SAFETY CHECKLIST for PRESCRIBING PHYSICIANS

PROCYSBI® capsules

Introduction :
The physician education pack is intended to ensure the safe and effective use of Procysbi. It addresses specifically the following potential and identified risks associated with the use of this product : Ehlers-Danlos-like syndrome, fibrosing colonopathy, encephalopathy, teratogenicity. The pack contains the following documents : safety checklist and accompanying specific adverse event follow-up forms x 4, Summary of Product Characteristics (SmPC) and package leaflet.

Before initiating PROCYSBI (cysteamine as mercaptamine bitartate) 25 mg and 75 mg capsules, in addition to reading the SmPC, please be aware of the following precautions :

- **Indication for use :** Procysbi is indicated for the treatment of proven nephropathic cystinosis.
- Prior to initiating treatment, I have confirmed that the patient has a proven diagnosis of nephropathic cystinosis.
- I have started therapy at a low dose and arranged to titrate dose according to the recommendations of the SmPC.
- I have advised the patient to take the capsules orally or via gastrostomy tube (see specific directions in SmPC) at twelve-hour intervals, and explained the need to fast for one hour before and one hour after consumption or at least have consistently a small amount (100 g) of food, preferentially carbohydrate.

Key warnings:

Before starting cysteamine I have checked whether:

- Due to the risk of **teratogenicity,** in the case of female patients of child-bearing potential, there is any possibility the patient is pregnant or may be lactating. I have confirmed this via medical history and by proof of a negative pregnancy test prior to initiating treatment. I have explained the risk of teratogenicity and the importance of ensuring adequate contraception whilst taking the medication. I have advised the patient to contact me or her regular physician should she become pregnant.
- The patient is hypersensitive to cysteamine or penicillamine. Cysteamine is contraindicated in both cases.
- I have arranged for monitoring of white blood cell (WBC) cystine levels, full blood count and liver function tests on a monthly basis until a stable WBC cystine level has been reached, after which I will arrange to see the patient on a three-monthly basis.
- I have arranged for regular visits to monitor skin and to consider X-ray examinations of the bone as necessary.

Specific Risks Associated with Procysbi :
I have discussed the potential risks associated with cysteamine with the patientand the associated clinical signs and symptoms.

Potential and Identified Risks :
Once cysteamine has been administered, I have asked the patient to contact me or their regular physician if they experience any of the following signs/symptoms, and have ticked the adjacent box to confirm that this has been explained to the patient

- *Ehlers-Danlos-like syndrome :* problems with their skin, e.g. skin discolouration ☐
- *Fibrosing Colonopathy :* upset in their normal bowel habit or other signs/symptoms suggestive of fibrosing colonopathy. ☐
- *Encephalopathy :* lethargy, somnolence, depression, fits ☐
- *Teratogenicity :* if the patient is planning a pregnancy or becomes pregnant I have advised her to alert me or her regular treating physician as soon as possible ☐

I will refer to the Summary of Product Characteristics for further information on safe use and will file this safety checklist in the patient's hospital dossier

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professional are asked

to report any suspected adverse reactions via: HPRA Pharmacovigilance, Earlsfort Terrace, IRL-Dublin 2; Tel: +3531 6764971; Fax: +3531 6762517. Website: www.hpra.ie; Adverse events should also be reported to Chiesi Ltd. via the contact details below:

Chiesi Ltd.
Manchester Green
333 Styal Road
Manchester
M22 5LG, UK

E mail: pv.uk@chiesi.com
Tel : +44 (0)161 488 5555
Fax: +44 (0)161 488 5566

Signature :

[Date month/year]