יוני 2019

Ocrevus® 300 mg/10 ml
ocrelizumab
Concentrate for solution for infusion

רופא/ה יקר/ה, רוקח/ת יקר/ה,

חברת רוש פרמצבטיקה (ישראל) בע"מ מבקשת להודיעכם על מספר עדכונים שבוצעו בעלון לרופא של התכשיר אוקרוואס.

בהודעה זו מצוינים רק עדכונים מהותיים.

ההתוויות הרשומות לתכשיר בישראל:

Ocrevus is indicated for the treatment of adult patients with relapsing or primary progressive forms of multiple sclerosis.

למידע נוסף יש לעיין בעלון לרופא כפי שנשלח למשרד הבריאות.

העלון המעודכן נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלו מודפס ע"י פנייה לבעל הרישום: רוש פרמצבטיקה (ישראל) בע"מ, ת.ד 6391 , הוד השרון 4524079
טלפון 09-9737777. כתובתנו באינטרנט: www.roche.co.il.

ב ב ר כ ה,

בתאור צפרי-חג'ג'
מחלקת רישום

לביא עמי-עד
רוקח ממונה

עדכונים מהותיים בעלון לרופא

בסעיף 2 Dosage and Administration עודכן המידע הבא:

2.1 Assessments Prior to First Dose of Ocrevus

Vaccinations

Because vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation until B-cell repletion, administer all ~~necessary~~ immunizations according to immunization guidelines at least ~~6~~ 4 weeks prior to initiation of Ocrevus for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of Ocrevus for non-live vaccines *[see Warnings and Precautions (5.2) and Clinical Pharmacology (12.2)]*.

בסעיף 5 Warnings and Precautions עודכן המידע הבא:

5.2 Infections

Vaccinations

Administer all immunizations according to immunization guidelines at least ~~6~~ 4 weeks prior to initiation of Ocrevus for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of Ocrevus for non-live vaccines.

Ocrevus may interfere with the effectiveness of non-live vaccines *[see Drug Interactions (7.2)]*.

The safety of immunization with live or live-attenuated vaccines following Ocrevus therapy has not been studied, and vaccination with live-attenuated or live vaccines is not recommended during treatment and until B-cell repletion *[see Clinical Pharmacology (12.2)]*.

~~No data are available on the effects~~ vaccination of *Infants Born to Mothers Treated with Ocrevus During Pregnancy*

In infants of mothers exposed to Ocrevus during pregnancy, do not administer live or live-attenuated vaccines before confirming the recovery of B-cell counts as measured by $CD19^+$ B-cells. Depletion of B-cells in these infants may increase the risks from live or live-attenuated vaccines.

You may administer non-live ~~vaccination in patients receiving Ocrevus~~ vaccines, as indicated, prior to recovery from B-cell depletion, but should consider assessing vaccine immune responses, including consultation with a qualified specialist, to assess whether a protective immune response was mounted *[see Use in Specific Populations (8.1)]*.

בסעיף 7 Drug Interactions נוסף המידע הבא:

7.2 Vaccinations

A Phase 3b randomized, open-label study examined the concomitant use of Ocrevus and several non-live vaccines in adults 18-55 years of age with relapsing forms of MS (68 subjects undergoing treatment with Ocrevus at the time of vaccination and 34 subjects not undergoing treatment with Ocrevus at the time of vaccination). Concomitant exposure to Ocrevus attenuated antibody responses to tetanus toxoid-containing vaccine, pneumococcal polysaccharide, pneumococcal conjugate vaccines, and seasonal inactivated influenza vaccines. The impact of the observed attenuation on vaccine effectiveness in this patient population is unknown. The safety and effectiveness of live or live-attenuated vaccines administered concomitantly with Ocrevus have not been assessed *[see Warnings and Precautions (5.2)]*.

בסעיף 8 Use in Specific Populations עודכן המידע הבא:

8.1 Pregnancy

Risk Summary

Ocrevus is a humanized monoclonal antibody of an immunoglobulin G1 subtype and immunoglobulins are known to cross the placental barrier. There are no adequate data on the developmental risk associated with use of Ocrevus in pregnant women. ~~There are no data on B-cell levels in human neonates following maternal exposure to Ocrevus.~~ However, transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 antibodies during pregnancy. B-cell levels in infants following maternal exposure to Ocrevus have not been studied in clinical trials. The potential duration of B-cell depletion in such infants, and the impact of B-cell depletion on vaccine safety and effectiveness, is unknown *[see Warnings and Precautions (5.2)]*. ~~Ocrevus is a humanized monoclonal antibody of an immunoglobulin G1 subtype and immunoglobulins are known to cross the placental barrier.~~ Following administration of ocrelizumab to pregnant monkeys at doses similar to or greater than those used clinically, increased perinatal mortality, depletion of B-cell populations, renal, bone marrow, and testicular toxicity were observed in the offspring in the absence of maternal toxicity *[see Data]*.