PUBLIC SUMMARY OF RISK MANAGEMENT PLAN (RMP)

PRAVORION 20 MG AND 40 MG TABLETS

ORION CORPORATION

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VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

This product is indicated for the lowering of cholesterol blood levels and the prevention of events in the heart and blood vessels. It is also indicated for lowering of high level of fatty substances (lipids) in patients receiving medication against donor organ rejection after organ transplantation.

Ischaemic heart disease (IHD), a condition in which the supply of blood to the heart is reduced, is the leading cause of death world-wide. The most important risk factors for IHD are raised body mass index (the measure of weigh compared to height), high blood pressure, high cholesterol level in blood and smoking.

The results of a study, which combined data from other 17 studies that included a total of about 55,000 patients, showed that an increase in levels of lipids in blood was associated with increased risk of disease of the heart and blood vessels both in men and women. When a variety of other risk factors were taken into account, the relative risks were decreased but were still statistically significant. Therefore, this study demonstrated that increased levels of lipids in blood are a risk factor of disease of the heart and blood vessels.

VI.2.2 Summary of treatment benefits

Pravastatin is a member of a group of medicines known as 'statins'. Pravastatin is used to lower high levels of cholesterol and other lipids in the blood. By lowering blood lipid levels, pravastatin can slow the build-up of fatty deposits in the walls of the blood vessels. Therefore the risk of heart attacks, stroke and deaths is lessened.

The lipid-lowering efficacy of pravastatin in patients with increased blood cholesterol levels due to inherited genetic abnormalities (primary hypercholesterolaemia) is well-established. The drug reduces levels of LDL-cholesterol ("the bad cholesterol") and increases levels of HDL-cholesterol ("the good cholesterol") in serum. In clinical studies treatment with pravastatin significantly reduced the risk of death, heart attacks, stroke and other related cardiovascular diseases. In patients receiving organ transplantation treatment pravastatin significantly reduced the rate of heart and kidney transplant rejection and lowered the risk of heart vessel disorder in heart transplant.

VI.2.3 Unknowns relating to treatment benefits

The long-term efficacy of pravastatin therapy in childhood to reduce morbidity and mortality in adulthood has not been established.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Muscle disorders including rhabdomyolysis (a severe potentially fatal disease that destroys skeletal muscle) and potential rhabdomyolysis related events	Pravastatin may in rare occasions cause muscle-related side effects like pain, tenderness, weakness or cramps. The risk of muscle-related side effects e.g. rhabdomyolysis is known to increase when certain medicines are taken together with pravastatin.	Pravastatin should be used with caution in patients with predisposing factors for muscle related effects, such as impaired function of the kidneys, insufficient function of the thyroid gland, personal or familial history of hereditary muscular disorders, previous history of muscle-related events with other statins, previous history of liver disease, concomitant administration of other medicines known to cause muscle problems and/or where substantial quantities of alcohol are consumed. Pravastatin should not be used together with systemic fusidic acid and within 7 days after fusidic acid discontinuation. The blood test may be carried out before and possibly during the treatment to predict the risk of muscle-related side effects.

Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
Lung disease (interstitial lung disease)	Interstitial lung disease is caused by inflammation in the space between the air sacs of the lungs and the blood vessels. Exceptional cases of interstitial lung disease have been reported with some medicines belonging to the same class as pravastatin, especially with long term therapy. Symptoms can include shortness of breath, dry cough and deterioration in general health (fatigue, weight loss and fever). If it is suspected that a patient has developed interstitial lung disease, pravastatin therapy should be discontinued.

Diabetes mellitus	Some evidence suggests that medicines belonging to the same class as pravastatin may raise blood sugar levels. In some patients who are at high risk of future diabetes, these medicines may produce so high levels of blood sugar that formal diabetes care is appropriate. This risk, however, is smaller than the benefit of reduction in a risk of disease in blood vessels with these medicines and therefore should not be a reason for stopping pravastatin treatment.
Liver events	Pravastatin treatment may have effects on liver. Very rare cases of hepatitis (liver inflammation), jaundice (yellowish pigmentation of the skin, whites of the eyes, and other mucous membranes caused by increased levels of bilirubin in the blood) and fulminant liver necrosis (sudden death of liver cells) have been reported.

Missing information

Risk	**What is known**
Use in children	The long-term efficacy of pravastatin therapy in children has not been established.

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures.

The Summary of Product Characteristics and the Package leaflet for Pravorion can be found in the national authority's web page.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

Not applicable.

VI.2.7 Summary of changes to the Risk Management Plan over time

Not applicable.