Paxene

Procedural steps taken and scientific information after the authorisation
Changes made after 30/11/2004

For procedures finalised before 30/11/2004, please refer to module 8A

MAJOR CHANGES[1]

No	Scope	Opinion issued on	Commission Decision Issued/ amended on	Product Information affected[2]	Summary
R/0047	Renewal of the Marketing Authorisation	23/04/2009	14/07/2009	SPC, Annex II, Labelling, PL	Based on the CHMP review of the available information and on the basis of the re-evaluation of the benefit risk balance, the CHMP is of the opinion that the quality, safety and efficacy of this medicinal product continues to be adequately and sufficiently demonstrated and therefore considered that the benefit risk profile of Paxene continues to be favourable. The CHMP is also of the opinion that the renewal can be granted with unlimited validity. PSURs will now be submitted every 3 years.
II/0042	Update of Summary of Product Characteristics and Package Leaflet	24/04/2008	19/06/2008	SPC, PL	This type II variation concerns an update of section 4.5 of the SPC, upon request by CHMP following the assessment of the 10th PSUR, to add information about an interaction with doxorubicin. The Package Leaflet has been revised accordingly. In addition, the MAH took the opportunity to implement some minor editorial changes in the SPC. Since elimination of doxorubicin and its active metabolites may be reduced when paclitaxel and doxorubicin are used in combination, paclitaxel should be administered 24 hours after doxorubicin.
II/0037	Quality changes	26/04/2007	07/05/2007		
II/0035	Update of Summary of Product Characteristics and Package Leaflet	16/11/2006	24/01/2007	SPC, PL	The Marketing Authorisation Holder applied for a type II variation, upon request by the CHMP following the assessment of the 8th and 9th PSURs, to add the ADR "lung fibrosis" to section 4.8 of the SPC. The Package Leaflet has been updated accordingly. In addition, the Marketing Authorisation Holder took the opportunity to update the list of local representatives in the Package Leaflet with the contact details

[1] Major changes e.g. Type II variations, Annex II applications, Renewals and Annual Reassessments
[2] SPC (Summary of Product Characteristics), Annex II, Labelling, PL (Package Leaflet)

No	Scope	Opinion issued on	Commission Decision Issued/ amended on	Product Information affected[2]	Summary
					for Bulgaria and Romania.
II/0034	Update of Summary of Product Characteristics and Package Leaflet	15/09/2005	25/10/2005	SPC, PL	The MAH applied, following a request from CHMP, for a variation to harmonise sections 4.2, 4.4 and 4.5 of the SPC and corresponding sections of the PL with that of Taxol (paclitaxel). With reference to sections 4.2 and 4.4, it has been highlighted that patients with hepatic impairment may be at increased risk of toxicity, particularly Grade 3-4 myelosuppression. There is no evidence that the toxicity of paclitaxel is increased when given as a 3-hour infusion to patients with mildly abnormal liver function. When given as a longer infusion, increased myelosuppression may be seen in patients with moderate to severe hepatic impairment. Patients should be closely monitored for the development of profound myelosuppression. Adequate data are not available to recommend dosage alterations in patients with mild to moderate hepatic impairments. No data are available for patients with severe baseline cholestasis. Patients with severe hepatic impairment should not be treated with paclitaxel. With reference to section 4.5, gemfibrozil has been added to the list of drugs known to inhibit cytochrome P450 isoenzymes CYP 3A4 and 2C8 and phenobarbital to the list of drugs known to induce these enzymes. Further, it is now highlighted that concurrent administration of ketoconazole, a known potent inhibitor of CYP3A4, does not inhibit the elimination of paclitaxel in patients; thus, both medicinal products may be administered together without dosage adjustment. Further data on the potential of drug interactions between paclitaxel and other CYP3A4 substrates/inhibitors are limited.
II/0032	Change in or addition of manufacturer(s) of active substance	27/07/2005	08/08/2005		
II/0026	Extension of Indication	17/02/2005	20/04/2005	SPC, PL	The MAH applied for an extension of indication for the treatment of patients with non-small cell lung carcinoma (NSCLC) who are not candidates for potentially curative surgery and/or radiation therapy, in combination with cisplatin as first-line treatment.
II/0025	Extension of Indication	17/02/2005	20/04/2005	SPC, PL	The MAH applied for an extension of indication for the treatment of

No	Scope	Opinion issued on	Commission Decision Issued/ amended on	Product Information affected[2]	Summary
					patients with advanced carcinoma of the ovary (AOC) or with residual disease (> 1 cm) after initial laparotomy, in combination with cisplatin as first-line treatment.
II/0024	Quality changes	15/12/2004	03/01/2005		
II/0031	Quality changes	15/12/2004	20/12/2004		

MINOR CHANGES[3]

No	Scope	Product Information affected[2]	Date[4]
IA/0049	04_Change in name and/or address of a manuf. of the active substance (no Ph. Eur. cert. avail.)		04/03/2009
IA/0046	08_b_02_Change in BR/QC testing - repl./add. manuf. responsible for BR - incl. BC/testing	Annex II, PL	11/03/2008
IA/0045	09_Deletion of manufacturing site	Annex II	11/03/2008
IA/0044	09_Deletion of manufacturing site	Annex II	11/03/2008
IA/0039	05_Change in the name and/or address of a manufacturer of the finished product		18/12/2007
N/0038	Minor change in labelling or package leaflet not connected with the SPC (Art. 61.3 Notification)	PL	03/05/2007
IB/0028	42_a_02_Change in shelf-life of finished product - after first opening	SPC, Labelling, PL	20/12/2004

[3] Minor changes e.g. Type I variations and Notifications
[4] Date of entry into force of the change