Part VI: Summary of the Risk Management Plan

Summary of Risk Management Plan for Seffalair® Spiromax® 12.75 micrograms/100 micrograms inhalation powder; Seffalair® Spiromax® 12.75 micrograms/202 micrograms inhalation powder

This is a summary of the risk management plan (RMP) for Seffalair® Spiromax® 12.75 micrograms/100 micrograms inhalation powder; Seffalair® Spiromax® 12.75 micrograms/202 micrograms inhalation powder (herein after also referred to as Seffalair® Spiromax®). The RMP details important risks of Seffalair® Spiromax®, how these risks can be minimised, and how more information will be obtained about Seffalair® Spiromax®'s risks and uncertainties (missing information).

Seffalair® Spiromax®'s summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Seffalair® Spiromax® should be used.

This summary of the RMP for Seffalair® Spiromax® 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 Seffalair® Spiromax®'s RMP.

I. The Medicine and What It is used for

Seffalair® Spiromax® is authorised for regular treatment of asthma (see SmPC for the full indication). It contains salmeterol and fluticasone propionate as active substances and it is given as inhalation powder.

Further information about the evaluation of Seffalair® Spiromax®'s benefits can be found in Seffalair® Spiromax®'s EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage: https://www.ema.europa.eu/en/medicines/human/EPAR/seffalair-spiromax.

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

Important risks of Seffalair® Spiromax®, together with measures to minimise such risks and the proposed studies for learning more about Seffalair® Spiromax®'s 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 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 is collected continuously and regularly analysed, including PSUR assessment, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

II.A List of Important Risks and Missing Information

Important risks of Seffalair® Spiromax® are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely 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 Seffalair® Spiromax®. 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 (eg. on the long-term use of the medicine).

Table 1: Summary of Safety Concerns

List of important risks and missing information	
Important identified risks	• Paradoxical bronchospasm • Systemic effects of corticosteroids (including growth retardation in adolescents 12 years and older) • Life-threatening and fatal asthma events with long-acting adrenergic β2 receptor agonists
Important potential risks	• Risk of prescribing error (confusion between the dosages) with potential inadequate control of asthma • Drug interactions (with β-adrenergic blockers and strong inhibitors of CYP3A4)
Missing information	• Use in pregnant or breastfeeding women

II.B Summary of Important Risks

Table 2: Summary of Pharmacovigilance Activities and Risk Minimisation Activities by Safety Concern

Important identified risk : Paradoxical bronchospasm	
Evidence for linking the risk to the medicine	SmPC.
Risk factors and risk groups	Patient with previously documented hypersensitivity to active substance, or to any of the excipients.

Risk minimisation measures	Routine risk minimisation measures SmPC sections 4.4 and 4.8. Recommendation to discontinue use immediately in case of paradoxical bronchospasm in SmPC section 4.4. Wording regarding bronchospasms response to a rapid-acting bronchodilator is included in SmPC section 4.4. PL sections 2 and 4. Prescription only medicine. Additional risk minimisation measures None.
Important identified risk: Systemic effects of corticosteroids (including growth retardation in adolescents 12 years and older)	
Evidence for linking the risk to the medicine	SmPC; known effect of systemic corticosteroid use.
Risk factors and risk groups	The potential for the development of adrenal insufficiency is proportional to the dose and duration of corticosteroids administration. Asthma patients requiring frequent courses of systemic corticosteroids are therefore at heightened risk. Patients receiving potent CYP3A4 inhibitors (eg. ritonavir) that cause increased systemic exposure of ICS are also at increased risk. Adolescents 12 years and older receiving prolonged treatment are at risk of growth retardation.
Risk minimisation measures	Routine risk minimisation measures SmPC sections 4.4 and 4.8. PL sections 2 and 4. Prescription only medicine. Additional risk minimisation measures None.
Important identified risk: Life-threatening and fatal asthma events with long-acting adrenergic β2 receptor agonists	
Evidence for linking the risk to the medicine	SmPC published literature.
Risk factors and risk groups	Uncontrolled asthma symptoms or worsening after initiation with SF.
Risk minimisation measures	Routine risk minimisation measures SmPC section 4.4. PL sections 3 and 4. Prescription only medicine. Additional risk minimisation measures None.

Important potential risk: Risk of prescribing error (confusion between the dosages) with potential inadequate control of asthma	
Evidence for linking the risk to the medicine	None.
Risk factors and risk groups	Physicians prescribing asthma treatment.
Risk minimisation measures	Routine risk minimisation measures SmPC section 4.2. Prescription only medicine. Additional risk minimisation measures None.
Important potential risk: Drug interactions (with β-adrenergic blockers and strong inhibitors of CYP3A4)	
Evidence for linking the risk to the medicine	None.
Risk factors and risk groups	Concomitant treatment with β-adrenergic blockers and strong inhibitors of CYP3A4.
Risk minimisation measures	Routine risk minimisation measures SmPC sections 4.4 and 4.5. PL section 2. Prescription only medicine. Additional risk minimisation measures None.
Missing information: Use in pregnant or breastfeeding women	
Evidence for linking the risk to the medicine	None.
Risk factors and risk groups	Pregnant and lactating women, infants exposed during pregnancy and breastfeeding.
Risk minimisation measures	Routine risk minimisation measures SmPC section 4.6. PL section 2. Prescription only medicine. Additional risk minimisation measures None.

II.C Post-Authorisation Development Plan

There are no studies required for Seffalair® Spiromax®.