Myozyme®- Abbreviated Summary of Product Characteristics

Name of the medicinal product: Myozyme 50 mg powder for concentrate for solution for infusion **Product composition:** One vial contains 50 mg of alglucosidase alfa. After reconstitution, the solution contains 5 mg of alglucosidase alfa per ml and after dilution; the concentration varies from 0.5 mg to 4 mg/ml. **Indications:** Myozyme is indicated for long-term enzyme replacement therapy (ERT) in patients with a confirmed diagnosis of Pompe disease (acid α-glucosidase deficiency). Myozyme is indicated in adults and paediatric patients of all ages. **Posology and method of administration:** Myozyme treatment should be supervised by a physician experienced in the management of patients with Pompe disease or other inherited metabolic or neuromuscular diseases. *Posology:* The recommended dose regimen of alglucosidase alfa is 20 mg/kg of body weight administered once every 2 weeks. Paediatric and older people: There is no evidence for special considerations when Myozyme is administered to paediatric patients of all ages or older people. Patients with renal and hepatic impairment: The safety and efficacy of Myozyme in patients with renal or hepatic impairment have not been evaluated and no specific dose regimen can be recommended for these patients. *Method of administration:* Myozyme should be administered as an intravenous infusion. Infusions should be administered incrementally. It is recommended that the infusion begin at an initial rate of 1 mg/kg/h and be gradually increased by 2 mg/kg/h every 30 minutes if there are no signs of infusion associated reactions (IARs) until a maximum rate of 7 mg/kg/h is reached. **Contraindications**: Life threatening hypersensitivity (anaphylactic reaction) to the active substance or to any of the excipients, when rechallenge was unsuccessful. **Special warnings and precautions for use:** *Hypersensitivity/Anaphylactic reactions:* Serious and life-threatening anaphylactic reactions, including anaphylactic shock, have been reported in infantile- and late-onset patients during Myozyme infusions. *Infusion Associated Reactions:* Approximately half of the patients treated with Myozyme in infantile-onset clinical studies and 28% of the patients treated with Myozyme in a late-onset clinical study developed infusion associated reactions (IARs). *Immunogenicity*: In clinical studies, the majority of patients developed IgG antibodies to alglucosidase alfa typically within 3 months of treatment. Thus seroconversion is expected to occur in most patients treated with Myozyme. A tendency was observed for infantile-onset patients
treated with a higher dose (40 mg/kg) to develop higher titres of IgG antibodies. *Immune-mediated reactions:* Severe cutaneous reactions, possibly immune mediated, have been reported with alglucosidase alfa, including ulcerative
and necrotizing skin lesions. Nephrotic syndrome was observed in a few Pompe patients treated with alglucosidase alfa and who had high IgG antibody titres (≥ 102,400). *Immunomodulation:* Patients with Pompe disease are at risk of respiratory infections due to the progressive effects of the disease on the respiratory muscles. **Interactions:** No interactions studies have been performed. Because it is a recombinant human protein, alglucosidase alfa is an unlikely candidate for cytochrome P450 mediated drug-drug interaction. **Fertility, pregnancy and lactation:** *Pregnancy:* Myozyme should not be used during pregnancy unless clearly necessary. *Breast-feeding:* Alglucosidase alfa may be excreted in breast milk. Because there are no data available on effects in neonates exposed to alglucosidase alfa via breast milk, it is recommended to stop breast-feeding when Myozyme is used. *Fertility:* There are no clinical data on the effects of alglucosidase alfa on fertility. **Undesirable effects:** Adverse reactions (reported in at least 2 patients) and adverse reactions reported in postmarketing setting, expanded access programs and noncontrolled clinical trials, per System Organ Class, presented by frequency categories: ***Infantile-onset:*** *Very common (≥1/10):* urticaria, rash, tachycardia, flushing, vomiting, tachypnea, cough, pyrexia, oxygen saturation decreased.*Common (≥1/100 to<1/10):* erythema, rash maculopapular, rash macular, rash papular, pruritus, retching,
nausea, agitation, tremor, cyanosis, hypertension, pallor, irritability, chills, increased heart rate, blood pressure and body temperature. ***Late-onset****: Common (≥1/100 to<1/10):* hypersensitivity, dizziness, paraesthesia, headache, flushing, throat tightness, diarrhea, vomiting, nausea, urticaria, rash papular, pruritus, hyperhidrosis, muscle spasms, muscle twitching, myalgia, pyrexia, chest discomfort, peripheral oedema, local swelling, fatigue, feeling hot, increased blood pressure. ***Infantile- and Late-onset***: *Not known:* agitation, restlessness, tremor, headache, conjunctivitis, cardiac arrest, bradycardia, tachycardia, cyanosis, hypertension, hypotension, vasoconstriction, pallor, respiratory arrest, apnea, respiratory distress, bronchospasm, wheezing, pharyngeal oedema, dyspnea, tachypnea, throat tightness, stridor, cough, abdominal pain, retching, periorbital edema, livedo reticularis, increased lacrimation, rash, erythema, hyperhidrosis, arthralgia, nephrotic syndrome, proteinuria, chest pain, face edema, feeling hot, pyrexia, chills, chest discomfort, irritability, peripheral coldness, infusion site pain, infusion site reaction, decreased oxygen saturation, increased heart rate. **Storage:** Store in a refrigerator (2°C – 8°C). After dilution, an immediate use is recommended. However, chemical and physical in-use stability has been demonstrated for 24 hours at 2 to 8°C when stored under protection from light.

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To report an adverse event or if you have any medical enquiry email us at: Levant.Pharmacovigilance@sanofi.com for adverse event Levant.medinfo@sanofi.com for medical enquiry