PART VI SUMMARY OF THE RISK MANAGEMENT PLAN

Jayempi 10 mg/mL oral suspension contains the active ingredient azathioprine

Active substance(s): Azathioprine

Product(s) concerned: Jayempi 10 mg/mL oral suspension

MAH / MAA name: Nova Laboratories Ireland Ltd.

Data lock point for this module: 29 Jan 2021

RMP version number when this module was last updated: 1.0

Summary of the Risk Management Plan for Jayempi 10 mg/mL Oral Suspension (Azathioprine)

This is a summary of the risk management plan (RMP) for Jayempi. The RMP details important risks of Jayempi, how these risks can be minimised and how more information will be obtained about the Jayempi's risks and uncertainties (missing information).

Jayempi 10 mg/mL oral suspension's SmPC and its package leaflet give essential information to healthcare professionals and patients on how Jayempi 10 mg/mL oral suspension should be used.

This summary of the RMP for Jayempi 10 mg/mL oral suspension should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all of which is part of the European Public Assessment Report (EPAR).

Important new concerns or changes to the current ones will be included in updates of Jayempi 10 mg/mL oral suspension's RMP.

I. The Medicine and What it is Used For

Jayempi is authorised for prophylaxis against transplant rejection and as immunosuppressive antimetabolite either alone or in combination with other agents to influence the immune response in a variety of diseases (See SmPC for full indication).

It contains azathioprine as the active substance and it is given orally (by mouth).

In general, the starting dosage is 1 to 3 mg/kg body weight/day and the maintenance dose required may range from less than 1 mg/kg/body weight/day to 3 mg/kg/body weight/day depending on the clinical condition being treated; the dose is adjusted by the treating physician according to the patient's clinical response.

For other specific medical conditions, the following doses should be given:

Up to 5 mg/kg body weight/day may be given on the first day of therapy following organ transplantation in adults and children; the maintenance dose can range from 1 to 4 mg/kg body weight/day and is adjusted according to the clinical requirements;

Between 2 and 3 mg/kg body weight/day for the treatment of chronic autoimmune neuromuscular diseases (relapsing forms of multiple sclerosis and myasthenia gravis);

Between 1.0 and 1.5 mg/kg body weight/day for the treatment of chronic liver disease (chronic active autoimmune hepatitis); the maintenance dosage is up to 2 mg/kg body weight/day.

Further information about the evaluation of Jayempi 10 mg/mL oral suspension's benefits can be found in Jayempi 10 mg/mL oral suspension's EPAR, including in its plain-language summary, available on the EMA website under the medicine's webpage: https://link.edgepilot.com/s/730f5c98/7MwhB4pPo0uM6HMtQu9Cog?u=https://www.ema.europa.eu/en/medicines/human/EPAR/jayempi

II. Risks Associated with the Medicine and Activities to Minimise or Further Characterise the Risks

Important risks of Jayempi 10 mg/mL oral suspension, together with measures to minimise such risks and the proposed studies for learning more about Jayempi 10 mg/mL oral suspension's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can include:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute ***routine risk minimisation*** measures.

In addition to these measures, information about adverse reactions will be collected continuously and regularly analysed, reported and included in periodic safety update reports (PSURs) as applicable, so that action(s) can be taken as necessary. These measures constitute ***routine pharmacovigilance activities***.

The important information that affects the safe use of Jayempi, which is not yet available, is listed under 'missing information'.

II.A List of Important Risks and Missing Information

Important risks of Jayempi 10 mg/mL oral suspension are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered/taken.

Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Jayempi 10 mg/mL oral suspension. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further

evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

A list of important identified/potential risks/missing information is provided in Table 13 of the RMP.

Table 13 List of Important Risks and Missing Information

List of Important Risks and Missing Information	
Important Identified Risks	Not applicable
Important Potential Risks	1 Potential medication errors - conversion of patients from tablet to liquid formulation and two dosing syringes 2 Drug exposure during pregnancy and breastfeeding
Missing Information	Not applicable

II.B Summary of Important Risks

A summary of important potential risks is provided in Table 14 of the RMP.

Table 14 Summary of Important Potential Risks

Important potential risk: Potential medication errors - Conversion of patients from tablet to liquid formulation and two dosing syringes	
Evidence for Linking the Risk to the Medicine	National Health Service (NHS) United Kingdom Medicines Information (UKMi; https://www.ukmi.nhs.uk/) NHS UK Alternatives to liquid pharmaceutical specials, for patients unable to take solid oral dosage forms
Risk Factors and Risk Groups	Paediatric and elderly age groups, and patients with dysphagia who were prescribed with the tablet formulation.
Risk Minimisation Measures	Routine risk minimisation measures: Risks will be managed through routine pharmacovigilance practices and routine risk minimisation measures (e.g. labelling). All reports of medication errors will be monitored closely.
Additional Pharmacovigilance Activities	Additional pharmacovigilance activities: All the reports of medication error due to conversion from tablet to liquid formulation will be reviewed annually and presented as a post authorisation measure, out of the context of azathioprine PSUR.
Important potential risk: Drug exposure during pregnancy and breastfeeding	
Evidence for Linking the Risk to the Medicine	Evidence for this risk comes from published literature.

Risk Factors and Risk Groups	Pregnant and/or breastfeeding females, females of reproductive age group and foetus or infants exposed to Jayempi via maternal or paternal exposure. Patients using intrauterine devices (coil or T-shaped 'copper coil') without additional contraceptive measure, as this contraceptive measure can fail under azathioprine therapy.
Risk Minimisation Measures	Routine risk minimisation measures: Risks will be managed through routine pharmacovigilance practices and routine risk minimisation measures. Additional risk minimisation measures: Not applicable.
Additional Pharmacovigilance Activities	Additional pharmacovigilance activities: None.

Abbreviation: PSUR = periodic safety update report.

IIC Post-Authorisation Development Plan

IIC.1 Studies Which are Conditions of the Marketing Authorisation

There are no studies that are conditions for the approval of the marketing authorisation.

II.C.2 Other Studies in Post-Authorisation Development Plan

Study short name: Post authorisation measure (PAM)

Purpose of the study: To monitor the medication error reports specifically due to "conversion of patients from tablet to liquid formulation and two dosing syringes" annually and submit as PAM synchronized with DLP after date of authorization, outside the context of azathioprine PSUR, within 60 days after DLP.