PART VI: SUMMARY OF THE RISK MANAGEMENT PLAN

Summary of risk management plan for Dexamethasone 1mg and 4mg tablets and Dexamethasone 2mg/5ml Oral Solution. (herein referred as Dexamethasone).

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

Dexamethasone summary of product characteristics (SmPC) and its package leaflet (PIL) give essential information to healthcare professionals and patients on how Dexamethasone should be used.

Important new concerns or changes to the current ones will be included in updates of Dexamethasone's RMP.

I. The medicine and what it is used for

Dexamethasone is indicated for the treatment of:

- Conditions in which the anti-inflammatory and immunosuppressive effect of the corticosteroids is desirable. Especially for intensive treatment for a shorter time
- Cerebral oedema or increased intracranial pressure due to brain tumour
- In the treatment of cancer mammae, ovarii, prostatae or testis when the effect of the corticosteroids is desirable.
- Prophylaxis of emesis induced by emetogenic chemotherapy.
- Diagnostic test of the pituitary and adrenal cortex function
- Dexamethasone is indicated in the treatment of coronavirus disease 2019 (COVID-19) in adult and adolescent patients (aged 12 years and older with body weight at least 40 kg) who require supplemental oxygen therapy.

II. Risks associated with the medicine and activities to minimise or further characterise the Risks

Important risks of Dexamethasone, together with measures to minimise such risks and the proposed studies for learning more about Dexamethasone'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 so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Dexamethasone is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of Dexamethasone 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 Dexamethasone. 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);

Summary of safety concerns	
Important identified risks	• None
Important potential risks	• None
Missing information	• Safety in patients >70 years old and in particular >80 years old (COVID-19 indication) • Safety in pregnant women (COVID-19 indication)

II.B Summary of important risks

Important Identified Risks:
None

Important potential risks
None

Missing information:

Safety in patients >70 years old and in particular >80 years old (COVID-19 indication)	
Risk minimisation measures	**Routine risk minimisation measures:** SmPC Section: 5.1 Section 5.1 mentions, in the subgroup analysis of RECOVERY trial, the effects of allocation to dexamethasone on 28−day mortality, by age and respiratory support received at randomisation showed that evaluation at 28-days found a significant reduction in mortality by 35% amongst the invasive mechanical ventilation patients and by 20% among the patients on supplemental oxygen therapy with or without non-invasive ventilation, although no benefit was observed in mild or moderate cases, not requiring oxygen support. This trial showed no difference in the dexamethasone treated compared to those who were not. **Legal Status:** Prescription only medicine **Additional risk minimisation measures:** None

Safety in patients >70 years old and in particular >80 years old (COVID-19 indication)	
Risk minimisation measures	**Routine risk minimisation measures:** SmPC Section: 4.6 PL Section: 2 Section 4.6 mentions that the administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate, intrauterine growth retardation and effects on brain growth and development. There is no evidence that corticosteroids result in an increased incidence of congenital abnormalities, such as cleft palate/lip in man. See also section 5.3 of the SmPC. Reduced placenta- and birth weight have been verified after long-term treatment in humans and animals. Furthermore, there is a risk of adrenal cortex suppression in the newborn child at long-term treatment. A tapered substitution therapy of the newborn may become necessary. Corticosteroids should therefore be given during pregnancy only after specially consideration. During breastfeeding dexamethasone is excreted in human milk to such an extent that effects on the breastfed newborn/infants are likely. In fertility steroids may increase or decrease motility and number of spermatozoa in some patients. **Legal Status:** Prescription only medicine **Additional risk minimisation measures:** None

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation for Dexamethasone 1 mg and 4 mg tablets and Dexamethasone 2mg/5ml Oral Solution.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Dexamethasone 1 mg and 4 mg tablets and Dexamethasone 2mg/5ml Oral Solution.