other possible side effects:

The following side effects are **common** (can affect up to 1 in every 10 patients):
- Diarrhoea and vomiting

The following side effect is **uncommon** (can affect up to 1 in every 100 patients):
- Itchy rash

The following side effect has frequency **not known** (frequency cannot be estimated from the available data):

- Ischaemic colitis (inflammation of the colon due to reduced blood flow)

Children (3 weeks to < 12 years)

The following side effects are **common** (can affect up to 1 in every 10 patients)

- Diarrhoea, rash and vomiting

Reporting of side effects

If you get any side effects, talk to your doctor. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Xofluza

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the blister and carton after 'EXP'. The expiry date refers to the last day of that month.

This medicine does not need any special temperature storage conditions.

Store in the original package in order to protect from moisture.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Xofluza contains

- The active substance is baloxavir marboxil.
- Each 40 mg film-coated tablet contains 40 mg baloxavir marboxil. Each 80 mg film-coated tablet contains 80 mg baloxavir marboxil.
- The other ingredients are lactose monohydrate (see Section 2 'Xofluza contains lactose'), croscarmellose sodium ((E468) (see Section 2 'Xofluza contains sodium')), povidone (K25) (E1201), microcrystalline cellulose (E460), sodium stearyl fumarate in the tablet core, and hypromellose (E464), talc (E553b) and titanium dioxide (E171) in the film-coating.

What Xofluza looks like and contents of the pack

Xofluza 40 mg tablets are white to light yellow, oblong shaped film-coated tablets with "BXM40" marked on one side.

Xofluza 40 mg film-coated tablets are available in blister packs of 1.

Xofluza 80 mg tablets are white to light yellow, oblong shaped film-coated tablets with "BXM80" marked on one side.

Xofluza 80 mg film-coated tablets are available in blister packs of 1.

Marketing Authorisation Holder
Roche Registration GmbH

Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

Manufacturer
Roche Pharma AG
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

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België/Belgique/Belgien
Luxembourg/Luxemburg
N.V. Roche S.A.
België/Belgique/Belgien
Tél/Tel: +32 (0) 2 525 82 11

България
Рош България ЕООД
Тел: +359 2 474 5444

Česká republika
Roche s. r. o.
Tel: +420 - 2 20382111

Danmark
Roche Pharmaceuticals A/S
Tlf.: +45 - 36 39 99 99

Deutschland
Roche Pharma AG
Tel: +49 (0) 7624 140

Eesti
Roche Eesti OÜ
Tel: + 372 - 6 177 380

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Roche (Hellas) A.E.
Ελλάδα
Τηλ: +30 210 61 66 100

España
Roche Farma S.A.
Tel: +34 - 91 324 81 00

France
Roche
Tél: +33 (0)1 47 61 40 00

Hrvatska
Roche d.o.o.
Tel: + 385 1 47 22 333

Latvija
Roche Latvija SIA
Tel: +371 - 6 7039831

Lietuva
UAB “Roche Lietuva”
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Roche Austria GmbH
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Polska
Roche Polska Sp.z o.o.
Tel: +48 - 22 345 18 88

Portugal
Roche Farmacêutica Química, Lda
Tel: +351 - 21 425 70 00

România
Roche România S.R.L.
Tel: +40 21 206 47 01

Slovenija
Roche farmacevtska družba d.o.o.
Tel: +386 - 1 360 26 00

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Tel: +353 (0) 1 469 0700

Ísland
Roche Pharmaceuticals A/S
c/o Icepharma hf
Sími: +354 540 8000

Italia
Roche S.p.A.
Tel: +39 - 039 2471

Slovenská republika
Roche Slovensko, s.r.o.
Tel: +421 - 2 52638201

Suomi/Finland
Roche Oy
Puh/Tel: +358 (0) 10 554 500

Sverige
Roche AB
Tel: +46 (0) 8 726 1200

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Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site https://www.ema.europa.eu.

Package leaflet: Information for the patient

Xofluza 2 mg/mL granules for oral suspension
baloxavir marboxil

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- The information in this leaflet is for you or someone you are caring for – but in the leaflet we just say 'you'.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Xofluza is and what it is used for
2. What you need to know before you take Xofluza
3. How to take Xofluza
4. Possible side effects
5. How to store Xofluza
6. Contents of the pack and other information

1. What Xofluza is and what it is used for

What Xofluza is

Xofluza contains baloxavir marboxil. This is a type of antiviral medicine called a 'cap-dependent endonuclease inhibitor'.

Xofluza is used for treating and preventing influenza. This medicine stops the influenza virus from spreading in the body and helps shorten the time to recovery from symptoms.

What Xofluza is used for

- Xofluza is used to treat influenza in patients aged 3 weeks and above who have had influenza symptoms for less than 48 hours.
- Xofluza is used to prevent influenza in individuals aged 3 weeks and above who have been in close contact with someone who is known or suspected to have influenza.

2. What you need to know before you take Xofluza

Do not take Xofluza if:

- you are allergic to baloxavir marboxil or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before taking Xofluza.

Infants and Children

Do not give this medicine to children below 3 weeks of age. This is because the effects of Xofluza in this age group are not known.

Other medicines and Xofluza

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Do not take Xofluza with:
- laxatives, antacids or oral supplements containing iron, zinc, selenium, calcium, or magnesium.

The medicines listed above may decrease the effect of Xofluza.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, as a precautionary measure it is preferable to avoid the use of Xofluza. Ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

Xofluza is not likely to change your ability to drive and to use machines.

Xofluza contains sodium

This medicine contains 23.6 mg of sodium (main component of cooking/table salt) in each 20 mL of oral suspension. This is equivalent to 1.2 % of the recommended maximum daily dietary intake of sodium.

Xofluza contains maltitol

This medicine contains 700 mg of maltitol in each 20 mL of oral suspension. If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to take Xofluza

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Avoid contact with skin.

When to take Xofluza

For treatment of influenza, take Xofluza as a single dose as soon as possible within 48 hours of your flu symptoms starting.

For prevention of influenza, take Xofluza as a single dose as soon as possible within 48 hours following exposure to an infected person.

How much Xofluza to take

The dose of Xofluza depends on how much you weigh. Your doctor or pharmacist will tell you how much to take.

Patient's body weight	Volume of oral suspension after reconstitution
Up to 20 kg	1 mL per kg (of body weight)
20 kg to < 80 kg	20 mL (from one bottle)
80 kg and above	40 mL (from two bottles)

Xofluza can be taken with or without food (i.e. either on an empty stomach or after eating). Granules for oral suspension and final oral suspension should not be mixed with food. Any mixing outside the recommendations is the responsibility of the healthcare professional or the user.

Xofluza may be given through a feeding tube. Follow your doctor and/or pharmacist's instructions for giving Xofluza through a feeding tube.

If you take more Xofluza than you should

If you accidentally take more of this medicine than you should, talk to your doctor or pharmacist for advice.

If you forget to take Xofluza

If you forget to take some or all of the dose, take it as soon as possible. If the granules are already reconstituted, take the dose within 10 hours of preparation of the reconstituted suspension.

For the treatment of influenza, Xofluza should be taken within 48 hours of your flu symptoms starting. For the prevention of influenza, Xofluza should be taken within 48 hours of close contact with someone who is known or suspected to have flu.

4. Possible side effects

Like all medicines, it is possible for this medicine to cause side effects, although not everybody gets them.

Adults, adolescents and children

Get medical help immediately if you get any of the following serious side effects:

- Severe allergic reaction (anaphylaxis), with signs such as swelling of the face or skin, itchy rashes, low blood pressure and difficulty breathing.

The frequency of these side effects cannot be estimated from the available data.

Other possible side effects:

The following side effects are **common** (can affect up to 1 in every 10 patients):
- Diarrhoea and vomiting

The following side effect is **uncommon** (can affect up to 1 in every 100 patients):
- Itchy rash

The following side effect has frequency **not known** (frequency cannot be estimated from the available data):
- Ischaemic colitis (inflammation of the colon due to reduced blood flow)

Children (3 weeks to < 12 years)

The following side effects are **common** (can affect up to 1 in every 10 patients):
- Diarrhoea, rash and vomiting

Reporting of side effects

If you get any side effects, talk to the doctor. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Xofluza

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and bottle after 'EXP'. The expiry date refers to the last day of that month.

Before reconstitution: Keep the bottle tightly closed in order to protect from moisture.

After reconstitution: Do not store above 30°C and use within 10 hours.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Xofluza contains

- The active substance is baloxavir marboxil.
- Each bottle of granules for oral suspension contains 40 mg baloxavir marboxil.
- The other ingredients are silica, colloidal anhydrous (E551), hypromellose (E464), maltitol ((E965) (see Section 2 'Xofluza contains maltitol')), mannitol (E421), povidone (K25) (E1201), sodium chloride (see Section 2 'Xofluza contains sodium'), strawberry flavour (including propylene glycol), sucralose (E955) and talc (E553b).

What Xofluza looks like and contents of the pack

- Xofluza granules are white to light yellow.
- Xofluza 2 mg/mL granules for oral suspension are provided in an amber bottle with tamper-evident white child-resistant screw cap containing 40 mg granules for mixing with 20 mL drinking water.
- Each carton contains 1 bottle, 1 press-in bottle adapter (to help get the reconstituted Xofluza oral suspension into the syringe), 1 measuring cup (to measure 20 mL drinking water), 1 oral syringe 3 mL and 1 oral syringe 10 mL (to give the correct amount of medicine via the mouth). Shown on each oral syringe are millilitre (mL) markings (see pictures in *Instructions for use)*.

For details on how to prepare the oral suspension and how to measure and take or give the medicine, read the Instructions for use.

Marketing Authorisation Holder
Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

Manufacturer
Roche Pharma AG
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

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België/Belgique/Belgien
Luxembourg/Luxemburg
N.V. Roche S.A.
België/Belgique/Belgien
Tél/Tel: +32 (0) 2 525 82 11

България
Рош България ЕООД
Тел: +359 2 474 5444

Česká republika
Roche s. r. o.
Tel: +420 - 2 20382111

Danmark
Roche Pharmaceuticals A/S
Tlf.: +45 - 36 39 99 99

Deutschland
Roche Pharma AG
Tel: +49 (0) 7624 140

Eesti
Roche Eesti OÜ
Tel: + 372 - 6 177 380

Ελλάδα, Κύπρος
Roche (Hellas) A.E.
Ελλάδα
Τηλ: +30 210 61 66 100

España
Roche Farma S.A.
Tel: +34 - 91 324 81 00

France
Roche
Tél: +33 (0)1 47 61 40 00

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Roche Latvija SIA
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UAB “Roche Lietuva”
Tel: +370 5 2546799

Magyarország
Roche (Magyarország) Kft.
Tel: +36 - 1 279 4500

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Roche Nederland B.V.
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Polska
Roche Polska Sp.z o.o.
Tel: +48 - 22 345 18 88

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Roche Farmacêutica Química, Lda
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Roche România S.R.L.
Tel: +40 21 206 47 01

Hrvatska
Roche d.o.o.
Tel: + 385 1 47 22 333

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Tel: +353 (0) 1 469 0700

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Roche Pharmaceuticals A/S
c/o Icepharma hf
Sími: +354 540 8000

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Roche S.p.A.
Tel: +39 - 039 2471

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Roche farmacevtska družba d.o.o.
Tel: +386 - 1 360 26 00

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Roche Slovensko, s.r.o.
Tel: +421 - 2 52638201

Suomi/Finland
Roche Oy
Puh/Tel: +358 (0) 10 554 500

Sverige
Roche AB
Tel: +46 (0) 8 726 1200

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Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site: https://www.ema.europa.eu.

Instructions for Use (IFU)

Xofluza 2 mg/mL granules for oral suspension
baloxavir marboxil



Read this entire Instructions for Use before mixing (reconstituting) and/or giving Xofluza.
Ask your doctor and/or pharmacist to show you how to use Xofluza.
The information in this IFU is for you or someone you care for but in the IFU we just say 'you'.

Storage

- Before reconstitution: Keep the bottle tightly closed in order to protect from moisture.
- After reconstitution: Do not store above 30 °C and use within 10 hours.
- If Xofluza has been exposed to temperatures higher than recommended, it must be thrown away (see *Step 15)*.
- Always keep Xofluza out of sight and reach of children.

Important Information

- Wash your hands before and after using Xofluza.
- If you get Xofluza suspension on your skin, or any surfaces, wash with soap and water.
- Check the expiry date and whether the product is damaged before use.
- If you have received Xofluza as a suspension, check the mixing time and use immediately or within 10 hours of mixing.
- Xofluza may be given through a feeding tube. Follow your doctor or pharmacist's instructions for giving Xofluza through a feeding tube.
  × **Do not** shake Xofluza.

Xofluza Dosing

- Administration of Xofluza differs depending on the weight of the patient.
- Refer to the table in *Step 17* for the correct dose.
  - If you are still not sure, ask your doctor or pharmacist.
- Xofluza oral suspension is taken as a single one-time dose.
- **Give Xofluza immediately after mixing.**
  - If immediate use is not possible, use within 10 hours of mixing.
- Any unused portion must be thrown away after administration.
  × **Do not** re-use Xofluza oral suspension for another person.

STAGE 1: BEFORE YOU START

Check the form of your medicine

1. Check if Xofluza has already been mixed by the pharmacist.
2. Check the expiry date and whether the product is damaged before use.

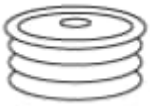
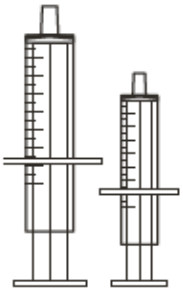
Storage conditions

- Granules for Oral Suspension (before reconstitution with water):
  × . Keep the bottle tightly closed in order to protect from moisture.
- Reconstituted Oral Suspension:
  Use immediately after reconstitution with drinking water. If immediate use is not possible, the

reconstituted product may be stored up to 10 hours (not above 30 °C).

- Always keep Xofluza out of sight and reach of children.

Check contents of box

	1 Xofluza bottle
	1 measuring cup
	1 press-in bottle adapter
	2 oral syringes: 3 mL and 10 mL

× **Do not** use if any supplies provided are lost or damaged.

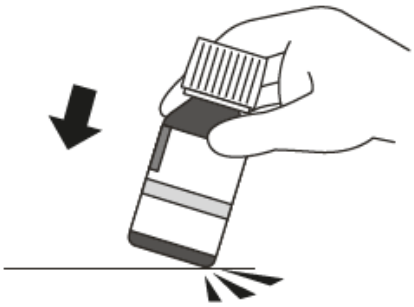
STAGE 2: PREPARING XOFLUZA

3. **If the medicine has been mixed by your pharmacist and the bottle contains a liquid, continue reading from STAGE 3: DOSING. Otherwise, keep reading.**

4. Wash your hands before and after using Xofluza.

Loosen the granules and open the bottle

5. Gently tap the bottom of the bottle against a hard surface to loosen the Xofluza granules.



6. To open the bottle, push down and twist the cap following the direction shown by the arrow.

- Keep the cap for swirling the suspension.



Add 20 mL of drinking water to the granules

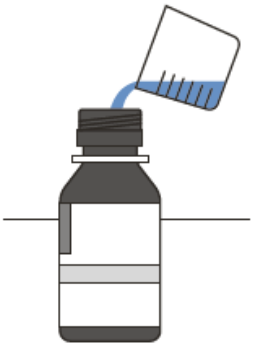
× **Do not** add water if your bottle has a suspension inside and has already been mixed by your pharmacist

7. Rinse the measuring cup (provided) before use.

8. Pour 20 mL of room temperature drinking water in the measuring cup. Check that you have exactly 20 mL in the cup.



9. Pour the water into the bottle.



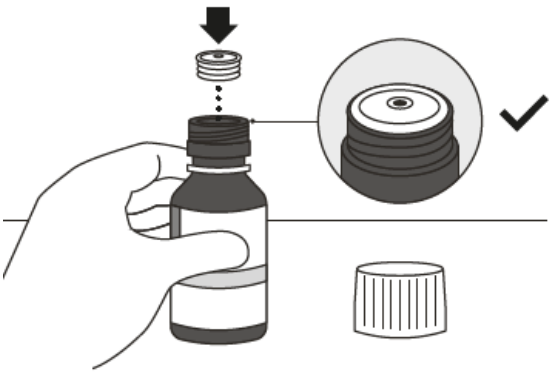
× **Do not** use any foods or liquids other than drinking water to mix Xofluza oral suspension.

Insert the bottle adapter

10. With one hand, hold the bottle on the table.

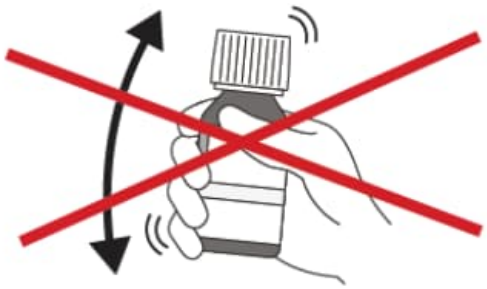
11. Insert the bottle adapter into the opening and push it down.

- The bottle adapter must be completely pressed against the bottle lip.



12. Screw the cap tightly back onto the bottle.

Do not shake the bottle.
Shaking creates foam and may cause the wrong dose to be given.



13. Grip the bottle by the cap and slowly swirl with a rotating movement for 1 minute.

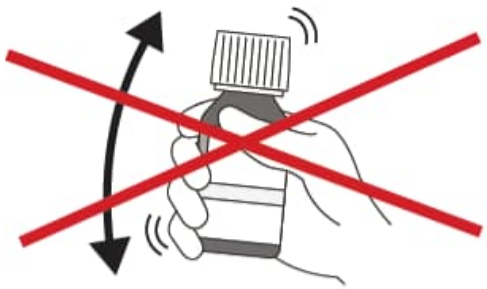


14. Keep Xofluza at room temperature (not above 30 °C) and use it immediately after mixing. If immediate use is not possible, use within 10 hours of mixing.

STAGE 3: DOSING XOFLUZA

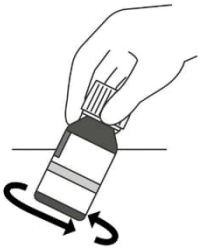
15. **Make sure that Xofluza was kept at room temperature (not above 30 °C) and it was mixed within the last 10 hours.** Otherwise, do not use it and contact your doctor or pharmacist.

Do not shake the bottle.
Shaking creates foam and may cause the wrong dose to be given.



16. Grip the bottle by the cap and slowly swirl with a rotating movement for 1 minute.





Select the oral syringe

17. Use the dose volume given by your doctor or pharmacist or select the dose volume based on the body weight (see table below). If you are not sure which volume to use, contact your doctor or pharmacist.

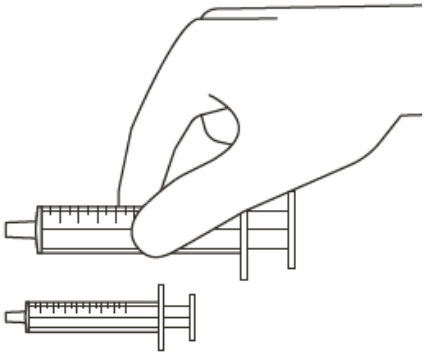
Patient's body weight	Volume of oral suspension
Up to 20 kg	1 mL per kg of body weight
20 kg to < 80 kg	20 mL (from one bottle)
80 kg and above	40 mL (from two bottles)

For example: *For a child weighing 12 kg, the dose is 12 mL of Xofluza oral suspension.*

18. Select the oral syringe according to the dose volume.

- If the dose is higher than 10 mL, you will have to take the medicine from the bottle twice - using the large syringe.
- If the second withdrawal is less than 3 mL, use the small syringe to withdraw from the bottle.

If you feel unsure which oral syringe to select, contact your doctor or pharmacist.



For example: *For a 12 mL full dose, withdraw 10 mL with the large syringe and then 2 mL with the small syringe.*

× **Do not** overfill the syringes beyond the graduation scale. Give several doses using one syringe twice or two syringes.

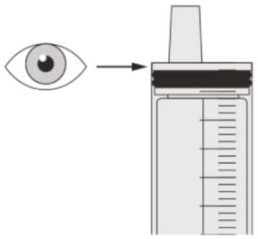
Open the bottle

19. To open the bottle, push down and twist in the direction shown by the arrow.
    - Keep the cap to close the bottle after use.

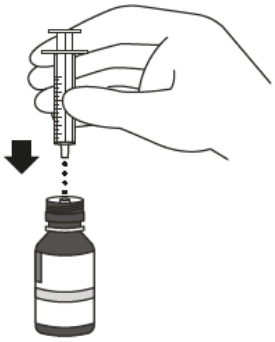


Insert the syringe

20. Push the plunger of the oral syringe all the way down to remove any air.



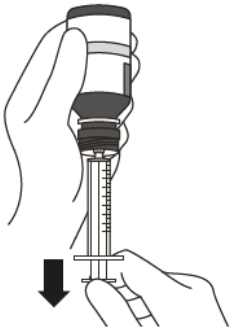
21. Keep the bottle on the table, and put the tip of the syringe into the bottle adapter.



Withdraw the suspension

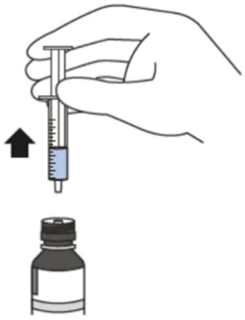
22. To fill the syringe, carefully turn the bottle and syringe upside down.

23. Keeping the syringe firmly inserted into the bottle adapter, slowly pull back the plunger to withdraw the required amount of suspension – until the top of the plunger lines up with the required syringe graduation mark.



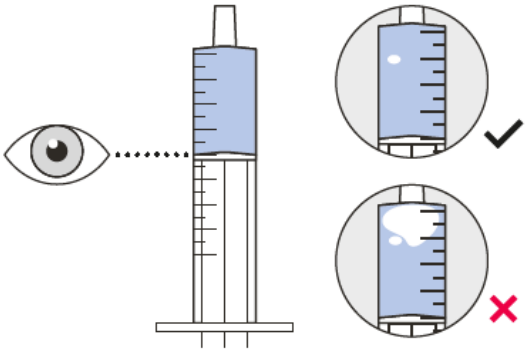
Remove the syringe

24. Hold the plunger in place (it may move otherwise) and turn the bottle and syringe upright on the table.
25. Remove the oral syringe from the bottle adapter.



Check the volume in the syringe

26. With the tip of the syringe pointing up, check that:
    - You have withdrawn the correct volume.
    - There are no large bubbles.



Note: If you have not withdrawn the correct volume, or if there are large bubbles inside, put the syringe into the bottle adapter again, push the medicine back into the bottle and then withdraw the medicine again (start at *Step 22*).

× **Do not** overfill the syringes beyond the graduation scale. Give several doses using one syringe twice or two syringes.

STAGE 4: GIVING THE DOSE

Do not give Xofluza directly into the throat or too fast, as this may cause choking.

27. Sit upright to avoid choking on the suspension.

28. Place the oral syringe into the mouth with the tip along either cheek.



29. Slowly push the plunger all the way down. Make sure the medicine is swallowed.

Note: When the full dose requires multiple withdrawals, start again at *Step 20.*

STAGE 5: AFTER ADMINISTRATION

30. After giving the medicine, you can drink some water.



31. Close the bottle of leftover Xofluza suspension and return it to your pharmacy or to a local collection location.

    Dispose of oral syringe(s) in accordance with local requirements.



32. Wash your hands.

× **Do not** throw away any medicine via wastewater or household waste. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

× **Do not** re-use Xofluza oral suspension for another person.

Package leaflet: Information for the patient

Xofluza 10 mg granules in sachet
Xofluza 30 mg granules in sachet
Xofluza 40 mg granules in sachet
baloxavir marboxil

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- The information in this leaflet is for you or someone you are caring for – but in the leaflet we just say 'you'.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Xofluza is and what it is used for
2. What you need to know before you take Xofluza
3. How to take Xofluza
4. Possible side effects
5. How to store Xofluza
6. Contents of the pack and other information

1. What Xofluza is and what it is used for

What Xofluza is

Xofluza contains the active substance baloxavir marboxil. This is a type of antiviral medicine called a 'cap-dependent endonuclease inhibitor'.

Xofluza is used for treating and preventing flu (influenza). This medicine stops the flu virus from spreading in the body. This helps shorten the time to recovery from symptoms.

What Xofluza is used for

Xofluza is used in patients aged 3 weeks and above. It is used to:
- treat flu in patients who have had flu symptoms for less than 48 hours.
- prevent flu in individuals who have been in close contact with someone who has flu or is likely to have flu.

2. What you need to know before you take Xofluza

Do not take Xofluza if:

- you are allergic to baloxavir marboxil or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before taking Xofluza.

Infants and Children

Do not give this medicine to children below 3 weeks of age. This is because the effects of Xofluza in this age group are not known.

Other medicines and Xofluza

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Do not take Xofluza with:
- laxatives
- antacids
- oral supplements containing iron, zinc, selenium, calcium, or magnesium.

The medicines listed above may decrease the effect of Xofluza.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, as a precaution avoid the use of Xofluza. Ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

Xofluza is not likely to change your ability to drive and to use machines.

Xofluza contains sodium

This medicine contains sodium (salt)
- 10 mg and 30 mg Xofluza granules in sachets each contain less than 23 mg of sodium (main component of cooking/table salt), making it essentially ´sodium-free´.
- 40 mg Xofluza granules in sachet contain 23.6 mg of sodium (main component of cooking/table salt). This is equivalent to 1.2 % of the recommended maximum daily dietary intake of sodium.

Xofluza contains maltitol

This medicine contains maltitol:
- 10 mg Xofluza granules in sachet contain 175 mg of maltitol
- 30 mg Xofluza granules in sachet contain 525 mg of maltitol
- 40 mg Xofluza granules in sachet contain 700 mg of maltitol

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

3. How to take Xofluza

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Keep the granules (and the liquid after mixing) away from your skin.

When to take Xofluza

To treat flu, take Xofluza as a single dose as soon as possible. This should be within 48 hours of your flu symptoms starting.

To prevent flu, take Xofluza as a single dose as soon as possible. This should be within 48 hours of being in close contact with an infected person.

See the 'Instructions for Use' section for how to take this medicine.

How much Xofluza to take

The dose of Xofluza depends on how much you weigh. Your doctor or pharmacist will tell you how much to take.

Patient's body weight	**Xofluza dose**
Under 9 kg	2 mg/kg[a]
From 9 kg to under 15 kg	20 mg (two 10 mg sachets)
From 15 kg to under 20 kg	30 mg
From 20 kg to under 80 kg	40 mg
From 80 kg and above	80 mg (two 40 mg sachets)

[a] Preparation and administration of this dose must be done by the healthcare professional.

Xofluza can be taken with or without food (i.e. either on an empty stomach or after eating). Do not mix granules or granules in water with food. Any mixing outside the recommendations is the responsibility of the healthcare professional or the user.

Xofluza may be given through a feeding tube. Follow your doctor or pharmacist's instructions for giving Xofluza through a feeding tube.

If you take more Xofluza than you should

If you accidentally take more of this medicine than you should, talk to your doctor or pharmacist for advice.

If you forget to take Xofluza

If you forget to take some or all of the dose, take it as soon as possible.
- To treat flu - take within 48 hours of your flu symptoms starting.
- To prevent flu - take within 48 hours of close contact with a possibly infected person.

4. Possible side effects

Like all medicines, it is possible for this medicine to cause side effects, although not everybody gets them.

Side effects in adults, adolescents and children

<u>Serious side effect</u>

Get medical help immediately if you get any of the following serious side effects – you may need urgent medical treatment as they could be signs of a severe allergic reaction (anaphylaxis):

- swelling of the face or skin

- itchy rashes
- low blood pressure
- difficulty breathing.

The frequency of these side effects cannot be estimated from the available data.

Other possible side effects:

Common may affect up to 1 in 10 people:
- diarrhoea
- vomiting

Uncommon may affect up to 1 in 100 people:
- itchy rash

Not known (frequency cannot be estimated from the available data):
- ischaemic colitis (inflammation of the colon due to reduced blood flow)

Side effects in children from 3 weeks to under 12 years old

Common may affect up to 1 in 10 people:
- diarrhoea
- rash
- vomiting

Reporting of side effects

If you get any side effects, talk to the doctor. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Xofluza

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and sachet after 'EXP'. The expiry date refers to the last day of that month.

This medicine does not require any special storage conditions.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Xofluza contains

- The active substance is baloxavir marboxil.
- Each sachet contains 10 mg, 30 mg or 40 mg baloxavir marboxil.
- The other ingredients are silica, colloidal anhydrous (E551), hypromellose (E464), maltitol ((E965) (see Section 2 'Xofluza contains maltitol')), mannitol (E421), povidone (K25) (E1201), sodium chloride (see Section 2 'Xofluza contains sodium'), strawberry flavour (including propylene glycol), sucralose (E955) and talc (E553b).

What Xofluza looks like and contents of the pack

- Xofluza granules are white to light yellow.
- Xofluza 10 mg, 30 mg or 40 mg granules are provided in laminated foil (polyethylene terephthalate/aluminium/polyethylene) sachets.
- Each carton contains 1 (30 mg or 40 mg) or 2 (10 mg) sachets.

For details on how to prepare the granules for administration and take or give the medicine, read the 'Instructions for Use' section below.

Marketing Authorisation Holder

Roche Registration GmbH
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

Manufacturer

Roche Pharma AG
Emil-Barell-Strasse 1
79639 Grenzach-Wyhlen
Germany

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien,
Luxembourg/Luxemburg
N.V. Roche S.A.
België/Belgique/Belgien
Tél/Tel: +32 (0) 2 525 82 11

България
Рош България ЕООД
Тел: +359 2 474 54 44

Česká republika
Roche s. r. o.
Tel: +420 - 2 20382111

Danmark
Roche Pharmaceuticals A/S
Tlf: +45 - 36 39 99 99

Deutschland
Roche Pharma AG
Tel: +49 (0) 7624 140

Eesti
Roche Eesti OÜ
Tel: + 372 - 6 177 380

Latvija
Roche Latvija SIA
Tel: +371 - 6 7039831

Lietuva
UAB "Roche Lietuva"
Tel: +370 5 2546799

Magyarország
Roche (Magyarország) Kft.
Tel: +36 – 1 279 4500

Nederland
Roche Nederland B.V.
Tel: +31 (0) 348 438050

Norge
Roche Norge AS
Tlf: +47 - 22 78 90 00

Österreich
Roche Austria GmbH
Tel: +43 (0) 1 27739

Ελλάδα, Κύπρος
Roche (Hellas) A.E.
Ελλάδα
Τηλ: +30 210 61 66 100

España
Roche Farma S.A.
Tel: +34 - 91 324 81 00

France
Roche
Tél: +33 (0)1 47 61 40 00

Hrvatska
Roche d.o.o.
Tel: + 385 1 47 22 333

Ireland, Malta
Roche Products (Ireland) Ltd.
Ireland/L-Irlanda
Tel: +353 (0) 1 469 0700

Ísland
Roche Pharmaceuticals A/S
c/o Icepharma hf
Sími: +354 540 8000

Italia
Roche S.p.A.
Tel: +39 - 039 2471

Polska
Roche Polska Sp.z o.o.
Tel: +48 - 22 345 18 88

Portugal
Roche Farmacêutica Química, Lda
Tel: +351 - 21 425 70 00

România
Roche România S.R.L.
Tel: +40 21 206 47 01

Slovenija
Roche farmacevtska družba d.o.o.
Tel: +386 - 1 360 26 00

Slovenská republika
Roche Slovensko, s.r.o.
Tel: +421 - 2 52638201

Suomi/Finland
Roche Oy
Puh/Tel: +358 (0) 10 554 500

Sverige
Roche AB
Tel: +46 (0) 8 726 1200

This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the Euro.pean Medicines Agency web site: https://www.ema.europa.eu.

Instructions for Use (IFU)

Xofluza 10 mg granules in sachet
Xofluza 30 mg granules in sachet
Xofluza 40 mg granules in sachet
baloxavir marboxil



Read these entire Instructions for Use and the leaflet information above before preparing and taking or giving Xofluza.

- Ask your doctor or pharmacist to show you how to use Xofluza.
- The information in this IFU is for you or someone you care for, but in the IFU we just say 'you'.

Storage

- This medicine does not require any special storage conditions.
- Always keep Xofluza out of sight and reach of children.

Important Information you need to know before preparing and taking / giving Xofluza

- **Keep the granules (and the liquid after mixing) away from your skin.**
- Wash your hands before and after using Xofluza.
- Check the expiry date and the product for damage before use. Do not use if expired or damaged.

Taking or giving Xofluza

- The dose of Xofluza differs depending on the weight of the patient. Refer to the table below. If you are still not sure, ask your doctor or pharmacist.

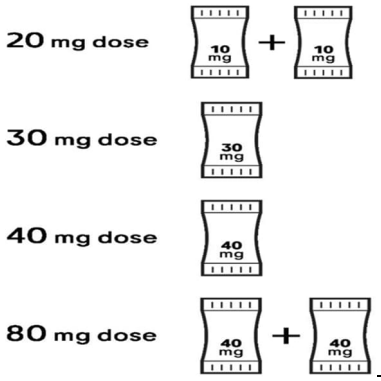
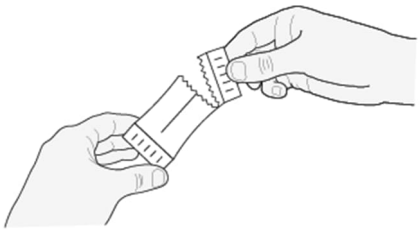
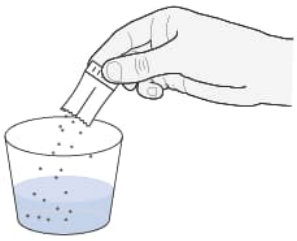
Patient's body weight	**Xofluza dose**
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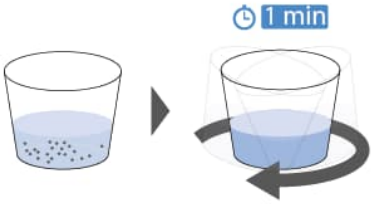
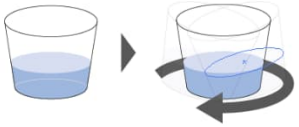
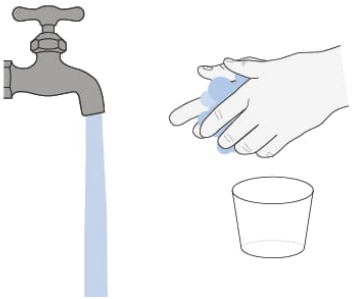
[a] Preparation and administration of this dose must be done by the healthcare professional.

- Xofluza is taken as a single one-time dose.
- You must mix Xofluza with about 1 tablespoon (approximately 15-20 mL) of drinking water.
- Take Xofluza immediately after mixing.
- You can give Xofluza through a feeding tube. Follow your doctor or pharmacist's instructions for giving Xofluza through a feeding tube.

Preparing to administer Xofluza

Preparation and administration for patients who weigh <9 kg must be done by the healthcare professional.

Step 1: Wash your hands.	
Step 2: Check your dose (refer to Table above). • Count the number of sachets you need for your dose. • For a 20 mg dose, use 2 of the 10 mg sachets. Take both sachets together as instructed below • For an 80 mg dose, use 2 of the 40 mg sachets. Take the sachets **separately**. Follow steps 3 to 9 to take the first sachet, then repeat steps 3 to 9 to take the second sachet.	
Step 3. Get your materials together. You will need: • The number of sachets for your dose • A tablespoon • A small clean cup containing a tablespoon (15-20 mL) of drinking water.	
Step 4. Tap the sachet(s) to ensure the granules are on one side of the sachet(s). • Open the sachet(s) by hand or with scissors. • Take care not to cut the granules with the scissors.	
Step 5. Add the granules to the cup containing about 15-20 mL of drinking water. Tap the sachet to ensure all the granules have been removed.	

Step 6. Gently swirl the cup for 1 minute, or until the granules have fully dispersed.	
Step 7. Drink immediately.	
Step 8. Refill the cup with about 15-20 mL of drinking water. • Swirl to get any remaining granules. • Drink immediately.	
Step 9. Repeat Step 8 one more time if there are still remaining granules in the cup.	
Step 10. Wash your hands and all items used to give Xofluza.	
Step 11. Throw away the empty sachet(s) in accordance with local requirements.	