Risk Management Plan for Posaconazole AHCL 40 mg/mL oral suspension

Posaconazole Accord 100 mg gastro-resistant tablets

(Posaconazole)

RMP version to be assessed as part of this application:

2.1
29-Jun-2022
29-Jun-2022

Rationale for submitting an updated RMP: RMP has been updated in line with Request for Supplementary Information (RfSI) of Posaconazole Type IB variation (EMEA/H/C/005028/IB/0007/G), dated 31-May-2022.

Summary of significant changes in this RMP:

Significant changes have been done in followings sections of RMP: Part II (Module Module SVII, and Module SVIII), Part VI and Part VII (Annex 7 and Annex 8)

Other RMP versions under evaluation: Not applicable

Details of the currently approved RMP: Not applicable

Version	Approved with procedure	Date of approval (opinion date)
	Centralised Procedure (EMEA/H/C/005028);	20.14 2010
1.1	Centralised Procedure (EMEA/H/C/005005)	29-May-2019

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Part I: Product(s) Overview

Table 1:Product Overview

Active substance(s)	Posaconazole		
	Posaconazoie		
(INN or common name)			
Pharmacotherapeutic	Antimycotics for systemic use, triazole derivatives (J02AC04)		
group(s)(ATC Code)			
Marketing Authorisation	Accord Healthcare SLU, Spain		
Holder			
Medicinal products to	2		
which this RMP refers			
Invented name(s) in the	Posaconazole AHCL 40 mg/mL oral suspension		
European Economic Area	Posaconazole Accord 100 mg gastro-resistant tablets		
(EEA)			
Marketing authorisation	Centralised Procedure (EMEA/H/C/005028);		
procedure	Centralised Procedure (EMEA/H/C/005005);		
Brief description of the	Chemical class:		
product	Triazole derivatives		
	Summary of mode of action:		
	Posaconazole inhibits the enzyme lanosterol 14α-demethylase		
	(CYP51), which catalyses an essential step in ergosterol		
	biosynthesis.		
	Important information about its composition		
	Each mL of oral suspension contains 40 mg of posaconazole.		
	Excipient(s) with known effect:		
	This medicinal product contains approximately 1.75 g of glucose		
	per 5 mL of suspension.		
	_		

List of excipients:		
Macrogolglycerol hydroxystearate		
Sodium citrate dihydrate		
Citric acid monohydrate		
Simeticone emulsion (containing polydimethylsiloxane,		
polyethylene glycol sorbitan tristearate, methylcellulose, silica		
gel, polyethylene glycol stearate, sorbic acid (E200), benzoic acid		
(E210) and sulfuric acid (E513))		
Xanthan gum (E415)		
Sodium benzoate (E211)		
Liquid glucose		
Glycerol (E422)		
Titanium dioxide (E171)		
Strawberry flavour, (containing propylene glycol)		
Purified water		
Important information about its composition		
Each gastro-resistant tablet contains 100 mg of posaconazole.		
List of excipients		
Tablet core		
Methacrylic acid-Ethyl acrylate copolymer (1:1)		
Triethyl citrate (E1505)		
Xylitol (E967)		
Hydroxypropyl cellulose (E463)		
Propyl gallate (E310)		
Cellulose, microcrystalline (E460)		
Silica, colloidal anhydrous		
Croscarmellose sodium		
Sodium stearyl fumarate		
Tablet coating		

Hyperlink to the Product Information	Polyvinyl alcohol-part hydrolyzedTitanium dioxide (E171)MacrogolTalc (E553b)Iron oxide yellow (E172)Refer Module 1.3.1 for Product Information	
Indication(s) in the EEA Proposed	Macrogol Talc (E553b) Iron oxide yellow (E172)	

F	Posaconazole AHCL oral suspension is also indicated for
p	prophylaxis of invasive fungal infections in the following
p	patients:
	 Patients receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections; Hematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high
	risk of developing invasive fungal infections.
F	Posaconazole Accord 100 mg gastro-resistant tablets:
	Posaconazole Accord is indicated for use in the treatment of the following fungal infections in adults
	 Invasive aspergillosis Fusariosis in patients with disease that is refractory to amphotericin B or in patients who are intolerant of amphotericin B; Chromoblastomycosis and mycetoma in patients with disease that is refractory to itraconazole or in patients who are intolerant of itraconazole; Coccidioidomycosis in patients with disease that is refractory to amphotericin B, itraconazole or fluconazole or in patients who are intolerant swho are intolerant of these medicinal products.
i	Refractoriness is defined as progression of infection or failure to mprove after a minimum of 7 days of prior therapeutic doses of effective antifungal therapy.

	Posaconazole Accord is also indicated for prophylaxis of invasive		
	fungal infections in the following patients:		
	• Patients	receiving remission-induction	
	chemoth	erapy for acute myelogenous leukemia	
	(AML)	or myelodysplastic syndromes (MDS)	
	expected	to result in prolonged neutropenia and	
	who are	at high risk of developing invasive	
	fungal in	fections;	
	• Hemator	poietic stem cell transplant (HSCT)	
	recipient	s who are undergoing high-dose	
	immunos	suppressive therapy for graft versus	
	host dis	ease and who are at high risk of	
	developi	ng invasive fungal infections.	
Dosage in the EEA	Posaconazole is also avai	lable as 100 mg gastro-resistant tablet.	
Proposed	Posaconazole tablets are the preferred formulation to optimize		
	plasma concentrations and generally provide higher plasma drug		
	exposures than Posaconazole oral suspension.		
	Recommended dose according to indication is shown in below		
	Table:		
	Indication	Dose and duration of therapy	
	Refractory invasive	200 mg (5 mL) four times a day.	
	fungal infections	Alternatively, patients who can	
	(IFI)/patients with IFI	tolerate food or a nutritional	
	intolerant to 1 st line	supplement may take 400 mg (10	
	therapy	mL) twice a day during or	
		immediately following a meal or	
		nutritional supplement.	
		Duration of therapy should be based	
		on the severity of the underlying	
		disease, recovery from	

	immunosuppression, and clinical
	response.
Oropharyngeal	Loading dose of 200 mg (5 mL) once
candidiasis	a day on the first day, then 100 mg
	(2.5 mL) once a day for 13 days.
	Each dose of Posaconazole AHCL
	should be administered during or
	immediately after a meal, or a
	nutritional supplement in patients
	who cannot tolerate food to enhance
	the oral absorption and to ensure
	adequate exposure
Prophylaxis of invasive	200 mg (5 mL) three times a day.
fungal infections	Each dose of Posaconazole AHCL
	should be administered during or
	immediately after a meal, or a
	nutritional supplement in patients
	who cannot tolerate food to enhance
	the oral absorption and to ensure
	adequate exposure. The duration of
	therapy is based on recovery from
	neutropenia or immunosuppression.
	For patients with acute myelogenous
	leukemia or myelodysplastic
	syndromes, prophylaxis with
	Posaconazole AHCL should start
	several days before the anticipated
	onset of neutropenia and continue
	for 7 days after the neutrophil count
	rises above 500 cells per mm^3 .

Posaconazole is also available as 40 mg/mL oral suspension and 300 mg concentrate for solution for infusion. Posaconazole

tablets are the preferred formulation to optimize plasmaconcentrations and generally provide higher plasma drugexposures than posaconazole oral suspension.Recommended dose according to indication		
Indication	Dose and duration of therapy	
Treatment of invasive	Loading dose of 300 mg (three	
aspergillosis	100 mg tablets or 300 mg	
	concentrate for solution for infusion)	
	twice a day on the first day, then	
	300 mg (three 100 mg tablets or	
	300 mg concentrate for solution for	
	infusion) once a day thereafter.	
	Each tablet dose may be taken	
	without regard to food intake.	
	Recommended total duration of	
	therapy is 6-12 weeks.	
	Switching between intravenous and	
	oral administration is appropriate	
	when clinically indicated.	
Refractory invasive	Loading dose of 300 mg (three 100	
fungal infections	mg tablets) twice a day on the first	
(IFI)/patients with IFI	day, then 300 mg (three 100 mg	
intolerant to 1 st line	tablets) once a day thereafter. Each	
therapy	dose may be taken without regard to	
	food intake. Duration of therapy	
	should be based on the severity of the	
	underlying disease, recovery from	
	immunosuppression, and clinical	
	response.	

Г				
	Prophylaxis of	Loading dose of 300 mg (three 100		
	invasive fungal	mg tablets) twice a day on the first		
	infections	day, then 300 mg (three 100 mg		
		tablets) once a day thereafter. Each		
		dose may be taken without regard to		
		food intake. Duration of therapy is		
	based on recovery from neutropen			
		or immunosuppression. For patients		
		with acute myelogenous leukemia or		
		myelodysplastic syndromes,		
		prophylaxis with Posaconazole		
		Accord should start several days		
		before the anticipated onset of		
		neutropenia and continue for 7 days		
		after the neutrophil count rises above		
		500 cells per mm ³ .		
	Method of administration Research AHCL 40 mg/mL and suspension:			
	Posaconazole AHCL 40 mg/mL oral suspension:			
	For oral use.			
	The oral suspension must be shaken well before use. Bottles			
	showing any visible settling should be vigorously shaken for a			
	minimum of 10 seconds.			
	Posaconazole Accord 100 mg gastro-resistant tablets:			
	For oral use.			
	Posaconazole Accord may be taken with or without food. The			
	tablets should be swallowed whole with water and should not be			
	crushed, chewed, or broken			
Pharmaceutical form(s)	Oral suspension (40 mg/mL)			
and strengths	Gastro-resistant tablet (100 mg)			
Proposed				

Is the product be subject to	No
additional monitoring in	
the EU?	

Part II: Safety specification

Module SI - Epidemiology of the indication(s) and target population(s)

Not applicable

Module SII - Non-clinical part of the safety specification

Not applicable

Module SIII - Clinical trial exposure

Not applicable

Module SIV - Populations not studied in clinical trials

SIV.1 Exclusion criteria in pivotal clinical studies within the development programme

Not applicable

SIV.2 Limitations to detect adverse reactions in clinical trial development programmes

Not applicable

SIV.3 Limitations in respect to populations typically under-represented in clinical trial development programmes

Not applicable

Module SV - Post-authorisation experience

SV.1 Post-authorisation exposure

The methodology used for calculating an estimate of patient exposure for Posaconazole is:

Patient-time Exposure in patient treatment years (PTY) = Volume sales in mg Defined Daily Dose (DDD) X 365

WHO - DDD for Paroxetine is 20 mg. considering the same, above mentioned calculation has been done assuming that a patient was administered Posaconazole 0.3 g (i.e 300 mg) daily.

SV.1.2 Exposure

The number of paroxetine tablets distributed by MAH till DLP 04-Feb-2022 along with the calculation of the total amount sold is summarised in table below.

EU-

Regio	Product	Stre	Pack	Quantity Sold	Count	Total mg
n	Name	ngth	size	Quantity Sold	Count	Sold
	100 mg	100	24	78,183	18,76,392	187639200
		mg	90	4,420	3,97,800	39780000
EU	Posaconazole	mg	96	11,104	10,65,984	106598400
	40	1		8,314	332560	
	mg	1	8,314	0,011	552500	
Grand total				334350160		



Patient-time	Volume sales in mg	837102360	
Exposure in patient treatment years (PTY)	Defined Daily Dose (DDD) X 365	 300 X 365	_ 7644

Based on the sales data and above methodology assumption, the total estimated patient exposure of posaconazole is approximately 7,644 patient treatment years (PTY).

Module SVI - Additional EU requirements for the safety specification

Potential for misuse for illegal purposes

Not applicable - there is no potential for misuse for illegal purposes.

Module SVII - Identified and potential risks

The safety concerns are updated in line with Request for Supplementary Information (RfSI) of Posaconazole Type IB variation (EMEA/H/C/005028/IB/0007/G), dated 31-May-2022. Further to this, MAH does not propose any change in these safety concerns.

As per the RfSI, the Assessor has recommended to add "Medication error – related to substitution between different formulations (oral suspension and powder for oral suspension)" as an important potential risk in the RMP. MAH has two Posaconazole formulation i.e. gastro-resistant tablets and oral suspension. Hence in line with MAH Posaconazole formulation, "Medication error – related to substitution between different formulations (**tablet and oral suspension**)" has been added as an important potential risk in this RMP.

SVII.1 Identification of safety concerns in the initial RMP submission

SVII.1.1. Risks not considered important for inclusion in the list of safety concerns in the RMP

Not applicable

SVII.1.2. Risks considered important for inclusion in the list of safety concerns in the RMP Not applicable

SVII.2 New safety concerns and reclassification with a submission of an updated RMP

SVII.3 Details of important identified risks, important potential risks, and missing information

SVII.3.1. Presentation of important identified risks and important potential risks

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Risk Management Plan

Module SVIII - Summary of the safety concerns

Table 2: Summary of safety concerns

Important identified risks	• None
Important potential risks	• Medication error – related to substitution between different formulations (tablet and oral suspension)
Missing information	• Safety in children below 2 years of age

Part III: Pharmacovigilance Plan (including post-authorisation safety studies)

III.1 Routine pharmacovigilance activities

Routine pharmacovigilance activities including collection and reporting of adverse reactions and signal detection as stated in pharmacovigilance system master file are sufficient for the mentioned safety concerns.

III.2 Additional pharmacovigilance activities

None proposed

III.3 Summary Table of additional Pharmacovigilance activities

Part IV: Plans for post-authorisation efficacy studies

Part V: Risk minimisation measures (including evaluation of the effectiveness of risk minimisation activities)

The safety information in the proposed product information is aligned to the reference medicinal product.

V.1. Routine Risk Minimisation Measures

Not Applicable

V.2. Additional Risk Minimisation Measures

None proposed

V.3 Summary of risk minimisation measures

Part VI: Summary of the risk management plan

Summary of risk management plan for Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets (Posaconazole)

This is a summary of the risk management plan (RMP) for Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets. The RMP details important risks of Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets, how these risks can be minimised, and how more information will be obtained about Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets risks and uncertainties (missing information).

Posaconazole AHCL 40 mg/mL oral suspension's/ Posaconazole Accord 100 mg gastro-resistant tablets product information and its package leaflet give essential information to healthcare professionals and patients on how Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets should be used.

This summary of the RMP for Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all 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 Posaconazole AHCL 40 mg/mL oral suspension's/ Posaconazole Accord 100 mg gastro-resistant tablets RMP.

I. The medicine and what it is used for

Posaconazole Accord is indicated for use in the treatment of the following fungal infections in adults:

- Invasive aspergillosis
- Fusariosis in patients with disease that is refractory to amphotericin B or in patients who are intolerant of amphotericin B;
- Chromoblastomycosis and mycetoma in patients with disease that is refractory to itraconazole or in patients who are intolerant of itraconazole:

- Coccidioidomycosis in patients with disease that is refractory to amphotericin B, itraconazole or fluconazole or in patients who are intolerant of these medicinal products.
- Oropharyngeal candidiasis: as first-line therapy in patients who have severe disease or are immunocompromised, in whom response to topical therapy is expected to be poor.

Refractoriness is defined as progression of infection or failure to improve after a minimum of 7 days of prior therapeutic doses of effective antifungal therapy.

Posaconazole Accord is also indicated for prophylaxis of invasive fungal infections in the following patients:

- Patients receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia and who are at high risk of developing invasive fungal infections;
- Hematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease and who are at high risk of developing invasive fungal infections.

It contains posaconazole as a active substance and given by oral route.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets, together with measures to minimise such risks and the proposed studies for learning more about Posaconazole AHCL 40 mg/mL oral suspension's/ Posaconazole Accord 100 mg gastro-resistant tablets risks, are outlined below.

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

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and Product Information (PI) 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 is collected continuously and regularly analysed, including PSUR assessment and signal management activity, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. 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 Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets. 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);

Important identified risks	• None
Important potential risks	• Medication error – related to substitution between different formulations (tablet and oral suspension)
Missing information	• Safety in children below 2 years of age

II.B Summary of important risks

Routine risk minimisation measures are sufficient to manage the safety concerns of the medicinal product and there is no additional risk minimisation measure required for posaconazole.

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Posaconazole AHCL 40 mg/mL oral suspension/ Posaconazole Accord 100 mg gastro-resistant tablets.