

Tepezza (teprotumumab)

- **Brief Prescribing Information** Please refer to the Summary of Product Characteristics before prescribing Tepezza. **Pharmaceutical Form:** Lyophilisate for solution for infusion. White to off-white, lyophilised powder for intravenous infusion. Upon reconstitution, Tepezza is a colourless or slightly brown, clear to opalescent solution which is free of foreign particulate matter. The solution has a pH of approximately 5.5. **Therapeutic indications:** Tepezza is indicated for the treatment of thyroid eye disease. **Posology and method of administration:** Administration precautions: Treatment should be initiated under the supervision of a physician experienced in the treatment of thyroid eye disease and with access to appropriate medical support to manage potential severe reactions such as serious infusion-related reactions. **Posology:** The recommended dose of Tepezza is an intravenous infusion of 10 mg/kg for the initial dose followed by an intravenous infusion of 20 mg/kg every 3 weeks for 7 additional infusions. **Special populations:** Paediatric population. The safety and efficacy of teprotumumab in children and adolescents aged 0 to 18 years has not yet been established. No data are available. **Method of administration** Administer the diluted solution intravenously over 90 minutes for the first 2 infusions. If well tolerated, the minimum time for subsequent infusions can be reduced to 60 minutes. If not well tolerated, the minimum time for subsequent infusions should remain at 90 minutes. Do not administer as an intravenous push or bolus. Tepezza should not be infused concomitantly with other agents. **Contraindications** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** **Traceability:** In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. **Infusion-related reactions:** Tepezza may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with Tepezza. Signs and symptoms of infusion-related reactions include transient increases in blood pressure, feeling hot, tachycardia, dyspnoea, headache and muscular pain. Infusion reactions may occur during any of the infusions or within 1.5 hours after an infusion. Reported infusion reactions are usually mild or moderate in severity and can usually be successfully managed with corticosteroids and antihistamines. In patients who experience an infusion reaction, consideration should be given to pre-medicating with an antihistamine, antipyretic, corticosteroid and/or administering all subsequent infusions at a slower infusion rate. **Exacerbation of pre-existing inflammatory bowel disease (IBD):** Tepezza may cause an exacerbation of pre-existing IBD. Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of Tepezza. **Hyperglycaemia:** Hyperglycaemia or increased blood glucose may occur in patients treated with Tepezza. In clinical trials, 10% of patients (two thirds of whom had pre-existing diabetes or impaired glucose tolerance) experienced hyperglycaemia. Hyperglycaemic events should be controlled with medications for glycaemic control, if necessary. Monitor patients for elevated blood glucose and symptoms of hyperglycaemia while on treatment with Tepezza. Patients with pre-existing diabetes should be under appropriate glycaemic control before receiving Tepezza. **Interaction with other medicinal products and other forms of interaction** No interaction studies have been performed. **Fertility, pregnancy, and lactation** **Women of childbearing potential:** Based on its mechanism of action inhibiting insulin-like growth factor 1 receptor (IGF-1R), Tepezza may cause foetal harm when administered to a pregnant woman. Women of childbearing potential should use effective contraception (methods that result in less than 1% pregnancy rates) prior to initiation, during treatment with Tepezza and for 6 months after the last dose of Tepezza. **Pregnancy:** There are no or limited amount of data from the use of teprotumumab in pregnant women. Based on findings in animals and its mechanism of action inhibiting insulin-like growth factor 1 receptor (IGF-1R), Tepezza may cause foetal harm when administered to a pregnant woman. Adequate and well-controlled studies with Tepezza have not been conducted in pregnant women. There are insufficient data with Tepezza use in pregnant women to inform any drug associated risks for adverse developmental outcomes. *In utero* teprotumumab exposure in cynomolgus monkeys dosed once weekly with teprotumumab throughout pregnancy resulted in external and skeletal abnormalities. Teprotumumab exposure may lead to an increase in foetal loss. Therefore, Tepezza should not be used in pregnancy, and appropriate forms of contraception should be implemented prior to initiation, during treatment and for 6 months following the last dose of Tepezza. If the patient becomes pregnant during treatment, Tepezza should be discontinued, and the patient advised of the potential risk to the foetus. The background rate of major birth defects and miscarriage is unknown for the indicated population. In the general population, the estimated background risks of major birth defects and miscarriage in clinically recognised pregnancies are 2 – 4% and 15 – 20%, respectively. Based on mechanism of action inhibiting IGF-1R, postnatal exposure to teprotumumab may cause harm. **Breast-feeding** There is no information regarding the presence of Tepezza in human milk, the effects on the breast-fed infant or the effects on milk production. **Fertility:** Fertility studies have not been performed with Tepezza. **Effects on ability to drive and use machines** The pharmacological activity and adverse reactions reported to date suggest that teprotumumab has no negligible influence on the ability to drive and use machines. **Undesirable effects:** refer to SmPC for full information. Muscle spasms, Nausea, Alopecia, Diarrhoea, Fatigue, Hyperglycaemia, Hearing impairment, Dysgeusia, Headache and Dry skin. **List of Adverse reactions:** Hyperglycaemia, Hearing impairment, Nausea, Diarrhoea, Alopecia, Muscle spasms, Fatigue (very common), Dysgeusia, Headache, Dry skin, Infusion-related reaction (common), Exacerbation of IBD (Not known). **Overdose** No information is available for patients who have received an overdosage. **Special precautions for storage:** Store in refrigerator (2 °C – 8 °C) in original carton in order to protect from light. Do not freeze. For storage conditions after dilution of the medicinal product. **Special precautions for disposal and other handling** Reconstitution and preparation of infusion solution Step 1: Calculate the dose (mg) and determine the number of vials needed for the 10 or 20 mg/kg dosage based on patient weight. Each Tepezza vial contains 500 mg of the teprotumumab antibody. Step 2: Using appropriate aseptic technique, reconstitute each Tepezza vial with 10 mL of sterile water for injection. Ensure that the stream of diluent is not directed onto the lyophilised powder, which has a cake-like appearance. Do not shake, but gently swirl the solution by rotating the vial until the lyophilised powder is dissolved. The reconstituted solution has a volume of 10.5 mL. Withdraw 10.5 mL of reconstituted solution to obtain 500 mg. After reconstitution, the final concentration is 47.6 mg/mL. Step 3: The reconstituted Tepezza solution must be further diluted in 0.9% sodium chloride solution, prior to infusion. To maintain a constant volume in the infusion bag, a sterile syringe and needle should be used to remove the volume equivalent to the amount of the reconstituted Tepezza solution to be placed into the infusion bag. Discard the 0.9% sodium chloride, volume withdrawn. Step 4: Withdraw the required volume from the reconstituted Tepezza vial(s) based on the patient's weight (in kg) and transfer into an intravenous bag containing 0.9% sodium chloride solution to prepare diluted solution with a total volume of 100 mL (for less than 1,800 mg dose) or 250 mL (for 1,800 mg and greater dose). Mix diluted solution by gentle inversion. Do not shake. Discard the solution if any particulate matter or discoloration are observed. **Disposal:** Any unused medicinal product or waste material should be disposed of in accordance with local requirements. Discard vial(s) and all unused contents. **Legal category:** POM. **Marketing Authorisation Holder:** Horizon Therapeutics Ireland DAC 70 St. Stephen's Green Dublin 2 D02 E2X4 Ireland. **Local Marketing authorization numbers :** 2802245000. **Date of revision of the text:** Jan 2020 **Local representative name and address:** Cigalah Group of Companies. 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Any suspected adverse reactions should be reported immediately to Amgen in accordance with local spontaneous reporting requirements. Amgen Fax: +966 11 2799301 or send to mailbox: Safety-MEA@amgen.com and/or National Pharmacovigilance Centre (NPC), Email: npc.drug@sfd.gov.sa , Fax: +966-11-2057662 , SFDA Call Center 19999, website: <http://ade.sfd.gov.sa>