VI.2 Elements for a public summary

VI.2.1 Overview of disease epidemiology

Heart failure

Heart failure develops when the heart fails to pump blood required to meet the body need. Heart failure is a major public health issue, with over 23 million worldwide, and rising. The lifetime risk of developing heart failure is one in five. In the western countries around 1-2% population is affected with this disease. Persons younger than 50 years are hardly ever found to have heart failure, but in those older than 50 years the incidence increase with age. The disease which narrows the blood vessel wall and reduces blood flow to the heart (coronary artery disease) notably increases the chance of developing heart failure; in 7–8 years after heart attack (myocardial infarction) up to 36% of patients will experience heart failure. In general, the mortality (death rate) following hospitalization for patients with heart failure is 10.4% at 30 days, 22% at 1 year, and 42.3% at 5 years, despite marked improvement in medical and device therapy.

VI.2.2 Summary of treatment benefits

Eplerenone film-coated Tablets are used to treat heart failure to prevent worsening and reduce hospitalizations if patients:

1. had a recent heart attack, in combination with other drugs that are used to treat heart failure, or
2. have persistent, mild symptoms despite the treatment the patient has been receiving so far.

Eplerenone was studied in the patient with heart failure after heart attack. In this study, eplerenone reduced the risk of death by 15% compared to no treatment (placebo).

In another study, eplerenone was used along with standard treatment to patient group of at-least 55 years older and hospitalized after heart failure. The group of patient treated with eplerenone along with standard treatment show less number of death compared to group of patient having only standard treatment.

However, Accord Healthcare Ltd has not conducted any studies for eplerenone on expected benefit considering its similarity to the currently marketed product.

VI.2.3 Unknowns relating to treatment benefits

Eplerenone has not been studied in children and adolescents, in pregnant/breast feeding patients and in patients with pre existing sever liver problem.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
High levels of potassium in the blood (Hyperkalemia)	Elevated potassium level in blood with symptoms such as muscle cramps, diarrhoea, nausea, dizziness or headache which occurs between 1 in10 patients with Eplerenone use. Blood potassium levels should be measured before starting Eplerenone film-coated Tablets therapy, within the first week and at one month after the start of treatment or after a change in dose. The dose may be adjusted by doctor, depending on the potassium levels in blood.	Before taking the medicine patient should tell doctor for any history of high levels of potassium in blood (hyperkalemia). Tell doctor or pharmacist if taking, have recently taken or might take any other medicines which help you to excrete excessive body fluid, (potassium sparing diuretics) or "salt tablets" (potassium supplements) or the drugs which are used to treat high blood pressure, heart disease or particular kidney conditions (Angiotensin converting

Risk	What is known	Preventability
		enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) together). Please inform to doctor if taking any drugs used to treat skin conditions such as psoriasis or eczema, or to prevent rejection after organ transplantation (Cyclosporin or tacrolimus) or certain pain killers such as ibuprofen, used to relieve pain, stiffness and inflammation (Non-steroidal anti-inflammatory drugs) or certain drugs used to treat bacterial infections (Trimethoprim). Blood potassium levels should be measured before starting Eplerenone therapy, within the first week and at one month after the start of treatment or after a change in dose. The dose may be adjusted by the doctor, depending on the potassium levels in blood.
Abnormal functioning of	Abnormal functioning of kidney	Before taking the medicine

Risk	What is known	Preventability
kidney (Renal impairment)	and Increased creatinine blood levels which may indicate kidney problems are common side effects which may occur between 1 in 10 patients.	patient should tell doctor for any history of severe kidney disease. Please inform to doctor if taking any drugs used to treat skin conditions such as psoriasis or eczema, and to prevent rejection after organ transplantation (Cyclosporin or tacrolimus) or certain pain killers such as ibuprofen, used to relieve pain, stiffness and inflammation (Non-steroidal anti-inflammatory drugs) or certain drugs used to treat bacterial infections (Trimethoprim).
Rash and Itching (Rash and Pruritus)	Rash and Itching is common side effect which may occur between 1 in10 patients.	Patient should immediately inform doctor if experience itching.

Important potential risks

Risk	What is known
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Missing information

Risk	What is known
Use in children (paediatric patients)	The safety and effectiveness of this medicine is not proved in children and adolescents. This medicine is not recommended for children and adolescents.
Use during pregnancy and lactation	The effect of this medicine is not studied during pregnancy. The patient should consult doctor or pharmacist, if patient is pregnant or breast-feeding or think she may be pregnant or planning to have a baby. It is not known whether this medicine is excreted in breast milk. Patient should consult doctor for discontinue breast-feeding or to discontinue this medicine.
Use in patient with severe liver disease (severe hepatic impairment)	This medicine should not be taken if he/she has severe liver disease. Patient should inform doctor or pharmacist or nurse before taking this medicine.

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SPC) 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.

This medicine has no additional risk minimization measures.

VI.2.6 Planned post authorisation development plan

No studies planned.

VI.2.7 Summary of changes to the risk management plan over time

Version	Date	Safety Concern	Comment
4.0	15-Sep-2016	Following important identified risk has been deleted from this RMP. • Myocardial infarction	RMP has been updated to incorporate relevant changes as per updated SmPC and PIL.
3.0	29-Dec-2015	Following risks added as missing information • Use in paediatric patients • Use during pregnancy and lactation • Use in patients with severe hepatic impairment	RMP has been updated as per Day 50 comments from Federal Institute for Drugs and Medical Devices, BfArM (DE), Dated 10-Dec-2015.RMP has been updated to incorporate relevant changes as per updated SmPC and PIL.
2.0	02-Feb-2015	Safety concerns are aligned with the RMP for the reference product Inspra and with the RMPs of eplerenone-containing products as per the following safety concerns : Important identified risks: • Myocardial infarction	RMP has been updated as per RMS Day 70 Preliminary Assessment Report

Version	Date	Safety Concern	Comment
		• Hyperkalemia • Renal impairment • Rash and Pruritus Important potential risks and Missing information deleted.	