Great Britain Prescribing Information:
FABHALTA®▼ (iptacopan)

Important note: Before prescribing, consult Summary of Product Characteristics (SmPC).

Presentation: Hard capsules containing 200 mg of iptacopan (as hydrochloride monohydrate).

I**ndication(s)**: FABHALTA is indicated as monotherapy in the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have haemolytic anaemia.

Dosage and administration: The recommended dose is 200 mg taken orally twice daily.

If a dose or doses are missed, the patient should be advised to take one dose as soon as possible and then to resume the regular dosing schedule; Patients with several missed doses should be monitored for potential signs and symptoms of haemolysis.

Patients switching from anti-C5 or other PNH therapies to iptacopan: If switching from eculizumab, iptacopan should be initiated no later than 1 week after the last dose of eculizumab; if switching from ravulizumab, iptacopan should be initiated no later than 6 weeks after the last dose of ravulizumab; Switches from complement inhibitors other than eculizumab and ravulizumab have not been studied.

Elderly: No dose adjustment is required for patients 65 years of age and older. *Renal impairment:* No dose adjustment is required in patients with mild or moderate renal impairment. No data are currently available in patients with severe renal impairment or on dialysis and no dose recommendations can be given.

Hepatic impairment: Iptacopan is not recommended in patients with severe hepatic impairment (Child-Pugh class C). No dose adjustment is required for patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment. *Paediatric population*: The safety and efficacy of iptacopan in children aged below 18 years have not been established. No data are available.

Contraindications: Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. of the SmPC; patients who are not currently vaccinated against *Neisseria meningitidis* and *Streptococcus pneumoniae*, unless the risk of delaying treatment outweighs the risk of developing an infection from these encapsulated bacteria; patients with unresolved infection caused by encapsulated bacteria, including *Neisseria meningitidis*, *Streptococcus pneumoniae* or *Haemophilus influenzae* type B, at treatment initiation.

Warnings/Precautions:

Serious infections caused by encapsulated bacteria: The use of iptacopan may predispose individuals to serious, life-threatening or fatal infections caused by encapsulated bacteria. To reduce the risk of infection, all patients must be vaccinated against encapsulated bacteria, including *Neisseria meningitidis* and *Streptococcus pneumoniae*. It is recommended to vaccinate patients against *Haemophilus influenzae* type B if vaccine is available. Vaccines should be administered at least 2 weeks prior to the first dose of iptacopan. If treatment must be initiated prior to vaccination, patients should be vaccinated as soon as possible and provided with antibacterial prophylaxis until 2 weeks after vaccine administration. Patients should be informed of and monitored for early signs and symptoms of serious infection. Patients should be immediately evaluated and treated if infection is suspected. PNH laboratory monitoring: Patients should be monitored regularly for signs and symptoms of haemolysis, including measuring lactate dehydrogenase (LDH) levels. Monitoring of PNH manifestations after treatment discontinuation: patients should be closely monitored for signs and symptoms of haemolysis for at least 2 weeks after the last dose. These include elevated LDH levels along with sudden decrease in haemoglobin or PNH clone size, fatigue, haemoglobinuria, abdominal pain, dyspnoea, dysphagia, erectile dysfunction, or major adverse vascular events (MAVEs), including venous or arterial thrombosis. If treatment discontinuation is necessary, alternative therapy should be considered. If haemolysis occurs after discontinuation of iptacopan, restarting treatment should be considered. Co-administration with other medicinal products: Concomitant use with strong inducers of CYP2C8, UGT1A1, PgP, BCRP and OATP1B1/3 has not been studied clinically; therefore is not recommended due to the potential for reduced efficacy of iptacopan. If an alternative concomitant medicinal product cannot be identified, patients should be monitored for potential signs and symptoms of haemolysis. Educational materials: Physicians must be familiar with the physician educational materials and must explain and discuss the benefits and risks of iptacopan with the patient and provide them with the patient information pack. The patient should be instructed to seek prompt medical care if they experience any sign or symptom of serious infection or serious haemolysis following treatment discontinuation.

Interactions: Although concomitant administration of iptacopan with strong inducers of CYP2C8, UGT1A1, PgP, BCRP and OATP1B1/3, such as rifampicin, has not been studied clinically, concomitant use is not recommended due to the potential for reduced efficacy of iptacopan. *In vitro* data showed iptacopan has potential for induction of CYP3A4 and may decrease the exposure of sensitive CYP3A4 substrates. Caution should be exercised if co-administration of iptacopan with sensitive CYP3A4 substrates is required, especially for those with a narrow therapeutic index (e.g. carbamazepine, ciclosporin, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus). *In vitro* data showed iptacopan has potential for time-dependent inhibition of CYP2C8 and may increase the exposure of sensitive CYP2C8 substrates, such as repaglinide, dasabuvir or paclitaxel. Caution should be exercised if co-administration of iptacopan with sensitive CYP2C8 substrates is required. The concomitant use of iptacopan and sensitive CYP2C8 substrates has not been studied clinically.

Fertility, pregnancy and lactation:

Fertility: There are no data on the effect of iptacopan on human fertility; non-clinical data do not suggest an effect of iptacopan treatment on fertility. *Pregnancy*: There are no or limited amount of data from the use of iptacopan in pregnant women. PNH in pregnancy is associated with adverse maternal outcomes, including worsening cytopaenias, thrombotic events, infections, bleeding, miscarriages and increased maternal mortality, as well as adverse foetal outcomes, including foetal death and premature delivery. The use of iptacopan in pregnant women or women planning to become pregnant may only be considered following a careful assessment of the risk and benefits. *Breast-feeding*: It is unknown whether iptacopan is excreted in human milk. There are no data on the effects of iptacopan on the breast-fed newborn/infant or on milk production. A risk to the newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from iptacopan, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Undesirable effects: Very common (≥1/10): upper respiratory tract infection, headache and diarrhoea; Common (≥1/100 to <1/10): urinary tract infection, bronchitis, platelet count decreased, dizziness, abdominal pain, nausea, arthralgia. The most commonly reported serious adverse reaction was urinary tract infection; Uncommon (≥1/1,000 to <1/100): pneumonia bacterial, urticaria.

Legal classification: POM

Marketing Authorisation (MA) number, quantities and price: MA number: PLGB 00101/1231 - 56 hard capsules: £26,500.00

Date of last revision of prescribing information: August 2024

Full Prescribing Information available from: Novartis Pharmaceuticals UK Limited, 2nd Floor, The WestWorks Building, White City Place, 195 Wood Lane, London, W12 7FQ. Telephone: (01276) 692255.

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Adverse Event Reporting:

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report or alternatively email medinfo.uk@novartis.com or call 01276 698370