Forxiga®

5 mg and 10 mg film-coated tablets

Summary of the Risk Management Plan (RMP) for Forxiga® (dapagliflozin)

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Disclaimer

The Risk Management Plan (RMP) is a comprehensive document submitted as part of the application dossier for market approval of a medicine. The RMP summary contains information on the medicine's safety profile and explains the measures that are taken in order to further investigate and follow the risks as well as to prevent or minimise them.

The RMP summary of Forxiga® is a concise document and does not claim to be exhaustive.

As the RMP is an international document, the summary might differ from the "Arzneimittelinformation / Information sur le médicament" approved and published in Switzerland, e.g. by mentioning risks occurring in populations or indications not included in the Swiss authorization.

Please note that the reference document which is valid and relevant for the effective and safe use of Forxiga® in Switzerland is the "Arzneimittelinformation / Information sur le médicament" (see www.swissmedic.ch) approved and authorized by Swissmedic. AstraZeneca AG is fully responsible for the accuracy and correctness of the content of the published summary RMP of Forxiga®.

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

FORXIGA'S Summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how FORXIGA should be used.

This summary of the RMP for FORXIGA 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 FORXIGA'S RMP.

I.1 THE MEDICINE AND WHAT IT IS USED FOR

FORXIGA is authorised for treatment of type 2 diabetes mellitus in adults as an adjunct to diet and exercise, for treatment of symptomatic chronic heart failure in adults and for treatment of chronic kidney disease in adults (see SmPC for the full indications). It contains dapagliflozin as the active substance and it is given orally.

Further information about the evaluation of FORXIGA'S benefits can be found in FORXIGA's EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage:

FORXIGA
https://www.ema.europa.eu/en/medicines/human/EPAR/forxiga

I.2 RISKS ASSOCIATED WITH THE MEDICINE AND ACTIVITIES TO MINIMISE OR FURTHER CHARACTERISE THE RISKS

Important risks of FORXIGA, together with measures to minimise such risks and the proposed studies for learning more about FORXIGA'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 as 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 the routine risk minimisation measures.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including Periodic Safety Update Report assessment, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities.*

I.2.1 List of important risks and missing information

Important risks of FORXIGA 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 FORXIGA. 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).

Table 1 List of Important Risks and Missing Information

Important identified risks	Diabetic Ketoacidosis including events with atypical presentation
Important potential risks	Bladder cancer Breast cancer Prostate cancer
Missing information	Use in patients with NYHA class IV Long-term safety in the paediatric population (aged 10 years and above)

Table 2 Important Identified Risk – Diabetic Ketoacidosis Including Events with Atypical Presentation

Evidence for linking the risk to the medicine	Postmarketing experience with use of SGLT2 inhibitors, including dapagliflozin. In clinical studies with T1DM, there was a higher number of diabetic ketoacidosis (DKA) in the dapagliflozin-treated patients compared to placebo. DKA was also reported in the T2DM DECLARE study with rare frequency.
Risk factors and risk groups	Postoperative episodes affecting insulin requirement/deficiency; dehydration and restricted oral glucose intake due to dieting (especially low carbohydrate diet); loss of appetite due to, eg, gastrointestinal infection, depression, or malaise; severe infections or other severe medical conditions such as myocardial infarction and stroke; and pancreatic insufficiencies due pancreatitis, cancer, or alcohol abuse.
Risk minimisation measures	Routine risk minimisations measures: SmPC sections "Warnings and precautions", "Undesirable effects" PL sections "When is caution required when taking Forxiga?", "Possible side effects?" Information includes that dapagliflozin should be interrupted in relation to major surgical procedures or acute serious medical illnesses, or if DKA is suspected (SmPC section "Warnings and precautions", PL section "When is caution required when taking Forxiga?"). Before initiating dapagliflozin, factors in the patient history that may predispose to ketoacidosis should be considered. (SmPC section "Warnings and precautions").

Table 3 Important Potential Risk – Bladder Cancer

Evidence for linking the risk to the medicine	Clinical trial data with use of dapagliflozin.
Risk factors and risk groups	Age, sex (male), smoking (now or ever), chemical exposure to known carcinogens (cyclophosphamide and aniline dyes, etc), and haematuria.
Risk minimisation measures	None.
Additional pharmacovigilance activities	MB102118: Cancer in Patients on Dapagliflozin and Other Antidiabetic Treatment See section I.2.2 of this summary for an overview of the post-authorisation development plan.

Table 4 Important Potential Risk – Breast Cancer

Evidence for linking the risk to the medicine	Clinical trial data with use of dapagliflozin.
Risk factors and risk groups	Age, sex (female), smoking (now or ever), parity, use of exogenous oestrogen (i.e., hormone replacement therapy), BRCA1 or BRCA2 mutations, family history of breast cancer, breast tissue density, overweight/obesity.
Risk minimisation measures	None.
Additional pharmacovigilance activities	MB102118: Cancer in Patients on Dapagliflozin and Other Antidiabetic Treatment See section I.2.2 of this summary for an overview of the post-authorisation development plan.

Table 5 Important Potential Risk – Prostate Cancer

Evidence for linking the risk to the medicine	Clinical trial data with use of dapagliflozin.
Risk factors and risk groups	Age, smoking.
Risk minimisation measures	None.
Additional pharmacovigilance activities	MB102118: Cancer in Patients on Dapagliflozin and Other Antidiabetic Treatment See section I.2.2 of this summary for an overview of the post-authorisation development plan.

Table 6 Missing Information – Use in Patients with NYHA Class IV

Risk minimisation measures	Routine risk minimisation measures: SmPC Section: “Warnings and precautions”

Table 7 Missing Information – Long-term Safety in the Paediatric Population (Aged 10 years and Above)

Risk minimisation measures	None
Additional pharmacovigilance activities	Long term safety data including measures of growth and maturity and Tanner staging and markers of bone health will be collected for up to 104 weeks in study D1680C00019 (CV181375) T2NOW

I.2.2 Post-authorisation development plan

Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of FORXIGA.

I.2.2.1 Other studies in post-authorisation development plan

Study short name: MB102118 (D1690R00007) – Cancer in Patients on Dapagliflozin [Observational study].

Purpose of the study: (1) To compare the incidence of breast cancer, by insulin use at cohort entry, among females with T2DM who are new initiators of dapagliflozin and females who are new initiators of antidiabetic drugs in classes other than SGLT2 inhibitors, insulin, metformin monotherapy, or SU monotherapy and (2) To compare the incidence of bladder cancer, by insulin use and pioglitazone use, among male and female patients with T2DM who are new initiators of dapagliflozin and those who are new initiators of antidiabetic drugs in classes other than SGLT2 inhibitors, insulin monotherapy, metformin monotherapy, or SU monotherapy.

Study short name: D1680C00019 (CV181375) T2NOW

Purpose of the study: To assess safety and tolerability of dapagliflozin and saxagliptin in paediatric T2DM subjects aged from 10 to < 18 years, receiving 26 weeks of short-term (ST) double-blind treatment, followed by 26-weeks of long-term safety extension period, leading up to 52 weeks of total treatment. Safety objectives include assessment of measures of growth and maturity and Tanner staging and markers of bone health for up to 26 weeks, and, separately, for up to 52 weeks of total treatment, and for an additional 52 weeks after the study has been completed (Week 104).