Prescribing information: Skyclarys▼(omaveloxolone) 50mg Hard Capsules

Please refer to the Summary of Product Characteristics (SmPC) for further information. Indication: The treatment of Friedreich's ataxia in adults and adolescents aged 16 years and older. **Dosage and administration:** Omaveloxolone should be initiated and supervised by physicians with experience in the treatment of patients with Friedreich's ataxia. The recommended dose is 150 mg omaveloxolone (3 hard capsules of 50 mg each) once daily on an empty stomach at least 1 hour before or 2 hours after eating. Capsules should be swallowed whole or the contents sprinkled on 2 tablespoons of apple puree, if capsules cannot be consumed. Medicine lost through emesis should not be replaced with an additional dose. No dose adjustment needed for elderly or those with mild hepatic impairment. In those with moderate hepatic impairment, dosage should be reduced to 100mg daily with close monitoring for AEs and to 50mg if adverse reactions are observed. Omaveloxolone use should be avoided in patients with severe hepatic impairment. The effect of moderate or severe renal impairment on omaveloxolone has not been studied. The safety and efficacy of Skyclarys in children and adolescents aged less than 16 years have not yet been established. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions:** Aminotransferases: Treatment with omaveloxolone in clinical trials with patients with Friedreich's ataxia has been associated with elevations in alanine aminotransferase (ALT) and aspartate aminotransferase (AST). ALT, AST and bilirubin should be monitored prior to initiation of omaveloxolone, monthly during the first 3 months of treatment and periodically thereafter as clinically indicated. If ALT or AST increases to >5 × the upper limit of normal (ULN), omaveloxolone should be immediately discontinued, and liver function tests should be repeated as soon as possible. If laboratory abnormalities stabilise or resolve, omaveloxolone can be reinitiated. If ALT or AST increases to >3 x the ULN and bilirubin to >2 x the ULN, omaveloxolone should be immediately discontinued and liver function tests should be repeated as soon as possible. If laboratory abnormalities stabilise or resolve, omaveloxolone may be reinitiated with an appropriate frequency of monitoring liver function. Drug interactions: Concomitant use of omaveloxolone with strong or moderate CYP3A4 inducers may significantly decrease the exposure of omaveloxolone, which may reduce the effectiveness of omaveloxolone. Warn patients to avoid concomitant use with CYP3A4 inducers and consider alternative medicinal products if possible. Concomitant use of strong or moderate CYP3A4 inhibitors may significantly increase the systemic exposure of omaveloxolone. Recommended to avoid concomitant use with strong and moderate CYP3A4 inhibitors. Reduce dose to 50mg once daily if used with strong CYP34A inhibitors and to 100mg once daily if used with moderate CYP3A4 inhibitors, with close monitoring. Lipid abnormalities: Treatment with omaveloxolone has been associated with increases in low-density lipoprotein (LDL) cholesterol and decreases in high-density lipoprotein (HDL) cholesterol. Lipid parameters should be assessed prior to initiation of omaveloxolone and should be monitored periodically during treatment. Lipid abnormalities should be managed according to standard clinical guidelines. B-type natriuretic peptide: Treatment with omaveloxolone has been associated with increases in BNP but without any concurrent increase in blood pressure or associated events of fluid overload or congestive heart failure. BNP should be monitored prior to and periodically during treatment. Patients should be advised of the signs and symptoms of congestive heart failure associated with fluid overload, such as sudden weight gain (≥ 1.4 kg in 1 day or ≥ 2.3 kg in 1 week), peripheral oedema and shortness of breath. If signs or symptoms of fluid overload develop, BNP (or NT-proBNP) should be monitored and managed according to standard clinical practice. Skyclarys should be interrupted during fluid overload management and discontinued if fluid overload cannot be appropriately managed. Cardiomyopathy and diabetes mellitus are common in patients with Friedreich's ataxia. More frequent monitoring of patients with a recent hospitalisation for fluid overload to due cardiomyopathy, diabetic stage IV chronic kidney disease, or other aetiologies is recommended. Body weight decrease: Treatment with Skyclarys has been associated with mild decreases in body weight. Advise patients to monitor their weight regularly. Evaluate patients with unexplained or clinically significant weight loss.Hypersensitivity reactions: Hypersensitivity reactions including urticaria and rash have also been reported in the post-marketing setting and other clinical trials. In the post-marketing setting, one serious case of drug hypersensitivity has been reported, all events reported in clinical trials were mild to moderate in severity. If a hypersensitivity reaction occurs, appropriate measures should be initiated if needed.

Patients should be informed of the signs and symptoms of hypersensitivity. Sodium content: This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'. **Fertility**, **pregnancy and lactation:** Skyclarys should not be used during pregnancy or in women of childbearing potential not using contraception. Patients should use effective contraception prior to starting treatment with Skyclarys, during treatment and for 28 days following discontinuation of treatment. Advise patients using hormonal contraceptives to use alternative contraceptive method (e.g. non-hormonal intrauterine system) or additional non-hormonal contraceptive (e.g. condoms) during concomitant use and for 28 days after discontinuation of Skyclarys. Skyclarys should not be used during breastfeeding. No data are available on human fertility. **Undesirable effects:** Very common side-effects are influenza, hypersensitivity reactions including urticaria and rash, decreased appetite, headache, oropharyngeal pain, nausea, diarrhoea, vomiting, ALT and AST increased, back pain, muscle spasms, fatigue and weight decrease. Common side-effects: urinary tract infection, hypertriglyceridemia, very low-density lipoprotein increased, abdominal upper pain, abdominal pain, GGT increased, dysmenorrhoea and BNP increased. See SmPC for full information on special warnings and precautions and side effects.▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety profile information. Healthcare professionals are asked to report any suspected adverse reactions **Legal classification:** POM. **Pack size:** 90 Capsules. **Marketing Authorisation numbers:** EU/1/23/1786/001-002. **Marketing Authorisation Holder:** Biogen Netherlands B.V., Prins Mauritslaan 13, 1171 LP Badhoevedorp, The Netherlands. **Date of last revision of Prescribing Information:** August 2025.

Adverse events should be reported.
For Ireland, reporting forms and information can be found at www.hpra.ie
Adverse events should also be reported to Biogen Idec: MedInfoUKI@biogen.com, **Tel**:**1800 812 719 or Fax: +44 (0) 1628 501010**