Part VI: Summary of activities in the risk management plan by product

VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Seasonal allergic rhinitis ("hay fever") is due to allergens such as pollen of any plants occurring during the pollinic seasons resulting in sneezing, itching, runny or blocked nose. It is estimated that it affects 10% to 20 % of the general population of industrialized countries and 40% of children.

Chronic idiopathic urticaria ("hives") has no known cause leading to wheals, itching. It is estimated to affect up to 1% of the general population of industrialized societies and is more common in adults than in children, with the disease typically beginning in the third to fifth decades of life. Women are affected twice as often as men.

VI.2.2 Summary of treatment benefits

Fexofenadine is used since 1996 for the treatment of symptoms of seasonal allergic rhinitis ("hay fever") and of chronic idiopathic urticaria ("hives") in adults and in children.

Studies have been conducted to measure the antiallergic effect of the drug. They have demonstrated that the medicine exhibits its effect within one hour, achieving maximum at 6 hours and lasting 24 hours. Maximum efficacy was greater than 80%. Clinical studies conducted in seasonal allergic rhinitis have shown that a dose of 120 mg is sufficient for 24 hour efficacy.

VI.2.3 Unknowns relating to treatment benefits

Fexofenadine has been on the market for over 15 years and there is no indication of impaired efficacy or benefits of the treatment. However, the treatment benefits remain unknown for children under 12 years.

No formal studies have been conducted to investigate the effects of Fexofenadine in pregnancy and lactation. Therefore, as a precautionary measure, it is preferable to avoid the use of Fexofenadine during pregnancy. During lactation, a decision must be made by the treating physician whether to discontinue breast-feeding or to discontinue/abstain from Fexofenadine therapy taking into account the benefit of therapy for the woman.

As with most new medicinal products there is only limited data in the older people and renally or hepatically impaired patients. Fexofenadine hydrochloride should be administered with care in these special groups.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Allergic reaction (Hypersensitivity reaction)	Allergic reactions have been reported in clinical trials, with an incidence similar to that observed with placebo (i.e. inert tablets without drug) and with manifestations such as rapid swelling of the face, lips, tongue or throat, chest tightness, breathing discomfort, warm, red condition of the skin and systemic anaphylaxis (severe to life threatening allergic reaction of rapid onset affecting many body systems).	Fexofenadine is contraindicated in patients with hypersensitivity to the active substance. Monitoring and assessment of allergic reactions, awareness of previous incidents.
Heart rate exceeding the normal rate and perceived abnormality of the heartbeat (Cardiovascular events (tachycardia and palpitations))	Antihistamines (i.e. medications used to treat allergic reactions) as a medicine class, have been associated with the adverse reactions such as heart rate exceeding the normal rate and perceived abnormality of the heartbeat	Patients with a history of or ongoing cardiovascular disease are warned for adverse reactions such as tachycardia and palpitations. Monitoring and assessment of cardiovascular events, awareness of previous incidents.

Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
-	-

Missing information

Risk	What is known
Pregnant and lactating women	<u>Pregnancy</u> There are no adequate data from the use of fexofenadine

Risk	What is known
	hydrochloride in pregant women. Limited animal studies do not indicate direct or indirect harmful effects with respect to effects on pregnancy, embryonal/foetal development, parturition or postnatal development (see section 5.3). Fexofenadine hydrochloride should not be used during pregnancy unless clearly necessary. Breastfeeding There are no data on the content of human milk after administering fexofenadine hydrochloride. However, when terfenadine was administered to nursing mothers fexofenadine was found to cross into human breast milk. Therefore fexofenadine hydrochloride is not recommended for mothers breast-feeding their babies.
Children aged less than 12 years old	The efficacy and safety of fexofenadine hydrochloride 120 mg and 180 mg, respectively has not been studied in children under 12. In children from 6 to 11 years of age: fexofenadine hydrochloride 30 mg tablet is the appropriate formulation for administration and dosing in this population.
Older people, renally or hepatically impaired patients	Studies in special risk groups (older people, renally or hepatically impaired patients) indicate that it is not necessary to adjust the dose of fexofenadine hydrochloride in these patients. However, as with most new medicinal products there is only limited data in the older people and renally or hepatically impaired patients. Fexofenadine hydrochloride should be administered with care in these special groups. Information is included in the package leaflet and SPC.

VI.2.5 Summary of risk minimisation measures by safety concern

Safety concern in lay terms (medical term)

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.

Fexofenadine Midas Film-coated Tablets have no additional risk minimisation measures.

The Summary of Product Characteristics and the Package leaflet for Fexofenadine Midas Film-coated Tablets can be found on the web pages of the national competent authorities in the EU.

VI.2.6 Planned post authorisation development plan

NA

Studies which are a condition of the marketing authorisation

NA

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

Major changes to the Risk Management Plan over time

Version	Date	Safety Concerns	Comment
Version 1.0	15.10.2015	Identified Risks Hypersensitivity reaction Cardiovascular events (tachycardia and palpitations) Potential Risks Increased exposure to Fexofenadine due to interactions with erythromycin, ketoconazole or single dose of lopinavir and ritonavir combination Reduced bioavailability of Fexofenadine with antacids containing aluminum and magnesium hydroxide Missing information Pregnant and lactating women. Children aged less than 12 years old Older people, renally or hepatically impaired patients	Initial version
Version 2.0	15.02.2016	Identified Risks Hypersensitivity reaction Cardiovascular events (tachycardia and palpitations) Potential Risks - Missing information Pregnant and lactating women. Children aged less than 12 years old Older people, renally or hepatically impaired patients	The safety concerns were adapted (based upon the day 70 Preliminary Assessment Report of the RMS dated 1st February 2016).