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SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

Scientific conclusions and grounds recommending the variation to the terms of the marketing authorisation

International non-proprietary name: ocriplasmin

Procedure No. EMEA/H/C/PSUSA/00010122/201410

Period covered by the PSUR: 17 April 2014 - 16 October 2014

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Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR for ocriplasmin, the scientific conclusions of CHMP are as follows:

Cumulatively, 29 spontaneous cases with 48 events of 'visual symptoms perceived in the fellow eye' have been received. Associated PTs included *Glare*, *Metamorphopsia*, *Photophobia*, *Photopsia*, *Vision blurred*, *Visual acuity reduced*, *Visual impairment*, *Vitreous floaters*, *Blindness transient* and *Blindness unilateral*. Outcome was 'resolved' or 'resolving' for 26/48 events (54%) and 'not resolved' for 8 events (17%), with the remainder unknown. The PRAC recommended updating the product information to inform health professionals and the patients of the potential for these adverse events. Cumulatively, there are 29 spontaneous cases of 'pupillary reflex impaired' (26 serious) and 9 cases from non-interventional studies and clinical trials (4 serious). The MAH interprets these events as a consequence of the 'photoreceptor alteration' events discussed below. The MAH proposes that 'pupillary reflex impaired' be listed in section 4.8 of the SmPC, and this is considered appropriate. Cumulatively, 24 (7 serious and 17 non-serious) events of 'night blindness' in 21 spontaneous cases have been received. Five cases were non-serious and 16 cases were serious. TTO was reported in 4 cases and ranged from 0 to 30 days. Outcome was 'resolved' for 3 events (12.5%), 'resolving with sequelae' for 1 event (4.2%), 'resolving' for 1 event (4.2%), 'not resolved' for 8 events (33.3%) and 'unknown' for 11 events (45.8%). Additionally, 1 non-serious case of 'light adaptation difficulties' (not resolved) was reported in the non-interventional study INJECT. The MAH considers these events a clinical manifestation of 'photoreceptor alteration' events, and proposes an update to the product information. It is agreed that 'night blindness' should be listed in Section 4.8 of the ocriplasmin SmPC. For the 465 ocriplasmin recipients in total in the pivotal phase 3 studies, 19 (4.1%) reported at least 1 episode of PT 'macular oedema'. These comprised 7 cases (1.5%) of uncomplicated macular oedema and 12 cases (2.6%) of cystoid macular oedema. Of the 12 cases of cystoid macular oedema, 5 were reported as recovered and 7 as ongoing at end of study. Cystoid Macular Oedema is considered to be a more severe subtype of macular oedema and currently only 'macular oedema' listed in the SmPC. Therefore it is considered that 'cystoid macular oedema' should be specifically included in section 4.8 of the SmPC in association with macular oedema.

The PL will be updated accordingly, in order to reflect the SmPC changes.

Therefore, in view of available data regarding, the PRAC considered that changes to the product information were warranted.

The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds recommending the variation to the terms of the Marketing Authorisation

On the basis of the scientific conclusions for ocriplasmin the CHMP is of the opinion that the benefit-risk balance of the medicinal product containing ocriplasmin is favourable subject to the proposed changes to the product information

The CHMP recommends that the terms of the Marketing Authorisation should be varied.