רופא/ה, רוקח/ת נכבד/ה

חברת טבע מודיעה על העדכונים הבאים בעלוני התכשיר:

Copaxone 20 mg/ ml Solution for injection

קופקסון 20 מ״ג /מ״ל

Contains: Glatiramer acetate 20 mg

<u>התוויה כפי שאושרה בתעודת הרישום:</u>

For reducing the frequency of relapses in patients with relapsing-remitting multiple sclerosis.

Copaxone is indicated for the treatment of patients who have experienced a well-defined first clinical episode and are determined to be at high risk of developing clinically definite multiple sclerosis (CDMS).

These patients should have MRI findings which are compatible with the diagnosis of multiple sclerosis.

<u>בפירוט שלהלן כלולים העדכונים העיקריים בלבד (תוספות מסומנות באדום והסרות מידע כטקסט מחוק):</u>

עדכונים בעלון לצרכן

2. לפני השימוש בתרופה

הריון והנקה

עלייך להיוועץ ברופא ביחס לשימוש בקופקסון במהלך היריון. פני לרופא אם את בהיריון, אם את חושבת שאת בהיריון או אם את מתכננת היריון.

~~ניתן~~ אפשר להשתמש בקופקסון במהלך ההריון לאחר התייעצות עם הרופא.

היקף מוגבל של נתונים משימוש בבני אדם הראה שלקופקסון אין השפעות שליליות על יילודים/ תינוקות שינקו. ניתן להשתמש בקופקסון במהלך הנקה.

עדכונים בעלון לרופא

4.6 Fertility, pregnancy and lactation

Pregnancy

~~A moderate amount of data on pregnant women (between 300-1 000 pregnancy outcomes) indicate no malformative or feto/neonatal toxicity.~~

~~Animal studies do not indicate reproductive toxicity (see section 5.3).~~

~~The use of Copaxone may be considered during pregnancy, if necessary.~~

A large amount of data on pregnant women (more than 1 000 exposed outcomes) indicate no malformative nor feto/neonatal toxicity.

Copaxone can be used during pregnancy, if clinically needed.

4.8 Undesirable effects

~~Most Copaxone safety data were accumulated for Copaxone 20 mg/ml administered as a subcutaneous injection once daily. This section presents accumulated safety data from four placebo-controlled trials with Copaxone 20 mg/ml administered once daily, and from one placebo-controlled trial with Copaxone 40 mg/ml administered three times a week.~~

~~A direct comparison of the safety between Copaxone 20 mg/ml (administered daily) and 40 mg/ml (administered three times per week) in the same study has not been performed.~~

~~Copaxone 20 mg/ml (administered once daily)~~

In all clinical trials with Copaxone 20 mg/ml, injection-site reactions were seen to be the most frequent adverse reactions and were reported by the majority of patients receiving Copaxone. In controlled studies, the proportion of patients reporting these reactions, at least once, was higher following treatment with Copaxone 20 mg/ml (70%) than placebo injections (37%).

The most commonly reported injection-site reactions, in clinical trials and in post marketing experience ~~,which were more frequently reported in Copaxone 20 mg/ml vs. placebo-treated patients,~~ were erythema, pain, mass, pruritus, oedema, inflammation ~~and~~ hypersensitivity and rare occurrences of lipoatrophy and skin necrosis.

…

In the fourth trial noted above, an open-label treatment phase followed the placebo-controlled period. No change in the known risk profile of Copaxone 20 mg/day was observed during the open-label follow-up period of up to 5 years.

Description of selected adverse reactions

Anaphylactic reactions may occur shortly following administration of glatiramer acetate, even months up to years after initiation of treatment (see section 4.4).

~~Copaxone 40 mg/ml (administered three times per week)~~

~~The safety of Copaxone 40 mg/ml was assessed based on a double-blind, placebo-controlled clinical trial in RRMS patients with a total of 943 patients treated with Copaxone 40 mg/ml three times per week, and 461 patients treated with placebo for 12 months.~~

~~In general, the kind of adverse drug reactions seen in patients treated with Copaxone 40 mg/ml administered three times per week were those already known and labelled for Copaxone 20 mg/ml administered daily. In particular, adverse injection site reactions (ISR) and immediate post-injection reactions (IPIR) were reported at lower frequency for Copaxone 40 mg/ml administered three times per week than for Copaxone 20 mg/ml administered daily (35.5 % vs. 70 % for ISRs and 7.8 % vs. 31 % for IPIRs, respectively).~~

~~Injection site reactions were reported by 36% of the patients on Copaxone 40 mg/ml compared to 5% on placebo. Immediate post-injection reaction was reported by 8% of the patients on Copaxone 40 mg/ml compared to 2% on placebo.~~

~~A few specific adverse reactions are noted:~~
~~• Anaphylactic reactions may occur shortly following administration of glatiramer acetate, even months up to years after initiation of treatment (see section 4.4).~~
~~• No injection site necrosis was reported.~~
~~• Skin erythema and pain in extremity, not labelled for Copaxone 20 mg/ml, were reported each by 2.1% of the patients on Copaxone 40 mg/ml (Common: ≥ 1/100 to < 1/10).~~
~~• Drug-induced liver injury and toxic hepatitis, were each reported by one patient (0.1%) on Copaxone 40 mg/ml (Uncommon: ≥ 1/1,000 to < 1/100).~~

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Clinical efficacy and safety

Post-hoc subgroup analyses were performed in patients with various baseline characteristics to identify a population at high risk to develop the second attack. For subjects with baseline MRI with at least one T_1 Gd-enhancing lesion and 9 or more T_2 lesions, conversion to CDMS

was evident for 50% of the placebo subjects vs. 28% of the Copaxone subjects in 2.4 years. For subjects with 9 or more T_2 lesions at baseline, conversion to CDMS was evident for 45% of the placebo subjects vs. 26% on Copaxone in 2.4 years. However, the impact of early treatment with Copaxone on the long term evolution of the disease is unknown even in these high-risk ~~subgroups as the study was mainly designed to assess the time to the second event. In any case, treatment should only be considered for patients classified at high risk~~.