Non-JHH/JHU Sites Investigational Drug Data Sheet (IDDS)

Study name: A Phase 3 Randomized, Double-blind, Placebo-controlled Study to Evaluate the Safety and Efficacy of MEDI8897, a Monoclonal Antibody With an Extended Half-life Against Respiratory Syncytial Virus, in Healthy Late Preterm and Term Infants (MELODY)

Personnel Involved and Contact Information

Site Name: Johns Hopkins Center for American Indian Health

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<tr>
<th>Role in Study</th>
<th>Name</th>
<th>Contact and Location Information</th>
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<tr>
<td>Site Principal Investigator</td>
<td>Laura Hammitt, MD</td>
<td>Office: (410) 955 6931</td>
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<td></td>
<td></td>
<td>Pager: N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cell: (443) 651 0000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:lhammitt@jhu.edu">lhammitt@jhu.edu</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home: N/A</td>
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<tr>
<td>Site Co-Investigators</td>
<td>Robert Weatherholtz</td>
<td>Office: (410) 955 6931</td>
</tr>
<tr>
<td></td>
<td>Catherine Sutcliffe</td>
<td>Pager: N/A</td>
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<tr>
<td></td>
<td></td>
<td>Cell: (410) 596 1526</td>
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<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:rweathei@jhu.edu">rweathei@jhu.edu</a></td>
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Authorized Prescribers at Site

N/A – Consenting participants will be randomized using an interactive response technology (IRT) system.

Person/Pharmacy Responsible for storage/dispensing at site

At each site, a study clinician will be responsible for reviewing eligibility criteria and authorizing that the participant can proceed with randomization and dosing. The PI of the study, Dr. Hammitt, will be available to review the eligibility criteria with the study clinician if any questions arise.

a. Gallup – Jane Halpern, MD

| Phone: (505) 722-6865 |
| Fort Defiance: (928) 729-2435 |
| Shiprock: (505) 368-4030 |

Storage Location: JHU Clinic refrigerators (locked and temperature-monitored)

Dispensing Location: JHU clinic space
b. Fort Defiance – Dan VanDeRiet, MD  
c. Shiprock – Kristen Roessler, MD

Person(s) administering drug to site participants (e.g., prescriber, nurse, patient, home caregiver, etc.)

An unblinded study nurse will randomize the participant through the web-based randomization system and administer the study product. The unblinded study nurse will also be responsible for drug dispensing and storage.

a. Gallup – Shawnadine Becenti, RN  
b. Fort Defiance – Chloe Hurley, RN  
c. Shiprock – Tom Stephens, RN and Joe Fowler, RN

Contact info:  
Gallup: (505) 722-6865  
Fort Defiance: (928) 729-2435  
Shiprock: (505) 368-4030

Drug Information

1. Drug Name (Name to be used in prescribing and labeling):

   Investigational product: MEDI8897

   Active comparator: Placebo

2. Drug Synonyms:

   Investigational product: MEDI8897

   Active comparator: Placebo

3. Dosage Form (e.g., tablets, capsules, injection) and Strength (e.g., mg content of each tablet) Administered to the Participants in This Study:

   Injection

   Investigational product: MEDI8897 – Supplied as 50 mg (nominal) per vial solution. The solution contains 100 mg/mL MEDI8897, 30 mM histidine/histidine-HCl, 80 Mm arginine-HCl, 120 mM sucrose, 0.02% (w/v) polysorbate 80, pH 6.0. The nominal fill volume is 0.5 mL.

   Active comparator: Placebo – Commercially available 0.9% (w/v) saline (sterile for human use). Manufactured by Hospira Inc, Lake Forrest IL. Diluent Sodium Chloride, Preservative Free 0.9% Intramuscular Solution Single Dose Vial 10 mL.
4. Dosing Regimen for This Study (drug, dose, route, frequency):

- Drug: MEDI8897 (Investigational product)
  
  Dose: The administered dose of 50-mg (if weight < 5 kg) or 100-mg (if weight ≥ 5 kg)
  
  Route: Intramuscular injection
  
  Frequency: One time to participants randomized to receive investigational product
  (randomization is 2:1 investigational product to active comparator)

- Drug: Placebo (Active Comparator)
  
  Dose: The administered dose of 50-mg (if weight < 5 kg) or 100-mg (if weight ≥ 5 kg)
  
  Route: Intramuscular injection
  
  Frequency: One time to participants randomized to receive comparator
  (randomization is 2:1 investigational product to active comparator)

5. Directions for Administering Drug:

Cleanse the area of vaccination. Administer drug (MEDI8897 or Placebo) via intramuscular injection.

Subjects will be monitored before and after investigational product administration through assessment of vital signs (temperature, blood pressure, heart rate, and respiratory rate). All vital signs should be obtained within 60 minutes prior to dosing, and at 30 minutes (± 5 minutes) and at 60 minutes (± 5 minutes) post dose. As with any antibody, allergic reactions to dose administration are possible. Therefore, appropriate drugs and medical equipment to treat acute anaphylactic reactions must be immediately available, and study personnel are trained to recognize and treat anaphylaxis.

6. Expected Therapeutic Effects:

MEDI8897 is a recombinant human IgG1κ mAb directed against the prefusion conformation of the RSV F protein. The antibody has been engineered with a triple amino acid substitution (YTE) in the Fc region to prolong the t1/2, which is expected to allow once-per-RSV-season dosing.

Prevention of RSV illness in all infants is a major public health priority. However, despite many years of attempted vaccine development, there is no safe and effective vaccine for these children. As there is no approved RSV prophylaxis for the broader population of healthy newborns and infants once they acquire serious RSV illness, the medical management for these patients is supportive care.

Palivizumab (Synagis®) is the only approved agent for RSV prophylaxis, and it is indicated for use in high-risk children (ie, preterm infants ≤ 35 wGA, children with CLD of prematurity, and
children with hemodynamically significant CHD). Given that it has a $t_{1/2}$ of approximately 1 month, palivizumab must be administered monthly (IM injection) throughout the RSV season, making its use in a broader infant population unfeasible. In addition, due to the cost of prophylaxis, further restrictions have been implemented by the local or national recommending bodies. For example, in the US, per AAP guidelines (American Academy of Pediatrics Committee on Infectious Diseases, 2014), palivizumab is not recommended for healthy preterm infants ≥ 29 wGA. MEDI8897 may provide a cost-effective option to protect all infants from RSV disease based on improved potency and an extended $t_{1/2}$, which is expected to support once-per-RSV-season dosing.

7. Possible Adverse Effects:

Injection-site (local) events: injection site pain/tenderness, erythema/redness, induration/swelling. As with any antibody, allergic reactions to dose administration are possible.

Systemic events: MEDI8897 has no endogenous targets and no safety concerns were identified in the GLP toxicology or tissue cross-reactivity studies. The potential risks are based primarily on common safety risks observed with any immunoglobulin, including mAbs such as palivizumab, an anti-RSV mAb. These potential risks include, but are not limited to, hypersensitivity (including anaphylaxis), immune complex disease, thrombocytopenia, and injection site reactions. To date, other than a low incidence of injection site reactions and mild, non-significant hypersensitivity events, none of the other potential risks have been observed in the completed clinical studies. Nonetheless, subjects in MEDI8897 clinical studies will be monitored for important potential risks, and routine pharmacovigilance and risk minimization activities will be performed accordingly.

8. Describe, in detail, any special precautions required for the person(s) handling the drug according to the sponsor of the IND, based on teratogenicity, carcinogenicity, mutagenicity, and reproductive toxicity data:

None

9. Special instructions for managing the drug after dispensing: (e.g., storage, disposal of used or unused medications and containers/bags):

Used needle and syringe should be properly disposed in a biohazard/medical waste container appropriate for sharps.