ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 1 g powder for oral suspension
Veltassa 8.4 g powder for oral suspension
Veltassa 16.8 g powder for oral suspension
Veltassa 25.2 g powder for oral suspension

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Veltassa 1 g powder for oral suspension

Each sachet contains 1 g patiromer (as patiromer sorbitex calcium)

Veltassa 8.4 g powder for oral suspension

Each sachet contains 8.4 g patiromer (as patiromer sorbitex calcium).

Veltassa 16.8 g powder for oral suspension

Each sachet contains 16.8 g patiromer (as patiromer sorbitex calcium).

Veltassa 25.2 g powder for oral suspension

Each sachet contains 25.2 g patiromer (as patiromer sorbitex calcium).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Powder for oral suspension.
Off white to light brown powder, with occasional white particles.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Veltassa is indicated for the treatment of hyperkalaemia in adults and adolescents aged 12 to 17 years.

4.2 Posology and method of administration

The onset of action of Veltassa occurs 4 – 7 hours after administration. It should not replace emergency treatment for life threatening hyperkalaemia (see section 4.4).

Posology

Veltassa is administrated once daily. The recommended starting dose of Veltassa varies with age. Multiple sachets may be used to achieve the desired dose.

The daily dose may be adjusted in intervals of one week or longer, based on the serum potassium level and the desired target range. Serum potassium should be monitored when clinically indicated (see section 4.4). The duration of treatment should be individualized by the treating physician based on the need of serum potassium management. If serum potassium falls below the desired range, the dose should be reduced or discontinued.

Administration of Veltassa should be separated by 3 hours from other oral medicinal products (see section 4.5).

Adults
The recommended starting dose is 8.4 g patiromer once daily. The daily dose may be increased or decreased by 8.4 g, as necessary to reach the desired target range, up to a maximum dose of 25.2 g daily.

Adolescents aged 12 to 17 years
The recommended starting dose is 4 g patiromer once daily. Adjust the daily dose of patiromer based on the serum potassium level and the desired target range, up to a maximum dose of 25.2 g daily. It is recommended to switch to 8.4 g patiromer sachets if doses above 7 g are needed.

Missed doses
If a dose is missed, the missed dose should be taken as soon as possible on the same day. The missed dose should not be taken with the next dose.

Special populations

Elderly
No special dose and administration guidelines are recommended for this population.

Patients on dialysis
There is limited data on the use of patiromer in patients on dialysis. No special dose and administration guidelines were applied to these patients in clinical trials. No paediatric patients receiving dialysis have been treated with patiromer.

Patients with end-stage renal disease (ESRD)
Patiromer has been studied only in a limited number of patients with estimated glomerular filtration rate (eGFR) <15 mL/min/1.73 m².

Paediatric population
The safety and efficacy of patiromer in children aged under 12 years have not yet been established. The data in adolescents aged 12 to 17 years are limited to 6 months exposure. Therefore, treatment beyond 6 months should be done with caution in adolescents aged 12 to 17 years (see section 4.4).

Method of administration

Oral use.

Veltassa should be mixed with water and stirred to a suspension of uniform consistency. The recommended total volumes for preparation of the suspension are dose dependent:
- 1 g patiromer: 10 mL
- 2 g patiromer: 20 mL
- 3 g patiromer: 30 mL
- 4 g patiromer: 40 mL
- >4 g patiromer: 80 mL

The suspension should be prepared according to the following steps:

- The first half of the recommended volume for the required dose should be poured into a glass and the complete dose of patiromer should be added, then stirred.
- The second half of the recommended volume should be added and the suspension stirred again thoroughly.

The powder will not dissolve. More water may be added to the mixture as needed for desired consistency. However, larger volumes might lead to an accelerated sedimentation of the powder.

The mixture should be taken within 1 hour of initial suspension. If powder remains in the glass after drinking, more water should be added and the suspension stirred and taken immediately. This may be repeated as needed to ensure the entire dose is administered.

According to personal preferences, following liquids or soft foods can be used instead of water to prepare the mixture by following the same steps as described above: apple juice, cranberry juice, pineapple juice, orange juice, grape juice, pear juice, apricot nectar, peach nectar, yoghurt, milk, thickener (for example: cornstarch), apple sauce, vanilla and chocolate pudding.

The potassium content of liquids or soft foods used to prepare the mixture should be considered as part of the dietary recommendations on potassium intake for each individual patient.
In general, cranberry juice intake should be limited to moderate amounts (for example less than 400 mL per day) due to its potential interaction with other medicinal products.

This medicine can be taken with or without meals. It should not be heated (e.g. microwaved) or added to heated foods or liquids. It should not be taken in its dry form.

Administration by nasogastric (NG) or percutaneous endoscopic gastrostomy (PEG) tube:
For doses up to 8.4 g patiromer, the suspension should be prepared as described above in the section relating to the oral administration. For doses above 8.4 g and up to 16.8 g patiromer a total volume of 160 mL should be used and for doses above 16.8 g and up to 25.2 g patiromer a total volume of 240 mL. These volumes ensure that the suspension readily flows through the tubes.
Compatibility has been shown with tubes made from polyurethane, silicone, and polyvinyl chloride. The recommended diameter of the tubes is 2.17 mm (6.5 Fr) or larger. After administration the tube should be flushed with water. For instructions on disposal, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Low magnesium

In clinical trials, serum magnesium values <1.4 mg/dL (0.58 mmol/L) occurred in 9% of adult patients treated with patiromer. Mean decreases in serum magnesium were 0.17 mg/dL (0.070 mmol/L) or less. In a clinical trial involving paediatric patients, mean decrease in serum magnesium at Week 26 was 0.35 mg/dL (0.1440 mmol/L). No patients reached serum magnesium <1.4 mg/dL (0.58 mmol/L) during the paediatric clinical trial.

Serum magnesium should be monitored for at least 1 month after initiating treatment and as clinically indicated during treatment, and magnesium supplementation considered in patients who develop low serum magnesium levels.

Gastrointestinal disorders

Patients with a history of bowel obstruction or major gastrointestinal surgery, severe gastrointestinal disorders, or swallowing disorders were not included in the clinical trials. Gastrointestinal ischaemia, necrosis and/or intestinal perforation have been reported with other potassium binders. The benefits and risks of administering patiromer should be carefully evaluated in adult and paediatric patients with current or history of severe gastrointestinal disorders, before and during the treatment.

Discontinuing patiromer

When discontinuing patiromer, serum potassium levels may rise, especially if renin-angiotensin-aldosterone system (RAAS) inhibitor treatment is continued. Patients should be instructed not to discontinue therapy without consulting their physicians. Increases in serum potassium may occur as early as 2 days after the last patiromer dose. There is limited information on serum potassium levels in paediatric patients on patiromer discontinuation.

Serum potassium levels

Serum potassium should be monitored as per standard practice when clinically indicated, including after changes are made to medicinal products that affect the serum potassium concentration (e.g. RAAS inhibitors or diuretics) and after the patiromer dose is titrated or discontinued.

Limitations of the clinical data

Severe hyperkalaemia
There is limited experience in patients with serum potassium concentrations greater than 6.5 mmol/L. In the paediatric population, experience is limited to patients with maximum serum potassium concentrations of 6.2mmol/L. Veltassa should not be used as an emergency treatment for life-threatening hyperkalaemia because of its delayed onset of action (see section 4.2).

Long term exposure
Clinical trials with patiromer have not included exposure longer than one year. Clinical trials in paediatric patients have not included exposure longer than 6 months. Therefore, treatment beyond 6 months should be done with caution in adolescents aged 12 to 17 years.

Information about sorbitol

Veltassa contains sorbitol as part of the counterion complex. The sorbitol content is approximately 4 g (10.4 kcal) per 8.4 g of patiromer and approximately 0.5 g (1.2 kcal) per 1 g of patiromer. Patients with hereditary fructose intolerance (HFI) should not take this medicinal product.

Information about calcium

Veltassa contains calcium as part of the counterion complex. Calcium is partially released, some of which may be absorbed (see section 5.1). The benefits and risks of administering this medicinal product should be carefully evaluated in adult and paediatric patients at risk of hypercalcaemia. Serum calcium should be monitored for at least 1 month after initiating treatment and as clinically indicated during treatment.

4.5 Interaction with other medicinal products and other forms of interaction

Effect of patiromer on other medicinal products

Patiromer has the potential to bind some oral co administered medicinal products, which could decrease their gastrointestinal absorption. Increased bioavailability of co administrated medicinal products was not observed in the conducted drug-drug interaction studies. As patiromer is not absorbed or metabolised by the body, there are limited effects on the function of other medicinal products.

As precautionary measure, and based on the data summarised below, administration of patiromer should therefore be separated by at least 3 hours from other oral medicinal products.

In vivo studies

Concomitant administration of patiromer did not affect the bioavailability as measured by the area under the curve (AUC) of amlodipine, cinacalcet, clopidogrel, furosemide, lithium, metoprolol, trimethoprim, verapamil and warfarin. For these medicinal products no separation is needed.

Concomitant administration of patiromer showed reduced bioavailability of ciprofloxacin, levothyroxine and metformin. However, there was no interaction when patiromer and these medicinal products were taken 3 hours apart.

Interaction studies have only been performed in adults.

In vitro studies

In vitro studies have shown no potential interaction of patiromer with the following active substances: allopurinol, amoxicillin, apixaban, acetylsalicylic acid, atorvastatin, azilsartan, benazepril, bumetanide, canagliflozin, candesartan, captopril, cephalexin, dapagliflozin, digoxin, empagliflozin, enalapril, eplerenone, finerenone, fosinopril, glipizide, irbesartan, lisinopril, losartan, olmesartan, perindopril, phenytoin, quinapril, ramipril, riboflavin, rivaroxaban, sacubitril, sevelamer, spironolactone, tacrolimus, torasemide, trandolapril, and valsartan.

In vitro studies have shown potential interaction of patiromer with bisoprolol, carvedilol, mycophenolate mofetil, nebivolol, quinidine, and telmisartan.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no data from the use of patiromer in pregnant women.

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

As a precautionary measure, it is preferable to avoid the use of patiromer during pregnancy.

Breast-feeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breast feeding woman to patiromer is negligible. A decision must be made whether to discontinue breast feeding or to discontinue/abstain from patiromer therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility

There are no data on the effect of patiromer on fertility in humans. Animal studies showed no effects on reproductive function or fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

Patiromer has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The majority of the adverse reactions (ARs) reported from trials in adult patients were gastrointestinal disorders, with the most frequently reported ARs being constipation (6.2%), hypomagnesaemia (5.3%), diarrhoea (3%), abdominal pain (2.9%) and flatulence (1.8%). Gastrointestinal disorder

reactions were generally mild to moderate in nature, did not appear to be dose related, generally resolved spontaneously or with treatment, and none were reported as serious. Hypomagnesaemia was mild to moderate, with no patient developing a serum magnesium level <1 mg/dL (0.4 mmol/L).

Tabulated list of adverse reactions

Adverse reactions reported in clinical trials are listed below by system organ class (SOC) and by frequency. Frequencies are defined as: very common (≥1/10), common (≥1/100 to <1/10) and uncommon (≥1/1 000 to <1/100), rare (≥1/10 000 to <1/1 000), very rare (<1/10 000), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

MedDRA system organ class	**Common**	**Uncommon**
Metabolism and nutrition disorders	Hypomagnesaemia	
Gastrointestinal disorders	Constipation* Diarrhoea* Abdominal pain Flatulence*	Nausea Vomiting

*Adverse reactions reported also in the paediatric clinical trials

Paediatric population

The safety of patiromer for the treatment of hyperkalaemia has been studied in a single trial of 23 paediatric patients aged 6 to 17 years of age. The adverse reaction profile observed in paediatric patients was broadly consistent with the safety profile in adults. The safety of patiromer has not been studied in patients less than 6 years of age.

Adverse reactions were reported for 4 subjects overall; 3 in age group 12 to <18 years and 1 in age group 6 to <12 years. In 2 of these subjects, the adverse reactions belonged to the SOC gastrointestinal disorders, i.e., diarrhoea, constipation, frequent bowel movements, and flatulence. The remaining adverse drug reactions were blood calcium increased and hypokalaemia. These were all non-serious adverse reactions and mild to moderate in severity.

Reporting of suspected adverse reactions

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 professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Since excessive doses of patiromer may result in hypokalaemia, serum potassium levels should be monitored. Patiromer is excreted after approximately 24 to 48 hours, based on average gastrointestinal transit time. If it is determined that medical intervention is required, appropriate measures to restore serum potassium may be considered.

Paediatric population

Doses in excess of 25.2 g patiromer per day for adolescents aged 12 to 17 years and in excess of 12 g for children 6 to less than 12 years old have not been tested. Since excessive doses of patiromer may result in hypokalaemia, serum potassium levels should be monitored. If it is determined that medical intervention is required, appropriate measures to restore serum potassium may be considered.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Drugs for treatment of hyperkalaemia and hyperphosphataemia. ATC code: V03AE09

Mechanism of action

Patiromer is a non-absorbed, cation exchange polymer that contains a calcium-sorbitol complex as a counterion.

Patiromer increases faecal potassium excretion through binding of potassium in the lumen of the gastrointestinal tract. Binding of potassium reduces the concentration of free potassium in the gastrointestinal lumen, resulting in a reduction of serum potassium levels.

Pharmacodynamic effects

In healthy adult subjects, patiromer caused a dose dependent increase in faecal potassium excretion, and a corresponding decrease in urinary potassium excretion with no change in serum potassium. 25.2 g of patiromer, administered once daily for 6 days, resulted in a mean increase in faecal potassium excretion of 1,283 mg/day, and a mean decrease in urinary potassium excretion of 1,438 mg/day. Daily urinary calcium excretion increased from baseline by 53 mg/day.

In an open label study to assess the time to onset of action, a statistically significant reduction in serum potassium in hyperkalaemic patients was observed at 7 hours after the first dose. Following discontinuation of patiromer, potassium levels remained stable for 24 hours after the last dose, then rose again during a 4-day observation period.

Clinical efficacy and safety

The safety and efficacy of patiromer were demonstrated in a two-part, single blind randomised withdrawal study that evaluated this treatment in hyperkalaemic adult patients with chronic kidney disease (CKD) on stable doses of at least one RAAS inhibitor (i.e. angiotensin converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB] or aldosterone antagonist [AA]).

In Part A, 243 patients were treated with patiromer for 4 weeks. Patients with a baseline serum potassium of 5.1 mEq/L to <5.5 mEq/L (mmol/L) received a starting dose of 8.4 g patiromer per day (as a divided dose) and patients with a baseline serum potassium of 5.5 mEq/L to <6.5 mEq/L received a starting dose of 16.8 g patiromer per day (as a divided dose). The dose was titrated, as needed, based on the serum potassium level, assessed starting on Day 3 and then at weekly visits to the end of the 4 week treatment period, with the aim of maintaining serum potassium in the target range (3.8 mEq/L to <5.1 mEq/L). The mean daily doses of patiromer were 13 g and 21 g in patients with serum potassium of 5.1 to <5.5 mEq/L and 5.5 to <6.5 mEq/L, respectively.

The mean age of patients was 64 years (54% aged 65 and over, 17% aged 75 and over), 58% of patients were men, and 98% were Caucasian. Approximately 97% of patients had hypertension, 57% had type 2 diabetes, and 42% had heart failure.

Mean serum potassium levels and change in serum potassium from Part A Baseline to Part A Week 4 is shown in Table 1. For the Part A secondary outcome, 76% (95% CI: 70%, 81%) of patients had a serum potassium in the target range of 3.8 mEq/L to <5.1 mEq/L at Part A Week 4.

Table 1: Patiromer treatment phase (Part A): primary endpoint

	Baseline potassium		Overall population (n=237)
	5.1 to <5.5 mEq/L (n=90)	5.5 to <6.5 mEq/L (n=147)	
	Serum potassium (mEq/L)		
Baseline, mean (SD)	5.31 (0.57)	5.74 (0.40)	5.58 (0.51)
Week 4 change from baseline, mean ± SE (95% CI)	−0.65 ± 0.05 (−0.74, −0.55)	−1.23 ± 0.04 (−1.31, −1.16)	−1.01 ± 0.03 (−1.07, −0.95)
p value			<0.001

In Part B, 107 patients with a Part A baseline serum potassium of 5.5 mEq/L to <6.5 mEq/L and whose serum potassium was in the target range (3.8 mEq/L to <5.1 mEq/L) at Part A Week 4 and still receiving RAAS inhibitor treatment were randomised to continue patiromer or to receive placebo for 8 weeks to evaluate the effect of withdrawing patiromer on serum potassium. In patients randomised to patiromer, the mean daily dose was 21 g at the start of Part B and during Part B.

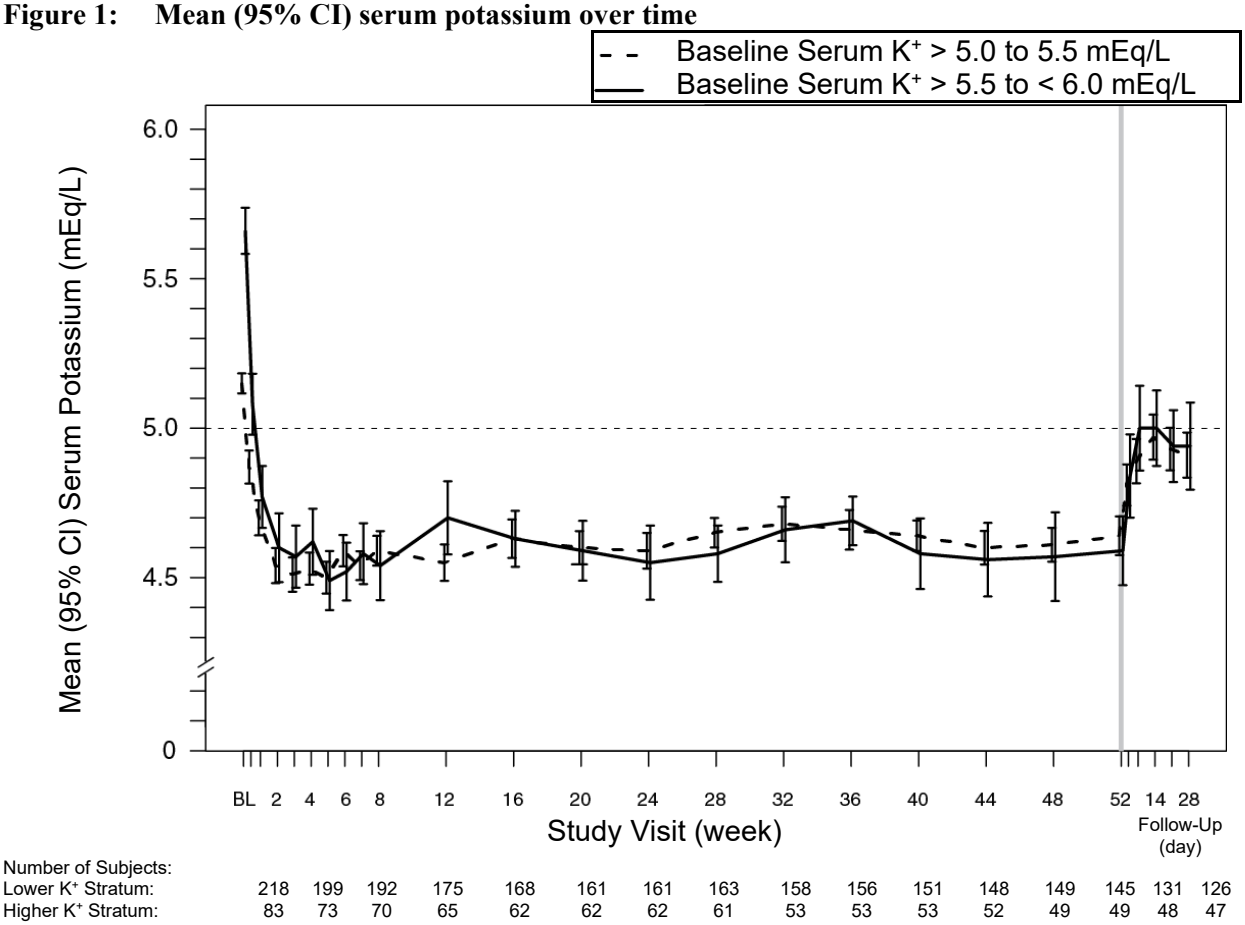
The Part B primary endpoint was the change in serum potassium from Part B baseline to the earliest visit at which the patient's serum potassium was first outside of the range of 3.8 to <5.5 mEq/L or to Part B Week 4 if the patient's serum potassium remained in the range. In Part B, serum potassium in patients on placebo increased significantly relative to patients who remained on patiromer ($p<0.001$).

More placebo patients (91% [95% CI: 83%, 99%]) developed a serum potassium ≥5.1 mEq/L at any time during Part B than patiromer patients (43% [95% CI: 30%, 56%]), $p<0.001$. More placebo patients (60% [95% CI: 47%, 74%]) developed a serum potassium ≥5.5 mEq/L at any time during Part B than patiromer patients (15% [95% CI: 6%, 24%]), $p<0.001$.

The potential of patiromer to enable concomitant RAAS inhibitor treatment was also assessed in part B. Fifty two percent (52%) of subjects receiving placebo discontinued RAAS inhibitor treatment because of recurrent hyperkalaemia compared with 5% of subjects treated with patiromer.

The effect of treatment with patiromer for up to 52 weeks was evaluated in an open label study of 304 hyperkalaemic patients with CKD and type 2 diabetes mellitus on stable doses of a RAAS inhibitor. The mean age of patients was 66 years (59.9% aged 65 and over, 19.7% aged 75 and over), 63% of patients were men, and all were Caucasian. Decreases in serum potassium with patiromer treatment were maintained over 1 year of chronic treatment as shown in Figure 1, with a low incidence of hypokalaemia (2.3%) and the majority of subjects reaching (97.7%) and maintaining target serum potassium levels (overall during maintenance period, serum potassium was within the target range for approximately 80% of the time). In patients with a baseline serum potassium of >5.0 to 5.5 mEq/L who received an initial dose of 8.4 g patiromer per day, the mean daily dose was 14 g; in those with a baseline serum potassium of >5.5 to <6.0 mEq/L who received an initial dose of 16.8 g patiromer per day, the mean daily dose was 20 g during the entire study.

Figure 1: Mean (95% CI) serum potassium over time



The ability of patiromer to enable concomitant spironolactone treatment was investigated in a randomised, double-blind, placebo-controlled study in heart failure patients who were clinically indicated to receive AA. Patients initiated spironolactone at 25 mg/day at the same time as their randomised treatment (patiromer 12.6 g BID or placebo), and were up-titrated to 50 mg/day after Day 14 if serum potassium was >3.5 and ≤5.1 mEq/L. Of the 105 patients who were randomised and received study treatment (patiromer 56; placebo 49), mean age was 68.3 years, 60.6% were men, 97.1% were Caucasian, and mean eGFR was 81.3 mL/min. Mean baseline serum potassium values were 4.71 mEq/L for patiromer and 4.68 mEq/L for placebo.

The primary efficacy endpoint, change from baseline in serum potassium to the end of the 28-day treatment period, was significantly lower (p<0.001) in the patiromer group (LS mean [SEM]: −0.21 [0.07] mEq/L) as compared to the placebo group (LS mean [SEM]: +0.23 [0.07] mEq/L). There were also fewer patients in the patiromer group with serum potassium values >5.5 mEq/L (7.3% vs. 24.5%; p=0.027) and more patients on spironolactone 50 mg/day (90.9% versus 73.5%, p=0.022).

The ability of patiromer to enable concomitant spironolactone treatment in patients with resistant hypertension and CKD was further investigated in a randomised, double-blind, placebo-controlled study over 12 weeks. Normokalaemic patients initiated spironolactone at 25 mg per day together with their randomised treatment (patiromer 8.4 g or placebo per day). Patiromer/placebo was titrated weekly (up to 25.2 g per day) to maintain serum potassium ≥4.0 mEq/L and ≤5.1 mEq/L. At week 3 or after, spironolactone dose was increased to 50 mg per day for subjects with systolic blood pressure ≥120 mmHg and serum potassium ≤5.1 mEq/L.

Of the 295 randomized patients receiving study treatment (patiromer 147; placebo 148), mean age was 68.1 years, 51.9% were men, 98.3% were Caucasian, and mean eGFR was 35.73 mL/min/1.73 m^2. At randomization, mean baseline serum potassium values were 4.74 mEq/L for patiromer and 4.69 mEq/L for placebo. The primary efficacy endpoint, the proportion of subjects remaining on spironolactone at

Week 12, was significantly higher (p<0.0001) in the patiromer group (85.7%) compared to the placebo group (66.2%). Significantly more patients received spironolactone 50 mg/day (69.4% versus 51.4%).

Overall, patients in the patiromer group remained on spironolactone 7.1 days longer (95% CI 2.212.0; p=0.0045) compared to the placebo group and received significantly higher cumulative doses of spironolactone (2942.3 (SE 80.1) mg vs 2580.7 (SE 95.8) mg, p=0.0021).

There were also significantly fewer patients in the patiromer group with serum potassium values ≥5.5 mEq/L (35.4% vs. 64.2%, p<0.001).

At Week 12, the mean systolic blood pressure had decreased by 11.0 mmHg (SD 15.34) in the spironolactone + placebo group and by 11.3 mmHg (SD 14.11) in the spironolactone + patiromer group. These decreases from baseline were statistically significant within each treatment group (p<0.0001), but not statistically significant between the groups.

Overall, in the phase 2 and 3 clinical trials, 99.5% of patients were receiving RAAS inhibitor therapy at baseline, 87.0% had CKD with eGFR <60 mL/min/1.73 m^2, 65.6% had diabetes mellitus and 47.5% had heart failure.

Effect of food

In an open-label study, 114 patients with hyperkalaemia were randomized to patiromer once daily with food or without food. Serum potassium at the end of treatment, the change from baseline in serum potassium, and the mean dose of patiromer were similar between groups.

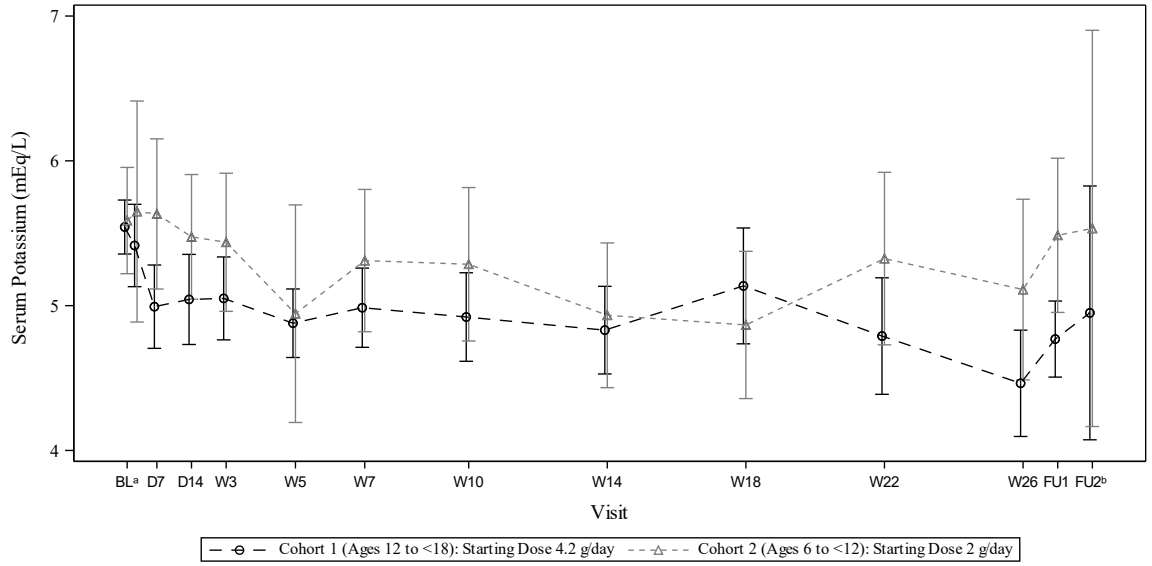
Paediatric population

An open-label, multiple-dose study evaluated the efficacy, safety and tolerability of patiromer for oral suspension in children and adolescents 6 to <18 years of age with non-dialysis-dependent CKD and hyperkalaemia. Patients with severe gastrointestinal diagnosis or surgery were excluded. The study included 2 treatment phases; first, an initial 14-day dose finding phase, followed by an up to 24-week long-term (LT) treatment phase with a total of up to 26 treatment weeks. The study consisted of two age groups 12 to <18 years of age and 6 to <12 years of age, and the starting doses of patiromer in each age group were selected based on the median weights. Patiromer was given once daily as a powder for oral suspension.

Overall, 23 subjects (14 subjects aged 12 to <18 years and 9 subjects aged 6 to <12 years) completed the dose finding phase, and 21 subjects (12 subjects aged 12 to <18 years and 9 subjects aged 6 to <12 years) completed the LT treatment phase. No subject discontinued the study due to safety concerns. The primary efficacy endpoint of this study was change from baseline in serum potassium levels at Day 14. In both age groups, a decrease in potassium levels was observed by day 14: mean (SD) potassium change from baseline was -0.50 (0.542) mEq/L in 12 to <18 years of age and -0.14 (0.553) mEq/L in 6 to <12 years of age) and was maintained throughout the study while on treatment (Figure 2).

The secondary efficacy endpoints were proportion of subjects with serum potassium within the target range (3.8 to 5.0 mEq/L) at Day 14 (dose finding phase) and by visit at any time through month 6 (LT treatment phase). In the group 12 to <18 years of age, 50.0% and 81.8% of subjects, achieved serum potassium levels within the target range at Day 14 and Week 26, respectively. The patiromer dose of 4.2 g/day appears to be an appropriate starting dose for this group. In the group 6 to <12 years of age, only 12.5% and 22.2% of patients, achieved serum potassium levels within the target range at Day 14 and Week 26, respectively.

Figure 2. Mean (±95% CI) serum potassium levels (safety population, N=23)



Notes: a Baseline value was the last non-missing central laboratory value collected before the date and time of first dose of patiromer.
b Follow-up 2 was an optional site visit and could be a phone call.

Serum potassium data on or after the date of initiation of dialysis were excluded.
BL=Baseline; CI=Confidence interval; D=Day; FU=Follow-up; W=Week.

In the group 12 to <18 years of age, at Day 14 and at end of treatment, the median prescribed patiromer dose was 4.2 and 8.4 g/day, and the mean change from baseline in serum potassium was -0.50 and -1.08 mEq/L, respectively. In the group 6 to <12 years of age, at Day 14 and at end of treatment, the median prescribed patiromer dose was 6.0 and 8.0 g/day, and the mean change from baseline in potassium was -0.14 and -0.50 mEq/L, respectively. In subjects aged 12 to 17 years, the dose-response results qualitatively appeared to show, that a higher dose of patiromer was associated with a greater reduction in serum potassium in a treatment interval. However, in the group 6 to <12 years of age, the results of the dose finding were not conclusive. Further evaluation of patiromer in subjects aged 6 to <12 years is thus required to establish benefit risk.

The European Medicines Agency has deferred the obligation to submit the results of studies with Veltassa in children less than 6 years of age in the treatment of hyperkalaemia (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Patiromer works by binding potassium in the gastrointestinal tract and thus the serum concentration is not relevant for its efficacy. Due to the insolubility and nonabsorptive characteristics of this medicinal product, many classical pharmacokinetic studies cannot be carried out.

Patiromer is excreted approximately 24 to 48 hours after intake, based on average gastrointestinal transit time.

5.3 Preclinical safety data

In radiolabeled studies in rats and dogs, patiromer was not systemically absorbed and was excreted in the faeces. Quantitative whole-body autoradiography analysis in rats demonstrated that radioactivity was limited to the gastrointestinal tract, with no detectable level of radioactivity in any other tissues or organs.

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, toxicity to reproduction and development.

Patiromer was not genotoxic in the reverse mutation test (Ames assay), chromosome aberration or rat micronucleus assays.

Carcinogenicity studies have not been performed.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Xanthan gum (for information about sorbitol see section 4.4)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Store and transport refrigerated (2°C – 8°C).

If stored at room temperature (below 25°C), Veltassa should be used within 6 months of being taken out of the refrigerator.

For either storage condition, Veltassa should not be used after the expiry date printed on the sachet.

The mixture should be taken within 1 hour of initial suspension.

6.5 Nature and contents of container

Veltassa 1 g powder for oral suspension

1 g of patiromer, as powder in sachets made of five layers: polyethylene, aluminium, polyethylene, polyester and paper.

Pack sizes: box of 60 sachets.

Veltassa 8.4 g powder for oral suspension

8.4 g of patiromer, as powder in sachets made of five layers: polyethylene, aluminium, polyethylene, polyester and paper.

Pack sizes: boxes of 30, 60 or 90 sachets and multipacks comprising 3 cartons, each containing 30 sachets.

Veltassa 16.8 g powder for oral suspension

16.8 g of patiromer, as powder in sachets made of five layers: polyethylene, aluminium, polyethylene, polyester and paper.

Pack sizes: boxes of 30, 60 or 90 sachets.

Veltassa 25.2 g powder for oral suspension

25.2 g of patiromer, as powder in sachets made of five layers: polyethylene, aluminium, polyethylene, polyester and paper.

Pack sizes: boxes of 30, 60 or 90 sachets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/001
EU/1/17/1179/002
EU/1/17/1179/003
EU/1/17/1179/004
EU/1/17/1179/005
EU/1/17/1179/006
EU/1/17/1179/007
EU/1/17/1179/008
EU/1/17/1179/009
EU/1/17/1179/010
EU/1/17/1179/011

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 19 July 2017
Date of latest renewal: 24 March 2022

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Vifor France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON – Veltassa 1 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 1 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 1 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
60 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.

Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/011 60 sachets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 1 G

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

SACHET of Veltassa 1 g

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION

Veltassa 1 g powder for oral suspension
patiromer
For oral use.

2. METHOD OF ADMINISTRATION

Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

1 g

6. OTHER

Store in a refrigerator. Can be stored below 25°C for up to 6 months.

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON – Veltassa 8.4 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 8.4 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 8.4 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
30 sachets
60 sachets
90 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.

Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/001	30 sachets
EU/1/17/1179/002	60 sachets
EU/1/17/1179/003	90 sachets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 8.4 G

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING

SACHET of Veltassa 8.4 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 8.4 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 8.4 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON – Veltassa 16.8 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 16.8 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 16.8 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
30 sachets
60 sachets
90 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/004	30 sachets
EU/1/17/1179/005	60 sachets
EU/1/17/1179/006	90 sachets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 16.8 G

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING

SACHET of Veltassa 16.8 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 16.8 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 16.8 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON – Veltassa 25.2 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 25.2 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 25.2 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
30 sachets
60 sachets
90 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/007	30 sachets
EU/1/17/1179/008	60 sachets
EU/1/17/1179/009	90 sachets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 25.2 G

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING

SACHET of Veltassa 25.2 g

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 25.2 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 25.2 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON with Blue Box – MULTIPACK OF 90 (3 PACKS OF 30) SACHETS

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 8.4 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 8.4 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
Multipack: 90 (3 packs of 30) sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/010 90 sachets (3 packs of 30)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 8.4 G

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE INNER PACKAGING

INNER CARTON without Blue Box – 30 SACHETS (PART OF A MULTIPACK)

1. NAME OF THE MEDICINAL PRODUCT

Veltassa 8.4 g powder for oral suspension
patiromer

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each sachet contains 8.4 g patiromer (as patiromer sorbitex calcium)

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

powder for oral suspension
30 sachets. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For oral use.
Take within 1 hour after preparation of suspension.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator. Can be stored below 25°C for up to 6 months.
Date when taken out of the refrigerator:_____

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Vifor Fresenius Medical Care Renal Pharma France
100–101 Terrasse Boieldieu
Tour Franklin La Défense 8
92042 Paris La Défense Cedex
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1179/010 90 sachets (3 packs of 30)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VELTASSA 8.4 G

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Veltassa 1 g powder for oral suspension
Veltassa 8.4 g powder for oral suspension
Veltassa 16.8 g powder for oral suspension
Veltassa 25.2 g powder for oral suspension
patiromer (as patiromer sorbitex calcium)

Read all of this leaflet carefully before you or your child start taking this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you or your child only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you or your child get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Veltassa is and what it is used for
2. What you need to know before you take Veltassa
3. How to take Veltassa
4. Possible side effects
5. How to store Veltassa
6. Contents of the pack and other information

1. What Veltassa is and what it is used for

Veltassa is a medicine that contains the active substance patiromer.

This medicine is used to treat adults and adolescents aged 12 to 17 years with high levels of potassium in their blood.

Too much potassium in the blood can affect how nerves control muscles. This can lead to weakness or even paralysis. High potassium levels can also result in an abnormal heartbeat, which can cause serious effects on your or your child's heart rhythm.

This medicine works by attaching to potassium in the gut. This prevents potassium from entering the bloodstream and lowers potassium levels in blood back to normal.

2. What you need to know before you take Veltassa

Do not take Veltassa
- if you or your child are allergic to patiromer or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions
Talk to your doctor or pharmacist before using Veltassa if you or your child have:
- problems swallowing - If you cannot swallow this medication, it won't work.
- severe stomach or bowel problems - This medicine may cause constipation or diarrhea in some patients.
- had major surgery on your stomach or bowel - This medicine works while passing through the bowel, so major surgery in this area may impact the effect of this medicine.

Low blood magnesium can occur when taking this medicine. Your doctor will check the magnesium level during treatment with this medicine for at least 1 month and may prescribe a magnesium supplement if required.

Children and adolescents
Do not give this medicine to children under 12 years, as it has not been studied in this age group.

Other medicines and Veltassa
Tell your doctor or pharmacist if you or your child are taking, have recently taken or might take any other medicines.

This medicine may reduce absorption or interact with certain medicines if they are taken by mouth and at the same time, such as:
- ciprofloxacin: a medicine to treat bacterial infections
- levothyroxine: a medicine to treat thyroid hormone deficiency
- metformin: a medicine to treat diabetes
- mycophenolate mofetil: a medicine to prevent your body rejecting a transplanted organ
- quinidine: a medicine to treat irregular heart rhythm
- telmisartan, bisoprolol, carvedilol, nebivolol: medicines to treat high blood pressure and for heart problems.

Use all medicines taken by mouth at least 3 hours before or after you use Veltassa. Some medicines are not affected by Veltassa, so your doctor or pharmacist may give you a different instruction depending on the medicines you or your child are taking. Ask your doctor or pharmacist if you are not sure.

Pregnancy and breast-feeding
If you are pregnant or breast feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

Use this medicine during pregnancy and breast feeding only if your doctor considers it necessary.

Driving and using machines
This medicine has no or negligible influence on the ability to drive and use machines.

Veltassa contains sorbitol
The sorbitol content is approximately 4 g (10.4 kcal) per 8.4 g of patiromer and approximately 0.5 g (1.2 kcal) per 1 g of patiromer. Sorbitol is a source of fructose. If your doctor has told you that you or your child have an intolerance to some sugars or if you or your child have been diagnosed with hereditary fructose intolerance (HFI), a rare genetic disorder in which a person cannot break down fructose, talk to your doctor before using this medicine. Sorbitol may cause gastrointestinal discomfort and mild laxative effect.

Veltassa contains calcium
If your doctor has told you to limit calcium in your or your child’s diet, talk to your doctor before you use this medicine. Your doctor will check the calcium level during treatment with this medicine for at least 1 month.

3. How to take Veltassa

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

This medicine is administered once daily. The recommended starting dose of this medicine varies with age. Multiple sachets may be used to achieve the desired dose. Your doctor may adjust the daily dose depending on the potassium level in your or your child's blood, up to a maximum dose of 25.2 g daily.

Adults
Starting dose: 8.4 g patiromer (the content of one 8.4 g sachet) once daily.

Adolescents aged 12 to 17 years
Starting dose: 4 g patiromer (the content of four 1 g sachets) once daily. Switch to 8.4 g patiromer sachets if doses above 7 g are needed.

Your doctor will decide on the duration of the treatment based on the potassium level in blood.

Use this medicine at least 3 hours before or after other medicines taken by mouth unless your doctor or pharmacist gives you different advice.

Method of administration
Before you take this medicine, it needs to be mixed with water as described below. The volume of water depends on your dose:
- 1 g patiromer: 10 mL (2 teaspoons)
- 2 g patiromer: 20 mL (4 teaspoons)
- 3 g patiromer: 30 mL(6 teaspoons)
- 4 g patiromer: 40 mL (3 tablespoons)
- Above 4 g patiromer: 80 mL (6 tablespoons)

Prepare the mixture according to the following steps:
- Pour half of the water in a glass, add the required number of Veltassa sachets and stir.
- Add the remaining half of the water and stir thoroughly. The powder does not dissolve but forms a suspension, which might feel grainy.
- You may add more water to the mixture to help you swallow the medicine. Please note that with larger volumes the powder might settle down more quickly.
- Drink the mixture within 1 hour after preparation. If powder remains in the glass after drinking, add more water, stir and drink immediately. You may need to do this again to make sure that you have taken all the powder.

If you like, you can use the following liquids or soft foods instead of water to prepare the mixture by following the same steps as described above: apple juice, cranberry juice, pineapple juice, orange juice, grape juice, pear juice, apricot nectar, peach nectar, yoghurt, milk, thickener (for example: cornstarch), apple sauce, vanilla and chocolate pudding.

When using such liquids and soft foods, follow your or your child's dietary recommendations on potassium intake. Check with your doctor or pharmacist if you are not sure.

You should drink only moderate amounts (less than 400 mL per day) of cranberry juice as it can affect other medicines.

Use the prepared Veltassa suspension with or without meals, preferably at the same time each day.
Never heat this medicine or add it to heated foods or liquids.
Do not take this medicine as a dry powder.

If you use a nasogastric tube or percutaneous endoscopic gastrostomy tube, follow the steps described above to prepare the suspension for oral administration. For doses up to 8.4 g patiromer, use the volume as described above. For doses above 8.4 g and up to16.8 g patiromer use a total volume of 160 mL (12 tablespoons) and for doses above 16.8 g and up to 25.2 g patiromer use a total volume of 240 mL (18 tablespoons). These volumes ensure that the suspension readily flows through the tubes.

Tubes made from polyurethane, silicone, and polyvinyl chloride may be used. The recommended diameter of tubes is 2.17 mm (6.5 Fr) or larger. After administration of the suspension, the tube should be flushed with water. Follow tube manufacturer's instructions.

If you take more Veltassa than you should
Stop using this medicine and talk to your doctor or pharmacist immediately.

If you forget to take Veltassa
If you or your child have missed a dose, take it as soon as possible on the same day. Do not take a double dose to make up for a forgotten dose. If you miss more than one dose, contact your doctor.

If you stop taking Veltassa
Do not stop using this medicine without your doctor's approval, as the potassium blood level may increase.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following side effects have been reported:
Common, may affect up to 1 in 10 people:
- constipation
- diarrhoea
- abdominal pain
- wind
- low blood magnesium seen in tests

Uncommon, may affect up to 1 in 100 people:
- nausea
- vomiting

Constipation, diarrhoea, and wind have also been reported in children and adolescents 6 to 17 years of age.

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Veltassa

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton or sachet after "EXP". The expiry date refers to the last day of that month.

Store and transport refrigerated (2°C – 8°C).

Once you have received this medicine, it can be stored below 25°C for up to 6 months.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Veltassa contains
The active substance is patiromer (as patiromer sorbitex calcium).
- Veltassa 1 g powder for oral suspension: each sachet contains 1 g of patiromer.
- Veltassa 8.4 g powder for oral suspension: each sachet contains 8.4 g of patiromer.
- Veltassa 16.8 g powder for oral suspension: each sachet contains 16.8 g of patiromer.
- Veltassa 25.2 g powder for oral suspension: each sachet contains 25.2 g of patiromer.

The other ingredient is xanthan gum (see section 2 for information about sorbitol).

What Veltassa looks like and contents of the pack
The powder for oral suspension is off white to light brown, with occasional white particles.

Veltassa 1 g is available in packs containing 60 sachets.

Veltassa 8.4 g is available in packs containing 30, 60 or 90 sachets and multipacks comprising 3 cartons, each containing 30 sachets.

Veltassa 16.8 g and 25.2 g are available in packs containing 30, 60 or 90 sachets.

Not all pack sizes may be marketed.

Marketing Authorisation Holder
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Tour Franklin La Défense 8
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Manufacturer
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Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu.