Roche

EMPOWERING HEMATOLOGY

A wide range of expertise. Provided by people. For people.

POLIVY® polatuzumab vedotin

Lunsumio® mosunetuzumab

HEMLIBRA® emicizumab

COLUMVI® glofitamab

GAZYVARO® obinutuzumab

A new lease of life with Columvi®

Highly effective in R/R DLBCL patients with >2 prior lines of therapy

NEW: First bispecific antibody for R/R DLBCL

COLUMVI® glofitamab

Scan the QR code to learn more about this new therapy

https://www.roche.com/

R/R DLBCL - relapsed or refractory diffuse large B-cell lymphoma

COLUMVI®▼ (glofitamab) **Mandatory information according to Summary of Product characteristics** ▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. **Name of the medicinal product:** Columvi 2.5 mg concentrate for solution for infusion. Columvi 10 mg concentrate for solution for infusion. **Therapeutic indication:** 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. **Posology and method of administration:** Columvi must only be administered under the supervision of a healthcare professional experienced in the diagnosis and treatment of cancer patients and who has access to appropriate medical support to manage severe reactions associated with cytokine release syndrome (CRS). At least 1 dose of tocilizumab for use in the event of CRS must be available prior to Columvi infusion at Cycles 1 and 2. Access to an additional dose of tocilizumab within 8 hours of use of the previous tocilizumab dose must be ensured. Posology Columvi dosing begins with a step-up dosing schedule (which is designed to decrease the risk of CRS), leading to the recommended dose of 30 mg.

Columvi dose step-up schedule

Columvi must be administered as an intravenous infusion according to the dose step-up schedule leading to the recommended dose of 30 mg, after completion of pre-treatment with obinutuzumab on Cycle 1 Day 1. Each cycle is 21 days. All patients must be monitored for signs and symptoms of potential CRS during infusion and for at least 10 hours after completion of the infusion of the first Columvi dose (2.5 mg on Cycle 1 Day 8).

Duration of treatment Treatment with Columvi is recommended for a maximum of 12 cycles or until disease progression or unmanageable toxicity. Each cycle is 21 days.

Management of cytokine release syndrome CRS should be identified based on the clinical presentation.Patients should be evaluated for other causes of fever, hypoxia, and hypotension, such as infections or sepsis.

Contraindications: Hypersensitivity to the active substance, to obinutuzumab, or to any of the excipients. For specific contraindications on obinutuzumab, please refer to the obinutuzumab prescribing information.

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. **Undesirable effects:** Summary of the safety profile The most common adverse reactions (≥ 20%) were cytokine release syndrome, neutropenia, anaemia, thrombocytopenia, and rash. The most common serious adverse reactions reported in ≥ 2% of patients were cytokine release syndrome (22.1%), sepsis (4.1%), COVID-19 (3.4%), tumour flare (3.4%), COVID-19 pneumonia (2.8%), febrile neutropenia (2.1%), neutropenia (2.1%), and pleural effusion (2.1%). Permanent discontinuation of Columvi due to an adverse reaction occurred in 5.5% of patients. The most common adverse reactions leading to permanent discontinuation of Columvi were COVID-19 (1.4%) and neutropenia (1.4%). **Pharmacodynamic properties:** Pharmacotherapeutic group: Antineoplastic agents, other monoclonal antibodies and antibody drug conjugates, ATC code: L01FX28. **Marketing authorisation holder:** Roche Registration GmbH, Emil-Barell-Strasse 1 79639, Grenzach-Wyhlen Germany **Prescription medicine. Marketing authorisation numbers:** EU/1/23/1742/001; EU/1/23/1742/002

Date of revision of the text: **01/2024** Detailed information on this medicinal product please see at Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/product-information/columvi-epar-product-information_en.pdf

Additional risk minimisation measures: The educational program is aimed at:

- Informing physicians to provide each patient with the patient card and educate the patient on its content, which includes a list of symptoms of CRS to prompt patient actions including to seek immediate medical attention in case of its occurrence.
- Prompting patient actions, including seeking immediate medical attention, in case of the occurrence of symptoms of CRS.
- Informing physicians on the risk of tumour flare and its manifestations.

Reporting of undesirable effects:

In accordance with the National requirements about reporting of undesirable effects of medicines in Latvia, medical personnel and pharmacists must report observed possible undesirable effects of medicines to the State Agency of Medicines electronically on the website www.zva.gov.lv. Report to Roche Latvija SIA by phone 67039831, 28655600, e-mail: latvia.drug-safety@roche.com

Reklāmas devējs: SIA "Roche Latvija" Miera iela 25, Rīga, LV-1001, +371 67039831, riga.info_latvija@roche.com. Apstiprinājuma numurs: M-LV-00000725. Sagatavots: 2023. gada augustā.

Polivy ▼ (polatuzumab vedotin)

Mandatory information according to Summary of Product characteristics

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Name of the medicinal product: Polivy 30 mg powder for concentrate for solution for infusion. Polivy 140 mg powder for concentrate for solution for infusion. Therapeutic indication: Polivy in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (R-CHP) is indicated for the treatment of adult patients with previously untreated diffuse large B-cell lymphoma (DLBCL). Polivy in combination with bendamustine and rituximab is indicated for the treatment of adult patients with relapsed/refractory diffuse large B-cell lymphoma (DLBCL) who are not candidates for haematopoietic stem cell transplant. Posology and method of administration: Polivy must only be administered under the supervision of a healthcare professional experienced in the diagnosis and treatment of cancer patients. Posology Diffuse large B-cell lymphoma

Previously untreated patients

The recommended dose of Polivy is 1.8 mg/kg, given as an intravenous infusion every 21 days in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for 6 cycles. Polivy, rituximab, cyclophosphamide and doxorubicin can be administered in any order on Day 1 after the administration of prednisone.

Relapsed or refractory patients

The recommended dose of Polivy is 1.8 mg/kg, given as an intravenous infusion every 21 days in combination with bendamustine and rituximab for 6 cycles. Polivy, bendamustine and rituximab can be administered in any order on Day 1 of each cycle. Due to limited clinical experience in patients treated with 1.8 mg/kg Polivy at a total dose >240 mg, it is recommended not to exceed the dose 240 mg/cycle.

Previously untreated and relapsed or refractory patients

If not already premedicated, premedication with an antihistamine and anti-pyretic should be administered to patients prior to Polivy. Method of administration Polivy is for intravenous use. The initial dose of Polivy should be administered as a 90-minute intravenous infusion. Patients should be monitored for Infusion-related reactions (IRRs) /hypersensitivity reactions during the infusion and for at least 90 minutes following completion of the initial dose. Precaution to be taken before handling or administering the product Polivy contains a cytotoxic component which is covalently attached to the monoclonal antibody. Follow applicable proper handling and disposal procedure. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Active severe infections. Traceability In order to improve traceability of biological medicinal products, the trade name and the batch number of the administered product should be clearly recorded. Undesirable effects: Summary of the safety profile *In previously untreated DLBCL patients* treated with Polivy plus R-CHP: The most frequently-reported (≥ 30%) adverse drug reactions (ADRs) in patients treated with Polivy plus R-CHP for previously untreated DLBCL were neuropathy peripheral (52.9%), nausea (41.6%), neutropenia (38.4%), and diarrhoea (30.8%). Serious adverse reactions were reported in 24.1% of Polivy plus R-CHP treated patients. The most common serious adverse reactions reported in ≥ 5% of patients were febrile neutropenia (10.6%) and pneumonia (5.3%). The ADRs leading to treatment regimen discontinuation in > 1% of patients treated with Polivy plus R-CHP was pneumonia (1.1%). *In previously treated DLBCL patients* treated with Polivy plus BR the most frequently reported (≥ 30%) ADRs (all grades) in patients treated with Polivy plus BR in previously treated DLBCL were neutropenia (45.7%), diarrhoea (35.8%), nausea (33.1%), thrombocytopenia (32.5%), anaemia (31.8%) and neuropathy peripheral (30.5%). Serious adverse reactions were reported in 41.7% of Polivy plus BR treated patients. The most common serious adverse reactions reported in ≥ 5% of patients were: febrile neutropenia (10.6%), sepsis (9.9%), pneumonia (8.6%) and pyrexia (7.9%). The ADR leading to treatment regimen discontinuation in >5% of patients treated with Polivy plus BR was thrombocytopenia (7.9%). Pharmacodynamic properties: Pharmacotherapeutic group: antineoplastic agents; other antineoplastic agents; monoclonal antibodies ATC code: L01FX14. Marketing authorisation holder: Roche Registration GmbH, Emil-Barell-Strasse 1 79639, Grenzach-Wyhlen Germany Prescription medicine. Marketing authorisation numbers: EU/1/19/1388/001; EU/1/19/1388/002

Date of revision of the text: 03/2023 Detailed information on this medicinal product please see at Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/product-information/polivy-epar-productinformation_en.pdf

Lunsumio®▼ (mosunetuzumab)

Mandatory information according to Summary of Product characteristics

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Name of the medicinal product: Lunsumio 1 mg concentrate for solution for infusion. Lunsumio 30 mg concentrate for solution for infusion. Therapeutic indication: Lunsumio as monotherapy is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) who have received at least two prior systemic therapies. Posology and method of administration: Lunsumio must only be administered under the supervision of a healthcare professional qualified in the use of anti-cancer therapies, in a setting with appropriate medical support to manage severe reactions such as cytokine release syndrome (CRS). Posology

Lunsumio should be administered to well-hydrated patients. Table 1 provides details on recommended premedication for CRS and infusion related reactions.

Table 1 Premedication to be administered to patients prior to Lunsumio infusion

Patients requiring premedication	Premedication	Administration
Cycles 1 and 2: all patients	Intravenous corticosteroids: dexamethasone 20 mg or methylprednisolone 80 mg	Complete at least 1 hour prior to Lunsumio infusion
Cycles 3 and beyond: patients who experienced any grade CRS with previous dose	Anti-histamine: 50-100 mg diphenhydramine hydrochloride or equivalent oral or intravenous anti-histamine	At least 30 minutes prior to Lunsumio infusion
	Anti-pyretic: 500-1000 mg paracetamol	

The recommended dose of Lunsumio for each 21 day-cycle is detailed in Table 2.

Table 2 Dose of Lunsumio for patients with relapsed or refractory follicular lymphoma

Day of treatment		Dose of Lunsumio	Rate of infusion
Cycle 1	Day 1	1 mg	Infusions of Lunsumio in Cycle 1 should be administered over a minimum of 4 hours
	Day 8	2 mg	
	Day 15	60 mg	
Cycle 2	Day 1	60 mg	If the infusions were well-tolerated in Cycle 1, subsequent infusions of Lunsumio may be administered over 2 hours.
Cycles 3 and beyond	Day 1	30 mg	

Duration of treatment Lunsumio should be administered for 8 cycles, unless a patient experiences unacceptable toxicity or disease progression. For patients who achieve a complete response, no further treatment beyond 8 cycles is required. For patients who achieve a partial response or have stable disease in response to treatment with Lunsumio after 8 cycles, an additional 9 cycles of treatment (17 cycles total) should be administered, unless a patient experiences unacceptable toxicity or disease progression. Dose modification Patients who experience grade 3 or 4 reactions (e.g. serious infection, tumour flare, tumour lysis syndrome) should have treatment temporarily withheld until symptoms are resolved. CRS should be identified based on clinical presentation. Patients should be evaluated and treated for, other causes of fever, hypoxia, and hypotension, such as infections/sepsis. Infusion related reactions (IRR) may be clinically indistinguishable from manifestations of CRS. If CRS or IRR 4 is suspected, patients should be managed according to the recommendations. Method of administration Lunsumio is for intravenous use only. Lunsumio must be diluted using aseptic technique under the supervision of a healthcare professional. It should be administered as an intravenous infusion through a dedicated infusion line. Do not use an inline filter to administer Lunsumio. Drip chamber filters can be used to administer Lunsumio. The first cycle of Lunsumio should be administered over a minimum of 4 hours as intravenous infusion. If the infusions are well-tolerated in cycle 1, the subsequent cycles may be administered over a 2-hours infusion. Lunsumio must not be administered as intravenous push or bolus. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Special warnings and precautions for use: Traceability In order to improve traceability of biological medicinal products, the trade name and the batch number of the administered product should be clearly recorded. Cytokine Release Syndrome (CRS) including life-threatening reactions, have occurred in patients receiving Lunsumio. Signs and symptoms included pyrexia, chills, hypotension, tachycardia, hypoxia, and headache. Infusion related reactions may be clinically indistinguishable from manifestations of CRS. CRS events occurred predominantly in cycle 1 and were mainly associated with Day 1 and Day 15 dose administrations. Patients should be premedicated with corticosteroids, antipyretics and antihistamines at least through cycle 2. Patients must receive adequate hydration prior to the administration of Lunsumio. Serious infections such as pneumonia, bacteraemia, and sepsis or septic shock have occurred in patients receiving Lunsumio, some of which were life-threatening or fatal events. Febrile neutropenia was observed in patients after receiving Lunsumio infusion. Lunsumio should not be administered in the presence of active infections. Undesirable effects:

Summary of the safety profile The adverse reactions (ARs) described in this section were identified from the pivotal clinical trial GO29781 in patients treated at the recommended dose (n=218). Patients had follicular lymphoma (41.3%), diffuse large B-cell lymphoma/transformed follicular lymphoma (40.4%) mantle cell lymphoma (11.5%), Richter's transformation (6.4%), and other histologies (0.5%). The median number of cycles of Lunsumio received was 8 (range 1 -17), 37% of patients received 8 cycles, and 15% received more than 8 cycles up to 17 cycles. The most common adverse reactions (≥ 20%) observed were cytokine release syndrome, neutropenia, pyrexia, hypophosphatemia and headache. The most common serious adverse reactions (≥ 2%) observed included cytokine release syndrome (CRS) (21% by ASTCT grading system), pyrexia (5%), and pneumonia (3%). Nine of 218 patients (4.1%) discontinued Lunsumio due to an adverse event. CRS was the only adverse reaction that led to discontinuation in more than one patient (2 patients [0.9%]).

Pharmacodynamic properties: Pharmacotherapeutic group: Antineoplastic agents; other antineoplastic agents; monoclonal antibodies, ATC code: L01XC. Marketing authorisation holder: Roche Registration GmbH, Emil-Barell-Strasse 1 79639, Grenzach-Wyhlen Germany Prescription medicine. Marketing authorisation numbers: EU/1/22/1649/001; EU/1/22/1649/002

Date of revision of the text: 04/2023

Detailed information on this medicinal product please see at Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/product-information/lunsumio-epar-product-information_en.pdf

Additional risk minimisation measures: all patients/carers who are expected to use Lunsumio have access to/are provided with the Patient Card which will inform and explain to patients the risks of cytokine release syndrome (CRS). The Patient Card also includes a warning message for healthcare professionals treating the patient that the patient is receiving Lunsumio.

Gazyvaro (obinutuzumab)

Mandatory information according to Summary of Product characteristics

Name of the medicinal product: Gazyvaro 1,000 mg concentrate for solution for infusion.

Therapeutic indication: *Chronic lymphocytic leukaemia (CLL)* Gazyvaro in combination with chlorambucil is indicated for the treatment of adult patients with previously untreated CLL and with comorbidities making them unsuitable for full-dose fludarabine based therapy.

Follicular lymphoma (FL) Gazyvaro in combination with chemotherapy, followed by Gazyvaro maintenance therapy in patients achieving a response, is indicated for the treatment of patients with previously untreated advanced FL. Gazyvaro in combination with bendamustine followed by Gazyvaro maintenance is indicated for the treatment of patients with FL who did not respond or who progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen. Posology and method of administration: Gazyvaro should be administered under the close supervision of an experienced physician and in an environment where full resuscitation facilities are immediately available.

Posology *Prophylaxis and premedication for tumour lysis syndrome (TLS)* Prophylaxis should consist of adequate hydration and administration of uricostatics (e.g. allopurinol), or suitable alternative treatment such as urate oxidase (e.g. rasburicase), starting 12-24 hours prior to start of Gazyvaro infusion as per standard practice.

Prophylaxis and premedication for infusion related reactions (IRRs)

Corticosteroid premedication is recommended for patients with FL and mandatory for CLL patients in the first cycle. Dose *Chronic lymphocytic leukaemia (CLL, in combination with chlorambucil)* For patients with CLL the recommended dose of Gazyvaro in combination with chlorambucil is shown in Table 1

Cycle	Day of treatment	Dose of Gazyvaro
Cycle1	Day 1	100 mg
	Day 2 (or Day 1 continued)	900 mg
	Day 8	1,000 mg
	Day 15	1,000 mg
Cycles 2-6	Day 1	1,000 mg

- Duration of treatment Six treatment cycles, each of 28 day duration. *Follicular lymphoma*

For patients with FL, the recommended dose of Gazyvaro in combination with chemotherapy is shown in Table 2

Cycle	Day of treatment	Dose of Gazyvaro
Cycle 1	Day 1	1,000 mg
	Day 8	1,000 mg
	Day 15	1,000 mg
Cycles 2-6 or 2-8	Day 1	1,000 mg
Maintenance	Every 2 months for 2 years or until disease progression (whichever occurs first)	1,000 mg

Duration of treatment Induction treatment of approximately six months (six treatment cycles of Gazyvaro, each of 28 day duration when combined with bendamustine, or eight treatment cycles of Gazyvaro, each of 21 day duration when combined with CHOP or CVP) followed by maintenance once every 2 months for 2 years or until disease progression (whichever occurs first). Method of administration Gazyvaro is for intravenous use. It should be given as an intravenous infusion through a dedicated line after dilution. Gazyvaro infusions should not be administered as an intravenous push or bolus. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Undesirable effects: Summary of the safety profile *Infusion related reactions* Most frequently reported (≥ 5%) symptoms associated with an IRR were nausea, vomiting, diarrhoea, headache, dizziness, fatigue, chills, pyrexia, hypotension, flushing, hypertension, tachycardia, dyspnoea, and chest discomfort. Respiratory symptoms such as bronchospasm, larynx and throat irritation, wheezing, laryngeal oedema and cardiac symptoms such as atrial fibrillation have also been reported. *Neutropenia and infections. Thrombocytopenia and haemorrhagic events* Pharmacodynamic properties: Pharmacotherapeutic group: Antineoplastic agents, monoclonal antibodies, ATC code: L01XC15. Marketing authorisation holder: Roche Registration GmbH, Emil-Barell-Strasse 1 79639, Grenzach-Wyhlen Germany Prescription medicine. Marketing authorisation numbers: EU/1/14/937/001

Date of revision of the text:: 09/2022 Detailed information on this medicinal product please see at Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/productinformation/gazyvaro-epar-productinformation_en.pdf

Hemlibra (emicizumab)

Mandatory information according to Summary of Product characteristics

Name of the medicinal product: Hemlibra 30 mg/mL solution for injection. Hemlibra 150 mg/mL solution for injection.

Therapeutic indication: Hemlibra is indicated for routine prophylaxis of bleeding episodes in patients with haemophilia A (congenital factor VIII deficiency): - with factor VIII inhibitors; - without factor VIII inhibitors who have: severe disease (FVIII <1%) or moderate disease (FVIII ≥ 1% and ≤ 5%) with severe bleeding phenotype. Posology and method of administration:

Treatment should be initiated under the supervision of a physician experienced in the treatment of haemophilia and/or bleeding disorders. Posology Treatment (including routine prophylaxis) with bypassing agents (e.g. activated prothrombin complex concentrate [aPCC] and activated recombinant human FVII [rFVIIa]) should be discontinued the day before starting Hemlibra therapy. Factor VIII (FVIII) prophylaxis may be continued for the first 7 days of Hemlibra treatment. The recommended dose is 3 mg/kg once weekly for the first 4 weeks (loading dose), followed by a maintenance dose from week 5, of either 1.5 mg/kg once weekly, 3 mg/kg every two weeks, or 6 mg/kg every four weeks, all doses administered as a subcutaneous injection. The loading dose regimen is the same, irrespective of the maintenance dose regimen. The maintenance dose regimen should be selected based on physician and patient/caregiver dosing regimen preference to support adherence. Duration of treatment Hemlibra is intended for long-term prophylactic treatment. Dose adjustments during treatment No dose adjustments of Hemlibra are recommended. Method of administration Hemlibra is for subcutaneous use only, and it should be administered using appropriate aseptic technique. 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. Undesirable effects: Summary of the safety profile The most serious adverse drug reactions (ADRs) reported from the clinical studies with Hemlibra were thrombotic microangiopathy (TMA) and thrombotic events, including cavernous sinus thrombosis (CST) and superficial vein thrombosis contemporaneous with skin necrosis. The most common ADRs reported in ≥ 10% of patients treated with at least one dose of Hemlibra were: injection site reactions (19.4 %), arthralgia (14.2 %) and headache (14.0 %). In total three patients (0.7 %) in the clinical studies receiving Hemlibra prophylaxis withdrew from treatment due to ADRs, which were TMA, skin necrosis contemporaneous with superficial thrombophlebitis, and headache.

Pharmacodynamic properties: Pharmacotherapeutic group: antihemorrhagics, other systemic hemostatics; ATC code: B02BX06.

Marketing authorisation holder: Roche Registration GmbH, Emil-Barell-Strasse 1 79639, Grenzach-Wyhlen Germany Prescription medicine. Marketing authorisation numbers: EU/1/18/1271/001 (30 mg/1 ml); EU/1/18/1271/002 (60 mg/0.4 ml); EU/1/18/1271/003 (105 mg/0.7 ml); EU/1/18/1271/004 (150 mg/1 ml); EU/1/18/1271/005 (300 mg/2 ml)

Date of revision of the text: 05/2023

Detailed information on this medicinal product please see at Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/product-information/hemlibra-epar-product-information_en.pdf

Additional risk minimisation measures: The educational programme is aimed at increasing communication and medical and patient education around the important identified risks of thromboembolic events and thrombotic microangiopathy (TMA) associated with the concomitant use of emicizumab and activated prothrombin complex concentrate (aPCC), and the important potential risk of life-threatening bleeding due to misinterpretation of the standard coagulation tests (unreliable in patients treated with emicizumab) and provide information on how to manage them. All healthcare professionals, patients/carers who are expected to prescribe, dispense or use Hemlibra, and laboratory professionals, have access to/are provided with the following educational package:

- Physician educational material
- Patient/Carer educational material
- Laboratory professionals educational material
- Patient Card.