Other infections

Tell patients to contact their doctor, pharmacist or nurse immediately if they experience any of the following signs of possible infection:

- fever
- persistent cough
- weight loss
- pain when they have not hurt themselves
- feeling generally unwell, tired or low in energy
- burning pain when passing urine.

Patients reporting signs of infection following Truxima® therapy should be promptly evaluated and treated appropriately. Before giving further Truxima® treatment, patients should be re-evaluated for any potential risk of infections as indicated under "**Prior to administering Truxima®**" and "**During or after administration of Truxima® therapy**" headings.

Further information

Consult the Summary of Product Characteristics before prescribing, preparing or administering Truxima®. If you have any questions, require further information or additional copies of any of the Truxima® educational material please contact please contact Medical Logistics Ltd. via the contact details below.

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Adverse events should be reported via;

Medical Logistics Ltd.
1-4, Cantrija Complex, Triq it-Targa,
Il-Maghtab, Naxxar NXR6613 Malta
Tel: +356 2755 9990
Email: safety@medicallogisticsltd.com

Alternatively, suspected adverse reactions should be reported to:
ADR reporting
Sir Temi Zammit Buildings, Malta Life Sciences Park,
San Gwann SGN 3000, Malta
Email: postlicensing.medicinesauthority@gov.mt
Website: www.medicinesauthority.gov.mt/adrportal

As Truxima® is a biological medicine, healthcare professionals should report adverse reactions by brand name and batch number.

References

1. Truxima concentrate for solution for infusion Summary of Product Characteristics.
2. Calabrese LH, *et al. Arthritis Rheum* 2007;56:2116–2128.
3. Egli A, *et al. J Infect Dis* 2009;199:837–846.

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Important information about Truxima® (rituximab)

Truxima® Rituximab

HEALTHCARE CELLTRION

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Information to assist healthcare professionals in caring for patients receiving Truxima® therapy for non-oncology indications

This educational material is provided by Medical Logistics Ltd. and is mandatory as a condition of the Marketing Authorisation in order to further minimise important selected risks

Truxima® should be administered as an intravenous (IV) infusion only to avoid administration route error.

About this guide

This guide is intended to review key facts and important safety information including the risk of infections and progressive multifocal leukoencephalopathy (PML) associated with the use of Truxima® in non-oncology indications **(severe, active rheumatoid arthritis; severe, active granulmatosis with polyangiitis (Wegener's) and microscopic polyangiitis, and moderate to servere pemphigus vulgaris)** and to provide important patient counselling information to assist healthcare professionals in caring for patients receiving Truxima® therapy. It does not contain all information about this product. You should always consult the Summary of Product Characteristics before prescribing, preparing or administering Truxima®. Please familiarise yourself with the Patient Alert Card.

Prior to administering Truxima® therapy

Before you administer Truxima® ask and/or check if the patient:

- Is allergic to Truxima® or to any of the excipients or to murine proteins
- Has an active, severe infection such as tuberculosis, sepsis, hepatitis or an opportunistic infection
- Is severely immunocompromised e.g. levels of CD4 or CD8 are very low
- Has had or now has viral hepatitis or any other hepatic disease
- Is taking or has previously taken medicines which may affect the immune system, such as chemotherapy or immunosuppressive agents
- Have an underlying condition that may further predispose them to serious infection (such as hypogammaglobulinaemia)
- Has signs of an infection, such as a fever, cough or headache, or is feeling unwell
- Has an infection, is being treated for an infection or has a history of recurring, chronic or severe infections
- Has recently received a vaccination or is or planning to have one
- Is taking or has recently taken any other medicines (including those they have bought from a pharmacy, supermarket or health store)
- Is pregnant or wants to become pregnant, or is breastfeeding
- Is taking treatment for high blood pressure
- Has a history of cardiac disease and/or cardiotoxic chemotherapy or a history of breathing problems

During or after administration of Truxima® therapy

- Patients should be closely monitored during administration of Truxima® in an environment where full resuscitation facilities are immediately available
- Use of Truxima® may be associated with an increased risk of infections or PML.
- All patients treated with Truxima® must be given the Truxima® Patient Alert Card with each infusion. The Alert Card contains important safety information regarding potential increased risk of infections, including PML.

Progressive multifocal leukoencephalopathy

As described in the Summary of Product Characteristics[1], use of Truxima® may be associated with an increased risk of PML.

About PML

PML is a rare, progressive, demyelinating disease of the central nervous system that can lead to death or severe disability.[2] PML is caused by activation of the JC (John Cunningham) virus, a polyomavirus that resides in latent form in up to 70% of healthy adults.[3] The JC virus typically only causes PML in immunocompromised patients.[2] The factors leading to activation of latent infection are not fully understood.

Truxima® and PML in non-oncology diseases

A small number of confirmed cases of PML have been reported worldwide in patients who have been treated with rituximab for non-oncology diseases.

The patients had received prior or concurrent immunosuppressive therapy. Most cases of PML were diagnosed within 12 months of their last infusion of rituximab, however patients should be monitored for up to 2 years after treatment.

While the potential role of Truxima® in the development of PML is unclear, the information to date suggests that some patients who receive Truxima® have an increased risk of PML.

PML: patient counselling information

What to tell your patient:

- Some patients treated with Truxima® have developed a serious brain infection called PML, which in some cases has been fatal.
- To carry the Truxima® Patient Alert Card, with them at all times. The Patient Alert Card will be given to them at each infusion.
- To tell carers or relatives about the symptoms to look out for.
- **To contact their doctor, pharmacist or nurse immediately if they experience any of the following signs or symptoms suggestive of PML:**
    - confusion, memory loss or problems thinking
    - loss of balance or a change in the way they walk or talk
    - decreased strength or weakness on one side of the body
    - blurred vision or loss of vision.

PML: patient monitoring

Patients must be monitored at regular intervals for any new or worsening of neurological symptoms or signs that may be suggestive of PML during treatment with Truxima and for up to 2 years after treatment. The physician should be particularly alert to symptoms suggestive of PML that the patient may not notice – for example, cognitive, neurological or psychiatric symptoms.

The physician should evaluate the patient to determine if the symptoms are indicative of neurological dysfunction and, if so, whether these symptoms are possibly suggestive of PML.

If PML is suspected, further dosing must be suspended until PML has been excluded.

If any doubt exists, consultation with a neurologist is recommended and further evaluation, including an MRI scan (preferably with contrast), cerebrospinal fluid testing for JC viral DNA and repeat neurological assessments, should be considered.

If PML is diagnosed, the dosing of Truxima® must be permanently discontinued.

Following reconstitution of the immune system in immunocompromised patients with PML, stabilisation or improved outcome has been seen. It remains unknown if early detection of PML and suspension of Truxima® therapy may lead to similar stabilisation or improved outcome.