ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Obgemsa 75 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 75 mg of vibegron.

Excipient with known effect

Each film-coated tablet contains 1.5 mg of lactose.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet (tablet).

Light green oval film-coated tablet, debossed with V75 on one side and plain on the other side. Tablet dimension is approximately 9 mm (length) x 4 mm (width) × 3 mm (height).

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Obgemsa is indicated in symptomatic treatment of adult patients with overactive bladder (OAB) syndrome.

4.2 Posology and method of administration

Posology

The recommended dose is 75 mg once daily.

Special populations

Renal impairment

No dose adjustment for vibegron is recommended for patients with mild, moderate, or severe renal impairment (15 mL/min < GFR < 90 mL/min and not requiring dialysis). Vibegron has not been studied in patients with end-stage renal disease (GFR < 15 mL/min with or without haemodialysis) and is therefore not recommended in these patients (see section 5.2).

Hepatic impairment

No dose adjustment for vibegron is recommended for patients with mild to moderate hepatic impairment (Child-Pugh A and B). Vibegron has not been studied in patients with severe hepatic impairment (Child-Pugh C) and is therefore not recommended in this patient population (see section 5.2).

Paediatric population

The safety and efficacy of vibegron in children below 18 years of age have not yet been established. No data are available.

Method of administration

Oral administration, with or without food. Swallow with a glass of water.

Obgemsa 75 mg film-coated tablets may also be crushed, mixed with a tablespoon (approximately 15 mL) of soft food (e.g. applesauce) and taken immediately with a glass of water.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Patients with bladder outlet obstruction and patients taking antimuscarinics medicinal products for OAB

Urinary retention has been reported in patients taking vibegron. The risk of urinary retention may be increased in patients with bladder outlet obstruction and also in patients taking muscarinic antagonist medicinal product concomitantly with vibegron treatment. Signs and symptoms of urinary retention should be monitored before and during the treatment with vibegron, particularly in patients with clinically significant bladder outlet obstruction, in patients with conditions predisposing for bladder outlet obstruction, and in patients taking muscarinic antagonist medicinal product concomitantly with vibegron.

Vibegron should be discontinued in patients who develop urinary retention.

Excipients

Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

This medicinal product contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially ‘sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

Vibegron is a substrate for cytochrome P450 (CYP) 3A4, multiple UGT enzymes and the efflux transporter P-glycoprotein (P-gp).

Medicinal products affecting the exposure of vibegron

CYP3A4/P-gp inhibitors

Vibegron exposure (AUC) was increased 2.1--and 1.6-fold in the presence of the strong and moderate inhibitor of CYP3A/P-gp ketoconazole and diltiazem, respectively, in healthy volunteers. No dose-adjustment is needed when vibegron is combined with strong and moderate inhibitors of CYP3A and/or P-gp.

CYP3A4/P-gp inducers

Vibegron AUC was not affected by repeat-dose administration of rifampicin, a strong inducer of CYP3A/P-gp, in healthy volunteers, while vibegron C_{max} was 86% higher. No dose adjustment is needed for vibegron when administered with CYP3A or P-gp inducers.

Effect of vibegron on other medicinal products.

A single dose of 100 mg vibegron increased C_{max} and AUC by 21% and 11%, respectively, of the P-gp substrate digoxin in healthy volunteers. Serum digoxin concentrations should be monitored and used for titration of the digoxin dose to obtain the desired clinical effect.
The potential for interaction with P-gp by vibegron should be considered when combined with sensitive P-gp substrates with narrow therapeutic index e.g. dabigatran etexilate, apixaban or rivaroxaban.

Vibegron is an inhibitor of OCT1 *in vitro*. This interaction has not been studied *in vivo* and the clinical relevance is currently unknown.

Pharmacodynamic interactions

Co-administration of vibegron with metoprolol, a representative beta-blocker, or amlodipine, a representative vasodilator, did not result in a clinically meaningful decrease or increase in systolic blood pressure (SBP) relative to metoprolol alone or amlodipine alone.

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Vibegron is not recommended in women of childbearing potential not using contraception.

Pregnancy

There are no or limited amount of data from the use of vibegron in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3).
Vibegron is not recommended during pregnancy. When pregnancy is planned or diagnosed, treatment with vibegron should be stopped and, if appropriate, alternative therapy should be started.

Breast-feeding

It is unknown whether vibegron/metabolites are excreted in human milk.
Available non-clinical data in animals have shown excretion of vibegron/metabolites in milk (see section 5.3).
A risk to the newborns/infants cannot be excluded.
Vibegron should not be used during breast-feeding.

Fertility

The effect of vibegron on human fertility has not been established. Studies in animals have not shown effects on female or male rat fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

Obgemsa has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most frequently reported adverse reactions include urinary tract infection (6.6%), headache (5.0%), diarrhoea (3.1%) and nausea (3.0%).

The frequency of adverse drug reactions that led to treatment discontinuation is 0.9%. The most common adverse reactions leading to treatment discontinuation are: headache (0.5%), constipation, diarrhoea, nausea and rash (0.2% each).

Tabulated list of adverse reactions

The table below reflects the adverse reactions observed with vibegron obtained from the phase 3 12-week study, phase 3 long-term extension study and post-marketing data.

The frequency of adverse reactions is defined as follows: 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); very rare (< 1/10 000) and not known (cannot be established from the available data).

Table 1: Adverse reactions reported for vibegron 75 mg

System organ class	Adverse reaction	Frequency
Infections and infestations	Urinary tract infection	Common
Nervous system disorders	Headache	Common
Vascular disorders	Hot flush	Uncommon
Gastrointestinal disorders	Constipation, Diarrhoea, Nausea	Common
Skin and subcutaneous tissue disorders	Rash[a]	Uncommon
Renal and urinary disorders	Urinary retention[b]	Uncommon
Investigations	Residual urine volume increased	Common

[a] includes rash pruritic and rash erythematous
[b] includes urinary straining

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. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

The cases of overdose have been reported in a dose range between 100 and 375 mg per day. All observed adverse events following the reported overdose were non-serious. The reported adverse events were gastrointestinal disorders, headache and dyspnoea.
In case of suspected overdose, treatment should be symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Urologicals, Drugs for urinary frequency and incontinence, ATC code: G04BD15.

Mechanism of action

Vibegron is a selective and potent human beta-3 adrenergic receptor agonist over β1-AR and β2-AR. Activation of the beta-3 adrenergic receptor located in the bladder detrusor muscle increases bladder capacity by relaxing the detrusor smooth muscle during bladder filling.

Clinical efficacy and safety

The efficacy of vibegron 75 mg was evaluated in a phase 3, 12-week, double-blind, randomised, placebo-controlled, and active-controlled trial (EMPOWUR) in OAB patients with symptoms of urgency and urinary frequency with or without urge urinary incontinence (UUI). Patients were randomised 5:5:4 to receive either vibegron 75 mg, placebo, or tolterodine ER 4 mg orally, once daily for 12 weeks. For study entry, patients had to have symptoms of OAB for at least 3 months with an average of 8 or more micturitions per day and at least 1 UUI per day, or an average of 8 or more micturitions per day and an average of at least 3 urgency episodes per day. UUI was defined as leakage of urine of any amount because the patient felt an urge or need to urinate immediately. The study population included OAB medicinal product-naïve patients as well as patients who had received prior therapy with OAB medicinal product. A total of 1 518 patients were randomised: 547 subjects were randomised to the vibegron group, 540 to the placebo group, and 431 to the tolterodine group. Of these 1 518 patients, 54 patients (10.0%) administered with placebo and 45 patients (8.2%) in the vibegron 75 mg group discontinued from the study. The main reason for study discontinuation was consent withdrawal (3.9% in the placebo group and 2.6% in the vibegron group).

The co-primary endpoints were change from baseline in average daily number of micturitions and average daily number of UUI episodes at Week 12. Important secondary endpoints included change from baseline in average daily number of urgency episodes, average daily number of total incontinence episodes, average volume voided per micturition, % of patients with ≥ 75% and 100% reduction in the average daily number of UUI episodes, and Overactive Bladder Questionnaire Long Form (OAB-q LF) coping domain score.

A total of 1 515 patients received at least one daily dose of placebo (n=540), vibegron 75 mg (n=545), or active control (n=430). The majority of patients were Caucasian (78%) and female (85%) with a mean age of 60 (range 18 to 93) years, 77% patients presenting with UUI (OAB Wet). The percentage of patients at baseline over 65 years of age was 42.6% and over 75 years of age was 12.1%.

Vibegron 75 mg was effective in treating the symptoms of OAB within 2 weeks and efficacy was maintained throughout the 12-week treatment period (results are presented below in Table 2).

Table 2: Mean baseline and change from baseline at week 12 for frequency of micturition, urge urinary incontinence episodes, urgency episodes, total incontinence episodes, and volume voided per micturition

Parameter	Placebo	Vibegron 75 mg	Tolterodine ER 4 mg
Average daily number of micturitions[a]			
Baseline mean (n)	11.8 (520)	11.3 (526)	11.5 (417)
Change from baseline[b] (n)	-1.3 (475)	-1.8 (492)	-1.6 (378)
Difference from placebo	-0.5		-0.3
95% Confidence Interval	-0.8, -0.2		-0.6, 0.1

p-value	<0.001[d e]		0.0988
Average daily number of UUI episodes[c]			
Baseline mean (n)	3.5 (405)	3.4 (403)	3.4 (319)
Change from baseline[b] (n)	-1.4 (372)	-2.0 (383)	-1.8 (286)
Difference from placebo	-0.6		-0.4
95% Confidence Interval	-0.9, -0.3		-0.7, -0.1
p-value	<0.0001[d, e]		0.0123
Average daily number of "need to urinate immediately" (urgency) episodes[a]			
Baseline mean (n)	8.1 (520)	8.1 (526)	7.9 (417)
Change from baseline[b] (n)	-2.0 (475)	-2.7 (492)	-2.5 (378)
Difference from placebo	-0.7		-0.4
95% Confidence Interval	-1.1, -0.2		-0.9, 0.0
p-value	0.002[d, e]		0.0648
Average daily number of total incontinence episodes[c]			
Baseline mean (n)	4.2 (405)	4.1 (403)	4.1 (319)
Change from baseline[b] (n)	-1.6 (372)	-2.3 (383)	-2.0 (286)
Difference from placebo	-0.7		-0.5
95% Confidence Interval	-1.0, -0.4		-0.8, -0.1
p-value	<0.0001[d, e]		0.0074
Average volume voided (mL) per micturition[a]			
Baseline mean (n)	148 (514)	155 (524)	147 (415)
Change from baseline[b] (n)	2 (478)	24 (490)	16 (375)
Difference from placebo	21		13
95% Confidence Interval	14, 28		9, 22
p-value	<0.0001[d, e]		<0.001

[a] FAS-population: Full analysis set. All randomised patients with OAB who took at least 1 dose of double-blind study treatment and had at least one evaluable change from baseline micturition measurement.

[b] Least squares mean adjusted for treatment, baseline, OAB type (only for analyses on FAS), gender, geographical region, study visit, and study visit by treatment interaction term.

[c] FAS-I population: used for incontinence endpoints and included patients in the FAS population with OAB Wet at study entry who had at least 1 evaluable change from baseline UUI measurement.

[d] Statistically significant.

[e] Parameters included in the multiple testing procedure. Hypothesis testing was only performed for vibegron-placebo.

Additional key secondary endpoints included the proportion of patients with a reduction at week 12 compared to baseline in average daily number of UUI episodes of ≥ 75% or 100%. Results are presented below (Table 3).

Table 3: Secondary efficacy analysis: urge urinary incontinence 75% and 100% responder analysis at week 12 – FAS-I (included patients in the FAS population with OAB Wet at study entry who had at least 1 evaluable change from baseline UUI measurement)

Statistic	Placebo N=405	Vibegron 75 mg N=403	Tolterodine ER 4 mg N=319
Subjects with at least 75% reduction in UUI from baseline at week 12			
Estimated* n (%)	133 (32.8)	199 (49.3)	135 (42.2)
Active-Placebo[a]			
CMH Difference		16.5	9.4
95% CI		[9.7; 23.4]	[2.1; 16.7]
p-value		< 0.0001[b, c]	0.0120
Patients with 100% reduction in UUI from baseline at week 12			
Estimated* n (%)	77 (19.0)	102 (25.3)	67 (20.9)
Active-Placebo[a]			
CMH Difference		6.3	1.9
95% CI		[0.4; 12.1]	[-4.1; 7.8]
p-value		0.0360 [b, c]	0.5447

Notes: MI was used to impute values missing for any reason at the weeks analysed.
Presented frequencies and the denominator used for percentage were based on subjects in the FAS-I and randomised treatment.
*The estimated proportion uses the SAS procedure MIANALYZE with standard multiple imputation effect estimation.
[a] The difference in proportion and corresponding CI and p-value was calculated using the Cochran-Mantel-Haenszel risk difference estimate stratified by sex (female vs male), with weights proposed by Greenland and Robins.
[b] Statistically significant.
[c] Comparisons included in the multiple testing procedure. Comparisons between tolterodine ER and placebo are considered descriptive.

The long-term safety and efficacy of vibegron 75 mg was evaluated for up to 52 weeks in a phase 3 extension study in 505 patients who had completed the 12-week phase 3 study (EMPOWUR).

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with Obgemsa in one or more subsets of the paediatric population in the treatment of neurogenic detrusor overactivity (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Absorption

Mean vibegron C_{max} and AUC increased in a greater than dose-proportional manner up to 600 and 400 mg after single and repeated dose, respectively. Steady state concentrations are achieved within 7 days of once daily dosing. The mean accumulation ratio (Rac) was 1.7 for C_{max} and 2.4 for $AUC_{0\text{-}24\ hr}$. Median vibegron T_{max} is approximately 1 to 3 hours.

Oral administration of vibegron 75 mg film-coated tablet crushed and mixed with 15 mL of applesauce resulted in no clinically relevant changes in vibegron pharmacokinetics when compared to

administration of an intact vibegron 75 mg film-coated tablet. Therefore, vibegron can be crushed for administration in soft food.

Effect of food

Co-administration of a 75 mg tablet with a high-fat meal reduced vibegron C_{max} and AUC by 63% and 37%, respectively. The effect of food appeared to be smaller at steady state (unchanged AUC and 30% lower C_{max}). In the phase 3 studies demonstrating efficacy and safety, vibegron was administered with or without food. Therefore, vibegron can be taken with or without food.

Distribution

The mean apparent volume of distribution following oral administration is 9 120 litres. Human plasma protein binding of vibegron is approximately 50%. The average blood-to-plasma concentration ratio is 0.9.

Biotransformation

Vibegron is metabolised via oxidation and direct glucuronidation but metabolism is not a major route of elimination. Vibegron is the major circulating component following a single dose of ^{14}C-vibegron. One major metabolite was observed in human plasma being a phase II glucuronide representing 12 to 14% of total exposure. All the recombinant UGT enzymes evaluated *in vitro* demonstrated some metabolism of vibegron (mainly UGT1A3, UGT1A4, UGT1A6, UGT2B10, UGT2B15). Although *in vitro* studies suggest a role for CYP3A4 in the oxidative metabolism of vibegron, *in vivo* results indicate that these isozymes play a limited role in the overall elimination.

Elimination

The mean terminal half-life ($t_{½}$) values following multiple-dose administration ranges from 59 to 94 hours in young and elderly subjects, and the effective half-life is approximately 31 hours across all populations.

Following the oral administration of 100 mg ^{14}C-vibegron to heathy volunteers, approximately 59% of the radiolabeled dose was recovered in faeces and 20% in urine. Unchanged vibegron accounted for the majority of the excreted radioactivity (54 and 19% of the radiolabelled in faeces and urine, respectively). Most of the dose recovered in faeces is likely unabsorbed substance. Urinary excretion of unchanged substance is a major route of elimination (around 50% of the absorbed vibegron). Biliary excretion of unchanged substance may also contribute to the elimination while hepatic metabolism appears to play a minor part.

Renal impairment

Relative to volunteers with normal renal function (GFR ≥ 90 mL/min), administration of 100 mg single dose of vibegron increased mean C_{max} and AUC by:

- 1.6- and 2.1-fold, respectively in volunteers with mild renal impairment (60 ≤ GFR < 90 mL/min)
- 2.0- and 1.6-fold, respectively in volunteers with moderate renal impairment (30 ≤ GFR < 60 mL/min)
- 1.8- and 1.2-fold, respectively in volunteers with severe renal impairment (GFR < 30 mL/min)

No dose adjustment for vibegron is recommended for patients with mild, moderate, or severe renal impairment (15 mL/min < GFR < 90 mL/min and not requiring dialysis). Vibegron has not been studied in patients with end stage renal disease (GFR < 15 mL/min with or without haemodialysis) and is therefore not recommended in these patients.

Hepatic impairment

Relative to volunteers with normal hepatic function, administration of 100 mg single dose of vibegron increased mean C_{max} and AUC by 1.3- and 1.3-fold, respectively in volunteers with moderate hepatic impairment (Child-Pugh Class B)

No dose adjustment for vibegron is recommended for patients with mild to moderate hepatic impairment (Child-Pugh A and B). Vibegron has not been studied in patients with severe hepatic impairment (Child-Pugh C) and is therefore not recommended in this patient population.

Paediatric population

No pharmacokinetic data are available in children below 18 years of age.

Other special populations

No clinically significant differences in the pharmacokinetics of vibegron were observed based on age (studied range: 18 to 93 years), gender or race/ethnicity.

Weight (studied range: 39 to 161 kg) had a modest effect on clearance and central volume of distribution in the population pharmacokinetic analysis. The increase in vibegron exposures resulting from differences in weight are not considered clinically significant.

5.3 Preclinical safety data

Vibegron showed 9 and 78-times lower *in vitro* β3-AR potency for rabbits and rats, respectively, when compared to humans. Therefore, safety margins for potential β3-AR-mediated effects on development or reproduction are accordingly lower than for non-β3-AR-related effects.

In animal studies no effects on embryo-foetal development were observed following oral administration of vibegron during the period of organogenesis at exposures (AUC) approximately 275-fold and 285-fold greater than clinical exposure at the recommended human dose (RHD) of 75 mg/day vibegron, in rats and rabbits, respectively. Delayed foetal skeletal ossification and reduced foetal body weights were observed in rabbits at approximately 898-fold clinical exposure (AUC) at the RHD, in the presence of maternal toxicity. In rats treated with vibegron during pregnancy and lactation, no effects on offspring were observed at 89-fold clinical exposure at the RHD. Developmental toxicity was observed in offspring at approximately 458-fold clinical exposure (AUC) at the RHD, in the presence of maternal toxicity.

When a single oral dose of radiolabeled vibegron was administered to postnatal nursing rats, radioactivity was observed in milk.

No effects on fertility were observed in female or male rats at doses up to 300 mg/kg/day, associated with systemic exposure (AUC) at least 275-fold higher than in humans at the RHD of 75 mg/day. General toxicity, decreased fecundity, and decreased fertility were observed in female rats at 1 000 mg/kg/day, associated with estimated systemic exposure 1 867-fold higher (AUC) than in humans at the RHD of 75 mg/day.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Core tablet

Mannitol
Microcrystalline cellulose

Croscarmellose sodium
Hydroxypropylcellulose
Magnesium stearate

Film coating

Indigo carmine aluminium lake (E132)
Hypromellose (E464)
Iron oxide yellow (E172)
Lactose monohydrate
Titanium dioxide (E171)
Triacetin

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

HDPE white, square or round bottle respectively closed with a child resistant polypropylene (PP) cap and an inner seal containing a polyethylene (PE) layer in contact with the tablets. Each bottle contains 7, 30 or 90 film-coated tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

PIERRE FABRE MEDICAMENT
Les Cauquillous
81500 Lavaur
France

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/24/1822/001 7 film-coated tablets in round bottle
EU/1/24/1822/002 30 film-coated tablets in round bottle
EU/1/24/1822/003 90 film-coated tablets in round bottle
EU/1/24/1822/004 7 film-coated tablets in square bottle
EU/1/24/1822/005 30 film-coated tablets in square bottle
EU/1/24/1822/006 90 film-coated tablets in square bottle

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 27 June 2024

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu

ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) responsible for batch release

PATHEON FRANCE
40 boulevard de Champaret
38300 Bourgoin Jallieu
France

PIRAMAL PHARMA SOLUTIONS (DUTCH) B.V.
Bargelaan 200
Leiden, 2333 CW
Netherlands

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this product within 6 months following authorisation.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Obgemsa 75 mg film-coated tablets
vibegron

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 75 mg vibegron.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Film-coated tablet

7 film-coated tablets
30 film-coated tablets
90 film-coated tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

PIERRE FABRE MEDICAMENT
Les Cauquillous
81500 Lavaur
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/24/1822/001 7 film-coated tablets in round bottle
EU/1/24/1822/002 30 film-coated tablets in round bottle
EU/1/24/1822/003 90 film-coated tablets in round bottle
EU/1/24/1822/004 7 film-coated tablets in square bottle
EU/1/24/1822/005 30 film-coated tablets in square bottle
EU/1/24/1822/006 90 film-coated tablets in square bottle

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Obgemsa

17. UNIQUE IDENTIFIER - 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING

BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT

Obgemsa 75 mg film-coated tablets
vibegron

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 75 mg vibegron.

3. LIST OF EXCIPIENTS

Contains lactose. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Film-coated tablet

7 film-coated tablets
30 film-coated tablets
90 film-coated tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

PIERRE FABRE MEDICAMENT
Les Cauquillous
81500 Lavaur
France

12. MARKETING AUTHORISATION NUMBER(S)

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EU/1/24/1822/002 30 film-coated tablets in round bottle
EU/1/24/1822/003 90 film-coated tablets in round bottle
EU/1/24/1822/004 7 film-coated tablets in square bottle
EU/1/24/1822/005 30 film-coated tablets in square bottle
EU/1/24/1822/006 90 film-coated tablets in square bottle

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Obgemsa 75 mg film-coated tablets
vibegron

▼This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Obgemsa is and what it is used for

Obgemsa contains the active substance vibegron. It is a bladder muscle relaxant (a beta-3 adrenergic receptor agonist) which reduces the activity of an overactive bladder and treats the related symptoms.

Obgemsa is used to treat the symptoms of an overactive bladder in adults, such as:
- a sudden need to empty your bladder (called urgency)
- having to empty your bladder more than usual (called increased urinary frequency)
- not being able to control when to empty your bladder and wetting yourself (called urge urinary incontinence)

2. What you need to know before you take Obgemsa

Do not take Obgemsa
- if you are allergic to vibegron or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions
Talk to your doctor or pharmacist before taking Obgemsa:
- if you have trouble emptying your bladder or you have a weak urine stream, or if you are taking any other medicines for the treatment of overactive bladder syndrome, such as anticholinergic medicines for example oxybutynin, diphenhydramine, solifenacin.

If you have severe liver problems or if you have an end-stage kidney disease as Obgemsa should not be used in these cases.

Children and adolescents
Do not give this medicine to children and adolescents under the age of 18 years because the safety and efficacy of Obgemsa in this age group has not yet been established.

Other medicines and Obgemsa
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.
Tell your doctor if you use digoxin (a medicine for heart failure or abnormal heart rhythm). Blood levels of this medicine are measured by your doctor. If the blood level is out of range, your doctor may adjust the dose of digoxin.
Tell your doctor if you use dabigatran etexilate (an anticoagulant agent), apixaban (an anticoagulant agent) or rivaroxaban (an antithrombotic agent). These medicines may require dose adjustments by your doctor.

Pregnancy and breast-feeding

Women of childbearing potential
If you think that you may be pregnant or planning to have a baby, you should not take Obgemsa. This is because it is not known how this medicine will affect the foetus.

Pregnancy
If you are pregnant, you should not take Obgemsa. This is because it is not known how this medicine will affect the baby.

Breast-feeding
It is likely that this medicine passes into breast milk, but the risks for the baby are unknown. Therefore, you should not breast-feed while taking Obgemsa.

Driving and using machines
Obgemsa has no or negligible influence on the ability to drive or use machines.

Obgemsa contains lactose
If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

Obgemsa contains sodium
This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free'.

3. How to take Obgemsa

Always take this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

The recommended dose for this medicine is 1 tablet per day.

Swallow the tablet with a glass of water. If needed, the tablet can be crushed and mixed with 1 tablespoon (about 15 mL) of soft food (e.g. applesauce). Eat the mixture and drink a glass of water afterwards. Once mixed in food, the mixture should be eaten immediately. You may take your tablet with or without food.

If you take more Obgemsa than you should
If you have taken too many tablets, contact your doctor, pharmacist or hospital for advice immediately. If someone else accidentally takes your tablets, contact your doctor, pharmacist or hospital for advice immediately. Symptoms of overdose may include troubles in digestive system, headache and difficulty breathing.

If you forget to take Obgemsa
If you miss a dose, take the next dose as normal on the next day. Do not take a double dose to make up for a forgotten tablet. If you miss several doses, tell your doctor and follow the advice given to you.

If you stop taking Obgemsa
Do not stop treatment with Obgemsa early if you do not see an immediate effect. Your bladder might need some time to adapt and you should continue taking your tablets.

Do not stop taking Obgemsa when your symptoms improve, as stopping treatment may cause symptoms of overactive bladder syndrome to return. Talk to your doctor before you stop taking Obgemsa.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

An uncommon side effect (may affect up to 1 in 100 people) is the inability to empty your bladder (urinary retention). Obgemsa may increase the probability of not being able to empty your bladder, especially if you have bladder outlet obstruction or take other medicines for treatment of overactive bladder. Tell your doctor straight away if you are unable to empty your bladder.

Other side effects include:

Common side effects (may affect up to 1 in 10 people)
- headache
- diarrhoea
- nausea (feeling sick)
- constipation
- urinary tract infection (infection of structures that carry urine)
- residual urine volume increased (an increase in the amount of urine left in the bladder after a voluntary urination)

Uncommon side effects (may affect up to 1 in 100 people)
- hot flush
- urinary retention, including urinary straining (inability to empty your bladder)
- rash (including itchy rash, and red rash)

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Obgemsa

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and bottle after EXP. The expiry date refers to the last day of that month.

This medicine does not require any special storage conditions.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Obgemsa contains

- The active substance is vibegron. Each film-coated tablet contains 75 mg of vibegron.
- The other ingredients are:
  - Tablet core: mannitol, microcrystalline cellulose, croscarmellose sodium, hydroxypropylcellulose, and magnesium stearate. See section 2 “Obgemsa contains sodium”.
  - Film-coating: indigo carmine aluminium lake (E132), hypromellose, iron oxide yellow (E172), lactose, titanium dioxide (E171), and triacetin. See section 2 “Obgemsa contains lactose”.

What Obgemsa looks like and contents of the pack

Obgemsa are light green oval film-coated tablets (tablets), debossed with V75 on one side and plain on the other side. Tablet dimension is approximately 9 mm (length) x 4 mm (width) x 3 mm (height).

Obgemsa is available in white plastic, square or round bottles with a child-resistance plastic closure. Pack sizes: 7, 30 or 90 film-coated tablets.

Not all pack sizes may be marketed.

Marketing Authorisation Holder
PIERRE FABRE MEDICAMENT
Les Cauquillous
81500 Lavaur
France

Manufacturer
PATHEON FRANCE
40 boulevard de Champaret
38300 Bourgoin Jallieu
France

PIRAMAL PHARMA SOLUTIONS (DUTCH) B.V.
Bargelaan 200
Leiden, 2333 CW
Netherlands

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Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu.

This leaflet is available in all EU/EEA languages on the European Medicines Agency website.