

הריני להודיעכם כי העלון לרופא של התכשיר עודכן:

**Oxlumo** **אוקסלומו**  
**SOLUTION FOR INJECTION****הרכב:**

Each mL of solution contains lumasiran sodium equivalent to 189 mg lumasiran.

**התוויה:**

Oxlumo is indicated for the treatment of primary hyperoxaluria type 1 (PH1) in all age groups.

להלן העדכונים בעלון לרופא:

**4.8 Undesirable effects**

[...]

Long-term safety~~ILLUMINATE-A (trial description see below)~~

The safety profile of lumasiran in the open-label extension periods of ILLUMINATE-A and ILLUMINATE-B (median treatment duration of 55.0 months and 55.5 months, respectively) was consistent with the known safety profile of lumasiran ~~from the placebo-controlled double blind period of the study.~~

**5.1 Pharmacodynamic properties**

[...]

*ILLUMINATE-B*

A total of 18 patients were enrolled and treated with lumasiran in an ongoing multi-center, single-arm study in patients with PH1 (ILLUMINATE-B). The study enrolled patients less than 6 years of age with an eGFR >45 mL/min/1.73 m<sup>2</sup> in patients 12 months of age and older, and normal serum creatinine in patients less than 12 months of age. In the 6-month primary analysis, at first dose, 3 patients were less than 10 kg, 12 were 10 kg to less than 20 kg, and 3 were 20 kg and above. The median age of patients at first dose was 51.4 months (range 4.0 to 74.0 months), 55.6% were female, and 88.9% were white. The median spot urinary oxalate: creatinine ratio at baseline was 0.47 mmol/mmol. After the 6-month primary analysis period, patients entered an extension period with administration of lumasiran for up to 60 months. The overall lumasiran exposure was 83.2 patient years.

At month 6, patients treated with lumasiran achieved a reduction of 72.0% (95% CI: 66.4, 77.5) in spot urinary oxalate: creatinine ratio from baseline (averaged over months 3 through month 6), the primary endpoint. Lumasiran was associated with rapid, and sustained reductions in spot urinary oxalate: creatinine ratio (Figure 3), which were similar across all weight strata. The percent reduction in urinary oxalate excretion was maintained with continued lumasiran treatment through month ~~12~~ 60, creatinine ratio, and this treatment effect was consistent with data from ILLUMINATE-A.

**Medison Pharma**10 Hashiloach St., P.O.B 7090, Petach-Tikva 4917002 Israel  
Tel. +972.3.925.0250, Fax. +972.3.922.5740[medisonpharma.com](http://medisonpharma.com)

[...]

Furthermore, from baseline to month 6 (average of month 3 to month 6), a mean plasma oxalate reduction of 31.7% (95% CI: 23.9, 39.5) was observed. Reduced plasma oxalate levels observed in the primary analysis period were maintained with continued lumasiran treatment through month 60, with a mean reduction of 24.8% (95% CI: 15.7, 59.5) at month 60.

The eGFR remained stable in all patients with continued dosing. The annual rate of change in eGFR from baseline during treatment with lumasiran up to 60 months was 0.26 mL/min/1.73 m<sup>2</sup>/year.

The rate of renal stone events per person-year reported in the 12-month period prior to consent and during the 6-month primary analysis period was 0.24 (95% CI: 0.09, 0.63) and 0.24 (95% CI: 0.06, 0.96), respectively. The rate of events from month 6 to month 12 was 0.12 (95% CI: 0.02, 0.84). The overall rate of renal stone events per person-year in the study at month 60 was 0.11 (95% CI: 0.06, 0.21), and 77.8% of the patients had no renal stone events during the study.

Medullary nephrocalcinosis results, assessed by renal ultrasound, at month 6 and month 12 relative to baseline are presented in Table 7.

**Table 6 — ILLUMINATE B: Patients with medullary nephrocalcinosis at month 6 and month 12 relative to baseline:**

Timepoint	Improvement (n)	No Change	Worsening
Month 6 (n=18)	8	10	0
Month 12 (n=17)	11	6	0

\* Patients with renal ultrasounds at baseline and the relevant timepoint were assessed.

During the evaluation of medullary nephrocalcinosis, a trend toward improvement over a period of 60 months was demonstrated. Among the 18 patients treated for 60 months, 14 patients had presence of medullary nephrocalcinosis at baseline. Of the 14 patients, 12 showed improvement with 10 improving to the absence of nephrocalcinosis (defined as Grade 0 bilaterally), 1 had no change, and 1 was indeterminate (one kidney improved while the other worsened). Of the 4 patients who had absence of nephrocalcinosis at baseline, all 4 had no change at month 60.

העלון לרופא נמצא בקישור וכן מפורסם במאגר התרופות באתר משרד הבריאות וניתן לקבלו מודפס על ידי פניה לבעל הרישום.

בברכה,

שרון עמיר  
רוקחת ממונה  
מדיסון פארמה בע"מ