Dacarbazine medac 100mg (200mg), Powder for solution for injection / infusion; Dacarbazine medac 500mg (1000mg), Powder for solution for infusion

Each single-dose vial of Dacarbazine medac 100mg (200mg; 500mg; 1000mg) contains 100mg (200mg, 500mg, 1000mg) dacarbazine (as dacarbazine citrate, formed in situ). After reconstitution Dacarbazine medac 100mg (200mg) contains 10 mg/ml dacarbazine. After reconstitution and final dilution Dacarbazine medac 500mg (1000mg) contains 1.4–2.0 mg/ml (2.8–4.0 mg/ml) dacarbazine. *Excipients:* Citric acid, anhydrous; mannitol. **Therapeutic indications:** Treatment of patients with metastasized malignant melanoma. As part of combination chemotherapy: advanced Hodgkin's disease, advanced adult soft tissue sarcomas (except mesothelioma, Kaposi sarcoma). **Dosage and method of use:** Dacarbazine is sensitive to light exposure. All reconstituted solutions should be suitably protected from light also during administration. Avoid extravasation into tissues since this will cause local pain and tissue damage! If extravasation occurs, the injection should be discontinued immediately, and any remaining portion should be introduced into another vein. Malignant Melanoma: 200 to 250 mg/m² body surface area/day as an i.v. injection (or alternatively short-term infusion over 15 - 30 minutes) for 5 days every 3 weeks or 850 – 1000 mg/m² body surface area on day 1 and then once every 3 weeks as i.v. infusion. Hodgkin's disease: 375 mg/m² body surface area i.v. every 15 days in combination with doxorubicin, bleomycin and vinblastine (ABVD regimen). Adult soft-tissue sarcoma: 250 mg/m^2 body surface area i.v. (days 1-5) in combination with doxorubicin every 3 weeks (ADIC regimen). During dacarbazine treatment frequent monitoring of blood counts, monitoring of hepatic and renal function should be conducted. Antiemetic and supportive measures are advisable. A careful benefit-risk analysis has to be made before every course of therapy with dacarbazine. **Contraindications:** Hypersensitivity to dacarbazine or to any of the excipients; pregnancy or breastfeeding; leukopenia and/or thrombocytopenia; severe liver or kidney diseases; concomitant yellow fever vaccination or concomitant use of fotemustine. **Undesirable effects:** The most commonly reported ADRs are gastrointestinal disorders (anorexia, nausea and vomiting) and blood and lymphatic system disorders as anaemia, leucopenia and thrombocytopenia. The latter are dose-dependant and delayed, with the nadirs often only occurring after 3 to 4 weeks. *Infections, infestations:* Uncommonly infections. *Blood and lymphatic system:* Commonly anaemia, leucopenia, thrombocytopenia. Rarely pancytopenia, agranulocytosis. *Immune system:* Rarely anaphylactic reactions. *Nervous system:* Rarely headaches, impaired vision, confusion, lethargy, convulsions, facial paraesthesia. *Vascular:* Rarely facial flushing. *Gastrointestinal:* Commonly anorexia, nausea, vomiting. Rarely diarrhea. *Hepatobiliary:* Rarely hepatic necrosis due to veno-occlusive disease of the liver, Budd-Chiari syndrome (with potentially fatal outcome). Liver necrosis has been observed after administration of dacarbazine in monotherapy or in combined treatment modalities. In general the syndrome occurred during the second cycle of therapy. Symptoms included fever, eosinophilia, abdominal pain, enlarged liver, jaundice and shock which worsened rapidly over a few hours or days. *Renal, urinary:* Rarely impaired renal function. *Skin, subcutaneous tissue:* Uncommonly alopecia, hyperpigmentation, photosensitivity. Rarely erythema, maculopapular exanthema, urticaria. *General, administration site:* Uncommonly flu-like symptoms with exhaustion, chills, fever and muscular pain are occasionally observed during or often only days after dacarbazine administration. These disturbances may recur with the next infusion. Rarely application site irritation. Inadvertent paravenous injection is expected to cause local pain and necrosis. *Investigations:* Rarely hepatic enzymes increased (e.g. alkaline phosphatase, ASAT, ALAT), blood lactate dehydrogenase (LDH) increased, blood creatinine increased, blood urea increased. **Legal classification:** POM (prescription only medicine). **Marketing authorisation holder:** medac GmbH, Theaterstraße 6; 22880 Wedel, Germany. **Date of revision of text** 08/2023

Dacarbazine medac has been authorized in Austria, Belgium, Colombia, Czech Republic, Denmark, Egypt, Finland, France, Germany, Israel (Tzamal Bio-Pharma), Jordan, Kazakhstan, The Netherlands, Portugal, Serbia (Quatalia), Slovak Republic, Spain, Sweden, Thailand, Ukraine, United Kingdom (not all strengths are authorized in all countries)