Abbreviated prescribing information of Betmiga

Abbreviated prescribing information of Betmiga® prolonged-release tablets

Version: 003

Composition:

Mirabegron

Indications:

Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome.

Dosage:

Adult including elderly 50 mg once daily with or without food.

Administration:

Swallow whole with liquids. Do not chew/divide/crush.

Contraindications:

Mirabegron is contraindicated in patients with

- Hypersensitivity to the active substance or to any of the excipients.
- Severe uncontrolled hypertension defined as systolic blood pressure ≥ 180 mm Hg and/or diastolic blood pressure ≥ 110 mm Hg.

Special warnings and precautions for use:

Renal impairment

Betmiga has not been studied in patients with end stage renal disease (GFR < 15 mL/min/1.73 m^2 or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m^2); based on a pharmacokinetic study a dose reduction to 25 mg is recommended in this population. Betmiga is not recommended for use in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m^2) concomitantly receiving strong CYP3A inhibitors.

Hepatic impairment

Betmiga has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. Betmiga is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving strong CYP3A inhibitors.

Hypertension

Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with Betmiga, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg).

Patients with congenital or acquired QT prolongation

Betmiga, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies. However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients.

Patients with bladder outlet obstruction and patients taking antimuscarinics medications for OAB

Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medications for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with Betmiga; however, Betmiga should be administered with caution to patients with clinically significant BOO. Betmiga should also be administered with caution to patients taking antimuscarinic medications for the treatment of OAB.

Undesirable effects:

Summary of the safety profile

The safety of Betmiga was evaluated in 8,433 patients with OAB, of which 5,648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received Betmiga for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with Betmiga, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity.

The most common adverse reactions reported for patients treated with Betmiga 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving Betmiga 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving Betmiga 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving Betmiga 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving Betmiga 50 mg. Serious adverse reactions included atrial fibrillation (0.2%).

Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies.

List of adverse reactions

The table below reflects the adverse reactions observed with mirabegron in the three 12-week phase 3 double blind, placebo controlled studies.

The frequency of adverse reactions is defined as follows: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Infections and infestations: Common: Urinary tract infection. **Uncommon:** Vaginal infection, Cystitis
Psychiatric disorders: Not known (cannot be estimated from the available data): Insomnia*
Eye disorders: Rare: Eyelid oedema
Cardiac disorders: Common: Tachycardia. **Uncommon:** Palpitation, Atrial fibrillation
Vascular disorders: Very rare: Hypertensive crisis*
Gastrointestinal disorders: Common: Nausea*, Constipation*, Diarrhoea*. **Uncommon:** Dyspepsia, Gastritis. **Rare:** Lip oedema
Skin and subcutaneous tissue disorders: Uncommon: Urticaria, Rash, Rash macular, Rash popular, Pruritus. **Rare:** Leukocytoclastic vasculitis, Purpura, Angioedema*
Musculoskeletal and connective tissue disorders: Uncommon: Joint swelling
Reproductive system and breast disorders: Uncommon: Vulvovaginal pruritus
Investigations: Uncommon: Blood pressure increased, GGT increased, AST increased, ALT increased
Renal and urinary disorders: Rare: Urinary retention*
Nervous system disorders: Common: Headache*, Dizziness*.
* observed during post-marketing experience

Full prescribing information is available upon request.