Part VI: Summary of the risk management plan for Androgel 1.62%

VI.1 Elements for summary tables in the EPAR

VI.1.1 Summary table of Safety concerns

Summary of safety concerns	
Important identified risks	Transfer events: adverse reactions following secondary exposure to testosterone Off label use in athletes
Important potential risks	Prostate events Cardiovascular events Serious adverse events in elderly Adverse reactions following use in women and male children
Missing information	none

VI.1.2 Table of on-going and planned studies in the Post-authorisation Pharmacovigilance Development Plan

Not applicable.

VI.1.3 Summary of Post authorisation efficacy development plan

Not applicable.

VI.1.4 Summary table of Risk Minimisation Measures

Safety concern	**Routine risk minimisation measures**	**Additional risk minimisation measures**
Transfer events: adverse reactions following secondary exposure to testosterone	Proposed text in SmPC attached in Annex 2 -section 4.4 (Special warnings and precautions for use) -section 4.6 Pregnancy and lactation	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection and PBRER analysis)
Off label use in athletes	Proposed text in SmPC attached in Annex 2 -section 4.4 (Special warnings and precautions for use)	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection and PBRER analysis)

Safety concern	Routine risk minimisation measures	Additional risk minimisation measures
Prostate events (prostate cancer, elevated PSA, BPH)	Proposed text in SmPC attached in Annex 2. -section 4.3 (Contraindications) -section 4.4 (Special warnings and precautions for use)	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection and PBRER analysis)
Cardiovascular events incl. hypertension	Proposed text in SmPC attached in Annex 2. section 4.4 (Special warnings and precautions for use)	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection, PBRER analysis and provision of a targeted questionnaire for serious cardiovascular events).
Serious adverse events in elderly	Proposed text in SmPC attached in Annex 2. section 4.4 (Special warnings and precautions for use)	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection and PBRER analysis)
Adverse reactions following use in women and male children	Proposed text in SmPC attached in Annex 2. -section 4.4 (Special warnings and precautions for use) -section 4.6 (Pregnancy and lactation)	No additional risk minimisation activities are deemed necessary on top of the routine PhV activities (incl. signal detection and PBRER analysis)

VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Testosterone gel 1.62% is indicated for replacement therapy in adult males older than 18 years for conditions associated with a deficiency or absence of endogenous testosterone, the main male sex hormone secreted by the testes. The deficiency or absence of endogenous testosterone can be due to an anomaly related to the testes or to an anomaly of the central nervous system or a combination of both. The anomaly can be present at birth or can have been acquired at a later stage.

VI.2.2 Summary of treatment benefits

The efficacy of testosterone gel 1.62% treatment was compared to the efficacy of placebo treated hypogonadal patients in a clinical study during a 6 months treatment period. The percentage of hypogonadal patients on testosterone gel 1.62% treatment who achieved the physiological testosterone blood concentration was clinically relevantly and statistically significantly higher than the percentage of subjects on placebo.
When subsequently all these patients - those formerly on testosterone gel 1.62% as well as those formerly on placebo - were receiving testosterone gel 1.62% treatment, pre-established success criteria were met on all study days (≥ 75% of the subjects within the physiological range of 300 – 1000 ng/dL, the physiological testosterone blood level).

VI.2.3 Unknowns relating to treatment benefits

Treatment benefits have not been assessed in male patients below 18 years.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Safety concern	Brief summary	Can risk can be minimised or mitigated? How?
Transfer of product to women and children	Following direct skin-to-skin contact with the application sites of an Androgel 1.62% treated patient drug transfer might occur when the product is not yet fully absorbed at the level of the treated patient's skin.	Patient: • Read the product leaflet carefully prior to treatment • Avoid contact with application areas of treated patients • Wash hands • Wear protective clothing
Off label use in athletes	Anabolics are found to be used off label in athletes as a prohibited practice	Athletes should follow the product leaflet information and consult the World Anti-doping Agency (WADA) list of substances prohibited in doping

Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
Use in women and male children	The product is not destined for use in women and male children.
Prostate events (prostate cancer, elevated PSA, benign prostate hyperplasia)	Since the product is contraindicated in patients with known prostate cancer, Androgel 1.62% therapy should only be started upon exclusion of underlying prostate cancer.
Cardiovascular events incl. hypertension	Androgel 1.62% therapy should be used with caution in patients with ischaemic heart disease or in patients at risk for cardiovascular diseases.
Serious events in elderly	Due to comorbidities associated with hypogonadism, Androgel 1.62% should be used with caution in the elderly.

Missing information

Risk	What is known
None identified	

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures.

VI.2.6 Planned post authorisation development plan

None.

VI.2.7 Summary of changes to the Risk Management Plan over time

Not applicable