Annex I

Scientific conclusions and grounds for the variation to the terms of the Marketing Authorisation(s)

Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for propylthiouracil, the scientific conclusions are as follows:

In view of available data on the literature and spontaneous reports and in view of a plausible mechanism of action, the PRAC Lead Member State considers a causal relationship between the use of propylthiouracil in pregnancy and congenital anomalies is at least a reasonable possibility. The PRAC Lead Member State concluded that the product information of products containing propylthiouracil should be amended accordingly.

Having reviewed the PRAC recommendation, the CMDh agrees with the PRAC overall conclusions and grounds for recommendation.

Grounds for the variation to the terms of the marketing authorisation(s)

On the basis of the scientific conclusions for propylthiouracil the CMDh is of the opinion that the benefit-risk balance of the medicinal product(s) containing propylthiouracil is unchanged subject to the proposed changes to the product information.

The CMDh recommends that the terms of the marketing authorisation(s) should be varied.

Annex II

Amendments to the product information of the nationally authorised medicinal product(s)

Amendments to be included in the relevant sections of the Product Information (new text **underlined and in bold**, deleted text ~~strike through~~)

Summary of Product Characteristics

- Section 4.6

...

Pregnancy

Hyperthyroidism in pregnant women should be adequately treated to prevent serious maternal and foetal complications.

Propylthiouracil is able to cross the human placenta.

~~Animal studies are insufficient with respect to reproductive toxicity. Epidemiological studies provide conflicting results regarding the risk of congenital malformations.~~ **Some epidemiological studies indicate that propylthiouracil use during pregnancy is associated with a slight increased risk of congenital malformations in comparison to women without hyperthyroidism, while others do not support this association. However, the risk appears to be comparable in magnitude to that observed in women with untreated overt hyperthyroidism.**

Individual benefit/risk assessment is necessary before treatment with propylthiouracil during pregnancy. Propylthiouracil should be administered during pregnancy at the lowest effective dose without additional administration of thyroid hormones. If propylthiouracil is used during pregnancy, close maternal, foetal and neonatal monitoring is recommended.

Package Leaflet

Pregnancy

~~The potential of <medicinal product> to cause harm to an unborn baby is uncertain.~~ **Some studies suggest there may be a slight increased risk of birth defects in babies born to women with hyperthyroidism who were treated with <medicinal product> during pregnancy, when compared with babies born to women who do not have hyperthyroidism, while others do not suggest an increased risk. The risk is not higher than the risk in babies born to women with untreated overt hyperthyroidism during pregnancy.** If you are pregnant, think you may be pregnant or are planning to have a baby, tell your doctor straight away. You may need treatment with <medicinal product> during pregnancy if the potential benefit outweighs the potential risk to you and your unborn baby.

Annex III

Timetable for the implementation of this position

Timetable for the implementation of this position

Adoption of CMDh position:	October 2025 CMDh meeting
Transmission to National Competent Authorities of the translations of the annexes to the position:	30 November 2025
Implementation of the position by the Member States (submission of the variation by the Marketing Authorisation Holder):	29 January 2026