5th December 2024

Direct Healthcare Professional Communication (DHPC)

This information is applicable to Healthcare Professionals based in Northern Ireland only

COLUMVI®▼ (glofitamab):

Significant Update on Patient Monitoring Requirements for New and Existing Patients on COLUMVI in Northern Ireland (NI) to align with the UK Summary of Product Characteristics (SmPC) and Patient Information Leaflet (PIL) from 1st January 2025

Dear Healthcare professional,

Roche Products Ltd in agreement with The Medicines and Healthcare products Regulatory Agency (MHRA) would like to inform you of updates that will be made to the NI SmPC and PIL for COLUMVI to align with the rest of the UK, as a result of the Windsor Framework agreement.

Columvi as monotherapy is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy.

Background

As of January 1 2025, all existing PLGB licences (product licences that cover Great Britain only), will automatically cover the entire UK under the Human Medicine Regulations (HMR 2012 as amended). As a result, the Northern Ireland SmPC and PIL will become redundant. All new medicines and medicines in Northern Ireland that currently fall under the scope of the European Union Central Authorisation Procedure will be authorised on a UK-wide basis by the MHRA for the UK market.

Consequently, there will be changes in the monitoring requirements for patients on treatment with COLUMVI in Northern Ireland. Specifically, patients in Northern Ireland must be monitored for signs and symptoms of potential Cytokine Release Syndrome (CRS) during and for at **least 24 hours after completion of the infusion of the first COLUMVI dose** (2.5 mg on Cycle 1 Day 8). This is a change from the current EU licence and Northern Ireland SmPC and PIL, which requires patients to be monitored during and for **at least 10 hours after the completion of the first COLUMVI infusion**.

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Reason behind the current difference in monitoring time between Northern Ireland and Great Britain SmPC and PIL

In study NP30179, 18/145 glofitamab-exposed patients (12.4%) experienced Grade ≥ 2 CRS during or after the 2.5 mg Cycle 1 Day 8 dose. The median time to onset of Grade ≥2 CRS (from the start of infusion) was 9.7 hours[1], with 17/18 (94%) of these patients developing CRS within 14 hours from the start of infusion[2].

The European Medicines Agency (EMA) agreed a 10-hour monitoring period following completion of the 2.5mg infusion, totalling 14 hours of observation (4 hours for the infusion and 10 hours post-infusion). This decision was based on the study data showing that the majority of Grade ≥ 2 cytokine release syndrome (CRS) events occurred within this timeframe[2]. Additionally, there are existing mitigation measures for CRS (patient card and education around signs and symptoms of CRS).

However, the MHRA recommended a 24-hour monitoring period from the end of the 4-hour infusion. This recommendation was based on the patient with the longest time to onset of a Grade ≥ 2 CRS event following the 2.5mg COLUMVI infusion, which was at 19.1 hours from the start of the infusion[1,2]. Therefore the 24-hour monitoring period would capture Grade ≥ 2 events for the maximum range of time to CRS observed in the primary safety population of the registration study.

Actions required

From 1st January 2025 under the newly implemented UK-wide COLUMVI licence, healthcare professionals in Northern Ireland are required to adhere to the updated licensed monitoring requirements and adapt their clinical practice accordingly, ensuring patients are monitored for signs and symptoms of potential CRS during and for at least 24 hours after completion of the infusion of the first COLUMVI dose (2.5 mg on Cycle 1 Day 8)[1].

Call for reporting

COLUMVI ▼ is subject to additional monitoring. This will allow quick identification of new safety information.

Please report ANY suspected adverse drug reactions (ADRs) to drugs and vaccines identified by the black triangle▼ to the MHRA through the Yellow Card scheme found at www.mhra.gov.uk/yellowcard.

Please report:

- All suspected ADRs that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause a congenital abnormality or result in hospitalisation, and those that are considered medically significant for any other reason
- All suspected ADRs associated with new drugs identified by the black triangle ▼

You can report via:

- the Yellow Card website: www.mhra.gov.uk/yellowcard
- the free Yellow Card app available from the Apple App Store or Google Play Store
- some clinical IT systems (EMIS/SystmOne/Vision/MiDatabank) for healthcare professionals

Alternatively, you can report a suspected side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, timing onset, treatment dates, and product brand name.

Adverse events should also be reported to Roche Products Ltd. Please contact Roche Drug Safety Centre by emailing welwyn.uk_dsc@roche.com or calling +44 (0)1707 367554.

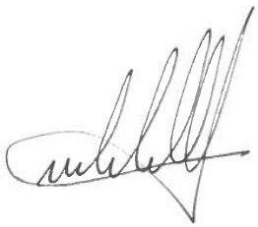
Company contact point

Should you have any questions regarding the use of COLUMVI, please feel free to contact:
Roche Medical Information by phone on +44(0)800 328 1629 or via e-mail medinfo.uk@roche.com.

Thank you in advance for your understanding and cooperation in this additional information.

Yours faithfully,

Roche Products Limited



Dr Marius Scholtz
Medical Cluster Lead/Chief Medical Officer

References:

1. COLUMVI Summary of Product Characteristics (SmPC), October 2024
   Available at: www.medicines.org.uk/emc

2. Data on File M-GB-00019884 October 2024