PART VI: SUMMARY OF THE RISK MANAGEMENT PLAN

Summary of risk management plan for: L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion

This is a summary of the risk management plan (RMP) for L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion. The RMP details important risks of L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion, how these risks can be minimised, and how more information will be obtained about L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion.

L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion should be used.
Important new concerns or changes to the current ones will be included in updates of L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion RMP.

I. The medicine and what it is used for

L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion is authorised for the treatment for:

- Myxoedema coma.
- Hypothyroidism from central or peripheral origin in patients with hypothyroidism, where oral therapy is not feasible, particularly due to difficulties in swallowing or malabsorption.

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

Important risks of L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion, together with measures to minimise such risks, are outlined below.
Measures to minimise the risks identified for a medicinal product can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package insert addressed to healthcare professionals;
- Important advice on the medicine’s packaging;

- The authorised pack size — the amount of medicine (6 ampoules) 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 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.

II.A List of important risks and missing information

Important risks of L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion are risks that need special management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. 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 L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion. 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).

List of important risks and missing information	
Important identified risks	• None
Important potential risks	• Circulatory collapse in very low birth weight preterm neonates
Missing information	• None

II.B Summary of important risks

Important potential risk: Circulatory collapse in very low birth weight preterm neonates

Evidence for linking the risk to the medicine	Literature Levothyroxine sodium (LT4) is considered safe, and widely administered to premature infants with thyroid dysfunction. LCC after LT4 administration was reported in Japan. However, there is controversy on the aspect of LT4 as a risk factor of LCC (Do 2019). The administration of LT4 might increase the risk of LCC in VLBWI. Two weeks from the initiation of LT4 administration is considered a high-risk period. Careful attention over blood pressure and adrenal function is necessary if the administration of LT4 for VLBWI is initiated (Kawai 2012).
Risk factors and risk groups	Prematurity ⩽28 weeks of gestation and LT4 replacement is a risk factors of LCC (Do 2019).
Risk minimisation measures	**Routine risk minimisation measures:** Circulatory collapse in very low birth weight preterm neonates is listed in the SmPC for L-Thyroxine SERB. The MAH will continue to closely monitor Circulatory collapse in very low birth weight preterm neonates as part of routine pharmacovigilance activity and take appropriate action to update the SmPC. Legal Status: Prescription only product. **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 of L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion.

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

There are no studies required for L-THYROXINE SERB 200 micrograms/ml solution for injection/infusion.