

DUROLANE® INSTRUCTIONS FOR USE

Contents

Each mL contains: 20 mg Hydrocortisone acetate stabilized Phys. sodium chloride solution, pH 7 (a.s.) (equivalent to 20 mg of hydrocortisone) (BDEE) used to stabilize the gel.

Description

DUROLANE is an intra-articular injection for the symptomatic treatment of mild to moderate knee or hip osteoarthritis. In addition, DUROLANE is used for intra-articular injection for symptomatic treatment of mild to moderate osteoarthritis of indicated synovial joints. The use of DUROLANE is approved in the presence of mild to moderate osteoarthritis. It should be injected by an authorized physician, or in accordance with the instructions for use.

DUROLANE contains 20 mg/mL of stabilized non-animal hyaluronic acid in buffered physiological sodium chloride solution pH 7. DUROLANE is a sterile, transparent viscous gel, packaged in a 3 mL glass syringe. The product is for single use only.

Hyaluronic acid is identical in all living organisms. It is a natural polysaccharide that is present throughout most of the body, with particularly high concentrations in the synovial fluid and the skin. DUROLANE is composed of biosynthetically produced hyaluronic acid that has been purified and stabilized. DUROLANE is degraded in the body by the same metabolic pathway as endogenous hyaluronic acid.

Mode of Action

The body's hyaluronic acid constitutes a natural part of the cartilage and acts in the joints both as a lubricant of cartilages and ligaments and as a shock absorber. Injections of hyaluronic acid in the joint to restore the viscosity and elasticity of the synovial fluid and to enhance the lubrication.

Dosage

DUROLANE is a single injection, single dose preparation and should only be injected once per treatment course. The recommended dose is 3 mL per treatment course. The recommended dose is 1-2 mL for intermediate joints (e.g., elbow, ankle) and approximately 1 mL for small synovial joints (e.g., wrist, thumb).

Indications

Symptomatic treatment of mild to moderate knee or hip osteoarthritis. In addition, DUROLANE has been approved for the symptomatic treatment associated with mild to moderate osteoarthritis in the ankle, shoulder, elbow, wrist, finger and toes. DUROLANE is also indicated for pain following joint arthroscopy in the presence of osteoarthritis within three months of the procedure.

Intended Use

DUROLANE is intended to treat pain and improve function of synovial joints affected by osteoarthritis.

Intended Population

The product is intended to be used in an adult population with hip osteoarthritis. DUROLANE has not been tested in pregnant or lactating women or in children.

Clinical Benefits

DUROLANE provides a non-surgical option to treat osteoarthritis. In addition, DUROLANE has been approved for the symptomatic treatment associated with mild to moderate osteoarthritis in the ankle, shoulder, elbow, wrist, finger and toes. DUROLANE is also indicated for pain following joint arthroscopy in the presence of osteoarthritis within three months of the procedure.

Contraindications

DUROLANE should not be injected if the synovial joint is infected or if there is an active skin disease or infection at the site of the injection site.

DUROLANE should not be injected if there is an active skin disease or infection present at or near the injection site.

DUROLANE should not be injected intravascularly or extra-articularly into the synovial tissues or capsule.

DUROLANE should not be injected into joints that are known to be sensitive to hyaluronic acid based products.

DUROLANE should not be injected in patients with pre-existing chondrocalcosis as injection may lead to an infection of the condition.

Warnings

Do not reutilize DUROLANE as this may damage the product.

“Pain, skin necrosis (Nicolau Syndrome), pulmonary embolism or suboptimal treatment results may occur with overuse of the product. DUROLANE should be used for the symptomatic treatment of osteoarthritis within three months of the procedure.

A separate syringe of DUROLANE must be used for each individual joint to be treated.

As with any invasive joint procedure there is a small risk of infection.

Local anaesthetics should not be used if the patient is known to be allergic or sensitive to local anaesthetics.

Injection under fluoroscopic control and with the use of a contrast medium should not be used if the patient is known to be allergic or sensitive to the contrast medium.

Increase in injection pressure may indicate incorrect extra-articular placement of the needle or overfilling of the joint.

The most commonly reported adverse effects (e.g., complication associated with the use of DUROLANE) are hyaluronic acid based preparations in general include transient pain, swelling and/or stiffness localized to the joint. Such reactions are usually mild and resolve in intensity, occasionally requiring treatment with analgesics.

Any serious incident that has occurred in relation to the device should be reported to the manufacturer and the Competent Authority of the Member State in which the user and/or patient is established.

Interactions

The safety and effectiveness of DUROLANE concomitantly with other intra-articular injectables have not been studied.

Administration

DUROLANE should only be injected by an authorized physician (or in accordance with local legislation), familiar with intra-articular injection techniques and with the correct aseptic technique.

DUROLANE should be injected using strict aseptic technique.

DUROLANE should be injected into the joint cavity only.

Intra-articular injection in certain synovial joints will require guidance to ensure accurate placement and avoidance of damage to adjacent vital structures.

The route for intra-articular injection with or without image guidance should not cause damage to adjacent vital structures is avoided.

The injection site should be swabbed with alcohol or other suitable antiseptic solution before use.

DUROLANE should not be used concomitantly with de-identified contrast media or primary amine salts for skin preparation because sodium hyaluronate can precipitate with these products.

Remove joint effusion, if present, before injecting DUROLANE. The same needle should be used for both removal of effusion and injection of DUROLANE.

The recommended needle size is 18 to 22 G and with adequate skin disinfection.

Use of smaller needle sizes increases pressure required to deliver the product.

Additional information for treatment of synovial joints requiring image guidance

The injection site in the joints should be given under fluoroscopic control (preferably with a contrast medium) or ultrasonographic control in order to ensure correct location of the injection into the joint cavity.

Guidance of other synovial joints is at the discretion of the treating physician.

Injection discomfort can be minimized by use of topical freezing agents or subcutaneously delivered local anaesthetics.

Image guided injection should only be performed by physicians experienced in this type of administration.

Additional information for treatment post arthroscopy

Following the arthroscopic procedure, intra-articular injection should be performed outside the sterile field as the exterior of the joint is not sterile.

Joints that typically undergo arthroscopic procedures are the knee, hip, ankle, shoulder, ankle, and wrist joints.

The effectiveness of DUROLANE following arthroscopic procedures for diagnosis or examination purposes only or for treatment of concomitant osteoarthritis of the joint has not been established.

Please inform your patient that:

As with any invasive joint procedure it is recommended to avoid strenuous activity (e.g. tennis, jogging or long walks) for 48 hours after the procedure.

Some transient reactions related to the injection of DUROLANE, such as pain and/or swelling/stiffness of mild to moderate intensity during the first week following the injection are not unusual. If the symptoms last for more than a week, a physician should be contacted.

Performance

DUROLANE has been evaluated in representative large and small clinical studies using the upper limb and lower limb, the knee, hip, ankle, shoulder, and finger. Clinical studies indicated significant benefit, such as improvement in pain and functional performance compared to placebo.

Controlled trials of DUROLANE in the knee indicated significant benefits in treatment responder rates over three months compared to placebo. In addition, there were no alternative therapies such as corticosteroids, other HA preparations, stem cells, or platelet-rich plasma.

DUROLANE is used in post-arthroscopic applications of the hip and knee have shown positive pain-relieving effects and no adverse effects.

How Supplied

DUROLANE is supplied as a 3 mL glass syringe with a Luer-Lock fitting, packed in a blister pack. The contents of the syringe are sterile. The exterior of the syringe is not sterile.

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Document Detail

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Review

Level	Owner Role	Actor	Sign-off Date	Sign-off By
0	BV Configuration Analyst BV Configuration Analyst	AMBER.PLOTNER Amber Plotner	05-Apr-2023 7:32 pm	AMBER.PLOTNER
1	BV Doc Owner / Author BV Doc Owner / Author	TRAPPER.PRESSLER Trapper Pressler	05-Apr-2023 7:56 pm	TRAPPER.PRESSLER
1	BV Doc Approver BV Doc Approver	NICOLA.FULGENZI Nicola Fulgenzi	06-Apr-2023 12:43 pm	NICOLA.FULGENZI
1	BV Doc Approver BV Doc Approver	ONNO.SIEGERSMA Onno Siegersma	12-Apr-2023 10:54 am	ONNO.SIEGERSMA
1	BV Doc Approver BV Doc Approver	SCOTT.PETRIE Scott Petrie	09-Apr-2023 10:29 pm	SCOTT.PETRIE
1	BV Doc Approver BV Doc Approver	LIZZIE.FIELDS Lizzie Fields	06-Apr-2023 3:25 pm	LIZZIE.FIELDS
1	BV Doc Approver BV Doc Approver	MARIO.CASTANO-MORENO Mario Castano-Moreno	11-Apr-2023 9:46 pm	MARIO.CASTANO
2	BV Configuration Analyst BV Configuration Analyst	AMBER.PLOTNER Amber Plotner	13-Apr-2023 2:51 pm	AMBER.PLOTNER