

רופא/ה, רוקח/ת נכבד/ה,
שלום רב,

הנדון: עדכון בטיחות בעליוני התכשיר

Adakveo 10mg/ml, Concentrate for solution for infusion

אדקביו 10 מ"ג/מ"ל, תמיישה מרכזית להכנת תמיישה לעירוי

חברת נוברטיס ישראל בע"מ מבקשת להודיע על עדכון בטיחות בעליוני לרופא ולצורך של התכשיר.

התכשיר בבדיקה מתוויה להטוויה הבהא:

ADAQVEO is indicated to reduce the frequency of vasoocclusive crises (VOCs) in adults and pediatric patients aged 16 years and older with sickle cell disease.

המרכיב הפעיל:

CRIZANLIZUMAB 10 MG/ML

בהתשובה זו מפורטים העדכונים המהותיים בלבד (ללא שינוי נסוח, עריכה, אדרמיניסטרציה וכו'). למידע מלא על התרופה יש לעיין בעליון לרופא ובעלון לצריך העדכוניים של התכשיר.

(טקסט שנוסף מסומן **בצבע אדום** עם קו תחתוי, טקסט שהוסר מסומן **בצבע אדום** ובקו חציה, שינויים אשר מהווים החמרה מסומנים **ברקע צהוב**).

העלון לרופא והעלון לצריך נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על-ידי פניה לבעל הרישום נוברטיס ישראל בע"מ.

בברכה,
מרינה רוזנפלד
רוקחת ממונה
nobertis israel בע"מ

8 WARNINGS AND PRECAUTIONS

8.2 Infusion-Related Reactions

In the SUSTAIN clinical trial, infusion-related reactions (IRRs) (defined as occurring during/within 24 hours of infusion) were observed in 2 (3%) patients treated with ADAKVEO 5 mg/kg [*see Adverse Reactions (9.1)*].

In the STAND clinical trial, IRRs were observed in 6 (7%) patients treated with ADAKVEO 5 mg/kg.

IRRs presented most frequently as In the postmarketing setting, cases of infusion related reactions, including severe pain events, nausea, vomiting, fatigue, dizziness, pruritis, diarrhea, and pyrexia. Some IRRs have been reported, which required hospitalizations. The majority of these IRRs infusion related reactions occurred during the first and second infusions. The management of pain events has included acetaminophen, NSAIDs, opioids, antihistamines, intravenous fluids, and/or oxygen therapy. Some patients have also experienced subsequent complications, such as acute chest syndrome and fat embolism, particularly those treated with steroids.

Monitor for and advise patients of to report signs and symptoms of IRRs infusion related reactions, which may include pain in various locations, headache, fever, chills, nausea, vomiting, diarrhea, fatigue, dizziness, pruritus, urticaria, sweating, shortness of breath or wheezing.

Discontinue ADAKVEO infusion for severe infusion related reactions IRRs and institute appropriate medical care [*see Dosage and Administration (5.3)*].

For management recommendations of a mild or moderate infusion-related reaction [*see Dosage and Administration (5.3)*].

Exercise caution with corticosteroids in patients with sickle cell disease unless clinically indicated (e.g., treatment of anaphylaxis). Use of corticosteroids may increase the risk of complications such as acute chest syndrome and fat embolism.

Infusion-Related Reactions and Vaso-occlusive Crises

Infusion-related reactions are sometimes indistinguishable from vaso-occlusive crisis (VOC) events. IRRs and VOCs may occur concomitantly and/or VOCs may occur as a consequence of an IRR.

9 ADVERSE REACTIONS

9.1 Clinical Trials Experience

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נווֹרְבָּטִיס יִשְׂרָאֵל בָּעֵמָה
רֹחֵי תּוֹצְרֵת הָאָרֶץ 6
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03-9201123 :טלפון

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Sickle Cell Disease

SUSTAIN Trial

The safety of ADAKVEO was evaluated in the SUSTAIN trial [see Clinical Studies (15)]. Eligible patients were diagnosed with sickle cell disease (any genotype, including HbSS, HbSC, HbS beta⁰-thalassemia, HbS beta⁺-thalassemia, and others). Patients received ADAKVEO 5 mg/kg (N = 66) or 2.5 mg/kg (N = 64) or placebo (N = 62) administered by intravenous infusion on Week 0, Week 2, and every 4 weeks thereafter. The safety evaluation below is limited to the patients who received the recommended dose of 5 mg/kg.

Among the 66 patients that received the recommended dose (5 mg/kg), 83% were exposed for 6 months or longer and 61% were exposed for approximately one year; forty-two (64%) patients were treated with ADAKVEO in combination with hydroxyurea.

Serious adverse reactions were reported in 2 patients (3%) treated with ADAKVEO 5 mg/kg; both reactions were pyrexia.

Two deaths (3%) occurred in the ADAKVEO 5 mg/kg treatment group. None of the deaths were considered to be related to ADAKVEO.

The most common adverse reactions ($\geq 10\%$) were nausea, arthralgia, nausea, back pain, abdominal pain, and pyrexia. ~~These adverse reactions, along with myalgia, musculoskeletal chest pain, and diarrhea, may be signs and symptoms of an infusion-related reaction when observed during/within 24 hours of an infusion [see Warnings and Precautions (8.1)].~~

Table 2 summarizes the adverse reactions in the SUSTAIN trial.

Table 2: Adverse Reactions ($\geq 10\%$) in Patients Receiving ADAKVEO With a Difference Between Arms of $> 3\%$ Compared to Placebo in SUSTAIN

Adverse Reactions	ADAKVEO 5 mg/kg N = 66 n(%)		Placebo N = 62 n(%)	
	All Grades (%)	Grade ≥ 3 (%)	All Grades (%)	Grade ≥ 3 (%)
Gastrointestinal Disorders				
Arthralgia	<u>18</u>	<u>2</u>	<u>8</u>	<u>2</u>
Nausea	<u>12</u> (18)	0	<u>7</u> (11)	<u>1</u> (2)
Back pain	<u>15</u>	<u>0</u>	<u>11</u>	<u>0</u>
Abdominal pain ^a	<u>8</u> (12)	0	<u>3</u> (5)	0
Musculoskeletal and Connective Tissue Disorders				
Arthralgia	<u>12</u> (18)	<u>1</u> (2)	<u>5</u> (8)	<u>1</u> (2)
Back pain	<u>10</u> (15)	0	<u>7</u> (11)	0
General Disorders and Administration Site Conditions				
Pyrexia	<u>7</u> (11)	<u>11</u> (2)	<u>4</u> (7)	0
Diarrhea	<u>11</u>	<u>0</u>	<u>3</u>	<u>2</u>

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רֹחֵי תּוֹצְרֵת הָאָרֶץ 6

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Clinically relevant adverse reactions (all Grades) that were reported in less than 10% of patients treated with ADAKVEO included: oropharyngeal pain, **diarrhea**, vomiting, pruritus (pruritus and vulvovaginal pruritus), musculoskeletal chest pain, myalgia, infusion-site reaction (infusion-site extravasation, infusion-site pain, and infusion-site swelling), and infusion-related reaction.

9.2 Immunogenicity

~~As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other erizanlizumab products may be misleading.~~

~~The immunogenicity of ADAKVEO was evaluated using a validated bridging immunoassay for the detection of binding anti-erizanlizumab antibodies. In a single arm, open label multiple dose study, 0 of the 45 patients with sickle cell disease treated with ADAKVEO 5 mg/kg tested positive for treatment induced anti-erizanlizumab antibodies. In a single dose study of healthy subjects, 1 of the 61 (1.6%) evaluable subjects tested positive for a treatment induced anti-erizanlizumab antibodies.~~

9.3 postmarketing Experience

~~The following adverse reactions have been identified during postapproval use of ADAKVEO. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.~~

~~**General Disorders and Administration-site Conditions:** Pain (in various locations) occurring during/within 24 hours of the infusion (e.g., potential infusion-related reaction) [see Warnings and Precautions (8.1)].~~

STAND Trial

~~The safety of ADAKVEO was also evaluated in the STAND trial [see Clinical Studies (14.1)]. Eligible patients were diagnosed with sickle cell disease (any genotype, including HbSS, HbSC, HbS beta⁰-thalassemia, HbS beta⁺-thalassemia, and others). Patients received ADAKVEO 5 mg/kg (N = 84) or 7.5 mg/kg (N = 83) or placebo (N = 85) administered by intravenous infusion on Week 0, Week 2, and every 4 weeks thereafter. The safety evaluation below is limited to the patients who received the recommended dose of 5 mg/kg.~~

~~Among the 84 patients that received the recommended dose (5 mg/kg), 93% were exposed for approximately 6 months or longer and 88% were exposed for approximately one year; sixty-two (74%) patients were treated with ADAKVEO in combination with hydroxyurea.~~

~~Serious adverse reactions were reported in 2 patients (2%) treated with ADAKVEO 5 mg/kg and this reaction was pain. The most common adverse reactions (> 10%) were headache, nausea, fatigue, vomiting, and oropharyngeal pain.~~

Table 3: Adverse Reactions (≥ 10%) in Patients Receiving ADAKVEO With a Difference Between Arms of > 3% Compared to Placebo in STAND

Adverse Reactions	ADAKVEO 5 mg/kg		Placebo	
	N = 84		N = 85	
	All Grades %	Grade ≥ 3 %	All Grades %	Grade ≥ 3 %
Headache	25	1	19	0
Nausea	17	0	9	0
Fatigue ^a	13	0	8	0
Vomiting	10	0	5	0
Oropharyngeal pain	10	0	4	0

^aFatigue includes asthenia and malaise.

Clinically relevant adverse reactions (all Grades) that were reported in less than 10% of patients treated with ADAKVEO or events having a difference of less than 3% between ADAKVEO treatment arms and placebo included: diarrhea, pruritus, dizziness, infusion-related reaction, infusion-site reaction.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form

<https://sideeffects.health.gov.il/>

And to Novartis using the following email address: Safetydest.israel@novartis.com

11 USE IN SPECIFIC POPULATIONS

11.4 Geriatric Use

There were no ADAKVEO-treated patients 65 years of age and older in the clinical studies for sickle cell disease [see Clinical Studies (15)]. Clinical studies of ADAKVEO did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

2 13 CLINICAL PHARMACOLOGY

13.4 Immunogenicity

The observed incidence of anti-drug antibodies is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the studies

described below with the incidence of anti-drug antibodies in other studies, including those of ADAKVEO or of other crizanlizumab products.

The immunogenicity of ADAKVEO was evaluated using a validated bridging immunoassay for the detection of binding anti-crizanlizumab antibodies. In a single arm, open label multiple dose study, 0 of the 45 patients with sickle cell disease treated with ADAKVEO 5 mg/kg tested positive for treatment-induced anti-crizanlizumab antibodies.

In a single-dose study of healthy subjects, 1 of the 61 (1.6%) evaluable subjects tested positive for a treatment-induced anti- crizanlizumab antibodies.

No treatment induced anti-crizanlizumab antibodies were detected (0 of 84 patients) in a Phase 3 study at 5 mg/kg over the 52 week time period (samples collected at baseline, Weeks 3, 15, 19, 27, and 51). Therefore, no significant effect on pharmacokinetics or pharmacodynamics has been observed or is expected.

15 CLINICAL STUDIES

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STAND

The efficacy of two doses of ADAKVEO, with or without HU/HC, was evaluated, but not established, in the STAND trial [NCT03814746], a randomized, placebo-controlled, double-blind, multicenter clinical study in adolescent and adult sickle cell disease patients with a history of VOCs. The efficacy results of STAND study are summarized in Table 7 below.

In this study, VOC was defined as a pain crisis (acute onset of pain for which there is no other medically determined explanation other than vaso-occlusion) which requires therapy with oral or parenteral opioids or parenteral NSAID. Acute chest syndrome (ACS), priapism and hepatic or splenic sequestration were considered VOCs in this study.

A total of 252 sickle cell disease patients were randomized to the study, 85 in placebo arm, 84 in ADAKVEO 5 mg/kg arm and 83 in ADAKVEO 7.5 mg/kg arm. The 7.5 mg/kg ADAKVEO dose is not approved and is not recommended for use. Demographic and other baseline characteristics were similar among the treatment groups (see Table 6).

Table 6: Demographics and Baseline Characteristics in STAND Study

	<u>ADAKVEO 5 mg/kg (N = 84)</u>	<u>Placebo (N = 85)</u>
Age (years)		
Median	<u>24</u>	<u>25</u>
Range	<u>12, 64</u>	<u>12, 68</u>
Gender, n (%)		
Female	<u>45 (54%)</u>	<u>49 (58%)</u>
Male	<u>39 (46%)</u>	<u>36 (42%)</u>
Race, n (%)		
Black or African American	<u>46 (55%)</u>	<u>43 (51%)</u>
White	<u>27 (32%)</u>	<u>26 (31%)</u>
Asian	<u>6 (7%)</u>	<u>6 (7%)</u>
Other	<u>5 (6%)</u>	<u>10 (12%)</u>

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נווֹרְטִיסִ אִישָׁרָאֵל בָּעֵמָה

רֹחֵי תּוֹצְרֵת הָאָרֶץ 6
תַּדָּ 7126 תַּל אָבִיב
03-9201123 : טַלְפָנוּ

	<u>ADAKVEO 5 mg/kg (N = 84)</u>	<u>Placebo (N = 85)</u>
<u>Genotype, n (%)</u>		
HbSS	<u>58 (69%)</u>	<u>58 (68%)</u>
HbSC	<u>11 (13%)</u>	<u>12 (14%)</u>
HbS/beta ⁺ - thalassemia	<u>8 (10%)</u>	<u>8 (9%)</u>
HbS/beta ⁰ - thalassemia	<u>5 (6%)</u>	<u>6 (7%)</u>
Other	<u>2 (2%)</u>	<u>1 (1%)</u>
<u>Ethnicity, n (%)</u>		
Not Hispanic or Latino	<u>54 (64%)</u>	<u>57 (67%)</u>
Hispanic or Latino	<u>22 (26%)</u>	<u>18 (21%)</u>
Other (not reported/unknown)	<u>8 (10%)</u>	<u>10 (12%)</u>
<u>Hydroxyurea use, n (%)</u>		
Yes	<u>62 (74%)</u>	<u>61 (72%)</u>
No	<u>20 (24%)</u>	<u>23 (27%)</u>
Missing	<u>2 (2%)</u>	<u>1 (1%)</u>
<u>Number of VOC leading to healthcare visit in the last 12 months, n (%)</u>		
< 5	<u>62 (74%)</u>	<u>58 (68%)</u>
≥ 5	<u>21 (25%)</u>	<u>27 (32%)</u>
Missing	<u>1 (1%)</u>	<u>0</u>

The percentages for subgroups of race and genotype do not add up to 100% due to rounding to 1 decimal place. The results of the efficacy analysis did not confirm the statistical superiority of ADAKVEO over placebo in reducing VOCs leading to a healthcare visit over the first-year post randomization.

Table 7: Efficacy Results From STAND Trial in Sickle Cell Disease

<u>Treatment</u>	<u>n</u>	<u>Adjusted Annualized Rate of VOC</u>	<u>Between-Treatment Comparison</u>			
			<u>(95% CI)</u>	<u>Comparison</u>	<u>Rates Ratio</u>	<u>(95% CI)</u>
<u>ADAKVEO 5 mg/kg</u>	<u>84</u>	<u>2.49</u>	<u>(1.90, 3.26)</u>	<u>vs Placebo</u>	<u>1.08</u>	<u>(0.76, 1.55)*</u>
<u>Placebo</u>	<u>85</u>	<u>2.30</u>	<u>(1.75, 3.01)</u>			

n: Total number of participants included in the analysis.

Obtained from fitting a negative binomial regression model with treatment and randomization stratification factors (baseline VOC and HU/HC) as covariates. The natural log of the observation period was used as offset.

*The 95% CI includes 1, which indicates that the result is not statistically significant.

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Revised in July 2024 Nov 2022 according to MOHs guidelines.

העדכוניים בעלין לצרכן:

2. לפני השימוש בתרופה

ازהרות מיוחדות הנוגעות לשימוש בתרופה

לפני הטיפול באדקבאו דוח לרופא על מצבך הרפואי, לרבות אם את בהירון או מניקה.

אדקבאו עלולה לגרום לתופעות לוואי חמורות, לרבות:

- **תגובהות הקשורות לעירוי.** תגובהות הקשורות לעירוי עלולות להופיע במהלך או לאחר אדקבאו. **תגובהות הקשורות לעירוי עלולות לגרום לכך** **באזוריים שונים של הגוף שלך.**

הרופא עשוי להआט, להפסיק באופן זמני או להפסיק לחלוטין את העירוי של אדקבאו אם אתה סובל מתגובהה הקשורה לעירוי. יתכן כי תמשיך לקבל אדקבאו בקצב עירוי איטי יותר והרופא עשוי לתת לך תרופות מסויימות לפני העירוי על מנת להפחית את הסיכון לפתח תגובה הקשורה לעירוי. הרופא צריך לעקוב אחריך לזמן סימנים ותסמינים של תגובה הקשורה לעירוי ולטיפול בתסמינים לפני הצור.

- **דוח לרופא מיד אם תפתח אחד מהסימנים או התסמינים של תגובה הקשורה לעירוי המוזכרים מטה:**

- כאב **באזורים אזוריים** **שונים של הגוף שלך**
- כאב ראש
- חום
- צמרמות או רעד
- בחילות
- הקאות
- שלשול
- עייפות
- סחרורת
- הזעה
- סרפת
- גרד
- קוצר נשימה או צפיפות

הירון והנקה

הירון

עליך לדוח לרופא אם את בהירון או מתכונת להרות. אדקבאו עלולה לפגוע בעובר. **הרופא ישקוט את התעלת מול הסיכון לשוער נטלייך בהתאם.** **דברי עם הרופא שלך לגבי סיכון אפשרי לעובר אם את לוקחת אדקבאו במהלך ההירון.**

4. תופעות לוואי

כמו בכל תרופה, השימוש באדקבאו עלול לגרום לתופעות לוואי בחלק מהמשתמשים. אל תibern למקרא רשות תופעות הללו. יתכן שלא תסבול מכך אחת מהן.

אדקבאו עלולה לגרום לתופעות לוואי חמורות הקשורות לתגובה לעירוי. **דוח לרופא מיד אם תפתח אחד מהסימנים או התסמינים הבאים של תגובה הקשורה לעירוי** (ראה פרק 2 סעיף "ازהרות מיוחדות הנוגעות לשימוש בתרופה"):

- **כאב **באזורים אזוריים** **שונים של הגוף שלך****
- **כאב ראש**

- חום
- צמרמורת או רעד
- בחלות
- הקאות
- שלשול
- עייפות
- סחרחות
- הדעה
- סרפדת
- גרד
- קוצר נשימה או צפופים

תופעות הלואי השכיחות ביותר של אדקבאו כוללות:

- כאב ראש
- בחלות
- כאב מפרקים
- בחלות
-
- כאב גב
- עייפות
- כאב או רגשות באזור הבطن כאב בבטן
- חום
- שלשול
- הקאות
- כאב גרון (כאב בלוע הפומי (אורופרינגיאל))

תופעות לוואי נוספות כוללות:

- כאב גרון (כאב בלוע הפומי (אורופרינגיאל))
- שלשול
- הקאות
- גרד (לרובות גרד בנוրטיק ו/או בפונות)
- כאב בשירים או בעצמות של החזה (כאב מוסקולוסקלטלי בחזה)
- כאבי שרירים (מיאלגיה)
- אודם או נפיחות וכאב באזור מתן העירוי
- סחרחות

אם הופיעה תופעת לוואי, אם אחת מתופעות הלואי מחמירה או כאשר אתה סובל מטופעת לוואי שלא צינה בעlion, עליך להתייעץ עם הרופא.

ניתן לדוח על תופעות לוואי למשרד הבריאות באמצעות לוחית על הקישור "דיווח על תופעות לוואי עקב טיפול רפואי" שנמצא בדף הבית של משרד הבריאות (www.health.gov.il) המפנה לטופס המukanן לדוח על תופעות לוואי, או ע"י כניסה לקישור: <https://sideeffects.health.gov.il/>
בנוסף ניתן לדוח לחברת נוברטיס באמצעות כתובת הדואר האלקטרוני הבאה:
safetydesk.israel@novartis.com

נערך ב**יולי 2024** פברואר 2022 בהתאם להנחיות משרד הבריאות