EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

03 October 2024
EMA/PRAC/414467/2024

# PRAC List of questions

To be addressed by the marketing authorisation holders for finasteride- and dutasteride-containing medicinal products

Referral under Article 31 of Directive 2001/83/EC resulting from pharmacovigilance data

Procedure number: EMEA/H/A-31/1539

INN/active substance: finasteride and dutasteride

**Official address** Domenico Scarlattilaan 6 ● 1083 HS Amsterdam ● The Netherlands
**Address for visits and deliveries** Refer to www.ema.europa.eu/how-to-find-us
**Send us a question** Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000 An agency of the European Union

# 1. Questions

The marketing authorisation holders (MAHs) are requested to address the following questions:

Question 1

Concerning your finasteride-containing medicinal product(s) and/or dutasteride-containing medicinal product(s), please provide:

a) information on the type of marketing authorisation(s), marketing status, legal status, approved indication(s), pharmaceutical form(s) and strength(s) by EEA member state (MS) (see Annex);

b) yearly figures on sales and patient exposure with a cut-off date on 31 October 2024 (in patient-years based on the WHO defined daily doses) by medicinal product, EEA MS and indication (see Annex);

c) information reflected in the summary of product characteristics (SmPC), package leaflet (PL) and labelling (i.e. inner and/or outer packaging), as applicable, regarding psychiatric disorders including suicidal ideation and/or suicide. This should also indicate the main differences between the product information (PI) of your medicinal product(s) in the different EEA MS (see Annex);

d) a description of any additional risk minimisation measure(s) related to psychiatric disorders in place in each EEA MS, as well as the timing of their implementation.

Question 2

Please provide a detailed analysis of all relevant non-clinical data, clinical trials data (including both MAH sponsored and non-sponsored studies), pharmaco-epidemiological studies and published literature on suicidal ideation and/or suicide following finasteride or dutasteride use as applicable[1].

The analysis should include (but not be limited to):

- a discussion supported by data on the role of the indication(s) in the development of suicide-related events following finasteride or dutasteride use;
- a discussion on any possible mechanism(s) behind the development of suicide-related events following 5-alpha-reductase inhibitors (5-ARI) use.

Based on the above, please provide a discussion on the causal relationship between suicidal ideation and/or suicide and treatment with finasteride or dutasteride, as well as a discussion on the characterisation of possible risk factors including age, dose, route of administration, treatment duration, other known adverse drug reactions (such as persistent sexual disorders), personal history of psychiatric disorders.

Question 3

For your medicinal product(s), please discuss the effectiveness of the current risk minimisation measures in place regarding psychiatric disorders in each EEA MS. Where applicable, the methods that have been used for such evaluation should be described.

[1] To be addressed for finasteride and/or dutasteride depending on the marketing authorisation(s) held.

Question 4

Based on the responses to the questions above, please provide a critical appraisal of the impact of suicidal ideation and/or suicide events on the benefit-risk balance of your medicinal product(s) in each approved indication in the EEA. This discussion should specifically address aspects relating to dose, route of administration and duration of treatment for each indication, as applicable.

Question 5

Please provide proposals and justifications for further measures to minimise suicidal ideation and/or suicide taking into account possible risk factor(s) and/or underlying condition(s) (including but not limited to changes to the SmPC/PL) that may improve the benefit-risk balance of your medicinal product(s), taking into account the therapeutic indication(s).

The feasibility of these measures should be discussed, considering the therapeutic indication(s) for which your medicinal product(s) is/are used.

# 2. Additional Data Review

As part of this review, the PRAC considers it necessary to perform an analysis of all EudraVigilance cases retrieved with the sub-Standardised MedDRA Query (SMQ) suicide/self-injury for finasteride- and dustasteride-containing medicinal products. The data to perform this analysis will be provided by EMA and will be evaluated by PRAC together with the responses to the list of questions provided by the MAHs.

# Annex

Question 1: information and figures in response to a), b) and c) are to be provided in line with the table requirements below in Excel format.

a)

| Member state | INN | Product name | Type of marketing authorisation | Marketing status | Legal status | Indications | Pharmaceutical forms and strengths |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

b)

| Member state | INN | Product name | Indications | Year | Estimated sales | Estimated patient exposure[1] |
|---|---|---|---|---|---|---|
| | | | | | | |

[1] Expressed in patient years based on the WHO defined daily doses and stratified by member state and medicinal product. Reasonable efforts should be made to obtain this information; potential sources in addition to sales data include registries and healthcare databases. If no precise data is available an estimate can be provided.

c)

| PI[1] | SmPC | PL | Labelling | Main differences in SmPCs/PLs/Labelling between the different EEA member states |
|---|---|---|---|---|
| Posology (including max daily dose) | | | | |
| Contraindications | | | | |
| Warnings and precautions regarding the risks of psychiatric disorders | | | | |
| Interaction with other medicinal products regarding the risks of psychiatric disorders | | | | |
| Undesirable effects regarding the risks of psychiatric disorders | | | | |

[1] Additional row(s) should be added as needed to reflect information on the risks of psychiatric that may be included in other PI sections.