

Part VI: Summary of the Risk Management Plan

Summary of Risk Management Plan for TESTOSTERONE 1000 mg/4 ml solution for injection

This is a summary of the risk management plan (RMP) for TESTOSTERONE 1000 mg/4 ml solution for injection (hereinafter referred to as Testosterone). The RMP details important risks of Testosterone, how these risks can be minimised, and how more information will be obtained about Testosterone's risks and uncertainties (missing information).

Testosterone's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Testosterone should be used.

Important new concerns or changes to the current ones will be included in updates of Testosterone's RMP.

I. The Medicine and What It is used for

Testosterone is authorised as testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests (see SmPC for the full indication). It contains Testosterone undecanoate as the active substance and it is given by intramuscular injection.

II. Risks Associated with the Medicine and Activities to Minimise or Further Characterise the Risks

Important risks of Testosterone, together with measures to minimise such risks and the proposed studies for learning more about Testosterone's risks are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Testosterone, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

II.A List of Important Risks and Missing Information

Important risks of Testosterone are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Testosterone. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

Table 8: Summary of Safety Concerns

List of important risks and missing information	
Important identified risks	<ul style="list-style-type: none"> Pulmonary oil microembolism (POME)
Important potential risks	<ul style="list-style-type: none"> Thromboembolic risk secondary to haematocrit increase
Missing information	<ul style="list-style-type: none"> None

II.B Summary of Important Risks

Table 9: Summary of Pharmacovigilance Activities and Risk Minimisation Activities by Safety Concern

Important identified risk: Pulmonary oil microembolism (POME)	
Evidence for linking the risk to the medicine	Suspected cases to represent oily pulmonary microembolism have been reported rarely in clinical trials (in $\geq 1/10,000$ and $< 1/1,000$ injections) as well as from postmarketing experience.
Risk factors and risk groups	Patients inadvertently injected intravascularly or too rapidly can be hypothesised to be at increased risk, although some reports describe occurrence of POME despite administration of the product as recommended in SmPC.
Risk minimisation measures	<p><u>Routine risk minimisation measures</u></p> <p>Risk is listed in SmPC section 4.2, 4.4 and 4.8. Described in PL section 4, cut off section for HCPs. Prescription only medicine.</p> <p><u>Additional risk minimisation measures</u></p> <p>Guide for healthcare professionals.</p>

II.C Post-Authorisation Development Plan

II.C.1 Studies Which Are Conditions of the Marketing Authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Testosterone.

II.C.2 Other Studies in Post-Authorisation Development Plan

There are no studies required for Testosterone.