

הנדון:

Benlysta I.V. 120 mg

מ"ג

מ"ג

Benlysta I.V. 400 mg

בנליסטה תוך-ורידי 400

בנליסטה תוך-ורידי 120

Powder for concentrate for solution for infusion

אבקה להכנת תמיסה מרוכזת להכנת תמיסה לעירוי

<u>מרכיבים פעילים וחוזקם:</u>

Belimumab 120 MG Belimumab 400 MG

> רופא/ה נכבד/ה רוקח/ת נכבד/ה,

חברת גלקסוסמיתקליין ישראל בע"מ (GSK) מבקשת להודיע על עדכון מידע בעלונים לצרכן ולרופא של התכשירים שבנדון.

<u>ההתוויה הרשומה לתכשירים בישראל:</u>

Benlysta is indicated as add-on therapy in patients aged 5 years and older with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g., positive anti-dsDNA and low complement) despite standard therapy.

Benlysta is indicated in combination with background immunosuppressive therapies for the treatment of adult patients with active lupus nephritis.

בהודעה זו מצויינים העדכונים המהותיים בלבד. מקרא לעדכונים המסומנים:

 $\times \times \times$ תוספת – כתב **כחול**; תוספת החמרה – כתב אדום מסומן בצהוב; מידע שהוסר – מסומן בקו כחול חוצה

## עדכונים מהותיים שנעשו בעלון לצרכן:

# 4. תופעות לוואי

(...)

תופעות לוואי נוספות:

תופעות לוואי שכיחות מאוד

אלה עלולות להופיע ב- **יותר מ 1 מתוך 10** אנשים:

- (ראה פסקה "זיהומים" לעיל)
  - בחילה, שלשול

## תופעות לוואי שכיחות

אלה עלולות להופיע ב- עד 1 מכל 10 אנשים:

(...)

פריחה <mark>בולטת</mark> גבשושית ומגרדת (חרלת), פריחה בעור.

(...)

• בחילה, שלשול

## <del>תופעות לוואי שאינן שכיחות</del>

אלה עלולות להופיע ב- עד 1מתוך 100 אנשים:

• פריחה בולטת ומגרדת (חרלת), פריחה בעור

#### 4.4 Special warnings and precautions for use

(...)

# Progressive multifocal leukoencephalopathy

Progressive multifocal leukoencephalopathy (PML) has been reported with Benlysta treatment for SLE. Physicians should be particularly alert to symptoms suggestive of PML that patients may not notice (e.g., cognitive, neurological or psychiatric symptoms or signs). Patients should be monitored for any of these new or worsening symptoms or signs, and if such symptoms/signs occur, referral to a neurologist and appropriate diagnostic measures for PML should be considered as clinically indicated. If PML is suspected, immunosuppressant therapy, including Benlysta further dosing, must be suspended until PML has been excluded. If PML is confirmed, immunosuppressant therapy, including belimumab, must be discontinued.

#### 4.8 Undesirable effects

## Summary of the safety profile in adults

The safety of belimumab in patients with SLE has been evaluated in 3-three pre-registration placebo-controlled intravenous studies, and one subsequent regional placebo-controlled intravenous study, one 1 placebo-controlled subcutaneous study, and one two post-marketing placebo-controlled intravenous studies; the safety in patients with active lupus nephritis has been evaluated in one placebo-controlled intravenous study.

The data presented in the table below reflect exposure in 674 patients from the three pre-registration clinical studies and 470 patients in the subsequent placebo-controlled study with SLE administered Benlysta intravenously (10 mg/kg over a 1-hour period on Days 0, 14, 28, and then every 28 days for up to 52 weeks), and 556 patients with SLE exposed to Benlysta subcutaneously (200 mg once weekly up to 52 weeks).

**(...)** 

Adverse reactions were reported in  $\frac{87}{84}$ % of Benlysta treated patients and  $\frac{90}{87}$ % of placebo-treated patients. The most frequently reported adverse reaction (≥5% of patients with SLE treated with Benlysta plus standard of care and at a rate  $\geq 1\%$  greater than placebo) was nasopharyngitis were viral upper respiratory tract infections, bronchitis, and diarrhoea. The proportion of patients who discontinued treatment due to adverse reactions was 7% for Benlystatreated patients and 8% for placebo-treated patients.

# (...) Tabulated list of adverse reactions

System organ class	Frequency	Adverse reaction(s)
Gastrointestinal disorders	Very common Common	Diarrhoea, nausea
Skin and subcutaneous tissue disorders	Common	Injection site reactions <sup>3</sup> , urticaria, rash
	Uncommon	Angioedema <del>, urticaria, rash</del>

<sup>(...)</sup> <sup>2</sup> 'Hypersensitivity reactions' covers a group of terms, including anaphylaxis, and can manifest as a range of symptoms including hypotension, angioedema, urticaria or other rash, pruritus, and dyspnoea. 'Infusion or injection -related systemic reactions' covers a group of terms and can manifest as a range of symptoms including bradycardia, myalgia, headache, rash, urticaria, pyrexia, hypotension, hypertension, dizziness, and arthralgia. Due to overlap in signs and symptoms, it is not possible to distinguish between hypersensitivity reactions and infusion or injection -related systemic reactions in all cases.

<sup>&</sup>lt;sup>3</sup> Applies to subcutaneous formulation only.

# Description of selected adverse reactions

Data presented below are pooled from the three pre-registration intravenous clinical studies (10 mg/kg intravenous dose only) and the subcutaneous clinical study. 'Infections' and 'Psychiatric disorders' also include data from a post-marketing study.

למידע נוסף יש לעיין בעלונים המעודכנים. העלונים המעודכנים נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות: <u>מאגר התרופות (health.gov.il)</u> וניתן לקבלם מודפסים על-ידי פניה לחברת גלקסוסמיתקליין רח' בזל 25 פתח-תקוה בטלפון: 03-9297100

> בברכה, ענבל גבע דותן רוקחת ממונה