נובמבר 2022

רופא/ה רוקח/ת נכבד/ה,

חברת פאדאגיס ישראל סוכנויות בע"מ מבקשת להודיע על העדכונים הבאים בעלון לרופא עבור התכשיר:

טרוקסימה / TRUXIMA

החומר הפעיל בתכשיר וחוזקו: Rituximab 10 mg/ml

<u>התוויות רשומות לתכשיר בישראל:</u>

Truxima is indicated in adults for the following indications:

* <u>Non-Hodgkin's lymphoma (NHL)</u>
Truxima is indicated for the treatment of patients with relapsed or refractory low-grade or follicular, B-cell non-hodgkin's lymphoma. Truxima is indicated for the treatment of previously untreated patients with low-grade or follicular lymphoma in combination with chemotherapy. Truxima is indicated for the treatment of patients with CD20 positive diffuse large B-cell non-Hodgkin's lymphoma in combination with CHOP chemotherapy. Truxima maintenance therapy is indicated for the treatment of follicular lymphoma patients responding to induction therapy.

* <u>Chronic lymphocytic leukaemia (CLL)</u>
Truxima in combination with chemotherapy is indicated for the treatment of patients with previously untreated and relapsed/refractory CLL. Only limited data are available on efficacy and safety for patients previously treated with monoclonal antibodies including rituximab or patients refractory to previous rituximab plus chemotherapy.

* <u>Granulomatosis with polyangiitis and microscopic polyangiitis</u>
Truxima, in combination with glucocorticoids, is indicated for the treatment of adult patients with granulomatosis with polyangiitis (GPA) (Wegener's Granulomatosis (WG)) and microscopic polyangiitis (MPA).

* <u>Pemphigus vulgaris (PV)</u>
Truxima is indicated for the treatment of adult patients with moderate to severe pemphigus vulgaris (PV).

<u>מהות העדכון</u>:
בהודעה זו מצוינים ומסומנים ברקע צהוב השינויים המהותיים המתייחסים לעדכוני בטיחות.
העלונים כוללים גם עדכונים נוספים (כגון שינויי נוסח).

העלון המעודכן לרופא נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות:
<u>https://israeldrugs.health.gov.il/#!/byDrug</u>

בברכה,
פאדאגיס ישראל סוכנויות בע"מ

עלון לרופא

4.6 Fertility, pregnancy and lactation

[…]
Breast-feeding

Limited data on rituximab excretion into breast milk suggest very low rituximab concentrations in milk ~~levels~~ (relative infant dose less than 0.4%). Few cases of follow-up of breastfed infants describe normal growth and development up to ~~1.5~~ 2 years. However, as these data are limited and the long-term outcomes of breastfed infants remain unknown, breast-feeding is not recommended while being treated with rituximab and optimally for ~~12~~ 6 months following rituximab treatment.

4.8 Undesirable effects

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Experience from granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)

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Table 2 Adverse Reactions occurring at 6-months in ≥ 5% of adult patients receiving rituximab in GPA/MPA Study (Rituximab n=99, and at a higher frequency than the comparator group), ~~in the pivotal clinical study.~~ or during postmarketing surveillance.

MedDRA System organ class Adverse reaction	Frequency
Infections and infestations	
Urinary tract infection	7%
Bronchitis	5%
Herpes zoster	5%
Nasopharyngitis	5%
Serious viral infection[1]	not known
…	

[…]

Description of selected adverse reactions
Infections
[…]
In the post marketing setting, serious viral infections have been reported in GPA/MPA patients treated with rituximab.

[…]

Experience from pemphigus vulgaris

[…]

Table 3 **Adverse reactions in rituximab-treated pemphigus vulgaris patients in PV Study 1 (up to month 24) and PV Study 2 (up to Week 52), or during postmarketing surveillance**

MedDRA System Organ Class	Very Common	Common	Not known
Infections and infestations	Upper respiratory tract infection	Herpes virus infection Herpes zoster Oral herpes Conjunctivitis Nasopharyngitis Oral candidiasis Urinary tract infection	serious viral infection[1]

[…]

Description of selected adverse reactions

[…]

Infections

[…]

In the post marketing setting, serious viral infections have been reported in PV patients treated with rituximab.

[…]

5.1 Pharmacodynamic properties

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Clinical experience in granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)

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Retreatment with rituximab

Based upon investigator judgment, 15 patients received a second course of rituximab therapy for treatment of relapse of disease activity which occurred between 6 and 18 months after the first course of rituximab. The limited data from the present trial preclude any conclusions regarding the efficacy of subsequent courses of rituximab in patients with GPA and MPA.

Continued immunosuppressive therapy may be especially appropriate in patients at risk for relapses (i.e. with history of earlier relapses and GPA, or patients with reconstitution of B-lymphocytes in addition to PR3-ANCA at monitoring). When remission with rituximab has been achieved, continued immunosuppressive therapy may be considered to prevent relapse. The efficacy and safety of rituximab in maintenance therapy has not been established.

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