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Supplementary Materials for

Comparative analysis of the information reported on labels of medicinal products containing new active substances between Europe and the USA

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Table S1
Summary of products characteristics

Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Cancer	**Belzutifan**	**Indications**	Renal cell carcinoma (RCC): belzutifan is indicated as monotherapy for the treatment of adult patients with advanced clear cell renal cell carcinoma that progressed following two or more lines of therapy that included a PD-(L)1 inhibitor and at least two VEGF-targeted therapies. von Hippel-Lindau (VHL) disease-associated tumours: belzutifan is indicated as monotherapy for the treatment of adult patients with von Hippel-Lindau disease who require therapy for associated, localised renal cell carcinoma (RCC), central nervous system (CNS) haemangioblastomas, or pancreatic neuroendocrine tumours (pNET), and for whom localised procedures are unsuitable.	1.1 von Hippel-Lindau (VHL) disease belzutifan is indicated for treatment of adult patients with von Hippel-Lindau (VHL) disease who require therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET), not requiring immediate surgery. 1.2 Advanced Renal Cell Carcinoma (RCC) belzutifan is indicated for the treatment of adult patients with advanced renal cellcarcinoma (RCC) following a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI).	Major
		Contraindications	• Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. • Pregnancy in patients with VHL disease-associated tumours (see section 4.6).	None.	Major
		Posology	The recommended dose of belzutifan is 120 mg belzutifan (three 40 mg tablets) administered once daily, at the same time every day. Treatment should continue until disease progression or unacceptable toxicity occurs.	The recommended dosage of belzutifan is 120 mg administered orally once daily until disease progression or unacceptable toxicity. Belzutifan should be taken at the same time each day and may be taken with or without food.	Minor
Cancer	**Capivasertib**	**Indications**	Capivasertib is indicated in combination with fulvestrant for the treatment of adult patients with oestrogen receptor (ER)-positive, HER2-negative locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations following recurrence or progression on or after an endocrine-based regimen (see section 5.1). In pre- or perimenopausal women, capivasertib plus fulvestrant should be combined with a luteinising hormone releasing hormone (LHRH) agonist. For men, administration of LHRH agonist according to current clinical practice standards should be considered.	Capivasertib, in combination with fulvestrant, is indicated for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alteration as detected by an FDA-approved test following progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.For premenopausal and perimenopausal women, administer a luteinizing hormonereleasing hormone (LHRH) agonist according to current clinical practice standards. For men, consider administering a LHRH agonist according to current clinical practice standards.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Capivasertib is contraindicated in patients with severe hypersensitivity to capivasertib or any of its components.	Minor
		Posology	The recommended dose of capivasertib is 400 mg (two 200 mg tablets) twice daily, approximately 12 hours apart (total daily dose of 800 mg), for 4 days followed by 3 days off treatment. Treatment with capivasertib should continue until disease progression or unacceptable toxicity occurs.	The recommended dosage of capivasertib, in combination with fulvestrant, is 400 mg orally twice daily (approximately 12 hours apart) with or without food, for 4 days followed by 3 days off. Continue capivasertib until disease progression or unacceptable toxicity.	Minor
Cancer	**Erdafitinib**	**Indications**	Erdafitinib as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting (see section 5.1).	Erdafitinib is indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma (mUC) with susceptible FGFR3 genetic alterations whose disease has progressed on or after at least one line of prior systemic therapy. Select patients for therapy based on an FDA-approved companion diagnostic for Erdafitinib [see Dosage and Administration (2.1) and Clinical Studies (14.1)]. Limitations of Use: Erdafitinib is not recommended for the treatment of patients who are eligible for and have not received prior PD-1 or PD-L1 inhibitor therapy [see Clinical Studies (14.1)].	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Cancer	**Erdafitinib**	**Posology**	The recommended starting dose of erdafitinib is 8 mg orally once daily. This dose should be maintained, and serum phosphate level should be assessed between 14 and 21 days after initiating treatment. Up-titrate the dose to 9 mg once daily if the serum phosphate level is <9.0 mg/dL (<2.91 mmol/L), and there is no drug-related toxicity. If the phosphate level is 9.0 mg/dL or higher follow relevant dose modifications. After day 21 the serum phosphate level should not be used to guide up-titration decision.	The recommended starting dose of erdafitinib is 8 mg (two 4 mg tablets) orally once daily, with a dose increase to 9 mg (three 3 mg tablets) once daily based on tolerability, including hyperphosphatemia, at 14 to 21 days [see Dosage and Administration (2.3)]. Dose Increase based on Serum Phosphate Levels: Assess serum phosphate levels 14 to 21 days after initiating treatment. Increase the dose of erdafitinib to 9 mg once daily if serum phosphate level is <9.0 mg/dL and there are no ocular disorders or Grade 2 or greater adverse reactions. If the phosphate level is 9.0 mg/dL or higher follow relevant dose modifications. Monitor phosphate levels monthly for hyperphosphatemia [see Pharmacodynamics (12.2)].	Minor
Cancer	**Fruquintinib**	**Indications**	Fruquintinib as monotherapy is indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with available standard therapies, including fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapies, anti-VEGF agents, and anti-EGFR agents, and who have progressed on or are intolerant to treatment with either trifluridine-tipiracil or regorafenib.	Fruquintinib is indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine, oxaliplatin, and irinotecanbased chemotherapy, an antiVEGF therapy, and, if RAS wildtype and medically appropriate, an anti-EGFR therapy.	Major
		Contraindications	Hypersensitivity to the active substance or any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of fruquintinib is 5 mg (one 5 mg capsule) once daily at approximately the same time each day for 21 consecutive days, followed by a 7-day rest period to comprise a complete cycle of 28 days. Treatment with fruquintinib should be continued until disease progression or unacceptable toxicity occurs.	The recommended dose of fruquintinib is 5 mg orally once daily for the first 21 days of each 28-day cycle until disease progression or unacceptable toxicity. Take fruquintinib with or without food [see Clinical Pharmacology (12.3)] at approximately the same time each day.	Minor
Cancer	**Lazertinib**	**Indications**	Lazertinib in combination with amivantamab is indicated for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with EGFR exon 19 deletions or exon 21 L858R substitution mutations.	Lazertinib in combination with amivantamab, is indicated for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test [see Dosage and Administration (2.1)].	Minor
		Contraindications	Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of lazertinib is 240 mg once daily in combination with amivantamab. It is recommended to administer lazertinib any time prior to amivantamab when given on the same day.	The recommended dosage of lazertinib is 240 mg orally once daily administered in combination with amivantamab with or without food. Administer lazertinib any time prior to amivantamab when given on the same day.	Minor
Cancer	**Mirvetuximab soravtansine**	**Indications**	Mirvetuximab soravtansine as monotherapy is indicated for the treatment of adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens (see section 4.2).	Mirvetuximab soravtansine is indicated for the treatment of adult patients with folate receptor-alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test [see Dosage and Administration (2.1)].	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of mirvetuximab soravtansine is 6 mg/kg adjusted ideal body weight (AIBW) administered once every 3 weeks (21-day cycle) as an intravenous infusion until disease progression or unacceptable toxicity. Dosing based on AIBW reduces exposure variability for patients who are either underweight or overweight.	The recommended dosage of ELAHERE is 6 mg/kg adjusted ideal body weight (AIBW) administered once every 3 weeks (21-day cycle) as an intravenous infusion until disease progression or unacceptable toxicity [see Dosage and Administration (2.5)]. Dosing based on AIBW reduces exposure variability for patients who are either under or overweight.	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Cancer	**Repotrectinib**	**Indications**	Repotrectinib as monotherapy is indicated for the treatment of adult patients with ROS1-positive advanced non-small cell lung cancer (NSCLC). Repotrectinib as monotherapy is indicated for the treatment of adult and paediatric patients 12 years of age and older with advanced solid tumours expressing a NTRK gene fusion, and - who have received a prior NTRK inhibitor, or - have not received a prior NTRK inhibitor and treatment options not targeting NTRK provide limited clinical benefit, or have been exhausted (see sections 4.4 and 5.1).	Repotrectinib is indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) [see Dosage and Administration (2.1)]. Repotrectinib is indicated for the treatment of adult and pediatric patients 12 years of age and older with solid tumors that: • have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion [see Dosage and Administration (2.1)], • are locally advanced or metastatic or where surgical resection is likely to result in severe morbidity, and • have progressed following treatment or have no satisfactory alternative therapy.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	ROS1-positive non-small cell lung cancer The recommended dose in adults is 160 mg repotrectinib once daily for 14 days, followed by 160 mg repotrectinib twice daily until disease progression or unacceptable toxicity. NTRK gene fusion-positive solid tumours The recommended dose in adults and paediatric patients 12 year and older is 160 mg repotrectinib once daily for 14 days, followed by 160 mg repotrectinib twice daily until disease progression or unacceptable toxicity.	The recommended dosage of repotrectinib for adult and pediatric patients 12 years of age and older is 160 mg taken orally once daily with or without food [see Clinical Pharmacology (12.3)] for 14 days, then increase to 160 mg twice daily and continue until disease progression or unacceptable toxicity.	Minor
Cancer	**Retifanlimab-dlwr**	**Indications**	Retifanlimab-dlwr is indicated as monotherapy for the first-line treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma (MCC) not amenable to curative surgery or radiation therapy.	Retifanlimab-dlwr is indicated for the treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma (MCC).	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose is 500 mg retifanlimab every 4 weeks administered as an intravenous infusion over 30 minutes. Treatment should continue until disease progression or unacceptable toxicity for up to 2 years.	The recommended dosage of retifanlimab-dlwr is 500 mg administered as an intravenous infusion over 30 minutes every 4 weeks until disease progression, unacceptable toxicity, or up to 24 months.	Minor
Cancer	**Toripalimab-tpzi**	**Indications**	Toripalimab-tpzi, in combination with cisplatin and gemcitabine, is indicated for the first-line treatment of adult patients with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma. Toripalimab-tpzi, in combination with cisplatin and paclitaxel, is indicated for the first-line treatment of adult patients with unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma.	Toripalimab-tpzi is indicated, in combination with cisplatin and gemcitabine, for the first-line treatment of adults with metastatic or with recurrent, locally advanced nasopharyngeal carcinoma (NPC). Toripalimab-tpzi, is indicated, as a single agent, for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum containing chemotherapy.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dosing regimen of toripalimab-tpzi is 240 mg every 3 weeks (Q3W) as an intravenous infusion over 60 minutes for the first infusion. If no significant infusion-related reactions occurred during the first infusion, the subsequent infusions may be administered over 30 minutes. Treatment should continue until disease progression, unacceptable toxicity or up to a maximum duration of 24 months.	The recommended dosages of toripalimab-tpzi are: • first-line NPC: 240 mg every three weeks until disease progression, unacceptable toxicity, or up to 24 months; • recurrent NPC: 3 mg/kg every two weeks until disease progression or unacceptable toxicity.	Major
Cancer	**Zolbetuximab**	**Indications**	Zolbetuximab in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adult patients with locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction (GEJ) adenocarcinoma whose tumours are Claudin (CLDN) 18.2 positive (see section 4.2).	Zolbetuximab in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2) negative gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test [see Dosage and Administration (2.1) and Clinical Studies (14)].	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Cancer	**Zolbetuximab**	**Posology**	Single loading dose: on Cycle 1, Day 1a, 800 mg/m2 intravenously. Maintenance doses: beginning 3 weeks after the single loading dose, 600 mg/m2 intravenously every 3 weeks or beginning 2 weeks after the single loading dose, 400 mg/m2 intravenously every 2 weeks. Duration of therapy: until disease progression or unacceptable toxicity.	First dose: 800 mg/m2 intravenously; Subsequent doses: - 600 mg/m intravenously every 3 weeks, or - 400 mg/m intravenously every 2 weeks Continue treatment until disease progression or unacceptable toxicity.	Minor
Cardiovascular	**Acoramidis hydrochloride**	**Indications**	Acoramidis hydrochloride is indicated for the treatment of wild-type or variant transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).	Acoramidis hydrochloride is indicated for the treatment of the cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular death and cardiovascular-related hospitalization.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of acoramidis is 712 mg (two tablets, 356 mg) orally, twice daily, corresponding to a total daily dose of 1,424 mg.	The recommended dosage of acoramidis hydrochloride is 712 mg orally twice daily (with or without food).	Minor
Cardiovascular	**Aprocitentan**	**Indications**	Aprocitentan is indicated for the treatment of resistant hypertension in adult patients in combination with at least three antihypertensive medicinal products (see section 5.1).	Aprocitentan in combination with other antihypertensive drugs, is indicated for the treatment of hypertension, to lower blood pressure (BP) in adult patients who are not adequately controlled on other drugs.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Pregnancy (see section 4.6). Women of childbearing potential who are not using reliable contraception (see sections 4.4 and 4.6). Breast-feeding (see section 4.6). Patients with severe hepatic impairment (Child-Pugh class C; with or without cirrhosis) (see section 4.4).	4.1 Pregnancy Aprocitentan is contraindicated in patients who are pregnant [see Dosage and Administration (2.2), Warnings and Precautions (5.1) and Use in Specific Populations (8.1)]. 4.2 Hypersensitivity Aprocitentan is contraindicated in patients who are hypersensitive to aprocitentan or any of its excipients [see Adverse Reactions (6.1)].	Major
		Posology	The recommended dose is 12.5 mg orally once daily. The dose can be increased to 25 mg once daily for patients tolerating the 12.5 mg dose and in need of tighter blood pressure (BP) control (see section 4.4).	The recommended dosage of aprocitentan is 12.5 mg orally once daily.	Major
Cardiovascular	**Sotatercept-csrk**	**Indications**	Sotatercept-csrk in combination with other pulmonary arterial hypertension (PAH) therapies, is indicated for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity (see section 5.1).	Sotatercept-csrk is indicated for the treatment of adults with pulmonary arterial hypertension (PAH, WHO Group 1) to increase exercise capacity, improve WHO functional class (FC), and reduce the risk of clinical worsening events.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients with platelet counts consistently <50x10^9/L before initiating treatment.	None.	Major
		Posology	Haemoglobin (Hgb) and platelet count should be obtained prior to the first dose (see section 4.4). Initiation of treatment is contraindicated if platelet count is consistently <50x10^9/L (see section 4.3). Treatment is initiated with a single dose of 0.3 mg/kg. Three weeks after a single starting dose of 0.3 mg/kg, the dose should be escalated to the recommended target dose of 0.7 mg/kg after verifying acceptable Hgb and platelet count (see section 4.2 "Dose adjustments due to increase in haemoglobin or decreased platelet count"). Treatment should be continued at 0.7 mg/kg every 3 weeks unless dose adjustments are required.	Sotatercept-csrk is administered once every 3 weeks by subcutaneous injection according to patient body weight. The starting dose is 0.3 mg/kg. Obtain hemoglobin (Hgb) and platelet count prior to the first dose of sotatercept-csrk. Do not initiate treatment if platelet count is <50,000/mm (<50x10/L) [see Dosage and Administration (2.3)]. After verifying acceptable Hgb and platelet count, increase to the target dose of 0.7 mg/kg. Continue treatment at 0.7 mg/kg every 3 weeks unless dosage adjustments are required [see Dosage and Administration (2.3)].	Minor
Dermatology	**Delgocitinib**	**Indications**	Delgocitinib is indicated for the treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate (see section 5.1).	Delgocitinib is indicated for the topical treatment of moderate to severe chronic hand eczema (CHE) in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable. Limitations of Use Use of delgocitinib in combination with other JAK inhibitors or potent immunosuppressants is not recommended.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Dermatology	**Delgocitinib**	**Posology**	A thin layer of delgocitinib should be applied twice daily to the affected skin of the hands and wrists until the skin is clear or almost clear (see section 5.1). It is recommended to apply the cream at regular intervals, approximately 12 hours apart. In the event of recurrence of the signs and symptoms of CHE (flares), twice daily treatment of the affected areas should be re-initiated as needed. Treatment should be discontinued if no improvement is seen after 12 weeks of continuous treatment.	2.1 Recommended Immunizations Prior to Treatment Initiation Complete any necessary immunizations, including herpes zoster vaccinations, according to current immunization guidelines prior to delgocitinib treatment [see Warnings and Precautions (5.3)]. 2.2 Recommended Dosage and Administration Do not use more than 30 grams per 2 weeks or 60 grams per month. Prior to applying delgocitinib, clean and dry affected areas. Apply a thin layer of delgocitinib, twice daily, to the affected areas only on the hands and wrists. Delgocitinib is for topical use only. Not for oral, ophthalmic, or intravaginal use. Avoid contact with eyes, mouth, or other mucous membranes. If contact with mucous membranes occurs, rinse thoroughly with water.	Major
Dermatology	**Nemolizumab**	**Indications**	Atopic dermatitis (AD) nemolizumab is indicated for the treatment of moderate-to-severe atopic dermatitis in patients aged 12 years and older who are candidates for systemic therapy. Prurigo nodularis (PN) nemolizumab is indicated for the treatment of adults with moderate-to-severe prurigo nodularis who are candidates for systemic therapy.	Nemolizumab is indicated for the treatment of adults with prurigo nodularis.	Major
		Contraindications	Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1.	Contraindicated in patients who have known hypersensitivity to nemolizumab-ilto or to any of the excipients [see Warnings and Precautions (5.1)].	Minor
		Posology	<u>Atopic dermatitis (AD)</u> The recommended dose is: - an initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W); - after 16 weeks of treatment, for patients who achieve clinical response, the recommended maintenance dose is 30 mg every 8 weeks (Q8W). Nemolizumab can be used with or without topical corticosteroids (TCS). Topical calcineurin inhibitors (TCI) may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas. Any use of topical therapies should be tapered and subsequently discontinued when the disease has sufficiently improved. Consideration should be given to discontinuing treatment in patients who have shown no response after 16 weeks of treatment for atopic dermatitis. Some patients with initial partial response may further improve with continued treatment beyond 16 weeks. Once clinical response is achieved, the recommended maintenance dose of nemolizumab is 30 mg every 8 weeks. <u>Prurigo nodularis (PN)</u> The recommended dose for patients weighing <90 kg is an initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W). The recommended dose for patients weighing ≥90 kg is an initial dose of 60 mg dose (two 30 mg injections), followed by 60 mg given every 4 weeks (Q4W). Consideration should be given to discontinuing treatment in patients who have shown no response on pruritus after 16 weeks of treatment for prurigo nodularis.	2.1 Vaccination Prior to Treatment Complete all age-appropriate vaccinations as recommended by current immunization guidelines prior to treatment with nemolizumab [see Warnings and Precautions (5.2)]. 2.2 Recommended Dosage Adult patients weighing less than 90 kg: the recommended subcutaneous dosage of nemolizumab for adult patients weighing less than 90 kg is an initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W). Adult patients weighing 90 kg or more: the recommended subcutaneous dosage of nemolizumab for adult patients weighing 90 kg or more is an initial dose of 60 mg (two 30 mg injections), followed by 60 mg given every 4 weeks (Q4W).	Minor
Endocrinology	**Dasiglucagon**	**Indications**	Dasiglucagon is indicated for the treatment of severe hypoglycaemia in adults, adolescents, and children aged 6 years and over with diabetes mellitus.	Dasiglucagon is indicated for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes aged 6 years and above.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Phaeocromocytoma (see section 4.4).	Dasiglucagon is contraindicated in patients with: - pheochromocytoma because of the risk of substantial increase in blood pressure [see Warnings and Precautions (5.1)]; - insulinoma because of the risk of hypoglycemia [see Warnings and Precautions (5.2)].	Major
		Posology	The recommended dose is 0.6 mg administered by a subcutaneous injection. If there has been no response after 15 minutes, an additional dose from a new device may be administered.	The recommended dose of dasiglucagon in adults and pediatric patients aged 6 years and older is 0.6 mg administered by subcutaneous injection into the lower abdomen, buttocks, thigh, or outer upper arm. If there has been no response after 15 minutes, an additional 0.6 mg dose from a new device may be administered.	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Gastroenterology/ Hepatology	**Elafibranor**	**Indications**	Elafibranor is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.	Elafibranor is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA. Limitations of Use Use of elafibranor is not recommended in patients who have or develop decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy) [see Use in Specific Populations (8.7), Clinical Pharmacology (12.3)].	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Known or suspected pregnancy and in women of childbearing age who do not use contraception (see section 4.6).	None.	Major
		Posology	The recommended dose is 80 mg once daily.	2.2 Recommended Dosage and Administration The recommended dosage of elafibranoris 80 mg taken orally once daily with or without food [see Clinical Pharmacology (12.3)].	Minor
Gastroenterology/ Hepatology	**Seladelpar**	**Indications**	Seladelpar is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA alone, or as monotherapy in those unable to tolerate UDCA.	Seladelpar is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA. Limitations of Use Use of seladelpar is not recommended in patients who have or develop decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy) [see Use in Specific Populations (8.7)].	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of seladelpar is 10 mg once daily.	2.1 Recommended Dosage and Administration The recommended dosage of seladelpar is 10 mg orally once daily. Administer seladelpar with or without food [see Clinical Pharmacology (12.3)].	Minor
Haematology/ Haemostaseology	**Apadamtase alfa**	**Indications**	Apadamtase alfa is an enzyme replacement therapy (ERT) indicated for the treatment of ADAMTS13 deficiency in children and adult patients with congenital thrombotic thrombocytopenic purpura (cTTP). Apadamtase alfa can be used for all age groups.	Apadamtase alfa (ADAMTS13, recombinant-krhn) is a human recombinant "A disintegrin and metalloproteinase with thrombospondin motifs 13" (rADAMTS13) indicated for prophylactic or on demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP) [see Use in Specific Populations (8.4), Clinical Studies (14)].	Minor
		Contraindications	Life-threatening hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Apadamtase alfa is contraindicated in patients who have manifested life threatening hypersensitivity reactions to apadamtase alfa or its components [see Description (11)].	Minor
		Posology	<u>Prophylactic enzyme replacement therapy</u> - 40 IU/kg of body weight once every other week; - the prophylaxis dosing frequency may be adjusted to 40 IU/kg of body weight once weekly based on clinical response (see sections 5.1 and 5.2). <u>On-demand enzyme replacement therapy for acute TTP episodes</u> In case of acute thrombotic thrombocytopenic purpura (TTP) episode, the recommended dose of apadamtase alfa to treat acute TTP episodes is as follows: - 40 IU/kg of body weight on day 1; - 20 IU/kg of body weight on day 2; - 15 IU/kg of body weight starting day 3 once daily until two days after the acute event is resolved (see section 5.1).	2.1 Dosage - Each vial of apadamtase alfa is labeled with the actual rADAMTS13 activity, measured in terms of its potency in International Units (IU). - Calculate administration dose and volume based on the patient's body weight using the actual potency (and not the nominal potency) as printed on apadamtase alfa vial. - For Intravenous (IV) Infusion at a rate of 2 to 4 mL per minute. <u>Prophylactic Therapy</u> The recommended prophylactic dosage regimen of ADZYNMA is as follows: - administer 40 IU/kg body weight once every other week; - the prophylactic dosing frequency may be adjusted to 40 IU/kg body weight once weekly based on prior prophylactic dosing regimen or clinical response [see Use in Specific Populations (8.4), Clinical Pharmacology (12.3), Clinical Studies (14)]. <u>On-Demand Therapy</u> A guide for dosing for on demand treatment of an acute event is provided: - 40 IU/kg of body weight on day 1; - 20 IU/kg of body weight on day 2; - 15 IU/kg of body weigh once daily treatment. Day 3 and beyond until two days after the acute event is resolved (see section 5.1).	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Haematology/ Haemostaseology	**Concizumab**	**Indications**	Concizumab is indicated for routine prophylaxis of bleeding in patients with: • haemophilia A (congenital factor VIII deficiency) with FVIII inhibitors and of 12 years of age or more; • haemophilia B (congenital factor IX deficiency) with FIX inhibitors and of 12 years of age or more.	Concizumab is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with: • hemophilia A (congenital factor VIII deficiency) with FVIII inhibitors; • hemophilia B (congenital factor IX deficiency) with FIX inhibitors.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Concizumab is contraindicated in patients with a history of known serious hypersensitivity to concizumab or its components or the inactive ingredients [see Warnings and Precautions (5.1) and Description (11)].	Minor
		Posology	Treatment should be initiated in a non-bleeding state. Treatment with rFVIIa should be discontinued at least 12 hours before starting concizumab therapy and treatment with aPCC should be discontinued at least 48 hours before. The recommended dosing regimen is • Day 1: a loading dose of 1 mg/kg once • Day 2 and until individual maintenance dose setting (see below): once daily dosing of 0.20 mg/kg • 4 weeks after initiation of treatment: measurement of concizumab plasma concentration prior to administration of the next scheduled dose. The measurement must be performed using a validated in vitro diagnostic test • when concizumab plasma concentration result is available: individual maintenance dose is set once based on concizumab plasma concentration as indicated below:Individual maintenance dose setting should be performed at the earliest convenience (after concizumab plasma concentration result is available) and recommended no later than 8 weeks after initiation of treatment. Additional concizumab plasma concentration measurement(s) can be taken after 8 weeks on the same maintenance dose according to the patient's medical condition. For example, this should be considered if a patient experiences an increased bleeding frequency, a large change in body weight, has missed doses before maintenance dose setting, or acquires a comorbidity, which can lead to an increase in the overall thromboembolic risk. Since concizumab is dosed per body weight (mg/kg), it is important to recalculate the dose (mg) when the body weight changes.	Concizumab should be administered once daily. Avoid missed doses. Recommended dosing regimen: • Day 1: Loading dose of 1 mg/kg • Day 2: Once-daily dose of 0.2 mg/kg until individualization of maintenance dose (see below) o 4 weeks after initiation of treatment: for dose optimization measure concizumab-mtci plasma concentration by concizumab Enzyme-Linked Immunosorbent Assay (ELISA) prior to administration of next scheduled dose. An FDA-authorized test for the measurement of concizumab-mtci concentration in plasma is not currently available. • Once the concizumab-mtci concentration result is available, individualize the maintenance dose of concizumab. no later than 8 weeks after initiation of treatment, based on the following concizumab-mtci- plasma concentrations: o Less than 200 ng/mL: adjust to a once-daily dose of 0.25 mg/kg o 200 to 4,000 ng/mL: continue once-daily dose of 0.2 mg/kg o Greater than 4,000 ng/mL: adjust to a once-daily dose of 0.15 mg/kg The calculated dose is rounded off to the nearest injectable dose as follows: • 60 mg/1.5 mL (40 mg/mL) in increments of 0.4 mg (brown label) • 150 mg/1.5 mL (100 mg/mL) in increments of 1 mg (gold label) • 300 mg/3 mL (100 mg/mL) in increments of 1 mg (white label) Additional measurements of concizumab-mtci plasma concentration should be taken at routine clinical follow-ups provided the patient has been on the same maintenance dose for 8 weeks of treatment to ensure steady-state plasma concentration. Maintenance of concizumab plasma concentration above 200 ng/mL is important to decrease the risk of bleeding episodes. If concizumab-mtci plasma concentration remains below 200 ng/mL at two consecutive measurements, the benefits of continued concizumab treatment should be evaluated versus the potential risk of bleeding events, and alternative therapies if available should be considered. As concizumab is dosed by body weight (mg/kg), it is important to recalculate the dose when patients experience body weight changes.	Minor
Haematology/ Haemostaseology	**Crovalimab**	**Indications**	Crovalimab as monotherapy is indicated for the treatment of adult and paediatric patients 12 years of age or older with a weight of 40 kg and above with paroxysmal nocturnal haemoglobinuria (PNH): • in patients with haemolysis with clinical symptom(s) indicative of high disease activity; • in patients who are clinically stable after having been treated with a complement component 5 (C5) inhibitor for at least the past 6 months.	Crovalimab is indicated for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria (PNH) and body weight of at least 40 kg.	Major
		Contraindications	• Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. • Patients with unresolved Neisseria meningitidis infection. • Patients who are not currently vaccinated against Neisseria meningitidis unless they receive prophylactic treatment with appropriate antibiotics until 2 weeks after vaccination (see section 4.4).	Crovalimab is contraindicated: • for initiation in patients with an unresolved serious Neisseria meningitidis infection [see Warnings and Precautions (5.1)]; • in patients with a known serious hypersensitivity reaction to crovalimab or any of the excipients [see Warnings and Precautions (5.5)].	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Haematology/ Haemostaseology	**Crovalimab**	**Posology**	The recommended dosing regimen consists of one loading dose administered by intravenous infusion (on Day 1), followed by four additional weekly loading doses administered by subcutaneous injection (on Days 2, 8, 15, and 22). The maintenance dose starts on Day 29 and is then administered every 4 weeks by subcutaneous injection. The doses to be administered are based on the patient's body weight For patients switching from treatment with another complement inhibitor, the first intravenous loading dose of crovalimab should be administered at the time of the next scheduled complement inhibitor administration [see section 4.4 for additional information related to switching between complement 3 component 5 (C5) inhibitor treatments]. The administration of the additional subcutaneous loading doses and maintenance doses of crovalimab will follow as per the schedule shown: Loading Dose Day 1: 1,000 mg (intravenous) if ≥40 kg to <100 kg-1,500 mg (intravenous) if ≥100 kg Day 2, 8, 15, 22: 340 mg (subcutaneous) Maintenance dose Day 29 and Q4Wa thereafter 680 mg (subcutaneous) if ≥40 kg to <100 kg-1,020 mg (subcutaneous) if ≥100 kg The dosing schedule is allowed to occasionally vary within 2 days of the scheduled administration day (except at Day 1 and Day 2). If this occurs, the subsequent dose should be administered according to the regular schedule. Duration of treatment Crovalimab is intended for long-term treatment unless the discontinuation of this medicinal product is clinically indicated (see section 4.4).	2.2 Recommended Dosage Regimen The recommended dosage regimen consists of one loading dose administered by intravenous (IV) infusion (on Day 1), followed by four additional weekly loading doses administered by subcutaneous (SUBQ) injection (on Days 2, 8, 15, and 22). The maintenance dose starts on Day 29 and is then administered every 4 weeks by subcutaneous injection. Administer doses based on the patient's actual body weight. Loading Dose Day 1: 1,000 mg (intravenous) if ≥40 kg to <100 kg-1,500 mg (intravenous) if ≥100 kg Day 2, 8, 15, 22: 340 mg (subcutaneous) Maintenance dose Day 29 and Q4W a thereafter 680 mg (subcutaneous) if ≥40 kg to <100 kg-1,020 mg (subcutaneous) if ≥100 kg. The dosing schedule is allowed to occasionally vary within 2 days of the scheduled administration day (except at Day 1 and Day 2). If this occurs, the subsequent dose should be administered according to the regular schedule. Modification of the maintenance dose is required if the patient's body weight changes to become consistently greater than or lower than 100 kg during the course of therapy.	Minor
Haematology/ Haemostaseology	**Danicopan**	**Indications**	Danicopan is indicated as an add-on to ravulizumab or eculizumab for the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have residual haemolytic anaemia (see section 5.1).	Danicopan is indicated as add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis (EVH) in adults with paroxysmal nocturnal hemoglobinuria (PNH). Limitations of Use Danicopan has not been shown to be effective as monotherapy and should only be prescribed as an add-on to ravulizumab or eculizumab.	Minor
		Contraindications	• Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. • Patients with unresolved Neisseria meningitidis infection at treatment initiation (see section 4.4). • Patients who are not currently vaccinated against Neisseria meningitidis unless they receive prophylactic treatment with appropriate antibiotics until 2 weeks after vaccination (see section 4.4)	Danicopan is contraindicated for initiation in patients with unresolved serious infection caused by encapsulated bacteria, including Neisseria meningitidis, Streptococcus pneumoniae, or Haemophilus influenzae type B [see Warnings and Precautions (5.1)].	Major
		Posology	The recommended starting dose is 150 mg three times a day administered orally,approximately 8 hours apart (±2 hours). Dose can be increased to 200 mg three times a day after a minimum of 4 weeks of treatment depending on clinical response.	2.2 Recommended Dosage Starting Dose: the recommended dosage of danicopan is 150 mg three times a day administered orally. Danicopan can be taken with or without food. Dose Adjustment: the dose can be increased to 200 mg three times a day if the patient's hemoglobin (Hgb) level has not increased by greater than 2 g/dL after 4 weeks of therapy, if the patient required a transfusion during the previous 4 weeks, or to achieve an appropriate Hgb response based on clinical judgement.	Minor
Haematology/ Haemostaseology	**Efanesoctocog alfa**	**Indications**	Treatment and prophylaxis of bleeding in patients with haemophilia A (congenital factor VIII deficiency). Afanesoctocog alfa can be used for all age groups.	Efanesoctocog alfa [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl] is a von Willebrand Factor (VWF) independent recombinant DNA-derived, Factor VIII concentrate indicated for use in adults and children with hemophilia A (congenital factor VIII deficiency) for: • routine prophylaxis to reduce the frequency of bleeding episodes • on-demand treatment and control of bleeding episodes • perioperative management of bleeding Limitation of Use Efanesoctocog alfa is not indicated for the treatment of von Willebrand disease.	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Haematology/ Haemostaseology	**Efanesoctocog alfa**	**Contraindications**	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Efanesoctocog alfa is contraindicated in patients who have had severe hypersensitivity reactions, including anaphylaxis, to the product or its excipients [see Description (11)].	Minor
		Posology	The dose and duration of the substitution therapy depend on the severity of the factor VIII deficiency, on the location and extent of the bleeding and on the patient's clinical condition. The number of units of factor VIII administered is expressed in International Units (IU), which are related to the current WHO concentrate standard for factor VIII products. Factor VIII activity in plasma is expressed either as a percentage (relative to normal human plasma) or preferably in International Units (relative to an International Standard for factor VIII in plasma). One IU of factor VIII activity is equivalent to that quantity of factor VIII in one mL of normal human plasma. For the dose of 50 IU factor VIII per kg body weight, the expected in vivo plasma recovery in factor VIII level expressed as IU/dL (or % of normal) is estimated using the following formula: estimated increment of factor VIII (IU/dL or % of normal)=50 IU/kg x2 (IU/dL per IU/kg). Prophylaxis The recommended dosing for routine prophylaxis for adults and children is 50 IU/kg of efanesoctocog alfa administered once weekly. On demand treatment Efanesoctocog alfa dosing for the on-demand treatment, control of bleeding episodes and perioperative management is provided for major and minor surgery procedures.	2.1 Dose Each efanesoctocog alfa vial label states the Factor VIII potency in international units (IU). One IU corresponds to the Factor VIII activity contained in one milliliter of normal human plasma, as defined by the current World Health Organization (WHO) international standard for Factor VIII concentrate. Potency assignment for efanesoctocog alfa is determined using an activated partial thromboplastin time (aPTT)-based one-stage clotting assay. It is recommended to use a validated one-stage clotting assay to measure efanesoctocog alfa Factor VIII activity in plasma. The efanesoctocog alfa Factor VIII activity level is overestimated by the chromogenic assay and a specific ellagic acid based aPTT reagent in one-stage clotting assay by approximately 2.5-fold [see Warnings and Precautions (5.3)]. For the dose of 50 IU/kg, the expected in vivo peak increase in Factor VIII level expressed as IU/dL (or % of normal) is estimated using the following formula: estimated Increment of Factor VIII (IU/dL or % of normal)=50 IU/kg×2 (IU/dL per IU/kg). To achieve a specific target Factor VIII activity level, use the following formula: Dosage (IU)=Body Weight (kg)×Desired Factor VIII Increase (IU/dL or % normal)×0.5 (IU/kg per IU/dL). Routine Prophylaxis The recommended dosing for routine prophylaxis for adults and children is 50 IU/kg of efanesoctocog alfa administered once weekly. On-demand Treatment and Control of Bleeding Episodes. Efanesoctocog alfa dosing for the on-demand treatment and control of bleeding episodes. For resumption of prophylaxis (if applicable) after treatment of a bleed, it is recommended to allow an interval of at least 72 hours between the last 50 IU/kg dose for treatment of a bleed and resuming prophylaxis dosing. Thereafter, prophylaxis can be continued as usual on the patient's regular schedule. Perioperative Management Efanesoctocog alfa dosing for perioperative management is provided for major and minor surgery procedures.	Minor
Haematology/ Haemostaseology	**Efbemalenograstim alfa-vuxw**	**Indications**	Efbemalenograstim alfa-vuxw is indicated for the reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes).	Efbemalenograstim alfa-vuxw is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Limitations of Use Efbemalenograstim alfa-vuxwis not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Efbemalenograstim alfa-vuxw is contraindicated in patients with a history of serious allergic reactions to granulocyte stimulating factors such as efbemalenograstim alfa-vuxw, pegfilgrastim, or filgrastim products [see Warnings and Precautions (5.3)].	Minor
		Posology	One 20 mg dose (a single pre-filled syringe) of efbemalenograstim alfa-vuxw is recommended for each chemotherapy cycle, given at least 24 hours after cytotoxic chemotherapy.	The recommended dosage of efbemalenograstim alfa-vuxw is a single subcutaneous injection of 20 mg administered once per chemotherapy cycle at least 24 hours after cytotoxic chemotherapy. Do not administer efbemalenograstim alfa-vuxw within 14 days before and <24 hours after administration of cytotoxic chemotherapy.	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Haematology/ Haemostaseology	**Fidanacogene elaparvovec-dzkt**	**Indications**	Fidanacogene elaparvovec-dzkt is indicated for the treatment of severe and moderately severe haemophilia B (congenital factor IX deficiency) in adult patients without a history of factor IX inhibitors and without detectable antibodies to variant AAV serotype Rh74.	Fidanacogene elaparvovec-dzkt is an adeno-associated virus vector-based gene therapy indicated for the treatment of adults with moderate to severe hemophilia B (congenital factor IX deficiency) who: • currently use factor IX prophylaxis therapy, or • have current or historical life-threatening hemorrhage, or • have repeated, serious spontaneous bleeding episodes, and, • do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test. Select patients for therapy based on an FDA-approved companion diagnostic [see Dosage and Administration (2)].	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Active infections, either acute or uncontrolled chronic (see section 4.4). Advanced hepatic fibrosis or advanced hepatic cirrhosis (see section 4.4).	None.	Major
		Posology	The recommended dose of fidanacogene elaparvovec-dzkt is a single-dose of 5×10^{11} vector genomes per kg (vg/kg) of body weight.	The recommended dose of fidanacogene elaparvovec-dzkt is a single-dose intravenous infusion of 5×10^{11} vector genomes per kg (vg/kg) of body weight.	Minor
Haematology/ Haemostaseology	**Imetelstat sodium**	**Indications**	Imetelstat sodium is indicated as monotherapy for the treatment of adult patients with transfusion-dependent anaemia due to very low, low or intermediate risk myelodysplastic syndromes (MDS) without an isolated deletion 5q cytogenetic (non-del 5q) abnormality and who had an unsatisfactory response to or are ineligible for erythropoietin-based therapy (see section 5.1).	Imetelstat sodium is indicated for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESA).	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients are listed in section 6.1.	None.	Major
		Posology	The recommended dose of imetelstat sodium is 7.1 mg/kg body weight administered as an intravenous infusion once every 4 weeks. Rytelo should be discontinued if patients do not experience a reduction in red blood cell (RBC) transfusion burden after 24 weeks of treatment (6 doses) or if unacceptable toxicity occurs at any time.	The recommended dosage of imetelstat sodium is 7.1 mg/kg administered as an intravenous infusion over 2 hours every 4 weeks. Discontinue imetelstat sodium if a patient does not experience a decrease in red blood cell (RBC) transfusion burden after 24 weeks of treatment (administration of 6 doses) or if unacceptable toxicity occurs at any time [see Dosage and Administration (2.3)].	Minor
Haematology/ Haemostaseology	**Iptacopan**	**Indications**	Iptacopan is indicated as monotherapy in the treatment of adult patients with paroxysmal nocturnal haemoglobinuria (PNH) who have haemolytic anaemia.	1.1 Paroxysmal Nocturnal Hemoglobinuria Iptacopan is indicated for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH). 1.2 Immunoglobulin A Nephropathy Iptacopan is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-tocreatinine ratio (UPCR) ≥1.5 g/g.	Major
		Contraindications	• Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. • Patients who are not currently vaccinated against Neisseria meningitidis and Streptococcus pneumoniae, unless the risk of delaying treatment outweighs the risk of developing an infection from these encapsulated bacteria (see section 4.4). • Patients with unresolved infection caused by encapsulated bacteria, including Neisseria meningitidis, Streptococcus pneumoniae or Haemophilus influenzae type B, at treatment initiation.	Iptacopan is contraindicated: • in patients with serious hypersensitivity to iptacopan or any of the excipient; • for initiation in patients with unresolved serious infection caused by encapsulated bacteria, including Streptococcus pneumoniae, Neisseria meningitidis, or Haemophilus influenzae type b.	Major
		Posology	The recommended dose is 200 mg taken orally twice daily.	The recommended dosage of iptacopan is 200 mg orally twice daily without regard to food.	Minor

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Haematology/ Haemostaseology	**Marstacimab-hncq**	**Indications**	Marstacimab-hncq is indicated for routine prophylaxis of bleeding episodes in patients 12 years of age and older, weighing at least 35 kg, with: • severe haemophilia A (congenital factor VIII deficiency, FVIII <1%) without factor VIII inhibitors, or • severe haemophilia B (congenital factor IX deficiency, FIX <1%) without factor IX inhibitors.	Marstacimab-hncq is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with: • hemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors, or • hemophilia B (congenital factor IX deficiency) without factor IX inhibitors.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose for patients 12 years of age and older, weighing at least 35 kg, is an initial loading dose of 300 mg by subcutaneous injection followed thereafter by 150 mg by subcutaneous injection once weekly, at any time of day. Duration of treatment Marstacimab-hncq is intended for long-term prophylactic treatment.	The recommended dosage of marstacimab-hncq for adult and pediatric patients 12 years of age and older is as follows: Loading Dose 300 mg (two 150 mg subcutaneous injections) If more than one injection is required to deliver a complete dose, administer each injection at a different injection site; Maintenance Dose One week after the loading dose, initiate maintenance dosing of 150 mg every week by subcutaneous injection on the same day each week, at any time of day.	Minor
Immunology/ Rheumatology/ Transplantation	**Garadacimab**	**Indications**	Garadacimab is indicated for routine prevention of recurrent attacks of hereditary angioedema (HAE) in adult and adolescent patients aged 12 years and older.	Garadacimab is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose, in adults and children 12 years of age and above, is an initial loading dose of 400 mg administered subcutaneously as two 200 mg injections on the first day of treatment, followed by a monthly dose of 200 mg.	The recommended dosage of garadacimab is an initial loading dose of 400 mg (two injections of 200 mg) administered subcutaneously on the first day of treatment followed by a maintenance dosage of 200 mg administered subcutaneously every month.	Minor
Infections	**Cefepime and enmetazobactam**	**Indications**	Cefepime and enmetazobactam is indicated for the treatment of the following infections in adults (see sections 4.4 and 5.1): - complicated urinary tract infections (cUTI), including pyelonephritis; - hospital-acquired pneumonia (HAP), including ventilator associated pneumonia (VAP) Treatment of patients with bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above. Consideration should be given to official guidance on the appropriate use of antibacterial agents.	Cefepime and enmetazobactam is indicated for the treatment of patients 18 years of age and older with complicated urinary tract infections (cUTI) including pyelonephritis, caused by the following susceptible microorganisms: Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Proteus mirabilis, and Enterobacter cloacae complex.	Major
		Contraindications	Hypersensitivity to the active substances or to any of the excipients listed in section 6.1. Hypersensitivity to any cephalosporin antibacterial agent. Severe hypersensitivity (e.g., anaphylactic reaction, severe skin reaction) to any other type of beta-lactam antibacterial agent (e.g., penicillins, carbapenems or monobactams).	Cefepime and enmetazobactam is contraindicated in patients with a history of serious hypersensitivity reactions to the components of cefepime and enmetazobactam or other beta-lactam antibacterial drugs [see Warnings and Precautions (5.1)]	Minor
		Posology	For complicated urinary tract infections (cUTI), including pyelonephritis, the recommended dose for patients with normal renal function is 2 g/0.5 g cefepime/enmetazobactam every 8 hours administered as an intravenous infusion over 2 hours. In patients with augmented renal clearance (eGFR >150 mL/min) prolongation of the infusion to 4 hours is recommended (see section 5.2). For hospital-acquired pneumonia (HAP), including ventilator associated pneumonia (VAP), the recommended dose for patients with normal renal function is 2 g/0.5 g cefepime/ enmetazobactam every 8 hours administered as an intravenous infusion over 4 hours. The usual duration of treatment is 7 to 10 days. In general, administration should not be less than 7 days and not longer than 14 days. In patients with bacteraemia treatment up to 14 days may be required.	2.1 Recommended Dosage and Administration The recommended dosage of cefepime and enmetazobactam is 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) administered every 8 hours by intravenous (IV) infusion over 2 hours in patients 18 years of age and older with an estimated glomerular filtration rate (eGFR) between 60 and 129 mL/min. The duration of treatment is 7 days and up to 14 days for patients with concurrent bacteremia. 2.2 Recommended Dosage in patients (18 years of age and older) based on renal function The recommended dosage of cefepime and enmetazobactam in patients 18 years of age and older with varying degrees of renal function is described [see Use in Specific Populations (8.6) and Clinical Pharmacology (12.3)]. For patients with changing renal function, monitor serum creatinine concentrations and eGFR at least daily and adjust the dosage of cefepime and enmetazobactam accordingly [see Use in Specific Populations (8.6)].	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Neurology	**Eplontersen**	**Indications**	Eplontersen is indicated for the treatment of hereditary transthyretin-mediated amyloidosis (ATTRv) in adult patients with stage 1 or stage 2 polyneuropathy.	Eplontersen is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose of eplontersen is 45 mg administered monthly.	The recommended dosage of eplontersen is 45 mg administered by subcutaneous injection once monthly [see Dosage and Administration (2.2)].	Minor
Neurology	**Lecanemab**	**Indications**	Lecanemab is indicated for the treatment of adult patients with a clinical diagnosis of mild cognitive impairment and mild dementia due to Alzheimer's disease (Early Alzheimer's disease) who are apolipoprotein E ε4 (ApoE ε4) non-carriers or heterozygotes with confirmed amyloid pathology (see section 4.4).	Lecanemab is indicated for the treatment of Alzheimer's disease. Treatment with lecanemab should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients with bleeding disorders that are not under adequate control. Pre-treatment MRI findings of prior intracerebral haemorrhage, more than 4 microhaemorrhages, superficial siderosis or vasogenic oedema, or other findings, which are suggestive of cerebral amyloid angiopathy (CAA) (see section 4.4). Treatment with lecanemab should not be initiated in patients receiving ongoing anticoagulant therapy (see section 4.4).	Lecanemab is contraindicated in patients with serious hypersensitivity to lecanemab-irmb or to any of the excipients of lecanemab. Reactions have included angioedema and anaphylaxis [see Warnings and Precautions (5.2)].	Major
		Posology	The recommended dose of lecanemab is 10 mg/kg body weight administered as an intravenous (IV) infusion once every 2 weeks. Treatment with lecanemab should be discontinued once the patient progresses to moderate Alzheimer's disease.	The recommended initial dosing regimen of lecanemab is 10 mg/kg once every 2 weeks administered as an intravenous infusion over approximately one hour. After 18 months, the regimen of 10 mg/kg once every two weeks may be continued, or a transition to the maintenance dosing regimen of 10 mg/kg once every 4 weeks may be considered [see Clinical Pharmacology (12.2)].	Major
Neurology	**Tofersen**	**Indications**	Tofersen is indicated for the treatment of adults with amyotrophic lateral sclerosis (ALS), associated with a mutation in the superoxide dismutase 1 (SOD1) gene.	Tofersen is indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene.	Minor
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	None.	Major
		Posology	The recommended dose is 100 mg of tofersen per treatment. Tofersen treatment should be initiated with 3 loading doses administered at 14-day intervals. A maintenance dose should be administered once every 28 days thereafter.	Administer tofersen intrathecally using a lumbar puncture by, or under the direction of, healthcare professionals experienced in performing lumbar punctures. The recommended dosage is 100 mg (15 mL) of tofersen per administration. Initiate tofersen treatment with three (3) loading doses administered at 14-day intervals. Administer a maintenance dose every 28 days thereafter.	Minor
Pneumology/ Allergology	**Vilobelimab**	**Indications**	Vilobelimab is indicated for the treatment of adult patients with SARS-CoV2-induced acute respiratory distress syndrome (ARDS) who are receiving systemic corticosteroids as part of Standard of Care and receiving invasive mechanical ventilation (IMV) (with or without extracorporeal membrane oxygenation – ECMO).	The US Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of vilobelimab for the treatment of coronavirus disease 2019 (COVID-19) in hospitalized adults when initiated within 48 hours of receiving invasive mechanical ventilation (IMV), or extracorporeal membrane oxygenation (ECMO). However, vilobelimab is not FDA-approved for this use.	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	No contraindications have been identified based on the limited available data for the emergency use of vilobelimab under this EUA.	Major

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Therapeutic area	Active substance	Domain	EMA EPAR - Product information	FDA Label	Differences
Pneumology/ Allergology	**Vilobelimab**	**Posology**	The recommended dose is 800 mg administered by intravenous infusion after dilution, for a maximum of 6 (six) doses over the treatment period as described below. Treatment should be started within 48 hours of intubation (Day 1) followed by administration on Days 2, 4, 8, 15 and 22 as long as the patient is hospitalised, even if discharged from the intensive care unit (ICU).	The recommended dosage of vilobelimab for the treatment of adults with COVID-19 is 800 mg administered by intravenous infusion after dilution [see Dosage and Administration (2.2)] for a maximum of 6 (six) doses over the treatment period as described below. Treatment should be started within 48 hours of intubation (Day 1) followed by administration on Days 2, 4, 8, 15 and 22 as long as the patient is hospitalized (even if discharged from ICU).	Minor
Uro-nephrology	**Sparsentan**	**Indications**	Sparsentan is indicated for the treatment of adults with primary immunoglobulin A nephropathy (IgAN) with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.75 g/g, see section 5.1).	Sparsentan is indicated to slow kidney function decline in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression.	Major
		Contraindications	• Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1 • Pregnancy (see sections 4.4 and 4.6) • Coadministration of angiotensin receptor blockers (ARBs), endothelin receptor antagonists (ERAs), or renin inhibitors (see sections 4.4 and 4.5).	Use of sparsentan is contraindicated in patients who are pregnant [see Dosage and Administration (2.2), Warnings and Precautions (5.2), Use in Specific Populations (8.1)]. Do not coadminister sparsentan with ARBs, ERAs, or aliskiren [see Dosage and Administration (2.1), Drug Interactions (7.1)].	Minor
		Posology	Sparsentan treatment should be initiated at a dose of 200 mg once daily for 14 days and then increased to a maintenance dose of 400 mg once daily, dependent upon tolerability. For titration from the initial dose of 200 mg once daily to the maintenance dose of 400 mg once daily, 200 mg and 400 mg film-coated tablets are available to achieve the maintenance dose.	Initiate treatment with sparsertan at 200 mg orally once daily. After 14 days, increase to the recommended dose of 400 mg once daily, as tolerated. When resuming treatment with sparsertan after an interruption, consider titration of sparsertan, starting at 200 mg once daily. After 14 days, increase to the recommended dose of 400 mg once daily [see Drug Interactions (7.2)].	Minor
Uro-nephrology	**Vibegron**	**Indications**	Vibegron is indicated in symptomatic treatment of adult patients with overactive bladder (OAB) syndrome.	Vibegron is indicated in overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency in adults (1.1), overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency in adult males on pharmacological therapy for benign prostatic hyperplasia (BPH) (1.2).	Major
		Contraindications	Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.	Vibegron is contraindicated in patients with known hypersensitivity to vibegron or any components. Hypersensitivity reactions, such as angioedema, have occurred [see Warnings and Precautions (5.2) and Adverse Reactions (6.2)].	Minor
		Posology	The recommended dose is 75 mg once daily.	The recommended dosage is one 75 mg tablet orally, once daily with or without food.	Minor

EMA: European Medicines Agency; EPAR: European Public Assessment Reports; FDA: US Food and Drug Administration; WHO: World Health Organization.