For the use of only a registered medical practitioner or hospital or laboratory

Recombinant Human Erythropoietin alpha Injection

Biocon

ERYPRO safe™ - 2000/3000/4000/5000/6000/10000/40000

एरीप्रो सेफ़ – २०००/३०००/४०००/५०००/६०००/१००००/४००००

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE
Renal failure: Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL). Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.
Cancer:

- ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (see WARNINGS).
- To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.
- Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.
- ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.
- Discontinue following the completion of a chemotherapy course.

Perisurgery: *ERYPRO safe*™ increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.
(See WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events, WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence, INDICATIONS AND USAGE, and DOSAGE AND ADMINISTRATION.)

ERYPRO safe™
For i.v./s.c. use only
1 single dose Pre-filled syringe

Composition:
Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 2000 IU/1.0 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 3000 IU/0.3 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 4000 IU/1.0 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 5000 IU/0.5 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 6000 IU/0.6 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 10000 IU/1.0 mL

Each pre-filled syringe contains:
Recombinant human Erythropoietin alpha: 40000 IU/1.0 mL

DESCRIPTION
ERYPRO safe™ is a glycoprotein which stimulates red blood cell production. It is produced in the kidney and stimulates the division and differentiation of committed erythroid progenitors in the bone marrow. *ERYPRO safe*™ (Epoetin alfa), a 165 amino acid glycoprotein manufactured by recombinant DNA technology, has the same biological effects as endogenous *ERYPRO safe*™.

CLINICAL PHARMACOLOGY
Mechanism of action
ERYPRO safe™ (EPO) is a glycoprotein that regulates the production of red blood cells by stimulating the division and differentiation of committed erythroid progenitor cells in the bone marrow. Recombinant Human *ERYPRO safe*™ has the same biological activity as native EPO. In adults, almost 90% of EPO is produced in the kidney with the remainder produced by the liver. Endogenous production of erythropoietin is normally regulated by the level of tissue oxygenation. Hypoxia and anemia generally increase the production of erythropoietin, which in turn stimulates erythropoiesis.

Chronic renal failure is the clinical situation in which there is a progressive and usually irreversible decline in kidney function. Such patients may manifest the sequelae of renal dysfunction, including anemia, butdo not necessarily require regular dialysis. Patients with end-stage renal disease (ESRD) are those patients with CRF who require regular dialysis or kidney transplantation for survival. *ERYPRO safe*™ is required forthe transformation of the most mature erythroid progenitor cell, erythroid colony-forming unit (CFU-E),to a proerythroblast. In the absence of EPO, this transformation cannot occur and the CFU-E will die. *ERYPRO safe*™ activates the synthesis of haemoglobin and other proteins found in normal erythroblasts.
ERYPRO safe™ also causes a shift of marrow reticulocytes into the circulation.

ERYPRO safe™ has been shown to stimulate erythropoiesis in anemic patients with CRF, including both patients on dialysis and those who do not require regular dialysis. Due to the length of time required for erythropoiesis, a clinically significant increase in hematocrit is usually not observed in less than 2 weeks and may take up to 6 weeks in some patients. *ERYPRO safe*™ has little effect on early erythroid progenitor cells, erythroid burst-forming units (BFU-E), whose growth is more dependent upon interleukin-3 and granulocyte-macrophage colony stimulating factor (GM-CSF). The production and activity of EPO is linked in a negative feedback loop, which maintains optimal red cell mass for oxygen transport. There appearsto be a plateau of optimal oxygen transport to tissues occurring around hematocrit of 35-55% with significant decreases in oxygen transport above and below these values. *ERYPRO safe*™ produces a dose-dependent increase in the hematocrit; an increase of 2% per week may be seen during the initial phase of therapy. The stimulation of erythropoiesis increases the demand for iron, making iron supplementation necessary for many patients.

Pharmacokinetics
Recombinant Human *ERYPRO safe*™ is administered intravenously or subcutaneously. The subcutaneous route produces peak plasma concentrations between 5-24 hours after administration. Although the IV route gives a more rapid peak, the delayed systemic absorption from the subcutaneous route gives a more sustained response. Subcutaneous administration can result in some drug accumulation because of delayed absorption. A dose-dependent response is seen with *ERYPRO safe*™ doses of 50-300 units/kg three times a week; however, a greater response is not seen at doses > 300 units/kg three times a week. Other factors affecting response to therapy include iron stores, baseline hematocrit, and concurrent medical conditions. As with the endogenous ERYPRO safe™ (EPO), ERYPRO safe™ does not appear extravascularly in humans.

Whether the drug crosses the placenta or is distributed into breast milk has not been evaluated. Metabolismand elimination of endogenous EPO or *ERYPRO safe*™ are not fully understood. Administered IV Erythropoietinis eliminated via first order kinetics with a circulating t ½ approximately 4 to 13 hr. In healthy volunteers, the half-life of *ERYPRO safe*™ is approximately 20% shorter than the half-life in patients with chronic renal failure. Special Populations: *ERYPRO safe*™ half-life in patients with chronic renal failure after IV administration is 4-13 hours. The drug is not removed by hemodialysis. The pharmacokinetic profile of *ERYPRO safe*™ in children and adolescents appears to be similar to that of adults. Limited data are available for neonates. Relative to data obtained in 10 healthy adults, a study of 7 preterm very low birth weight neonates given IV *ERYPRO safe*™ suggests that the volume of distribution and clearance are higher (1.5 to 2-fold and 3-fold, respectively) in preterm neonates.

INDICATIONS
ERYPRO safe™ is indicated for the treatment of anemia associated with CRF, including patients on dialysis (ESRD) and patients not on dialysis.

Recombinant Human *ERYPRO safe*™ should be administered under the guidance of a qualified physician.
Clinical effects of *ERYPRO safe*™

In CRF patients
In various clinical studies with starting dose of 50 – 150 IU/ Kg thrice in a week approximately 95% of all patients responded with a clinically significant increase in hematocrit. By the end of two months of therapy virtually all patients were transfusion independent
Adult patients on Dialysis

In largest clinical studies conducted in dialysis patients the median maintenance dose necessary tomaintain the hematocrit between 30 – 36% was approximately 75IU/Kg given three times in a week. In another double blind, placebo controlled, multicentric trial clinically and statistically ($p<0.05$) significant improvement was shown in patients treated with *ERYPRO safe*™ compared to placebo group.

CRF patients not requiring Dialysis
Clinical studies conducted in patients with CRF not on dialysis involving 181 patients treated with erythropoietin with average duration of therapy for nearly five months showed that these patients responded to erythropoietin therapy in a manner similar to that observed in patients on dialysis. Moreover, erythropoietin doses of 75-150 IU/kg per week have been shown to maintain hematocrit of 36-38% for up to six months.

Clinical efficacy of ERYPRO Safe™ in Indian patients
A multicentric phase III open label prospective study was conducted on Indian patients to evaluate the efficacy and safety of rHuEPO (Erypro) in patients either on dialysis or non dialysis for management of anemia in CKD. The study was conducted on 42 patients (32 patients completed the study) with baseline hematocrit of d" 20% and Hb 9.5gm/dl. The study period was for 12 weeks and the dosage ranged from 50 – 100IU/ kg thrice in a week (TIW). There was a steady rise in Hb through out the study period with mean rise of Hb 3.5 gm/dl at the end of study period which was statistically highly significant (p value < 0.0001). The mean hematocrit also showed a significant rise fro 22% to 34% which was statistically significant (p value < 0.0001). All the known adverse events of erythropoietin occurred in more than 5% of patients. Hypertension a known adverse effect with erythropoietin occurred in less than 5% of patients. The study concluded that rHuEPO (Erypro safe™) was able to correct the absolute and functional deficiency of iron and hence anemia of CKD and eliminated the need for blood transfusions. *ERYPRO safe*™ was effective, safe and well tolerated comparable to other recombinant human erythropoietin as reported in medical literature.

CONTRAINDICATIONS
ERYPRO safe™ is contraindicated in patients with:
1. Uncontrolled hypertension.
2. Known hypersensitivity to mammalian cell-derived products.
3. Known hypersensitivity to Albumin (Human).

WARNINGS
Adults

Pure Red Cell Aplasia
Cases of pure red cell aplasia (PRCA) and of severe anemia, with or without other cytopenias, associated with neutralizing antibodies to ERYPRO safe™ , have been reported in patients treated with *ERYPRO safe*™ This has been reported predominantly in patients with CRF receiving *ERYPRO safe*™ by subcutaneous administration.

Albumin (Human)
Recombinant Human *ERYPRO safe*™ contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

Chronic Renal Failure Patients
Hypertension: Patients with uncontrolled hypertension should not be treated with *ERYPRO safe*™; blood pressure should be controlled adequately before initiation of therapy. Up to 80% of patients with CRF have a history of hypertension. Although there does not appear to be any direct pressor effects of *ERYPRO safe*™ , blood pressure may rise during *ERYPRO safe*™ therapy. During the early phase of treatment when the hematocrit is increasing, approximately 25% of patients on dialysis may require initiation of, or increases in, antihypertensive therapy. Hypertensive encephalopathy and seizures have been observed in patients with CRF treated with *ERYPRO safe*™.

It is recommended that the dose of ERYPRO safe™ be decreased if the haemoglobin increase exceeds 1 g/dl in any 2-week period, because of the possible association of excessive rate of rise of haemoglobin with an exacerbation of hypertension. In CRF patients on hemodialysis with clinically evident ischemic heart disease or congestive heart failure, the haemoglobin should be managed carefully, not to exceed 12 g/dL .Seizures: Seizures have occurred in patients with CRF participating in *ERYPRO safe*™ clinical trials. In adult patients on dialysis, there was a higher incidence of seizures during the first 90 days of therapy (occurring in approximately 2.5% of patients) as compared with later time points. Given the potential for an increased risk of seizures during the first 90 days of therapy, blood pressure and the presence of premonitoryneurological symptoms should be monitored closely. Patients should be cautioned to avoid potentially hazardous activities such as driving or operating heavy machinery during this period. While the relationship between seizures and the rate of rise of haemoglobin is uncertain, it is recommended that the dose of ERYPRO safe™ be decreased if the haemoglobin increase exceeds 1 g/dL in any 2-week period.

Thrombotic Events: During hemodialysis, patients treated with *ERYPRO safe*™ may require increased anticoagulation with heparin to prevent clotting of the artificial kidney. Other thrombotic events (eg, myocardial infarction, cerebrovascular accident, transient ischemic attack) have occurred in clinical trials at an annualized rate of less than 0.04 events per patient year of *ERYPRO safe*™ therapy.

PRECAUTIONS
The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur in clinical trials, while transient rashes were occasionally observed concurrently with *ERYPRO safe*™ therapy, no serious allergic or anaphylactic reactions were reported.

The safety and efficacy of *ERYPRO safe*™ therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders). In some female patients, menses have resumed following *ERYPRO safe*™ therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology
Exacerbation of porphyria has been observed rarely in patients with CRF treated with *ERYPRO safe*™ However, ERYPRO safe™ has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, *ERYPRO safe*™ should be used with caution in patients with known porphyria.

Bone marrow fibrosis is a known complication of CRF in humans and may be related to secondary hyperparathyroidism or unknown factors. The incidence of bone marrow fibrosis was not increased in a study of adult patients on dialysis who were treated with *ERYPRO safe*™ for 12 to 19 months, compared to the incidence of bone marrow fibrosis in a matched group of patients who had not been treated with *ERYPRO safe*™ . Haemoglobin in CRF patients should be measured twice a week.

Lack or Loss of Response
If the patient fails to respond or to maintain a response to doses within the recommended dosing range,the following etiologies should be considered and evaluated:
1. Iron deficiency: Virtually all patients will eventually require supplemental iron therapy.
2. Underlying infectious, inflammatory, or malignant processes.
3. Occult blood loss.
4. Underlying hematologic diseases (ie, thalassemia, refractory anemia, etc).
5. Vitamin deficiencies: Folic acid or vitamin B12.
6. Hemolysis.
7. Aluminium intoxication.
8. Osteitis fibrosacystica.
9. Pure Red Cell Aplasia (PRCA) or anti-ERYPRO safe™ antibody-associated anemia: In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to *ERYPRO safe*™.

Iron Evaluation
During *ERYPRO safe*™ therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/ml.

For the use of only a registered medical practitioner or hospital or laboratory

Recombinant Human Erythropoietin alpha Injection

Biocon

ERYPRO safe™ - 2000/3000/4000/5000/6000/10000/40000

एरीप्रो सेफ़ – २०००/३०००/४०००/५०००/६०००/१००००/४००००

Prior to and during ERYPRO safe™ therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by ERYPRO safe™ . All surgery patients being treated with ERYPRO safe™ should receive adequate iron supplementation throughout the course of therapy in order to support erythropoiesis and avoid depletion of iron stores.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
Carcinogenic potential of ERYPRO safe™ has not been evaluated. ERYPRO safe™ does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated with IV ERYPRO safe™ , there was a trend for slightly increased fetal wastage at doses of 100 and 500 Units/kg.

Pregnancy Category C
There are no adequate and well-controlled studies in pregnant women. ERYPRO safe™ should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

Nursing Mothers
It is not known whether ERYPRO safe™ is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ERYPRO safe™ is administered to a nursing woman.

Pediatric Use
Pediatric Patients on Dialysis: The safety data from literature show that there is no increased risk to pediatric CRF patients on dialysis when compared to the safety profile of ERYPRO safe™ in adult CRF patients. Published literature provides supportive evidence of the safety and effectiveness of ERYPRO safe™ in pediatric CRF patients on dialysis.

Pediatric Patients Not Requiring Dialysis: Published literature has reported the use of ERYPRO safe™ in 133 pediatric patients with anemia associated with CRF not requiring dialysis, ages 3 months to 20 years, treated with 50 to 250 Units/kg SC or IV TIW. Dose-dependent increases in haemoglobin and hematocrit were observed with reductions in transfusion requirements.

Geriatric Use
No overall differences in safety or effectiveness were observed between geriatric and younger patients.Dose selection and adjustment for an elderly patient should be individualized to achieve and maintain the target hematocrit.

Chronic Renal Failure Patients
Patients with CRF Not Requiring Dialysis Blood pressure and haemoglobin should be monitored no less frequently than for patients maintained on dialysis. Renal function and fluid and electrolyte balance should be closely monitored, as an improved sense of well-being may obscure the need to initiate dialysis in some patients.

Hematology
Sufficient time should be allowed to determine a patient's responsiveness to a dosage of ERYPRO safe™ before adjusting the dose. Because of the time required for erythropoiesis and the red cell half-life, an interval of 2 to 6 weeks may occur between the time of a dose adjustment (initiation, increase, decrease, or discontinuation) and a significant change in haemoglobin.In order to avoid reaching the suggested target haemoglobin too rapidly, or exceeding the suggested target range (haemoglobin of 10 g/dl to 12 g/dl), the guidelines for dose and frequency of dose adjustments should be followed. For patients who respond to ERYPRO safe™ with a rapid increase in haemoglobin (eg, more than 1 g/dl in any 2-week period), the dose of ERYPRO safe™ should be reduced because of the possible association of excessive rate of rise of haemoglobin with an exacerbation of hypertension.The elevated bleeding time characteristic of CRF decreases toward normal after correction of anemia in adult patients treated with ERYPRO safe™ . Reduction of bleeding time also occurs after correction of anemia by transfusion.

Laboratory Monitoring
The haemoglobin should be determined twice a week until it has stabilized in the suggested target range and the maintenance dose has been established. After any dose adjustment, the haemoglobin should also be determined twice weekly for at least 2 to 6 weeks until it has been determined that the haemoglobin has stabilized in response to the dose change. The haemoglobin should then be monitored at regularintervals. A complete blood count with differential and platelet count should be performed regularly. During clinical trials, modest increases were seen in platelets and white blood cell counts. While these changes were statistically significant, they were not clinically significant and the values remained within normal ranges.

In patients with CRF, serum chemistry values (including blood urea nitrogen [BUN], uric acid, creatinine,phosphorus, and potassium) should be monitored regularly. In some adult patients with CRF not on dialysis treated with ERYPRO safe™ , modest increases in serum uric acid and phosphorus were observed. While changes were statistically significant, the values remained within the ranges normally seen in patients with CRF.

Diet
As the haemoglobin increases and patients experience an improved sense of well-being and quality of life, the importance of compliance with dietary and dialysis prescriptions should be reinforced. In particular, hyperkalemia is not uncommon in patients with CRF.
Dialysis Management
Therapy with ERYPRO safe™ results in an increase in hematocrit and a decrease in plasma volume which could affect dialysis efficiency. In studies to date, the resulting increase in hematocrit did not appear to adversely affect dialyzer function or the efficiency of high flux hemodialysis. During hemodialysis, patients treated with ERYPRO safe™ may require increased anticoagulation with heparin to prevent clotting of the artificial kidney. Patients who are marginally dialyzed may require adjustments in their dialysis prescription. As with all patients on dialysis, the serum chemistry values (including BUN, creatinine, phosphorus, and potassium) in patients treated with ERYPRO safe™ should be monitored regularly to assure the adequacy of the dialysis prescription.

Renal Function
In adult patients with CRF not on dialysis, renal function and fluid and electrolyte balance should be closely monitored, as an improved sense of well-being may obscure the need to initiate dialysis in some patients.
In patients with CRF not on dialysis, placebo-controlled studies of progression of renal dysfunction over periods of greater than 1 year have not been completed. In shorter term trials in adult patients with CRF not on dialysis, changes in creatinine and creatinine clearance were not significantly different in patients treated with ERYPRO safe™ compared with placebo-treated patients.

ADVERSE EFFECTS
ERYPRO safe™ is generally well tolerated. In a multicentric phase III open label prospective study conducted on Indian patients to evaluate the efficacy and safety of rHuEPO (Eryprosafe) in patients either on dialysis or non dialysis for management of anemia in CKD a total 154 adverse events were reported in the study with hypotension, headache, muscle cramps, fever, vomiting and cough in the descending order of frequency. All these events occurred in greater than five percent subjects in the study.

Though the rHuEPO is known to increase the blood pressure or cause hypertension when used in CKD patients, the same occurred in less than five percent study subjects. This was also corroborated by the baseline and end of study blood pressure values which remained near their original values at the end of the study . Most of the adverse events reported i.e, 93% of them were mild in severity with 86% being reported as very unlikely to be related to the study drug, while only 2% of them were reported to be probably related to rHuEPO. All the events were managed by established standard of care defined in the medical literature.

OVERDOSAGE
The maximum amount of Recombinant Human ERYPRO safe™ that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 Units/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of ERYPRO safe™ itself. Therapy with ERYPRO safe™ can result in polycythemia if the haemoglobin is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, ERYPRO safe™ may be temporarily withheld until the haemoglobin returns to the suggested target range; ERYPRO safe™ therapy may then be resumed using a lower dose. If polycythemia is of concern, phlebotomy may be indicated to decrease the haemoglobin.

DOSAGE AND ADMINISTRATION
The recommended range for the starting dose of ERYPRO safe™ is 50 to 100 Units/kg TIW for adult patients.
The recommended starting dose for pediatric CRF patients on dialysis is 50 Units/kg TIW.
Individualize dosing to achieve and maintain hemoglobin levels between 10-12 g/dL

Starting Dose: Adults Pediatric Patients	50 to 100 Units/kg TIW; IV or SC 50 Units/kg TIW; IV or SC
Increase Dose by 25% If:	1. Hemoglobin is < 10 g/dL and has not increased by 1 g/dL after 4 weeks of therapy or 2. Hemoglobin decreases below 10 g/dL
Reduce Dose by 25% When:	1. Hemoglobin approaches 12 g/dL or, 2. Hemoglobin increases > 1 g/dL in any 2-week period

PRESENTATION
ERYPRO safe™ is available as single dose Pre-filled syringe containing
2000/3000/4000/5000/6000/10000 and 40000 IU of Recombinant Human ERYPRO safe™alpha injection integrated with UltraSafe Passive Delivery System (SafetySyringes Inc.)

STORAGE: Store at temperature between 2°C - 8°C. Protect from light, do not freeze or shake. Keep out of reach of children.

SHELF LIFE: Please refer to carton/label.

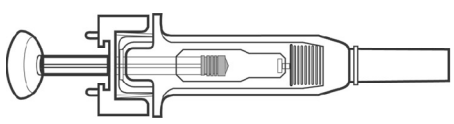
Marketed by:
Biocon Biologics India Limited
Biocon House, Semicon Park,
Electronics City, Phase - II,
Bengaluru - 560 100, India.

Leaflet revised on **December 2019**

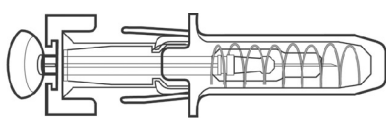
To report adverse events and/or product complaints visit our website **www.biocon.com** or call toll free number: **1800 102 9465** or e-mail us at **DrugSafety@biocon.com.**

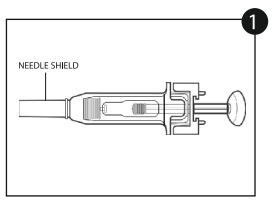
Recommended Directions For Use

BEFORE ADMINISTRATION



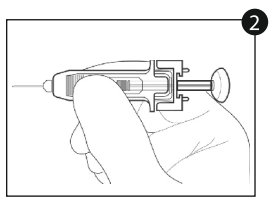
AFTER ADMINISTRATION



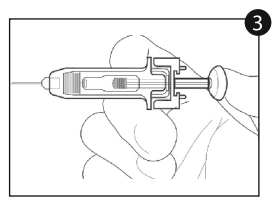


Inspect the prefilled glass syringe with integrated UltraSafe Passive Delivery System.

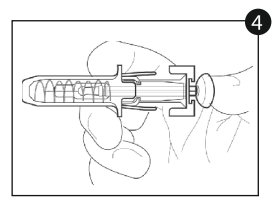
Remove the needle shield.



Administer injection using standard protocol.



Depress the plunger wile grasping the finger flange until the entire dose has been given.
The passive needle guard will NOT activate unless the ENTIRE dose has been given.



Remove needle from patient, then let go of the plunger and allow syringe to move up until the entire needle is guarded and locks into place.

5 Dispose of syringe / needle guard assembly in approved sharps container.

NOTE: Upon completion of injection, the needle and syringe will retract back into the needle guard.

CAUTION: Avoid contact with the trigger fingers during the preparation of the syringe. The safety device is normally activated by pressure from the plunger on the trigger fingers.

BF0118/05