This English version is intended to be a reference material for the convenience of users. In the event of inconsistency between the Japanese original and this English translation, the former shall prevail.

Summary of Investigation Results

Eliglustat tartrate

February 12, 2019

Non-proprietary name

Eliglustat tartrate

Branded name (Marketing authorization holder)

Cerdelga 100 mg capsule (Sanofi K.K.)

Indications

Improvement of various symptoms of Gaucher disease (anemia, thrombocytopenia, hepatosplenomegaly, and bone disease)

Summary of revisions

1. The following language should be added to the Contraindications section.
   (1) Patients who are extensive metabolizers (EMs) of CYP2D6 and who meet any of the following criteria:
   - Patients with moderate or severe hepatic impairment
   - Patients with mild hepatic impairment and who are receiving a moderate or strong CYP2D6 inhibitor
   - Patients with mild hepatic impairment and who are receiving a weak CYP2D6 inhibitor concomitantly with a moderate or strong CYP3A inhibitor

   (2) Patients with hepatic impairment and who are intermediate metabolizers (IMs) or poor metabolizers (PMs) of CYP2D6
2. Language concerning adjustment of dosage and administration for patients with hepatic impairment should be added to the Precautions concerning Dosage and Administration section.
3. A cautionary statement concerning patients with mild hepatic impairment and who are EMs of CYP2D6 should be added to the Contraindications for Co-Administration

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section.

Investigation results and background of the revision

The results of a clinical pharmacology study in subjects with hepatic impairment revealed an association between elevations in eliglustat plasma concentration and the degree of hepatic impairment. Additionally, it was inferred based on the results of a simulation analysis of patients with hepatic impairment using a physiological pharmacokinetic model that eliglustat plasma concentrations in such patients may undergo marked elevation depending on CYP2D6 phenotype and whether CYP2D6 and/or CYP3A inhibitors are prescribed concomitantly. MHLW/PMDA considered these findings and the necessity for revision of the package insert. Based on the results of their investigation and in consultation with expert advisors, it was concluded that in addition to CYP2D6 phenotypes and status of CYP2D6 and/or CYP3A inhibitor co-administration, patient hepatic function should also be considered when determining the appropriateness of administering this drug or adjusting its dosage, and accordingly that revision of the package insert was necessary.

Number of adverse reactions and patient mortalities reported in Japan during the previous 3 fiscal years

N/A