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Committee for Medicinal Products for Human Use (CHMP)

Scientific conclusions and grounds for the variation to the terms of the marketing authorisation(s)

Active substance(s): cemiplimab

Procedure No. EMEA/H/C/PSUSA/00010780/201909

Period covered by the PSUR: 26 March 2019 to 26 September 2019

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Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for cemiplimab, the scientific conclusions of the CHMP are as follows:

Regarding the risk of myositis, the search identified three evaluable cases of immune related myositis associated with cemiplimab treatment. Of these three cases, two patients also developed myasthenia gravis and immune related hepatitis. The onset of myositis in all three cases was shortly following first or second dose of cemiplimab. The events were assessed by the physician as related to cemiplimab treatment and subsequently improved with corticosteroids. The risk of myositis is a known risk for the class products. The MAH is requested to include the risk of myositis in section 4.8 of the SmPC.

Regarding the risk of transplant rejection, the search identified four well documented cases of renal transplant rejection following one or two doses of cemiplimab treatment. All cases had transplant many years before receiving cemiplimab, and the transplant rejection occurred 2-3 weeks following treatment. One case had a fatal outcome. In two cases the HCPs indicated that they were aware of the risk of transplant rejection with cemiplimab treatment, but that no other treatment options were available for their patients. The risk of solid organ transplant rejection is well described class effect of PD-1/PD-L1 inhibitor therapy, listed in the product information of the class products. In line with the class products, the MAH is requested to include the risk of "solid organ transplant rejection" in the product information.

Regarding the risk of dyspnoea, the search identified 55 cases, of which approximately half were considered related or secondary to infusion related reactions/hypersensitivity or immune-related reactions. In 17 cases, the event of dyspnoea occurred without other signs, symptoms or underlying disease. For HCPs and patients, it is considered relevant to include a warning regarding dyspnoea, as they (especially patients) may not immediately assume dyspnoea to be a part of infusion related reactions or immune-related AEs. Furthermore, the risk of dyspnoea is a very commonly known risk for the class products. In line with the product information of the class products, the MAH is requested to include the risk of dyspnoea in the product information.

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

Grounds for the variation to the terms of the marketing authorisation(s)

On the basis of the scientific conclusions for cemiplimab the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing cemiplimab is unchanged subject to the proposed changes to the product information.

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.