

ברצוננו להודיעך על אישורה של תוספת התוויה לתכשיר:

Soliris®

סוליריס®

Active ingredient:

חומר פעיל:

Eculizumab**אקוליזומאב**

10 mg/ml concentrate for solution for infusion
 300 mg/30 ml vial

10 מ"ג/מ"ל תמיסה מרוכזת להכנת תמיסה לאינפוזיה
 בקבוקון המכיל 300 מ"ג/30 מ"ל

להלן נוסח ההתוויה החדש המאושר לתכשיר:

Soliris is indicated for the treatment of patients with:

- Paroxysmal nocturnal haemoglobinuria (PNH).

Evidence of clinical benefit is demonstrated in patients with haemolysis with clinical symptom(s) indicative of high disease activity, regardless of transfusion history. Eculizumab has not been studied in clinical trials in patients with PNH below 11 years of age.

- Atypical haemolytic uremic syndrome (aHUS).

Soliris is indicated in adults for the treatment of:

Refractory generalized myasthenia gravis (gMG) in patients who are anti-acetylcholine receptor (AChR) antibody-positive.

• העלון לרופא של התכשיר עודכן בינואר 2019.

• בהודעה זו מצוינים השינויים המהווים החמרה/עדכון מהותי. בעלון שינויים נוספים שאינם החמרה/עדכון מהותי.

• טקסט שהתווסף מסומן בקו תחתי, טקסט שהוסר מסומן בקו חוצה.

העדכונים העיקריים בעלון לרופא נעשו בסעיפים הבאים:

3. PHARMACEUTICAL FORM

Concentrate for solution for infusion.

Clear, colorless, pH 7.0 solution.

Patient safety information card

The marketing of Soliris is subject to a risk management plan (RMP) including a 'Patient safety information card'. The 'Patient safety information card', emphasizes important safety information that the patient should be aware of before and during treatment.

Please explain to the patient the need to review the card before starting treatment.

4.2 Posology and method of administration

Soliris must be administered by a healthcare professional and under the supervision of a physician experienced in the management of patients with haematological ~~and/or~~, renal or neuromuscular disorders.

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4.4 Special warnings and precautions for use

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Meningococcal Infection

... Vaccination may further activate complement. As a result, patients with complement-mediated diseases, including PNH, aHUS and ~~aHUS~~ refractory gMG, may experience increased signs and symptoms of their underlying disease,

such as haemolysis (PNH) ~~or~~, TMA (aHUS) or MG exacerbation (refractory gMG). Therefore, patients should be closely monitored for disease symptoms after recommended vaccination.

... Sepsis is a common presentation of meningococcal infections in patients treated with Soliris (see section 4.8).

Other Systemic Infections

Due to its mechanism of action, Soliris therapy should be administered with caution to patients with active systemic infections. Patients may have increased susceptibility to infections, especially with Neisseria and encapsulated bacteria. Serious infections with Neisseria species (other than Neisseria meningitidis), including disseminated gonococcal infections, have been reported.

Patients should be provided with information to increase their awareness of potential serious infections and the signs and symptoms of them. Physicians should advise patients about gonorrhoea prevention.

Immunosuppressant and anticholinesterase therapies

... When immunosuppressant and anticholinesterase therapies are decreased or discontinued, patients should be monitored closely for signs of disease exacerbation.

Treatment discontinuation for refractory gMG:

Use of Soliris in refractory gMG treatment has been studied only in the setting of chronic administration. Patients that discontinue Soliris treatment should be carefully monitored for signs and symptoms of deterioration of disease.

4.5 Interaction with other medicinal products and other forms of interaction

... Chronic intravenous human immunoglobulin (IVIg) treatment may interfere with the endosomal neonatal Fc receptor (FcRn) recycling mechanism of monoclonal antibodies such as eculizumab and thereby decrease serum eculizumab concentrations. Drug interaction studies have not been conducted with eculizumab in patients treated with IVIg.

4.6 Fertility, pregnancy and lactation

Pregnancy

~~For Soliris, no clinical data on exposed pregnancies are available.~~

There are no well-controlled studies in pregnant women treated with eculizumab. Data on a limited number of pregnancies exposed to eculizumab (less than 300 pregnancy outcomes) indicate there is no increased risk of foetal malformation or foetal-neonatal toxicity. However, due to the lack of well-controlled studies, uncertainties remain. Therefore, an individual risk benefit analysis is recommended before starting and during treatment with eculizumab in pregnant women. Should such a treatment be considered necessary during pregnancy, a close maternal and foetal monitoring according to local guidelines is recommended.

4.8 Undesirable effects

Table 1: Adverse Reactions reported in 1,284-1,407 patients included in overall eculizumab clinical trials, including ~~PNH and aHUS~~ patients with PNH, aHUS, and refractory gMG as well as from postmarketing experience

| MedDRA System Organ Class | Very Common (≥1/10) | Common (≥1/100 to <1/10) | Uncommon (≥1/1,000 to <1/100) | Rare (≥1/10,000 to <1/1,000) |
|---|---------------------|--------------------------|--|---|
| Infection and infestations | | <u>Oral Herpes</u> | <u>Lower respiratory tract infection, Oral Herpes,</u> | Lower respiratory tract infection, |
| Reproductive system and breast disorders | | | <u>Menstrual disorder</u> | Menstrual disorder |
| Injury, poisoning and procedural complication | | | <u>Infusion related reaction</u> | Infusion-related reaction |

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Description of selected adverse reactions

In all clinical studies, including PNH and aHUS clinical trials, the most serious adverse reaction was meningococcal **septicaemia** sepsis which is a common presentation of meningococcal infections in patients treated with Soliris (see section 4.4).

Other cases of *Neisseria* species have been reported including sepsis with *Neisseria gonorrhoeae*, *Neisseria sicca/subflava*, *Neisseria spp* unspecified.

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- העלון המעודכן לרופא נשלח למשרד הבריאות לצורך העלאתו למאגר התרופות שבאתר משרד הבריאות.
- ניתן לקבל עלון זה מודפס על ידי פניה ישירה לבעל הרישום:
אלקסיון פארמה ישראל בע"מ, רח' השילוח 6, ת.ד. 7063, פתח תקווה 4917001, טלפון: 03-9373753.

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