RISK MANAGEMENT PLAN (RMP) in the EU

VI.2 Elements for a public summary

VI.2.1 Overview of disease epidemiology

OAB syndrome:
Overactive bladder syndrome (OAB) is a chronic condition with symptoms that have a severe impact on patient. OAB can affect men, women and children of any age or race, although sufferers are predominately women. It has been called 'irritable' bladder or detrusor instability, urge or urgency-frequency syndrome. The definition was standardized by the International Continence Society in 2002 as "urgency, with or without urge incontinence, usually with frequency and nocturia".

Population studies in Europe, Canada, Korea, and the US have shown OAB symptoms to be present in 11.8%–16.5% of adults and to occur at a similar incidence in females and males in late life. Although OAB can cause problems for people of all ages, its prevalence increases in association with age. OAB will, on balance of probability, become more common as the number of people in the population surviving beyond their eighties increases.

VI.2.2 Summary of treatment benefits

In large, well designed clinical 12-weeks trials, solifenacin 5 or 10 mg administered as a once daily regimen had greater efficacy than placebo in reducing symptoms of OAB. The pooled trials show that both dosages reduce the urgency to urinate and number of voids as compared with placebo. The urge incontinence episodes were also reduced. At least half of the patients who reported incontinence in baseline voiding diaries, experienced no incontinence at endpoint while on solifenacin therapy. The objective measurement of voided volume was greatly increased with both dosages of solifenacin as compared to placebo, and the higher dosage did offer a considerable improvement over the lesser dose. The improvement was maintained during a 40-week extension trial.

VI.2.3 Unknowns relating to treatment benefits
Not known.
VI.2.4 Summary of safety concerns
Important identified risks

Risk	**What is known**	**Preventability**
Abnormal Electrocardiogram finding (QT interval prolongation and Torsade de Pointes)	QT prolongation and Torsade de Pointes have been observed in patients with risk factors, such as pre-existing long QT syndrome, low heart rate, low potassium level and concurrent consumption of medicinal products known to cause QT prolongation.	Yes. Patient should inform treating doctor their complete details of medical history and drugs ongoing. Patient should inform doctor or pharmacist immediately if experience symptoms like dizziness, recurrent episodes of feeling of heart beats, loss of consciousness, shortness in breath, chest pain.
Build-up of urine in the bladder due to inability to empty the bladder (Urinary retention)	Rare side effects include build-up of urine in the bladder due to inability to empty the bladder. Symptoms of overdose of solifenacin include accumulation of urine in the bladder (urinary retention).	Patient is advised not to take solifenacin if having inability to pass water or to empty the bladder completely.
Allergic reactions including those that result in the swelling that occurs in the tissue just below the surface of the skin with difficulty in breathing (Hypersensitivity reactions, including anaphylactic reactions and angioedema)	This medication may cause allergic reactions as all medicines can. Skin allergy that results in the swelling that occurs in the tissue just below the surface of the skin with difficulty in breathing has been reported in some patients on solifenacin succinate.	Yes, by monitoring for early symptoms. If any of those occur, treatment should be discontinued immediately and appropriate therapy and/or measures should be taken.
Increased pressure in the eyes (Glaucoma)	Cases of glaucoma have been observed post-marketing in relation to solifenacin.	Patient is advised not to take solifenacin if suffering from increased pressure in the eyes, with gradual loss of eye sight. Patient must talk to the doctor or pharmacist before taking solifenacin if he is at risk of developing glaucoma.
Blockage of the intestines (Ileus)	Common side effects of solifenacin include constipation, nausea, abdominal fullness, abdominal pain, stomach discomfort.	Patient is advised not to take solifenacin if having severe stomach or bowel condition (including toxic megacolon, a complication associated with ulcerative colitis).Patient must talk to the doctor or pharmacist before taking solifenacin if he is at risk of digestive system slowing

		down (stomach and bowel movements).

Important potential risks:

Risk	What is known
Use of solifenacin in infants and children either exposed to solifenacin directly or exposed via breast-feeding	Solifenacin is not to be used in children or adolescents under 18 years. Preclinical data revealed higher mortality in young mice compared to adult mice. No data on the excretion of solifenacin in human milk are available. In mice, solifenacin and/or its metabolites was excreted in milk, and caused a dose dependent failure to thrive in neonatal mice. The use of solifenacin should be avoided during breast-feeding.

Missing information

Risk	What is known
Limited information on the use in pregnant women	One should not use solifenacin if she is pregnant unless doctor thinks it is necessary.

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.

The Summary of Product Characteristics and the Package leaflet for this product can be found at the agency's EPAR page.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

Not applicable. No postauthorisation studies are planned.

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

Version	*Date*	*Safety concerns*	*Comment*
1.1	30.03.2017	- Hypersensitivity reactions, including anaphylactic reactions and angioedema added as an identified risk - Angioedema with airway obstruction removed as a potential risk - Urinary retention added as an identified risk	- „Angioedema with airway obstruction" renamed as „Hypersensitivity reactions, including anaphylactic reactions and angioedema" and reclassified as an important identified risk. - „Significant bladder outflow obstruction at risk of urinary retention" renamed as „Urinary retention" and reclassified as an important identified risk. of solifenacin in

		- Gastrointestinal obstructive disorders removedd as an identified risk - Ileus added as an identified risk - Glaucoma added as an identified risk - Use of solifenacin in infants and children either exposed to solifenacin directly or exposed via breast-feeding added to the list of safety concerns - Use in pregnancy added to the list of safety concerns - Use in pediatric patients removed from the list of the safety concerns - Use in pregnant and breast feeding women removed from the list of the safety concerns - Effect on the fertility of humans removed from the list of the safety concerns	infants and children either exposed to solifenacin directly or exposed via breast-feeding - „Gastrointestinal obstructive disorders" renamed as "Ileus" - Use during lactation and use in pediatric patients combined as Use of solifenacin in infants and children either exposed to solifenacin directly or exposed via breast-feeding - „Effect on the fertility of humans" removed from the list of the safety concerns, since preclinical data did not indicate any potential risk . - Part V and VI updated in accordance with the amendments of the safety specification in part II.