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Drug	Compound	Product Approval Date	Indication	Instruments	Verbatim Text from Label OR PRO-related language
Abiraterone Accord		26/04/2021	Prostate cancer	Brief Pain Inventory Short-Form (BPI-SF); Functional Assessment of Cancer Therapy - Prostate Cancer (FACT-P)	Study 302: Time to opiate use for cancer pain: The median time to opiate use for prostate cancer pain at the time of final analysis was 33.4 months for patients receiving abiraterone acetate and was 23.4 months for patients receiving placebo (HR = 0.721; 95% CI: [0.614; 0.846], p < 0.0001). Pain: Treatment with abiraterone acetate significantly reduced the risk of average pain intensity progression by 18% compared with placebo (p = 0.0490). The median time to progression was 26.7 months in the abiraterone acetate group and 18.4 months in the placebo group. Time to degradation in the FACT-P (total score): Treatment with abiraterone acetate decreased the risk of FACT-P (total score) degradation by 22% compared with placebo (p = 0.0028). The median time to degradation in FACT-P (total Study 301: The proportion of patients with pain palliation was statistically significantly higher in the abiraterone acetate group than in the placebo group (44% vs. 27%, p = 0.0002). A responder for pain palliation was defined as a patient who experienced at least a 30% reduction from baseline in the BPI-SF worst pain intensity score over the last 24 hours without any increase in analgesic usage score observed at two consecutive evaluations four weeks apart. Only patients with a baseline pain score of ≥ 4 and at least one post-baseline pain score were analysed (N = 512) for pain palliation. A lower proportion of patients treated with abiraterone acetate had pain progression compared to patients taking placebo at 6 (22% vs. 28%), 12 (30% vs. 38%) and 18 months (35% vs. 46%). Pain progression was defined as an increase from baseline of ≥ 30% in the BPI-SF worst pain intensity score over the previous 24 hours without a decrease in analgesic usage score observed at two consecutive visits, or an increase of ≥ 30% in analgesic usage score observed at two consecutive visits. The time to pain progression at the 25th percentile was 7.4 months in the abiraterone acetate group, versus 4.7 months in the placebo group.
Adcirca	tadalafil	01/10/2008	Pulmonary arterial hypertension	6-min walk test	The primary efficacy endpoint was the change from baseline at week 16 in 6-minute walk distance (6MWD). Only tadalafil 40 mg achieved the protocol defined level of significance with a placebo adjusted median increase in 6MWD of 26 metres (p=0.0004; 95 % CI: 9.5, 44.0; Pre-specified Hodges-Lehman method) (mean 33 metres, 95 % CI: 15.2, 50.3). The improvement in walk distance was apparent from 8 weeks of treatment. Significant improvement (p<0.01) in the 6MWD was demonstrated at week 12 when the patients were asked to delay taking study medicinal product in order to reflect trough active substance concentration. Results were generally consistent in subgroups according to age, gender, PAH aetiology and baseline WHO functional class and 6MWD. The placebo-adjusted median increase in 6MWD was 17 metres (p=0.09; 95 % CI: : -7.1, 43.0; Prespecified Hodges-Lehman method) (mean 23 metres, 95 % CI; -2.4, 47.8) in those patients who received tadalafil 40 mg in addition to their concomitant bosentan (n=39), and was 39 metres (p<0.01, 95 % CI:13.0, 66.0; Pre-specified Hodges-Lehman method) (mean 44 metres, 95 % CI: 19.7, 69.0) in those patients who received tadalafil 40 mg alone (n=37).
Adcirca	tadalafil	01/10/2008	Pulmonary arterial hypertension	SF-36 EQ-5D	Additionally, improvements compared to placebo were observed with tadalafil 40 mg in the physical functioning, role-physical, bodily pain, general health, vitality and social functioning domains of the SF-36. No improvements were observed in the role emotional and mental health domains of the SF- 36. Improvements compared to placebo were observed with tadalafil 40 mg in the EuroQol (EQ-5D) US and UK index scores comprising mobility, self-care, usual activities, pain/discomfort, anxiety/depression components, and in the visual analogue scale (VAS).

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Adempas	riociguat	27/03/2014	Chronic thromboembolic pulmonary hypertension	6-minute walk test	The primary endpoint of the study was the placebo adjusted change from baseline in 6-minute walk distance (6MWD) at the last visit (week 16). At the last visit, the increase in 6MWD in patients treated with riociguat was 46 m (95% confidence interval (CI): 25 m to 67 m; p<0.0001), compared to placebo. Results were consistent in the main subgroups evaluated (ITT analysis, see table 2).
Adtralza	tralokinumab	17/06/2021	Moderate to severe atopic dermatitis	Worst Daily Pruritus Numeric Rating Scale (NRS); SCORing Atopic Dermatitis (SCORAD) scale; Dermatology Life Quality Index (DLQI). Patient Oriented Eczema Measure (POEM); Eczema-related Sleep NRS	Secondary endpoints included the reduction of itch as defined by at least a 4-point improvement in the Worst Daily Pruritus Numeric Rating Scale (NRS) from baseline to week 16, reduction in the SCORing Atopic Dermatitis (SCORAD) scale from baseline to week 16, and change from baseline to week 16 in the Dermatology Life Quality Index (DLQI). Additional secondary endpoints included reduction of at least 50% and 90% in EASI (EASI-50 and EASI-90, respectively) and reduction in Worst Daily Pruritus NRS (weekly average) from baseline to week 16. Other endpoints included change from baseline to week 16 in the Patient Oriented Eczema Measure (POEM), at least 4-point improvement in POEM, and Eczema-related Sleep NRS. In ECZTRA 1 and ECZTRA 2, from baseline to week 16, a significantly greater proportion of patients randomised and dosed to tralokinumab achieved IGA 0 or 1, EASI-75, and/or an improvement of ≥ 4 points on the Worst Daily Pruritus NRS compared to placebo (see Table 2). In both monotherapy studies (ECZTRA 1 and ECZTRA 2), tralokinumab reduced itch, as measured by the percent change from baseline in Worst Daily Pruritus NRS, already at Week 1 compared to placebo. The reduction in itch was observed in parallel with improvements in objective signs and symptoms of atopic dermatitis and quality of life. In ECZTRA 3 from baseline to week 16, a significantly greater proportion of patients randomised to tralokinumab 300 mg Q2W + TCS achieved IGA 0 or 1, EASI-75, and/or an improvement of ≥ 4 points on the Worst Daily Pruritus NRS compared to placebo + TCS (see Table 4). In the concomitant TCS study (ECZTRA 3), tralokinumab + TCS reduced itch, as measured by the percent change from baseline in Worst Daily Pruritus NRS, already at Week 2 compared to placebo + TCS. The reduction in itch was observed in parallel with improvements in objective signs and symptoms of atopic dermatitis and quality of life. (ECZTRA 3) The continued improvement among the subjects who did not achieve IGA 0 or 1 or EASI-75 at week 16 occurred in conjunction with the improvement of Worst Daily Pruritus NRS and objective signs of atopic dermatitis including SCORAD. Patient-reported outcomes: In both monotherapy studies (ECZTRA 1 and ECZTRA 2) and in the concomitant TCS study (ECZTRA 3) tralokinumab improved patient-reported symptoms of atopic dermatitis, as measured by POEM, and the impact of atopic dermatitis on sleep, as measured by Eczema-related sleep NRS, at week 16 compared to placebo. A higher proportion of patients treated with tralokinumab had clinically meaningful reductions in POEM, (defined as at least 4 point improvement) from baseline to week 16 compared to placebo.

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Aerinaze	desloratadine/ pseudophedrine	30/07/2007	Rhinitis, Allergic, Seasonal	Unclear (symptom score)	The clinical efficacy and safety of Aerinaze tablets was evaluated in two, 2-week multicentre, randomized parallel group clinical trials involving 1,248 patients 12 to 78 years of age with seasonal allergic rhinitis, 414 of whom received Aerinaze tablets. In both trials, the antihistaminic efficacy of Aerinaze tablets as measured by total symptom score, excluding nasal congestion, was significantly greater than pseudoephedrine sulphate alone over the 2-week treatment period. In addition, the decongestant efficacy of Aerinaze tablets, as measured by nasal stuffiness/congestion, was significantly greater than desloratadine alone over the 2-week treatment period.
Aerius	desloratadine	15/01/2001	Allergic rhinitis	Rhino-Conjunctivitis Quality of Life Questionnaire	Aerius was effective in alleviating the burden of seasonal allergic rhinitis as shown by the total score of the rhino-conjunctivitis quality of life questionnaire. The greatest amelioration was seen in the domains of practical problems and daily activities limited by symptoms.
Afinitor	everolimus	03/08/2009	Hormone-receptor-positive advanced breast cancer	EORTC QLQ-30	No differences in the time to ≥5% deterioration in the global and functional domain scores of QLQ-C30 were observed in the two arms.
Aimovig	erenumab	26/07/2018	Prophylaxis of migraine in adults	Headache Impact Test (HIT-6) and Migraine Disability Assessment (MIDAS)	The change of HIT-6 scores from baseline to week 12 for the Aimovig 140 mg group versus the 70mg was the same, while the MIDAS total score showed that the 140mg group reported a sightly higher change in score difference (140mg; -19.8 versus 70mg; -19.4).
Akynzeo	netupitant/palonosetron hydrochloride	27/5/2015	Prevention of delayed nausea and vomiting associated with cancer chemotherapy	Functional Living Index–Emesis	The impact of nausea and vomiting on patients' daily lives was assessed using the Functional Living Index–Emesis (FLIE). The proportion of patients with Overall no impact on daily life was 6.3% higher (p value =0.005) in the Akynzeo group (78.5%) than in the palonosetron group (72.1%).
Aldurazyme	laronidase	10/06/2003	Mucopolysaccharidosis I	6-min Walk Test	The primary efficacy endpoints were changes in percent of predicted normal FVC and absolute distance travelled in the six-minute walk test (6MWT). Data presented in the Table. To address the heterogeneity in disease manifestation across patients, using a composite endpoint that summed up clinically significant changes across five efficacy variables (percent predicted normal FVC, 6MWT distance, shoulder flexion range of motion, AHI, and visual acuity) the global response was an improvement in 26 patients (58%), no change in 10 patients (22%), and a deterioration in 9 patients (20%).
Aldurazyme	laronidase	10/06/2003	Mucopolysaccharidosis I	CHAQ/HAQ Disability Index	Language on the endpoint position not included. Only reference to the HAQ in the a data Table.
Alpivab	peramivir	25/04/2018	Uncomplicated influenza in adults	Self-assessed symptoms (not specified)	Study treatment was started within 48 hours of onset of symptoms. Subjects participating in the trial were required to self-assess their influenza symptoms as "none', 'mild', 'moderate' or 'severe' twice daily. The primary endpoint, time to alleviation of symptoms, was defined as the number of hours from initiation of study drug until the start of the 24 hour period in which all seven symptoms of influenza (cough, sore throat, nasal congestion, headache, feverishness, myalgia and fatigue) were either absent or present at a level no greater than mild for at least 21.5 hours. The intent to treat influenza population (ITTI) included 296 subjects with influenza confirmed by polymerase chain reaction (PCR). Among the 97 subjects enrolled in the peramivir 600 mg dose group, 99 % were infected with influenza A virus (subtypes H1 and H3; 71 % and 26 %, respectively) and 1 % with influenza B virus. At enrollment 85% of the 296 subjects had a composite influenza symptom score <15. The mean temperature at enrolment was 38.6 °C (axillary). Key efficacy results are presented in Table 4.

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Amgevita	adalimumab	22/03/2017	Rheumatoid Arthritis	Health Assessment Questionnaire Disability Index (HAQ); patient assessment of disease activity; Paitent assessment of pain; SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	In RA studies I-IV, all individual components of the ACR response criteria (number of tender and swollen joints, physician and patient assessment of disease activity and pain, disability index (HAQ) scores and CRP (mg/dL) values) improved at 24 or 26 weeks compared to placebo. In RA study III, these improvements were maintained throughout 52 weeks. Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, 27 which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Amgevita	adalimumab	22/03/2017	Ankylosing Spondylitis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); AnkyloAnkylosing Spondylitis Quality of Life Questionnaire (ASQoL); SF-36	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double-blind, placebo-controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1%) patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 37 (9.4%) patients with glucocorticoids. The blinded period was followed by an open-label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n = 215, 54.7%) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other week subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks (table 10). Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo controlled AS study II of 82 adult patients with active ankylosing spondylitis.

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Amgevita	adalimumab	22/03/2017	Axial spondyloarthritis (AS) without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Health Assessment Questionnaire for Spondyloarthropa-thies (HAQ-S)	Adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active non-radiographic axial spondyloarthritis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contraindication for NSAIDs. Thirty-three (18%) of patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an open-label period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. Week 12 results showed statistically significant improvement of the signs and symptoms of active non-radiographic axial spondyloarthritis in patients treated with adalimumab compared to placebo (table 11). Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Amgevita	adalimumab	22/03/2017	Psoriatic Arthritis	Health Assessment Questionnaire (HAQ); SF-36	In subjects treated with adalimumab with no radiographic progression from baseline to week 48 (n = 102), 84% continued to show no radiographic progression through 144 weeks of treatment. Adalimumab-treated patients demonstrated statistically significant improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36) compared to placebo at week 24. Improved physical function continued during the open-label extension up to week 136.
Amgevita	adalimumab	22/03/2017	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.
Amgevita	adalimumab	22/03/2017	Hidradenitis suppurativa	Pain Numeric Rating Scale; Dermatology Life Quality Index (DLQI); SF-36; Treatment Satisfaction Question-naire-Medication (TSQM)	Reduction of inflammatory lesions and prevention of worsening of abscesses and draining fistulas was assessed using Hidradenitis Suppurativa clinical response (HiSCR; at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count relative to Baseline). Reduction in HS-related skin pain was assessed using a Numeric Rating Scale in patients who entered the study with an initial baseline score of 3 or greater on a 11 point scale. At week 12, a significantly higher proportion of patients treated with adalimumab versus placebo achieved HiSCR. At week 12, a significantly higher proportion of patients in study HS-II experienced a clinically relevant decrease in HS-related skin pain (see table 17). Patients treated with adalimumab had significantly reduced risk of disease flare during the initial 12 weeks of treatment. Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire-medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).

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Amgevita	adalimumab	22/03/2017	Paediatric Crohn's disease	Not specified	Statistically and clinically significant improvements from baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III)..
Amgevita	adalimumab	22/03/2017	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Amgevita	adalimumab	22/03/2017	Ulcerative Colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Amgevita	adalimumab	22/03/2017	Uveitis	National Eye Institute Visual Function Questionnaire (NEI VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.
Amsparity	adalimumab	13/02/20	Crohn's Disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD Study I and CD Study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at Week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at Weeks 26 and 56 in CD Study III as well among the adalimumab treatment groups compared to the placebo group.
Amsparity	adalimumab	13/02/20	Plaque Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at Week 16 from baseline compared to placebo (Studies I and II) and MTX (Study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In Study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo.
Amsparity	adalimumab	13/02/20	Uveitis	NEI-VFQ-25	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UV I and for colour vision, peripheral vision and near vision in Study UV II.

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Amsparity	adalimumab	13/2/2020	Rheumatoid Arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI); Short Form Health Survey (SF 36); Functional Assessment of Chronic Illness Therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at Week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at Week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through Week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to Week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at Week 52, which was maintained through Week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Anoro	umeclidinium/ vilanterol	08/05/2014	COPD	Transition Dyspnea Indexes (TDI) St. George's Respiratory Questionnaire (SGRQ)	Breathlessness: ANORO demonstrated a statistically significant and clinically meaningful reduction in breathlessness as evaluated by an increase in TDI focal score at Week 24 (key secondary end-point) compared with placebo (see Table 1). Improvements in TDI focal score compared with each monotherapy component and tiotropium were not statistically significant (see Table 1). The proportion of patients who responded with at least the minimum clinically important difference (MCID) of 1 unit TDI focal score at Week 24 was greater for ANORO (58%) compared with placebo (41%) and each monotherapy component (53% for umeclidinium and 51% for vilanterol). Health-related quality of life: ANORO has also shown an improvement in health-related quality of life measured using the St. George's Respiratory Questionnaire (SGRQ) as indicated by a reduction in SGRQ total score at Week 24 compared with placebo and each monotherapy component (see Table 1). ANORO showed a statistically significant reduction in SGRQ total score compared with tiotropium in one of the three active-comparator studies (see Table 1). The proportion of patients who responded with at least the MCID in SGRQ score (defined as a decrease of 4 units from baseline) at Week 24 was greater for ANORO (49%) compared with placebo (34%) and each monotherapy component (44% for umeclidinium and 48% for vilanterol). In one active-comparator study, a higher percentage of patients receiving ANORO responded with a clinically meaningful improvement in SGRQ score at Week 24 (53%) compared to tiotropium (46%). In the other two active-comparator studies, a similar proportion of patients achieved at least the MCID with ANORO and tiotropium; 49% and 54% for ANORO 55/22 micrograms and 52% and 55% for tiotropium.

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Anoro	umeclidinium/ vilanterol	08/05/2014	COPD	Endurance Shuttle Walk Test (ESWT)	Exercise endurance and lung volumes ANORO 55/22 micrograms improved exercise endurance time compared with placebo, as evaluated with the endurance shuttle walk test (ESWT), in one study but not the second and improved lung volume measures compared with placebo in both studies in adult COPD patients with hyperinflation (functional residual capacity [FRC] >120%). In the first study, ANORO 55/22 micrograms demonstrated a statistically significant and clinically relevant improvement (based on a minimal clinically important difference (MCID) between 45 to 85 seconds) over placebo in exercise endurance time (EET) obtained 3 hours after dosing at Week 12 (69.4 seconds [p=0.003]). Improvement in EET compared with placebo was seen at Day 2 and was sustained at Week 6 and Week 12. In the second study, the treatment difference in EET between ANORO 55/22 micrograms and placebo was 21.9 seconds (p=0.234) at Week 12.
Armisarte	pemetrexed diacid monohydrate	18/01/2016	Malignant pleural mesothelioma Non-small cell lung cancer	Lung Cancer Symptom Scale	A statistically significant improvement of the clinically relevant symptoms (pain and dyspnoea) associated with malignant pleural mesothelioma in the pemetrexed /cisplatin arm (212 patients) versus the cisplatin arm alone (218 patients) was demonstrated using the Lung Cancer Symptom Scale.
Avamys	fluticasone furoate	11/01/2008	Allergic rhinitis	Rhinoconjunctivitis Quality of Life Questionnaire	Fluticasone furoate nasal spray significantly improved the patients' perception of overall response to therapy, and the patients' disease-related quality of life (Rhinoconjunctivitis Quality of Life Questionnaire – RQLQ), in all 4 studies. Fluticasone furoate nasal spray 110 micrograms once daily significantly improved nasal symptoms as well as patients' perception of overall response to therapy compared to placebo in three studies. Fluticasone furoate nasal spray 110 micrograms once daily significantly improved ocular symptoms as well as improving patients' disease-related quality of life (RQLQ) compared to placebo in one study. Efficacy was maintained over the full 24-hour dosing period with once daily administration.
Azacitidine Celgene	azacitidine	2/8/2019	Acute Myeloid Leukemia	EORTC QLQ-C30	Health- Related Quality of Life (HRQoL) was assessed using the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30). HRQoL data could be analysed for a subset of the full trial population. While there are limitations in the analysis, the available data suggest that patients do not experience meaningful deterioration in quality of life during treatment with azacitidine.
Benlysta	belimumab	13/07/2011	Benlysta is indicated as add-on therapy in adult patients with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g positive anti dsDNA and low complement) despite standard therapy.	FACIT-Fatigue	Benlysta demonstrated improvement in fatigue compared with placebo measured by the FACIT-Fatigue scale in the pooled analysis. The mean change of score at Week 52 from baseline is significantly greater with Benlysta compared to placebo (4.70 vs. 2.46, p=0.0006).

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Besponsa	inotuzumab ozogamicin	29/06/2017	Acute lymphoblastic leukaemia (ALL)	European Organisation for Research and Treatment of Cancer Quality of Life Core Questionnaire (EORTC QLQ-C30)	For patient-reported outcomes measured using the European Organisation for Research and Treatment of Cancer Quality of Life Core Questionnaire (EORTC QLQ-C30), BESPONSA resulted in significantly better estimated mean postbaseline scores (BESPONSA and Investigator's choice of chemotherapy, respectively) in role functioning (64.7 versus 53.4; p=0.0065), physical functioning (75.0 versus 68.1; p=0.0139), social functioning (68.1 versus 59.8; p=0.0336), and appetite loss (17.6 versus 26.3; p=0.0193) compared to Investigator's choice of chemotherapy. Although not reaching statistical significance, BESPONSA resulted in better estimated mean postbaseline scores (BESPONSA and Investigator's choice of chemotherapy, respectively) in global health status/Quality of Life (QoL) (62.1 versus 57.8; p=0.1572), cognitive functioning (85.3 versus 82.5; p=0.1904), dyspnoea (14.7 versus 19.4; p=0.1281), diarrhoea (5.9 versus 8.9; p=0.1534), fatigue (35.0 versus 39.4; p=0.1789), nausea and vomiting (8.7 versus 10.4; p=0.4578), financial difficulties (29.5 versus 32.0; p=0.4915), insomnia (25.4 versus 27.1; p=0.6207), and pain (21.3 versus 22.0; p=0.8428). Although not reaching statistical significance, BESPONSA resulted in worse estimated mean postbaseline scores (BESPONSA and Investigator's choice of chemotherapy, respectively) in emotional functioning (77.4 versus 79.6; p=0.3307) and constipation (12.1 versus 10.7; p=0.6249).
Besponsa	inotuzumab ozogamicin	29/06/2017	Acute lymphoblastic leukaemia (ALL)	EuroQoL 5 Dimension (EQ-5D)	For patient-reported outcomes measured using the EuroQoL 5 Dimension (EQ-5D) questionnaire, although not reaching statistical significance, BESPONSA resulted in better estimated mean postbaseline scores (BESPONSA and Investigator's choice of chemotherapy, respectively) for the EQ-5D index (0.80 versus 0.76; p=0.1710) and the EQ visual analogue scale (EQ-VAS) (67.1 versus 62.5; p=0.1172).
Betmiga	mirabegron	20/12/2012	Symptomatic treatment of urgency in adult patients with overactive-bladder syndrome	Unknown (3-day micturition diary)	The co-primary efficacy endpoints were (1) change from baseline to end of treatment in mean number of incontinence episodes per 24 hours and (2) change from baseline to end of treatment in mean number of micturitions per 24 hours based on a 3-day micturition diary. Mirabegron demonstrated statistically significant larger improvements compared to placebo for both co-primary endpoints as well as secondary endpoints. In the three 12-week phase 3 double blind, placebo controlled studies, treatment of the symptoms of OAB with mirabegron once daily resulted in a statistically significant improvement over placebo on the following health-related quality of life measures: treatment satisfaction and symptom bother.
Braftovi	encorafenib	19/09/2018	Unresectable or metastatic melanoma with a BRAF V600 mutation	Functional Assessment of Cancer Therapy-Melanoma (FACT-M); European Organisation for Research and Treatment of Cancer's core quality of life questionnaire (EORTC QLQ-C30); and EuroQoL-5 Dimension-5 Level examination (EQ-5D-5L)	Quality of Life (QoL) (cut-off date: 19 May 2016): The Functional Assessment of Cancer Therapy-Melanoma (FACT-M), the European Organisation for Research and Treatment of Cancer's core quality of life questionnaire (EORTC QLQ-C30) and the EuroQoL-5 Dimension-5 Level examination (EQ-5D-5L) were used to explore patient-reported outcomes (PRO) measures of health-related Quality of Life, functioning, melanoma symptoms, and treatment-related adverse reactions. A definitive 10% deterioration in FACT-M and in EORTC QLQC30 was significantly delayed in patients treated with Combo 450 relative to other treatments. The median time to definitive 10% deterioration in the FACT-M score was not reached in the Combo 450 arm and was 22.1 months (95% CI: 15.2, NE) in the vemurafenib arm with a HR for the difference of 0.46 (95% CI: 0.29, 0.72). An analysis of time to definitive 10% deterioration in EORTC QLQ-C30 score provided with similar results. Patients receiving Combo 450 reported no change or a slight improvement in the mean change from baseline EQ-5D-5L index score at all visits, whilst patients receiving vemurafenib or encorafenib reported decreases at all visits (with statistical significant differences). An evaluation of change over time in score yielded the same trend for EORTC QLQ-C30 and at all visit for FACT-M.
Bretaris Genuair	aclidinium bromide	20/07/2012	COPD	TDI (Transitional Dyspnoea Index), SGRQ	Bretaris Genuair provided clinically meaningful improvements in breathlessness (assessed using the Transition Dyspnoea Index [TDI]) and disease-specific health status (assessed using the St. George's Respiratory Questionnaire [SGRQ]).

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Brimica	aclidinium / formoterol fumarate dihydrate	19/11/2014	COPD	George's Respiratory Questionnaire (SGRQ), Transition Dyspnoea Index (TDI)	Brimica Genuair provided a clinically meaningful improvement in disease-specific health status (as assessed by the St. George's Respiratory Questionnaire [SGRQ]) in study AUGMENT, with an improvement in the SGRQ total score compared to placebo of -4.35 units ($p<0.0001$). The percentage of patients in AUGMENT who achieved a clinically meaningful improvement from baseline in SGRQ total score (defined as a decrease of at least 4 units) was higher with Brimica Genuair than with placebo (58.2% compared to 38.7%, respectively; $p<0.001$). Brimica Genuair provided a clinically meaningful improvement in breathlessness (assessed by the Transition Dyspnoea Index [TDI]) with an improvement in the TDI focal score at 6 months compared to placebo of 1.29 units in study ACLIFORM-COPD ($p<0.0001$) and 1.44 units in study AUGMENT ($p<0.0001$). The percentages of patients with clinically meaningful improvements in TDI focal score (defined as an increase of at least 1 unit) were higher with Brimica Genuair than with placebo in ACLIFORM-COPD (64.8% compared to 45.5%; $p<0.001$) and AUGMENT (58.1% compared to 36.6%; $p<0.0001$).
Caprelsa	vandetanib	17/02/2012	Caprelsa is indicated for the treatment of aggressive and symptomatic medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease.	BPI - worst pain scale	A statistically significant advantage was seen for vandetanib for the secondary endpoint of time to worsening of pain (derived as a composite endpoint using the worst pain score from BPI and patient reported opioid analgesic use) (vandetanib 49%, placebo 57%, HR 0.61, 97.5%CI 0.43-0.87, $p< 0.006$: 8 vs. 3 months). There were no statistically significant differences observed for the exploratory endpoint of diarrhoea (reported as stool frequency).
Cimzia	certolizumab pegol	01/10/2009	Moderate to severe, active rheumatoid arthritis	Health Assessment Questionnaire – Disability Index (HAQ-DI), Fatigue Assessment Scale (FAS), SF-36	In RA-I and RA-II , Cimzia-treated patients reported significant improvements in physical function as assessed by the Health Assessment Questionnaire – Disability Index (HAQ-DI) and in tiredness (fatigue) as reported by the Fatigue Assessment Scale (FAS) from Week 1 through to the end of the studies compared to placebo. In both clinical trials, Cimzia-treated patients reported significantly greater improvements in the SF-36 Physical and Mental Component Summaries and all domain scores. Improvements in physical function and HRQoL were maintained through 2 years in the open-label extension to RA-I. Cimzia-treated patients reported statistically significant improvements in the Work Productivity Survey compared to placebo.
Cinqaero	reslizumab	16/08/2016	severe eosinophilic asthma	Asthma Quality of Life Questionnaire (AQLQ) Asthma Control Questionnaire (ACQ) Asthma Symptom Utility Index (ASUI)	The effect of reslizumab 3 mg/kg administered once every 4 weeks on secondary endpoints, including FEV1, Asthma Quality of Life Questionnaire (AQLQ), Asthma Control Questionnaire (ACQ) and Asthma Symptom Utility Index (ASUI), further supports the efficacy of reslizumab 3 mg/kg compared to placebo. Improvements were observed as early as 4 weeks following the first dose of reslizumab (AQLQ at 16 weeks) and sustained through week 52.
Cinryze	C1 inhibitor (human)	15/06/2011	Hereditary angioedema	Unknown (days swelling)	The total number of days of swelling during prophylactic Cinryze therapy was reduced compared to placebo (mean 10.1 days vs. 29.6 days or a 66% reduction, $p<0.0001$).
Circadin	melatonin	29/06/2007	Insomnia	Unknown (Subjective quality of sleep and patient's quality of life)	In clinical trials, where patients suffering from primary insomnia received Circadin 2 mg every evening for 3 weeks, benefits were shown in treated patients compared to placebo in sleep latency (as measured by objective and subjective means) and in subjective quality of sleep and daytime functioning (restorative sleep) with no impairment of vigilance during the day. In addition, patients' self-reported quality of sleep, number of awakenings and morning alertness significantly improved with Circadin compared to placebo. Quality of life was improved significantly with Circadin 2 mg compared to placebo.

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Comtan	entacapone	22/09/1998	Parkinson's Disease	Home diaries	In study I, daily ON time (hours) was measured from home diaries and in study II, the proportion of daily ON time. There were corresponding decreases in OFF time. The % change from baseline in OFF time was –24% in the entacapone group and 0% in the placebo group in study I. The corresponding figures in study II were –18% and –5%.
Constella	linaclotide	26/11/2012	Irritable bowel syndrome with constipation	Unknown (symptom relief)	For the 12 weeks data, study 1 shows that 39% of the patients treated with linaclotide compared with 17% of the patients treated with placebo showed response to IBS degree of relief ($p<0.0001$) and 54% of the patients treated with linaclotide compared with 39% of the patients treated with placebo showed response to abdominal pain/discomfort ($p<0.0001$). Study 2 shows that 37% of the patients treated with linaclotide compared with 19% of the patients treated with placebo showed response to IBS degree of relief ($p<0.0001$) and 55% of the patients treated with linaclotide compared with 42% of the patients treated with placebo showed response to abdominal pain/discomfort ($p=0.0002$).
Cosentyx	secukinumab	15/01/2015	Plaque psoriasis	Investigator Global Assessment	The co-primary endpoints in the placebo and active-controlled studies were the proportion of patients who achieved a PASI 75 response and IGA mod 2011 "clear" or "almost clear" response versus placebo at Week 12 (see Tables 2 and 3). The 300 mg dose provided improved skin clearance particularly for "clear" or "almost clear" skin across the efficacy endpoints of PASI 90, PASI 100, and IGA mod 2011 0 or 1 response across all studies with peak effects seen at Week 16, therefore this dose is recommended. The IGA mod 2011 is a 5-category scale including "0 = clear", "1 = almost clear", "2 = mild", "3 = moderate" or "4 = severe", indicating the physician's overall assessment of the psoriasis severity focusing on induration, erythema and scaling. Treatment success of "clear" or "almost clear" consisted of no signs of psoriasis or normal to pink colouration of lesions, no thickening of the plaque and none to minimal focal scaling.
Cosentyx	secukinumab	15/01/2015	Plaque psoriasis	Dermatology Life Quality Index; Psoriasis Symptom Diary	Statistically significant improvements at Week 12 (Studies 1-4) from baseline compared to placebo were demonstrated in the DLQI (Dermatology Life Quality Index). Mean decreases (improvements) in DLQI from baseline ranged from -10.4 to -11.6 with secukinumab 300 mg, from -7.7 to -10.1 with secukinumab 150 mg, versus -1.1 to -1.9 for placebo at Week 12. These improvements were maintained for 52 weeks (Studies 1 and 2). Forty percent of the participants in Studies 1 and 2 completed the Psoriasis Symptom Diary. For the participants completing the diary in each of these studies, statistically significant improvements at Week 12 from baseline compared to placebo in patient-reported signs and symptoms of itching, pain and scaling were demonstrated.
Cotellic	cobimetinib hemifumarate	20/11/2015	Melanoma	EORTC Quality of Life Questionnaire – Core 30 (QLQ-C30)	Global health status / health-related quality of life by patient-report were measured using the EORTC Quality of Life Questionnaire – Core 30 (QLQ-C30). All functioning domains and most symptoms (appetite loss, constipation, insomnia, nausea and vomiting, dyspnoea, pain, fatigue) were similar between the two treatment arms and did not demonstrate a clinically meaningful change (≥ 10 point increase or decrease from baseline).

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Cyltezo	adalimumab	10/11/2017	Rheumatoid arthritis	Health Assessment Quetionnaire Disability Index (HAQ-DI); patient-assessed pain (not specified); patient-assessed disease activity (not specified); SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	The primary end point in RA studies I, II and III and the secondary endpoint in RA study IV was the percent of patients who achieved an ACR 20 response at week 24 or 26. The primary endpoint in RA study V was the percent of patients who achieved an ACR 50 response at week 52. RA studies III and V had an additional primary endpoint at 52 weeks of retardation of disease progression (as detected by X-ray results). RA study III also had a primary endpoint of changes in quality of life. In RA studies I-IV, all individual components of the ACR response criteria (number of tender and swollen joints, physician and patient assessment of disease activity and pain, disability index (HAQ) scores and CRP (mg/dl) values) improved at 24 or 26 weeks compared to placebo. In RA study III, these improvements were maintained throughout 52 weeks. Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a prespecified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.

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Cyltezo	adalimumab	10/11/2017	Axial spondyloarthritis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); Anky-loAnkylosing Spon-dylitis Quality of Life Questionnaire (ASQoL); SF-36	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double-blind, placebo-controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1 %) patients were treated concomitantly with disease modifying anti-rheumatic drugs, and 37 (9.4 %) patients with glucocorticoids. The blinded period was followed by an open-label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n = 215, 54.7 %) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other week subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant im-provement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks (Table 10). Adalimumab treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo-controlled AS study II of 82 adult patients with active ankylosing spondylitis.
Cyltezo	adalimumab	10/11/2017	Axial spondyloarthritis without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Health Assessment Questionnaire for Spondyloarthropa-thies (HAQ-S)	Adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active non-radiographic axial spondyloarthritis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contraindication for NSAIDs. Thirty-three (18 %) patients were treated concomitantly with disease modifying anti-rheumatic drugs, and 146 (79 %) patients with NSAIDs at baseline. The double-blind period was followed by an open-label period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. week 12 results showed statistically significant improvement of the signs and symptoms of active non-radiographic axial spondyloarthritis in patients treated with adalimumab com-pared to placebo (Table 11). Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Cyltezo	adalimumab	10/11/2017	Psoriatic arthritis	Health Assessment Questionnaire (HAQ); SF-36	In subjects treated with adalimumab with no radiographic progression from baseline to week 48 (n = 102), 84 % continued to show no radiographic progression through 144 weeks of treatment. Adalimumab treated patients demonstrated statistically significant improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36) compared to placebo at week 24. Improved physical function continued during the open label extension up to week 136.

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Cyltezo	adalimumab	10/11/2017	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.
Cyltezo	adalimumab	10/11/2017	Hidradenitis suppurativa	Pain Numeric Rating Scale; Dermatology Life Quality Index (DLQI); SF-36; Treatment Satisfaction Questionnaire-Medication (TSQM)	Reduction of inflammatory lesions and prevention of worsening of abscesses and draining fistulas was assessed using Hidradenitis Suppurativa clinical response (HiSCR; at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count relative to Baseline). Reduction in HS-related skin pain was assessed using a Numeric Rating Scale in patients who entered the study with an initial baseline score of 3 or greater on a 11 point scale. At week 12, a significantly higher proportion of patients treated with adalimumab versus placebo achieved HiSCR. At week 12, a significantly higher proportion of patients in study HS-II experienced a clinically relevant decrease in HS-related skin pain (see table 17). Patients treated with adalimumab had significantly reduced risk of disease flare during the initial 12 weeks of treatment. Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire-medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).
Cyltezo	adalimumab	10/11/2017	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Cyltezo	adalimumab	10/11/2017	Paediatric Crohn's disease	Not specified	Statistically and clinically significant improvements from baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Cyltezo	adalimumab	10/11/2017	Ulcerative Colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Cyltezo	adalimumab	10/11/2017	Uveitis	National Eye Institute Visual Function Questionnaire (NEI VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.

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Duaklir	aclidinium bromide / formoterol fumarate dihydrate	19/11/2014	COPD	E-RS; St. George's Respiratory Questionnaire	Duaklir Genuair improved daily symptoms of COPD such as 'breathlessness', 'chest symptoms', 'cough and 'sputum' (assessed by E-RS total score) as well as overall night-time symptoms, overall early morning symptoms and symptoms limiting early morning activities compared to placebo, aclidinium and formoterol but the improvements were not always statistically significant. Aclidinium/formoterol did not statistically significantly reduce the average number of night-time awakenings due to COPD compared with placebo or formoterol. Duaklir Genuair provided a clinically meaningful improvement in disease-specific health status (as assessed by the St. George's Respiratory Questionnaire [SGRQ]) in study AUGMENT, with an improvement in the SGRQ total score compared to placebo of -4.35 units ($p<0.0001$). The percentage of patients in AUGMENT who achieved a clinically meaningful improvement from baseline in SGRQ total score (defined as a decrease of at least 4 units) was higher with Duaklir Genuair than with placebo (58.2% compared to 38.7%, respectively; $p<0.001$). In study ACLIFORM-COPD, only a small decrease in SGRQ total score compared to placebo was observed due to an unexpectedly large placebo response ($p=0.598$) and the percentages of patients who achieved clinically meaningful improvements from baseline were 55.3% with Duaklir Genuair and 53.2% with placebo ($p=0.669$). In the pooled analysis of these two studies, Duaklir Genuair showed greater improvements in SGRQ total score compared to formoterol (-1.7 units; $p=0.018$) or aclidinium (-0.79 units, $p=0.273$). In addition, a higher percentage of patients receiving Duaklir Genuair responded with a clinically meaningful improvement in SGRQ total score compared to aclidinium and formoterol (56.6% compared to 53.9% and 52.2%, respectively; $p=0.603$ and $p=0.270$, respectively).

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Dupixent	dupilumab	27/09/2017	Atopic Dermatitis	Pruritus Numerical Rating Scale (NRS); Patient Oriented Eczema Measure (POEM), Dermatology Life Quality Index (DLQI), and Hospital Anxiety and Depression Scale (HADS)	A significantly greater proportion of patients randomized to Dupixent achieved a rapid improvement in the pruritus NRS compared to placebo (defined as ≥4-point improvement as early as week 2; p <0.01) and the proportion of patients responding on the pruritus NRS continued to increase through the treatment period. The improvement in pruritus NRS occurred in conjunction with the improvement of objective signs of atopic dermatitis. In CHRONOS, a significantly greater proportion of patients randomized to Dupixent 300 mg Q2W + TCS achieved an IGA 0 or 1 response, EASI-75, and/or an improvement of >4 points on the pruritis NRS from baseline to week 16 and week 52 compared to placebo + TCS (see Table 3). A significantly greater proportion of patients randomized to Dupixent + TCS achieved a rapid improvement in the pruritus NRS compared to placebo + TCS (defined as >4-point improvement as early as week 2; p <0.05) and the proportion of patients responding on the pruritus NRS continued to increase through the treatment period. The improvement in pruritus NRS occurred in conjunction with the improvement of objective signs of atopic dermatitis. In both monotherapy studies (SOLO 1 and SOLO 2), both Dupixent 300 mg Q2W and 300 mg QW groups significantly improved patient-reported symptoms and the impact of AD on sleep and health related quality of life as measured by POEM and DLQI total scores, respectively, at 16 weeks compared to placebo. A significantly larger proportion of patients administered Dupixent groups had clinically meaningful reductions in POEM and DLQI total score (each defined as ≥4 points improvement) from baseline to week 16 compared to placebo group. In addition, anxiety and depression symptoms as measured by the HADS total score were significantly reduced in the Dupixent groups compared to placebo at 16 weeks. In a subset of patients with HADS-anxiety or HADS depression subscale scores ≥8 at baseline (the cut-off value for anxiety or depression), a larger proportion of patients in the Dupixent groups achieved HADS-anxiety and HADS-depression scores <8 at week 16 compared to placebo (see Table 6). In the concomitant TCS study (CHRONOS), Dupixent 300 mg Q2W + TCS and Dupixent 300 mg QW + TCS improved patient-reported symptoms and the impact of AD on sleep and health-related quality of life as measured by POEM and DLQI total scores, respectively, at 52 weeks compared to placebo + TCS. A larger proportion of patients administered Dupixent 300 mg Q2W + TCS and 300 mg QW + TCS had clinically meaningful reductions in POEM and DLQI total score (each defined as ≥4-point improvement) from baseline to week 52 compared to the placebo + TCS. In addition, Dupixent 300 mg Q2W + TCS and 300 mg QW + TCS reduced anxiety and depression as measured by the HADS total score at 52 weeks compared to placebo + TCS. In a post-hoc analysis in a subset of patients with HADS-anxiety or HADS-depression subscale scores ≥8 at baseline (the cut-off value for anxiety or depression), a larger proportion of patients in the Dupixent 300 mg Q2W + TCS and 300 mg QW + TCS groups achieved HADS-anxiety and HADS-depression scores <8 at week 52 compared to placebo + TCS (see Table 7).
Effentora	fentanyl citrate	04/04/2008	Pain	Pain intensity scores from dosing to 60 minutes (scale unknown)	In the pivotal clinical study (study 1), the primary endpoint was the average sum of differences in pain intensity scores from dosing to 60 minutes, inclusive (SPID60), which was statistically significant compared to placebo (p<0.0001). Statistically significant improvement in pain intensity difference was seen with Effentora versus placebo as early as 10 minutes in Study 1 and as early as 15 minutes (earliest time point measured) in Study 2. These differences continued to be significant at each subsequent time point in each individual study.

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Elaprase	idursulfase	08/01/2007	Hunter syndrome (Mucopolysaccharidosis II, MPS II)	6-min walk test	The primary efficacy endpoint was a two-component composite score based on the sum of the ranks of the change from baseline to the end of the study in the distance walked during six minutes (6-minute walk test or 6MWT) as a measure of endurance, and % predicted forced vital capacity (FVC) as a measure of pulmonary function. This endpoint differed significantly from placebo for patients treated weekly (p=0.0049).
Elebrato Ellipta	fluticasone furoate / umeclidinium bromide / vilanterol trifenatate	15/11/2017	COPD	St George's Respiratory Questionnaire (SGRQ); COPD Assessment Test (CAT); Evaluating Respiratory Symptoms in COPD (E-RS:COPD)	Elebrato Ellipta demonstrated a statistically significant improvement compared to BUD/FOR at Week 24 for Health Related Quality of Life (HRQoL) measured by the St George's Respiratory Questionnaire (SGRQ) total score (co-primary endpoint), SGRQ responder analysis, COPD Assessment Test (CAT) score, CAT responder analysis, respiratory symptoms measured using the Evaluating Respiratory Symptoms in COPD (E-RS:COPD) and sub-scale scores over Weeks 21-24, breathlessness measured using the Transitional Dyspnoea Index (TDI) focal score at Week 24, and rescue medication use measured by mean number of occasions of rescue medication use per day over Weeks 1-24 (see Table 1) The lung function, HRQoL and symptoms outcomes up to 52 weeks in a subset of patients (n=430 double blind double dummy extension population) were consistent with the results up to 24 weeks.
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	Not specified	The primary efficacy endpoint of the study was the overall improvement as self-reported by the patient after three months of treatment. The patients were asked whether they felt improved overall since the start of treatment, and if so, whether the improvement was "slight" 25%, "moderate "50%, "great" 75% or "complete cure" 100%. Patients who reported at least moderate (50%) improvement were counted as responders. The impact on pain and urgency was evaluated via the same questionnaire as the primary endpoint with a responder defined as a patient experiencing an at least moderate (50%) improvement compared to baseline. A statistically significant benefit of pentosan polysulfate sodium over placebo was demonstrated over the primary endpoint, the patients overall-assessment of improvement as well as on the investigators overall assessment. Furthermore a trend for better efficacy of pentosane polysulfate sodium was observed for the patients self-assessment of an improvement of pain and urgency, despite a deviating effect observed for the evaluation of urgency via the scale.
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	Not specified	Furthermore volume voiding profiles over three days and the impact of treatment on pain and urgency were evaluated as secondary endpoints. In addition positive effects were observed on the voiding profile, although the observed differences were not statistically significant.
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	Not specified	In addition the impact on pain and urgency was evaluated via a 5 score scale, where a responder was defined as a patient experiencing at least a 1-point improvement compared to baseline. Furthermore a trend for better efficacy of pentosan polysulfate sodium was observed for the patients self-assessment of an improvement of pain and urgency, despite a deviating effect observed for the evaluation of urgency via the scale.
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	Patient Global Response Assessment (GRA)	A responder analysis based on a patient reported Global Response Assessment (GRA) after 24 weeks of treatment was defined as primary endpoint. The GRA assessment was evaluated via a 7-point centred scale, in which the patients can assess their global response compared to baseline as markedly worse, moderately worse, slightly worse, no change, slightly improved, moderately improved or markedly improved. Participants who reported either of the latter two categories were defined as treatment responders.

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Drug	Compound	Product Approval Date	Indication	Instruments	Verbatim Text from Label OR PRO-related language
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	O'Leary-Sant IC Symptom and Problem Index	Secondary outcome measures included the O'Leary-Sant IC Symptom and Problem Index, the University of Wisconsin Symptom score, patient reported symptoms of pain/discomfort and urgency, and results of a 24-hour voiding diary. Comparison of those patients receiving pentosan polysulfate sodium with those not receiving pentosan polysulfate sodium (irrespective of treatment with oral hydroxyzine) revealed no statistically significant difference between the two group, but a trend for better efficacy was observed for the primary endpoint in those patients treated with pentosan polysulfate sodium (either alone or in combination with hydroxyzine) (20 of 59, 34%) compared to the those patients not receiving pentosan polysulfate sodium, but who might receive hydroxyzine (11 of 62, 18%, p0.064).
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	University of Wisconsin Symptom score	Secondary outcome measures included the O'Leary-Sant IC Symptom and Problem Index, the University of Wisconsin Symptom score, patient reported symptoms of pain/discomfort and urgency, and results of a 24-hour voiding diary. Comparison of those patients receiving pentosan polysulfate sodium with those not receiving pentosan polysulfate sodium (irrespective of treatment with oral hydroxyzine) revealed no statistically significant difference between the two group, but a trend for better efficacy was observed for the primary endpoint in those patients treated with pentosan polysulfate sodium (either alone or in combination with hydroxyzine) (20 of 59, 34%) compared to the those patients not receiving pentosan polysulfate sodium, but who might receive hydroxyzine (11 of 62, 18%, p0.064).
Elmiron	pentosan polysulfate sodium	02/06/2017	Bladder pain syndrome	Not specified	The secondary efficacy endpoints included the investigators evaluation of improvement. The used scale for the investigators assessment included the categories "worse", "no change", "fair", "good", "very good", and "excellent". A responder was defined as a patient assessed to be at least "good" compared to baseline.
Enbrel	etanercept	03/02/2000	Psoriatic arthritis	Health Assessment Questionnaire (HAQ)	Quality of life in psoriatic arthritis patients was assessed at every timepoint using the disability index of the HAQ. The disability index score was significantly improved at all timepoints in psoriatic arthritis patients treated with Enbrel, relative to placebo ($p < 0.001$).
Entyvio	vedolizumab	22/05/2014	Ulcerative colitis	Inflammatory Bowel Disease Questionnaire (IBDQ) SF-36 EQ-5D	Health-related quality of life (HRQOL) was assessed by Inflammatory Bowel Disease Questionnaire (IBDQ), a disease specific instrument, and SF-36 and EQ-5D, which are general measures. Exploratory analysis show clinically meaningful improvements were observed for vedolizumab groups, and the improvements were significantly greater as compared with the placebo group at Week 6 and Week 52 on EQ-5D and EQ-5D VAS scores, all subscales of IBDQ (bowel symptoms, systemic function, emotional function and social function), and all subscales of SF-36 including the Physical Component Summary (PCS) and Mental Component Summary (MCS).
Entyvio	vedolizumab	22/05/2014	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ) SF-36 EQ-5D	Exploratory analysis showed clinically meaningful improvements were observed for the vedolizumab every four weeks and every eight weeks groups in GEMINI II and the improvements were significantly greater as compared with the placebo group from baseline to Week 52 on EQ-5D and EQ-5D VAS scores, total IBDQ score, and IBDQ subscales of bowel symptoms and systemic function.

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Enurev Breezhaler	glycopyrronium bromide	28/09/2012	Chronic obstructive pulmonary disease (COPD)	TDI (Transitional Dyspnoea Index), SGRQ	Enurev Breezhaler administered at 44 micrograms once daily statistically significantly reduced breathlessness as evaluated by the Transitional Dyspnoea Index (TDI). In a pooled analysis of the 6- and 12-month pivotal studies a statistically significantly higher percentage of patients receiving Enurev Breezhaler responded with a 1 point or greater improvement in the TDI focal score at week 26 compared to placebo (58.4% and 46.4% respectively, p<0.001). These findings were similar to those seen in patients receiving tiotropium, 53.4% of whom responded with 1 point or greater improvement (p=0.009 compared to placebo). Enurev Breezhaler once daily has also shown a statistically significant effect on health-related quality of life measured using the St. George's Respiratory Questionnaire (SGRQ). A pooled analysis of the 6- and 12-month pivotal studies found a statistically significantly higher percentage of patients receiving Enurev Breezhaler responded with a 4 point or greater improvement in SGRQ compared to placebo at week 26 (57.8% and 47.6% respectively, p<0.001). For patients receiving tiotropium, 61.0% responded with a 4 point or greater improvement in SGRQ (p=0.004 compared to placebo).
Epidyolex	Cannabidiol	19/09/2019	Lennox-Gastaut syndrome	Subject Global Impression of Change	Adjunctive therapy in patients with Lennox-Gastaut syndrome (LGS): Key secondary endpoints were the proportion of patients with at least a 50% reduction in drop seizure frequency, the percentage change from baseline in total seizure frequency, and Subject/Caregiver Global Impression of Change at the last visit. Greater improvements in overall condition, as measured by Global Impression of Change scores at the last visit, were reported by caregivers and patients with both doses of cannabidiol (76% on 10 mg/kg/day, 80% for each group on 20 mg/kg/day, 31% to 46% on placebo; p=0.0005 for 10 mg/kg/day and p<0.0001 and 0.0003 for 20 mg/kg/day vs. placebo).
Epidyolex	Cannabidiol	19/09/2019	Dravet syndrome	Subject Global Impression of Change	Adjunctive Therapy in Patients with Dravet Syndrome: Key secondary endpoints for GWPCARE2 were the proportion of patients with at least a 50% reduction in convulsive seizure frequency, the change in total seizure frequency, and Caregiver Global Impression of Change at the last visit. The key secondary endpoint for GWPCARE1 was the proportion of patients with at least a 50% reduction in convulsive seizure frequency. Greater improvements in overall condition, as measured by Global Impression of Change scores at the last visit, were reported by caregivers and patients with both doses of cannabidiol (73% on 10 mg/kg/day, 62% to 77% on 20 mg/kg/day, 30% to 41% on placebo; p=0.0009 for 10 mg/kg/day and p=0.0018 and 0.0136 for 20 mg/kg/day vs. placebo).
Epidyolex	Cannabidiol	19/09/2019	Dravet syndrome	Caregiver Global Impression of Change	Adjunctive Therapy in Patients with Dravet Syndrome: Key secondary endpoints for GWPCARE2 were the proportion of patients with at least a 50% reduction in convulsive seizure frequency, the change in total seizure frequency, and Caregiver Global Impression of Change at the last visit. The key secondary endpoint for GWPCARE1 was the proportion of patients with at least a 50% reduction in convulsive seizure frequency. Greater improvements in overall condition, as measured by Global Impression of Change scores at the last visit, were reported by caregivers and patients with both doses of cannabidiol (73% on 10 mg/kg/day, 62% to 77% on 20 mg/kg/day, 30% to 41% on placebo; p=0.0009 for 10 mg/kg/day and p=0.0018 and 0.0136 for 20 mg/kg/day vs. placebo).

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Epidyolex	Cannabidiol	19/09/2019	Lennox-Gastaut syndrome	Caregiver Global Impression of Change	Adjunctive therapy in patients with Lennox-Gastaut syndrome (LGS): Key secondary endpoints were the proportion of patients with at least a 50% reduction in drop seizure frequency, the percentage change from baseline in total seizure frequency, and Subject/Caregiver Global Impression of Change at the last visit. Greater improvements in overall condition, as measured by Global Impression of Change scores at the last visit, were reported by caregivers and patients with both doses of cannabidiol (76% on 10 mg/kg/day, 80% for each group on 20 mg/kg/day, 31% to 46% on placebo; p=0.0005 for 10 mg/kg/day and p<0.0001 and 0.0003 for 20 mg/kg/day vs. placebo).
Erelzi	etanercept	23/06/2017	Rheumatoid Arthritis	Health Assessment Questionnaire (HAQ)	Etanercept was significantly better than placebo in all components of the ACR criteria, as well as other measures of rheumatoid arthritis disease activity not included in the ACR response criteria, such as morning stiffness. A Health Assessment Questionnaire (HAQ), which included disability, vitality, mental health, general health status, and arthritis-associated health status subdomains, was administered every 3 months during the trial. All subdomains of the HAQ were improved in patients treated with etanercept compared to controls at 3 and 6 months. The efficacy of etanercept was compared to methotrexate in a randomised, active-controlled study with blinded radiographic evaluations as a primary endpoint in 632 adult patients with active rheumatoid arthritis (< 3 years duration) who had never received treatment with methotrexate. Doses of 10 mg or 25 mg etanercept were administered subcutaneously (SC) twice a week for up to 24 months. Methotrexate doses were escalated from 7.5 mg/week to a maximum of 20 mg/week over the first 8 weeks of the trial and continued for up to 24 months. Clinical improvement, including onset of action within 2 weeks with etanercept 25 mg, was similar to that seen in the previous trials and was maintained for up to 24 months. At baseline, patients had a moderate degree of disability, with mean HAQ scores of 1.4 to 1.5. Treatment with etanercept 25 mg resulted in substantial improvement at 12 months, with about 44% of patients achieving a normal HAQ score (less than 0.5). This benefit was maintained in Year 2 of this study. Patients in the etanercept in combination with methotrexate therapy group had significantly higher ACR 20, ACR 50, ACR 70 responses and improvement for Disease Activity Score (DAS) and HAQ scores at both 24 and 52 weeks than patients in either of the single therapy groups (results shown in table below). Significant advantages for etanercept in combination with methotrexate compared with etanercept monotherapy and methotrexate monotherapy were also observed after 24 months.
Erelzi	etanercept	23/06/2017	Psoriatic Arthritis	Health Assessment Questionnaire (HAQ)	Among patients with psoriatic arthritis who received etanercept, the clinical responses were apparent at the time of the first visit (4 weeks) and were maintained through 6 months of therapy. Etanercept was significantly better than placebo in all measures of disease activity ($p < 0.001$), and responses were similar with and without concomitant methotrexate therapy. Quality of life in psoriatic arthritis patients was assessed at every timepoint using the disability index of the HAQ. The disability index score was significantly improved at all timepoints in psoriatic arthritis patients treated with etanercept, relative to placebo ($p < 0.001$). Etanercept treatment resulted in improvement in physical function during the double-blind period, and this benefit was maintained during the longer-term exposure of up to 2 years.

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Erelzi	etanercept	23/06/2017	Ankylosing spondylitis	Assessment in Ankylosing Spondylitis (ASAS)	The primary measure of efficacy (ASAS 20) was a ≥ 20% improvement in at least 3 of the 4 Assessment in Ankylosing Spondylitis (ASAS) domains (patient global assessments, back pain, BASFI, and inflammation) and absence of deterioration in the remaining domain. ASAS 50 and 70 responses used the same criteria with a 50% improvement or a 70% improvement, respectively. Compared to placebo, treatment with etanercept resulted in significant improvements in the ASAS 20, ASAS 50 and ASAS 70 as early as 2 weeks after the initiation of therapy.
Erelzi	etanercept	23/06/2017	Non-radiographic axial spondyloarthritis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score	Compared to placebo, treatment with etanercept resulted in statistically significant improvement in the ASAS 40, ASAS 20 and ASAS 5/6. Significant improvement was also observed for the ASAS partial remission and BASDAI 50. At week 12, there was a statistically significant improvement in the SPARCC (Spondyloarthritis Research Consortium of Canada) score for the sacroiliac joint (SIJ) as measured by MRI for patients receiving etanercept. Adjusted mean change from baseline was 3.8 for etanercept treated (n = 95) versus 0.8 for placebo treated (n = 105) patients (p < 0.001). At week 104, the mean change from baseline in the SPARCC score measured on MRI for all etanercept-treated subjects was 4.64 for the SIJ (n = 153) and 1.40 the spine (n = 154). Etanercept showed statistically significantly greater improvement from baseline to week 12 compared to placebo in most health-related quality of life and physical function assessments, including BASFI (Bath Ankylosing Spondylitis Functional Index), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score.
Esbriet	pirfenidone	28/02/2011	Idiopathic pulmonary fibrosis	6-MWT	Although there was no difference between patients receiving Esbriet compared to placebo in change from baseline to Week 72 of distance walked during a six minute walk test (6MWT) by the prespecified rank ANCOVA, in an ad hoc analysis, 37% of patients receiving Esbriet showed a decline of ≥50 m in 6MWT distance, compared to 47% of patients receiving placebo.
Esmya	ulipristal acetate	23/02/2012	Uterine fibroids	Pictorial Bleeding Assessment Chart (PBAC)	In study 1, a statistically significant difference was observed in reduction in menstrual blood loss in favour of the patients treated with ulipristal acetate compared to placebo
Extavia	interferon beta-1b	20/05/2008	Multiple sclerosis	Functional Assessment of MS: Treatment Outcomes Index	No benefit, attributable to Extavia, in quality of life (as measured by FAMS – Functional Assessment of MS: Treatment Outcomes Index) was seen.
Fampyra	fampridine	20/07/2011	Multiple sclerosis with walking disability	Timed 25-foot Walk (T25FW); Multiple Sclerosis Walking Scale	Patients who responded to Fampyra increased their walking speed on average by 26.3% vs. 5.3% on placebo (p< 0.001) (MS-F203) and 25.3% vs. 7.8% (p< 0.001) (MS-F204). The improvement appeared rapidly (within weeks) after starting Fampyra.

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Fasenra	benralizumab	08/01/2018	"Asthma "	Asthma Control Questionnaire-6 (ACQ-6) and Standardised Asthma Quality of Life Questionnaire for 12 Years and Older (AQLQ(S)+12)	In both Trials 1 and 2, patients receiving Fasenra experienced statistically significant reductions in asthma symptoms (Total Asthma Score) compared to patients receiving placebo. Similar improvement in favour of Fasenra was observed for the Asthma Control Questionnaire-6 (ACQ-6) and Standardised Asthma Quality of Life Questionnaire for 12 Years and Older (AQLQ(S)+12).
Feraccru	ferric maltol	18/02/2016	Iron deficiency anaemia (IDA) in patients with inflammatory bowel disease (IBD)	CDAI (Crohn's Disease Activity Index)	The safety and efficacy of Feraccru for the treatment of iron deficiency anaemia was studied in 128 patients (age range 18-76 years; 45 males and 83 females) with inactive to mildly active IBD (58 patients with Ulcerative Colitis [UC] and 70 patients with Crohn's disease [CD]) and baseline Hb concentrations between 9.5 g/dL and 12 / 13 g/dL for females / males. Patients were enrolled in one combined randomised, placebo-controlled clinical study (AEGIS 1/2). 69% of the patients with UC had a SCCAI score ≤2 and 31 % a SCCAI score of 3. 83 % of the patients with CD had a CDAI-score <150 and 17 % a CDAI-score >150-220.
Firazyr	icatibant	11/07/2008	Hereditary Angioedemas	VAS	The primary efficacy endpoint was the time to onset of symptom relief using a visual analogue scale (VAS). Table 2 shows the efficacy results for these studies. FAST-3 was a randomized, placebo-controlled, parallel-group study of 98 adult patients with a median age of 36 years. Patients were randomized to receive either icatibant 30 mg or placebo by subcutaneous injection. A subset of patients in this study experienced acute HAE attacks while receiving androgens, antifibrinolytic agents or Cl inhibitors. The primary endpoint was time to onset of symptom relief assessed using a 3-item composite visual analog score (VAS-3) consisting of assessments of skin swelling, skin pain, and abdominal pain. Table 3 shows the efficacy results for FAST-3.
Galafold	migalastat	26/05/2016	Fabry disease	Gastrointestinaly Symptoms Rating Scale	In the ERT-naïve trial, analyses of the Gastrointestinal Symptoms Rating Scale demonstrated that treatment with Galafold was associated with statistically significant ($p<0.05$) improvements versus placebo from baseline to month 6 in the diarrhoea domain, and in the reflux domain for patients with symptoms at baseline. During the open-label extension, statistically significant ($p<0.05$) improvements from baseline were observed in the diarrhoea and indigestion domains, with a trend of improvement in the constipation domain.
Gefitinib Mylan	gefitinib	27/09/2018	Locally advanced or metastatic non-small cell lung cancer (NSCLC)	FACT-L and LCS Symptoms	Quality of life outcomes differed according to EGFR mutation status. In EGFR mutation-positive patients, significantly more gefitinib-treated patients experienced an improvement in quality of life and lung cancer symptoms vs carboplatin/paclitaxel (see Table 4). In the IPASS trial, gefitinib demonstrated superior PFS, ORR, QoL and symptom relief with no significant difference in overall survival compared to carboplatin/paclitaxel in previously untreated patients, with locally advanced or metastatic NSCLC, whose tumours harboured activating mutations of the EGFR tyrosine kinase.
Giotrif	afatinib	25/09/2013	Non-Small Cell Lung Carcinoma	Unknown	PFS benefit was accompanied by improvement in disease-related symptoms and delayed time to deterioration (see Table 5). Mean scores over time for overall quality of life, global health status and physical, role, and cognitive functioning were significantly better for GIOTRIF.

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Halimatoz	adalimumab	26/07/2018	Ankylosing spondylitis (AS)	SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL).Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo-controlled AS study II of 82 adult patients with active ankylosing spondylitis.
Halimatoz	adalimumab	26/07/2018	Axial spondyloarthritis without radiographic evidence of AS	HAQ-S and the SF-36 questionnaires	Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open- label extension through week 156.
Halimatoz	adalimumab	26/07/2018	Psoriasis	Dermatology Life Quality Index (DLQI) and SF-36	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (Study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In Study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo.
Halimatoz	adalimumab	26/07/2018	Hidradenitis suppurativa	Treatment Satisfaction Questionnaire - medication (TSQM); Dermatology Life Quality Index (DLQI); SF-36	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire – medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (Study HS-I).
Halimatoz	adalimumab	26/07/2018	Uveitis	National Eye Institute Visual Function Questionnaire-25 (NEI-VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UVI and for colour vision, peripheral vision and near vision in Study UV II.

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Halimatoz	adalimumab	26/07/2018	Rheumatoid Arthritis	Disability index of the Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36); Functional assessment of chronic illness therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses / schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses / schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab / methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Hefiya	adalimumab	26/07/2018	Ankylosing spondylitis (AS)	SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo-controlled AS study II of 82 adult patients with active ankylosing spondylitis.
Hefiya	adalimumab	26/07/2018	Axial spondyloarthritis without radiographic evidence of AS	HAQ-S and the SF-36 questionnaires	Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open- label extension through week 156.
Hefiya	adalimumab	26/07/2018	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (Study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In Study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo.
Hefiya	adalimumab	26/07/2018	Hidradenitis suppurativa	Treatment Satisfaction Questionnaire - medication (TSQM); Dermatology Life Quality Index (DLQI); SF-36	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire – medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (Study HS-I).

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Hefiya	adalimumab	26/07/2018	Uveitis	National Eye Institute Visual Function Questionnaire-25 (NEI-VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UVI and for colour vision, peripheral vision and near vision in Study UV II.
Hemlibra	emicizumab-kxwh	23/02/2018	Haemophilia A with factor VIII inhibitors	Haemophilia-specific Quality of Life (Haem-A-QoL) questionnaire; Physical Health scale; EuroQoL Five-Dimension-Five Levels Questionnaire (EQ-5D-5L)	In Study BH29884, health-related quality of life for patients aged ≥ 18 years was evaluated at Week 25 based on the Haemophilia-specific Quality of Life (Haem-A-QoL) questionnaire for adults. Baseline Total Scores (mean = 41.14 and 44.58, respectively) and Physical Health scale scores (mean = 52.41 and 57.19, respectively) were similar for Hemlibra prophylaxis and no prophylaxis. Weekly Hemlibra prophylaxis showed a statistically significant and clinically meaningful improvement compared with the no prophylaxis in the pre-specified endpoints of Haem-A-QoL Total Score and Physical Health Scale score at the Week 25 assessment. In Study BH29884, patients' health status was assessed according to the EuroQoL Five-Dimension-Five Levels Questionnaire (EQ-5D-5L). Weekly Hemlibra showed a statistically significant and clinically meaningful improvement compared with no prophylaxis in the pre-specified endpoints of EQ-5D-5L index utility scale and visual analogue scale at the Week 25 assessment. [Clinically meaningful difference: VAS: 7 points, Index Utility Score: 0.07 points]. In the intra-patient analysis of an open-label clinical study (BH 29992) in paediatric patients (age < 12 years old, or 12 to 17 years old weighing < 40 kg), Hemlibra weekly prophylaxis resulted in a clinical meaningful reduction (99%) in treated bleed rate in thirteen paediatric patients after at least 12 weeks of treatment compared to their bleed rate collected in the NIS prior to enrolment.
Hetlioz	tasimelteon	03/07/2015	Non-24-Hour Sleep-Wake Disorder	Clinical Global Impression - Change	Response in Clinical Global Functioning Measures Patients treated with tasimelteon experienced an overall improvement in clinical global functioning (CGI-C = 2.6) as compared to patients treated with placebo who showed no improvement status (CGI-C = 3.4) compared to the severity of Non-24 at baseline (LS mean difference = -0.8; p=0.0093) (Table 4). The effectiveness of tasimelteon to improve clinical global functioning was evaluated in SET. The Clinical Global Impression of Change (CGI-C) is a reflection of the general social, occupational, and health functioning of the patient and is evaluated on a 7-point scale, centered at No Change (4), that investigators used to rate the patients' improvement from baseline in symptoms of global functioning. It was rated as: 1 = very much improved; 2 = much improved; 3 = minimally improved; 4 = no change; 5 = minimally worse; 6 = much worse; or 7 = very much worse.
Hirobriz Breezhaler	indacaterol maleate	30/11/2009	Chronic obstructive pulmonary disease	TDI (Transitional Dyspnoea Index); SGRQ	Both doses demonstrated statistically significant improvements in symptom relief over placebo for dyspnoea and health status (as evaluated by Transitional Dyspnoea Index [TDI] and St. George's Respiratory Questionnaire [SGRQ], respectively). The magnitude of response was generally greater than seen with active comparators (Table 2). In addition, patients treated with Hirobriz Breezhaler required significantly less rescue medication, had more days when no rescue medication was needed compared to placebo and had a significantly improved percentage of days with no daytime symptoms.

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Hulio	adalimumab	17/09/2018	Rheumatoid arthritis (RA)	Disability Index of the Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36); Functional assessment of chronic illness therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV).
Hulio	adalimumab	17/09/2018	Adult hidradenitis suppurativa	Treatment Satisfaction Questionnaire - medication (TSQM); Dermatology Life Quality Index (DLQI); SF-36	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire - medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (Study HS-I).
Hulio	adalimumab	17/09/2018	Adult Crohn's Disease (CD)	Inflammatory bowel disease questionnaire (IBDQ)	In CD Study I and CD Study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD Study III as well among the adalimumab treatment groups compared to the placebo group.
Hulio	adalimumab	17/09/2018	Adult Uveitis	National Eye Institute Visual Function Questionnaire-25 (NEI-VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UVI and for colour vision, peripheral vision and near vision in Study UV II.
Hulio	adalimumab	17/09/2018	Ankylosing Spondylitis (AS)	Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL).

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Hulio	adalimumab	17/09/2018	Axial spondyloarthritis without radiographic evidence of AS	HAQ-S; SF-36	Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Hulio	adalimumab	17/09/2018	Paediatric Crohn's Disease	Not specified	Statistically and clinically significant improvements from Baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Hulio	adalimumab	17/09/2018	Ulcerative Colitis	Inflammatory bowel disease questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Humira	adalimumab	08/09/2003	Psoriatic arthritis	Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36); Functional Assessment of Chronic Illness Therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at Week 52 in RA study III. All doses/schedules of Humira in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at Week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of Humira in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV).
Humira	adalimumab	08/09/2003	Rheumatoid Arthritis	HAQ Disability Index	In RA studies I-IV, all individual components of the ACR response criteria (number of tender and swollen joints, physician and patient assessment of disease activity and pain, disability index (HAQ) scores and CRP (mg/dl) values) improved at 24 or 26 weeks compared to placebo. In RA study III, these improvements were maintained throughout 52 weeks.
Hyrimoz	adalimumab	26/07/2018	Ankylosing spondylitis (AS)	SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo-controlled AS study II of 82 adult patients with active ankylosing spondylitis.
Hyrimoz	adalimumab	26/07/2018	Axial spondyloarthritis without radiographic evidence of AS	HAQ-S and the SF-36 questionnaires	Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open- label extension through week 156.
Hyrimoz	adalimumab	26/07/2018	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (Study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In Study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo.

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Hyrimoz	adalimumab	26/07/2018	Hidradenitis suppurativa	Treatment Satisfaction Questionnaire - medication (TSQM); Dermatology Life Quality Index (DLQI); SF-36	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire – medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (Study HS-I).
Hyrimoz	adalimumab	26/07/2018	Paediatric Crohn's disease	Not specified	Statistically and clinically significant improvements from Baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Hyrimoz	adalimumab	26/07/2018	Ulcerative colitis	Inflammatory bowel disease questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Hyrimoz	adalimumab	26/07/2018	Rheumatoid Arthritis	Disability index of the Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36); Functional assessment of chronic illness therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses / schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses / schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab / methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Hyrimoz	adalimumab	26/07/2018	Uveitis	National Eye Institute Visual Function Questionnaire-25 (NEI-VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UVI and for colour vision, peripheral vision and near vision in Study UV II.
Hyrimoz	adalimumab	26/07/2018	Crohn's Disease (CD)	Inflammatory bowel disease questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80 / 40 mg and 160 / 80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.

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Ibrance	palbociclib	9/11/2016	Breast cancer	EORTC QLQ-30; EORTC QLQ-BR23	Patient-reported symptoms were assessed using the European Organization for Research and Treatment of Cancer (EORTC) quality of life questionnaire (QLQ)-C30 and its Breast Cancer Module (EORTC QLQ-BR23). A total of 335 patients in the palbociclib plus fulvestrant arm and 166 patients in the fulvestrant only arm completed the questionnaire at baseline and at least 1 postbaseline visit.
Idacio	adalimumab	17/04/2019	Ankylosing spondylitis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double–blind, placebo–controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1%) patients were treated concomitantly with disease modifying anti–rheumatic drugs, and 37 (9.4%) patients with glucocorticoids. The blinded period was followed by an open–label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n=215, 54.7%) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks (Table 13). Adalimumab treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL).
Idacio	adalimumab	17/04/2019	Uveitis	NEI-VFQ-25	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.
Idacio	adalimumab	17/04/2019	Ulcerative colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Idacio	adalimumab	17/04/2019	Paediatric Crohn's disease	Not specified	Statistically and clinically significant improvements from Baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Idacio	adalimumab	17/04/2019	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Idacio	adalimumab	17/04/2019	Hidradenitis suppurativa	SF-36; Dermatology Life Quality Index (DLQI); Treatment Satisfaction Questionnaire - medication (TSQM)	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire - medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).

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Idacio	adalimumab	17/04/2019	Psoriasis	SF-36; Dermatology Life Quality Index (DLQI)	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.
Idacio	adalimumab	17/04/2019	Psoriatic arthritis	HAQ; SF-36	Adalimumab treated patients demonstrated statistically significant improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36) compared to placebo at week 24. Improved physical function continued during the open label extension up to week 136.
Idacio	adalimumab	17/04/2019	Axial spondyloarthritis without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); HAQ-S; SF-36	In Study nr-axSpA I, adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active nr-axSpA (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contra-indication for NSAIDs. Thirty-three (18%) patients were treated concomitantly with disease modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an openlabel period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. Week 12 results showed statistically significant improvement of the signs and symptoms of active nr-axSpA in patients treated with adalimumab compared to placebo (Table 14). Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Idacio	adalimumab	17/04/2019	Rheumatoid Arthritis	Patient assessment of disease activity; Patient assessment of pain, Health Assessment Questionnaire Disability Index (HAQ-DI); SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.

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Ikervis	ciclosporin	19/03/2015	Keratitis in patients with dry eye disease	Ocular Surface Disease Index	The primary endpoint was the proportion of patients achieving by Month 6 at least a two-grade improvement in keratitis (CFS) and a 30% improvement in symptoms, measured with the Ocular Surface Disease Index (OSDI). The proportion of responders in the IKERVIS group was 28.6%, compared to 23.1% in the vehicle group. The difference was not statistically significant (p=0.326). The co-primary endpoints were the change in CFS score, and the change in global score of ocular discomfort unrelated to study medication instillation, both measured at Month 6. The mean change from baseline in ocular discomfort score (assessed using a Visual Analogic Scale) was -12.82 with IKERVIS and -11.21 with vehicle (p=0.808). In both studies, no significant improvement of symptoms was observed for IKERVIS compared to vehicle after 6 months of treatment, whether using a visual analogue scale or the OSDI.
Ilaris	canakinumab	23/10/2009	Cryopyrin-Associated Periodic Syndromes, including: Muckle-Wells Syndrome (MWS); Neonatal-Onset Multisystem Inflammatory Disease (NOMID) / Chronic Infantile Neurological, Cutaneous, Articular Syndrome (CINCA); Severe forms of Familial Cold Autoinflammatory Syndrome (FCAS) / Familial Cold Urticaria (FCU) presenting with signs and symptoms beyond cold-induced urticarial skin rash.	Pain intensity using a visual analog scale (VAS)	The co-primary endpoints were: (i) gouty arthritis pain intensity (visual analogue scale, VAS) at 72 hours post-dose, and (ii) time to first new gouty arthritis attack.
Ilumetri	tildrakizumab	17/09/2018	Moderate to severe plaque psoriasis	DLQI	Mean baseline Dermatology Life Quality Index (DLQI) ranged from 13.0 to 14.8. Studies reSURFACE 1 and reSURFACE 2 assessed the changes from baseline at Week 12 in the two co-primary endpoints: 1) PASI 75 and 2) PGA of "0" (cleared) or "1" (minimal), with at least a 2-point improvement from baseline. Other evaluated outcomes included the proportion of patients who achieved PASI 90, PASI 100, the proportion of patients with DLQI 0 or 1, and maintenance of efficacy up to 52/64 weeks. Quality of Life/Patient-reported Outcomes: At week 12 and across studies, tildrakizumab was associated with statistically significant improvement in Health-related Quality of Life as assessed by the DLQI (Table 2). Improvements were maintained over time with at week 52, 63.7% (100 mg) and 73.3% (200 mg) in reSURFACE 1, and 68.8% (100 mg) and 72.4% (200 mg) in reSURFACE 2 of patients who were PASI 75 responders at week 28 having a DLQI of 0 or 1.
Imfinzi	durvalumab	21/09/2018	Locally advanced, unresectable non-small cell lung cancer (NSCLC)	EORTC QLQ-C30; EORTC QLQ-LC13	Patient reported outcomes: Patient-reported symptoms, function and health-related quality of life (HRQoL) were collected using the EORTC QLQ-C30 and its lung cancer module (EORTC QLQ-LC13). The LC13 and C30 were assessed at baseline, every 4 weeks for the first 8 weeks, followed by every 8 weeks until completion of the treatment period or is continuation of IMFINZI due to toxicity or disease progression. Compliance was similar between the IMFINZI and placebo treatment groups (83% vs 85.1% overall of evaluable forms completed). At baseline, no differences in patient reported symptoms, function and HRQoL were observed between IMFINZI and placebo groups. Throughout the duration of the study to Week 48, there was no clinically meaningful difference between IMFINZI and placebo groups in symptoms, functioning and HRQoL (as assessed by a difference of greater than or equal to 10 points).

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Imraldi	adalimumab	24/08/2017	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ); Patient assessment of disease activity; Patient assessment of pain; SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	In RA studies I-IV, all individual components of the American College Of Rheumatology 20 Criteria (ACR) response criteria (number of tender and swollen joints, physician and patient assessment of disease activity and pain, disability HAQ index scores and CRP (mg/dL) values) improved at 24 or 26 weeks compared to placebo. In RA study III, these improvements were maintained throughout 52 weeks. Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, 27 which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/ methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Imraldi	adalimumab	24/08/2017	Ankylosing Spondylitis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); AnkyloAnkylosing Spondylitis Quality of Life Questionnaire (ASQoL); SF-36; Assessments in Ankylosing Spondylitis (ASAS)	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double-blind, placebo-controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1%) patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 37 (9.4%) patients with glucocorticoids. The blinded period was followed by an open-label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n = 215, 54.7%) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other week subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks. Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo controlled AS study II of 82 adult patients with active ankylosing spondylitis.

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Drug	**Compound**	**Product Approval Date**	**Indication**	**Instruments**	**Verbatim Text from Label OR PRO-related language**
Imraldi	adalimumab	24/08/2017	Axial spondyloarthritis without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Health Assessment Questionnaire for Spondyloarthropa-thies (HAQ-S)	Adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active non-radiographic axial spondyloarthritis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contraindication for NSAIDs. Thirty-three (18%) of patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an open-label period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. Week 12 results showed statistically significant improvement of the signs and symptoms of active non-radio-graphic axial spondyloarthritis in patients treated with adalimumab compared to placebo. In the open-label extension, improvement in the signs and symptoms was maintained with adalimumab therapy through week 156. Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Imraldi	adalimumab	24/08/2017	Psoriatic Arthritis	Health Assessment Questionnaire (HAQ); SF-36	In subjects treated with adalimumab with no radiographic progression from baseline to week 48 (n = 102), 84% continued to show no radiographic progression through 144 weeks of treatment. Adalimumab-treated patients demonstrated statistically significant improve-ment in physical function as assessed by HAQ and Short Form Health Survey (SF 36) com-pared to placebo at week 24. Improved physical function continued during the open-label extension up to week 136.
Imraldi	adalimumab	24/08/2017	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.

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Imraldi	adalimumab	24/08/2017	Hidradenitis suppurativa	Pain Numeric Rating Scale; Dermatology Life Quality Index (DLQI); SF-36; Treatment Satisfaction Questionnaire-Medication (TSQM)	Reduction of inflammatory lesions and prevention of worsening of abscesses and draining fistulas was assessed using Hidradenitis Suppurativa clinical response (HiSCR; at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count relative to Baseline). Reduction in HS-related skin pain was assessed using a Numeric Rating Scale in patients who entered the study with an initial baseline score of 3 or greater on a 11 point scale. At week 12, a significantly higher proportion of patients treated with adalimumab versus placebo achieved HiSCR. At week 12, a significantly higher proportion of patients in study HS-II experienced a clinically relevant decrease in HS-related skin pain. Patients treated with adalimumab had significantly reduced risk of disease flare during the initial 12 weeks of treatment. Treatment with adalimumab 40 mg every week significantly reduced the risk of worsening of abscesses and draining fistulas. Approximately twice the proportion of patients in the placebo group in the first 12 weeks of Studies HS-I and HS-II, compared with those in the adalimumab group experienced worsening of abscesses (23.0 % vs 11.4 %, respectively) and draining fistulas (30.0 % vs 13.9 %, respectively). Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire-medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).
Imraldi	adalimumab	24/08/2017	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Imraldi	adalimumab	24/08/2017	Paediatric Crohn's disease	Paediatric Crohn's Disease Activity Index (PCDAI)	Statistically and clinically significant improvements from baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Imraldi	adalimumab	24/08/2017	Ulcerative Colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Imraldi	adalimumab	24/08/2017	Uveitis	National Eye Institute Visual Function Questionnaire (NEI VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.

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Incruse	umeclidinium	28/04/2014	COPD	Transitional dyspnea index (TDI) focal score St. George's Respiratory Questionnaire (SGRQ)	Breathlessness: In the 12-week study, a statistically significant improvement compared with placebo in the TDI focal score at Week 12 was not demonstrated for Incruse (1.0 units, p=0.05). A statistically significant improvement compared with placebo in the TDI focal score at Week 24 was demonstrated for Incruse (1.0 units, p<0.001) in the 24-week study. The proportion of patients who responded with at least the minimum clinically important difference (MCID) of 1 unit TDI focal score at Week 12 was greater for Incruse (38%) compared with placebo (15%) in the 12-week study. Similarly, a greater proportion of patients achieved ≥1 unit TDI focal score for Incruse (53%) compared with placebo (41%) at Week 24 in the 24-week study. Health-related quality of life: Incruse also demonstrated a statistically significant improvement in health-related quality of life measured using the St. George's Respiratory Questionnaire (SGRQ) as indicated by a reduction in SGRQ total score at Week 12 compared with placebo (-7.90 units, p<0.001) in the 12-week study. A greater improvement compared with placebo in the change from baseline in SGRQ total score at Week 24 was demonstrated for Incruse (-4.69 units, p<0.001) in the 24-week study. The proportion of patients who responded with at least the MCID in SGRQ score (defined as a decrease of 4 units from baseline) at Week 12 was greater for Incruse 55 micrograms (44%) compared with placebo (26%) in the 12-week study. Similarly, a greater proportion of patients achieved at least the MCID for Incruse at Week 24 (44%) compared with placebo (34%) in the 24-week study.
Inrebic	Fedratinib	8/2/2021	Myeloproliferative Disorders; Primary Myelofibrosis	modified Myelofibrosis Symptoms Assessment Form (MFSAF) v2.0 diary	The key secondary endpoint was the proportion of patients with a ≥ 50% reduction in Total Symptom Score (TSS) from baseline to the end of cycle 6 as measured by the modified Myelofibrosis Symptoms Assessment Form (MFSAF) v2.0 diary. The modified MFSAF included 6 key MF associated symptoms: night sweats, itching, abdominal discomfort, early satiety, pain under ribs on left side, and bone or muscle pain. The symptoms were measured on a scale from 0 (absent) to 10 (worst imaginable). The percentage of patients (95% confidence interval) with a = 50% reduction in TSS at the end of cycle 6 was 40.4% (36/89, 95% CI:30.3%, 50.6%) in the Inrebic 400 mg arm and 8.6% (7/81, 95% CI:2.5%, 14.8%) in the placebo arm.
Instanyl	fentanyl citrate	20/07/2009	Breakthrough pain in adults already receiving maintenance opioid therapy for chronic cancer pain	Pain intensity; scale unknown	All three strengths of Instanyl showed statistically significant (p<0.001) higher pain intensity difference at 10 minutes (PID10) compared with placebo. Furthermore Instanyl was significantly superior to placebo in BTP relief at 10, 20, 40, and 60 minutes following administration. The results of summary of PID at 60 minutes (SPID0-60) showed that all strengths of Instanyl had significantly higher mean SPID0-60 scores compared with placebo (p<0.001) demonstrating better pain relief of Instanyl compared to placebo during 60 minutes.
Intrarosa	prasterone	08/01/2018	Dyspareunia with vulvar and vaginal atrophy (VVA)	Most Bothersome Symptom (MBS) [measure not specified]	At baseline, women had ≤ 5.0% superficial cells in the vaginal smear, a vaginal pH 5.0 and they had identified dyspareunia (moderate to severe) as their most bothersome symptom (MBS) of VVA. After 12 weeks of daily treatment with a prasterone 6.5 mg pessary (n=81 in Trial 1 and n=325 in Trial 2), the change from baseline, in comparison with placebo treatment (n=77 in Trial 1 and n=157 in Trial 2), demonstrated significant improvements of the 3 co-primary endpoints compared to placebo in both studies, namely increase of the percentage of superficial cells (p<0.0001), decrease of the percentage of parabasal cells (p<0.0001), and decrease in the vaginal pH (p<0.0001). The mean change in severity score in MBS dyspareunia after 12 weeks for Intrarosa 6.5 mg treatment group versus placebo grouo was -1.27 vs 00.87 (p value -0.0132) and -1.41 vs -1.06 for Trial 1 (ERC-231) and Trial 2 (ERC-238), respectively.

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Intuniv	guanfacine hydrochloride	17/09/2015	ADHD	ADHD Rating Scale; Clinician Global Impression - Change	In this 12-week (6-12 years) or 15-week (13-17 years), randomised, double-blind, parallelgroup, placebo- and active-reference (atomoxetine), dose-titration study, guanfacine showed significantly greater efficacy than placebo on symptoms of ADHD based upon investigator ratings on the ADHD Rating Scale (ADHD-RS). The ADHD Rating Scale is a measure of the core symptoms of ADHD. The result with respect to the primary endpoint study are presented in Table 5. Results of the secondary endpoints were consistent with that of the primary endpoint. The percentages of subjects who met response criteria (≥30% reduction from baseline in ADHD-RS-IV Total Score and a CGI-I value of 1 or 2) was 64.3% for guanfacine, 55.4% for atomoxetine and 42.3% for placebo.
Intuniv	guanfacine hydrochloride	17/09/2015	ADHD	WFIRS-P; Oppositional Subscale of the Conners' Parent Rating Scale – revised Long Form (CPRS-R:L)	Guanfacine also showed significant improvement in learning, school and family functioning as measured with the (WFIRS-P score). Study SPD503-307 was a 9-week, double-blind, randomised, placebo-controlled, doseoptimisation study with guanfacine (1-4 mg/day) conducted in children aged 6-12 years with ADHD and oppositional symptoms (n=217). Oppositional symptoms were evaluated as the change from baseline to endpoint in the Oppositional Subscale of the Conners' Parent Rating Scale – revised Long Form (CPRS-R:L) score. Results show statistically significantly ($p \leq 0.05$) greater mean reductions at endpoint from Baseline (indicating improvement) in oppositional subscale of CPRS-R:L scores in the guanfacine group compared to placebo (10.9 points vs. 6.8 for guanfacine vs. placebo, respectively) and the effect size was 0.6 ($p<0.001$). These reductions represent a percentage reduction of 56% vs. 33% for guanfacine vs. placebo, respectively.
Invega	paliperidone	25/06/2007	Schizoaffective	Young Mania Rating Scale (YMRS) Hamilton Rating Scale 21 for Depression (HAM-D) Clinician Global Impression of Change (CGI-C)	Taking the results of both studies together (pooled study-data), INVEGA improved the psychotic and manic symptoms of schizoaffective disorder at endpoint relative to placebo when administered either as monotherapy or in combination with mood stabilisers and/or antidepressants. However, overall the magnitude of effect in regard to PANSS and YMRS observed on monotherapy was larger than that observed with concomitant antidepressants and/or mood stabilisers. Moreover, in the pooled population, INVEGA was not efficacious in patients concomitantly receiving mood stabilizer and antidepressants in regard to the psychotic symptoms, but this population was small (30 responders in the paliperidone group and 20 responders in the placebo group). Additionally, in study SCA-3001 in the ITT population the effect on psychotic symptoms measured by PANSS was clearly less pronounced and not reaching statistical significance for patients receiving concomitantly mood stabilizers and/or antidepressants. An effect of INVEGA on depressive symptoms has not been demonstrated. An examination of population subgroups did not reveal any evidence of differential responsiveness on the basis of gender, age, or geographic region. There were insufficient data to explore differential effects based on race. Efficacy was also evaluated by calculation of treatment response (defined as decrease in PANSS Total Score ≥ 30% and CGI-C Score ≤ 2) as a secondary endpoint.
Ionsys	fentanyl hydrochloride	19/11/2015	Pain	Unknown VRS scale	Each patient and investigator was asked to rate the patient's method of pain control as either poor, fair, good, or excellent. Efficacy results at the end of 24 hours, are presented in Table 2 below for the evaluable patient population. As shown below, the primary endpoint, proportion of patients reporting "Good or Excellent" ratings for the two methods of pain relief in all four studies demonstrated equivalence, with each 95% confidence interval contained within the prespecified ± 10% equivalence boundaries.

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Ionsys	fentynl hydrochloride	19/11/2015	Pain	Unknown VRS scale	Each patient and investigator was asked to rate the patient's method of pain control as either poor, fair, good, or excellent. Efficacy results at the end of 24 hours, are presented in Table 2 below for the evaluable patient population. As shown below, the primary endpoint, proportion of patients reporting "Good or Excellent" ratings for the two methods of pain relief in all four studies demonstrated equivalence, with each 95% confidence interval contained within the prespecified ± 10% equivalence boundaries.
Iressa	gefitinib	24/06/2009	Non-small cell lung cancer (NSCLC)	FACT-L	In the IPASS trial, IRESSA demonstrated superior PFS, ORR, QoL and symptom relief with no significant difference in overall survival compared to carboplatin/paclitaxel in previously untreated patients, with locally advanced or metastatic NSCLC, whose tumours harboured activating mutations of the EGFR tyrosine kinase.
Ivemend	fosaprepitant	11/01/2008	Vomiting - cancer	VAS	Tables presented in the label for: No significant nausea (maximum VAS <25 mm on a scale of 0-100 mm)
Jakavi	ruxolitinib	23/08/2012	Myelofibrosis	Myelofibrosis Symptom Assessment Form (MF-SAF) v2.0, EORTC QLQ-30	Jakavi improves myelofibrosis-associated symptoms and quality of life in patients with myelofibrosis. In COMFORT-I symptoms of myelofibrosis were captured using the modified MFSAF diary v2.0 as an electronic diary which subjects completed daily. A significantly larger proportion of subjects in the Jakavi group achieved a ≥50% improvement from baseline in the week 24 total symptom score compared with the placebo group (45.9% and 5.3%, respectively, p<0.0001 using the chi-square test). An improvement in overall quality of life was measured by a validated instrument, the EORTC QLQ-C30 in both COMFORT-I and COMFORT-II. At week 24 in COMFORT-I the mean change for the global health status/quality of life score was +12.3 and -3.4 (p<0.0001) for Jakavi and placebo, respectively.
Jetrea	ocriplasmin	13/03/2013	Vitreomacular traction	National Eye Institute Visual Function Questionnaire-25 (VFQ-25)	In the integrated analysis of the National Eye Institute Visual Function Questionnaire-25 (VFQ-25), a numerical favour of JETREA over placebo was shown in each sub-scale score, as well as the composite score. The difference for improvement in the general vision sub-scale score was statistically significant (6.1 JETREA vs. 2.1 placebo, p=0.024).
Jevtana	cabazitaxel	17/03/2011	Metastatic prostate cancer	Pain measure; scale unknown	There was no statistical difference between both treatment arms in pain progression and pain response.
Kevzara	sarilumab	23/06/2017	Rheumatoid Arthritis (RA)	American College of Rheumatology (ACR) 20 criteria	In both MOBILITY and TARGET, higher ACR20 response rates were observed within 2 weeks compared to placebo and were maintained for the duration of the studies.
Kevzara	sarilumab	23/06/2017	Rheumatoid arthritis (RA)	Health Assessment Questionnaire – Disability Index (HAQ-DI)	MOBILITY demonstrated significant improvement in physical function, as measured by the HAQ-DI at Week 16 compared to placebo (-0.58, -0.54, and -0.30 for Kevzara 200 mg + MTX, Kevzara 150 mg + MTX, and placebo + MTX, every two weeks, respectively). TARGET demonstrated significant improvement in HAQ-DI scores at Week 12 compared to placebo (-0.49, -0.50, and -0.29 for Kevzara 200 mg + DMARDs, Kevzara 150 mg + DMARDs, and placebo + DMARDs, every two weeks, respectively). In MOBILITY, the improvement in physical functioning as measured by HAQ-DI was maintained up to Week 52 (-0.75, -0.71, and -0.46 for Kevzara 200 mg + MTX, Kevzara 150 mg + MTX, and placebo + MTX treatment groups, respectively). Patients treated with Kevzara + MTX (47.6% in the 200 mg treatment group and 47.0% in the 150 mg treatment group) achieved a clinically relevant improvement in HAQ-DI (change from baseline of ≥0.3 units) at Week 52 compared to 26.1% in the placebo + MTX treatment group.

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Kevzara	sarilumab	23/06/2017	Rheumatoid arthritis (RA)	Short Form health survey (SF-36)	General health status was assessed by the Short Form health survey (SF-36). In MOBILITY and TARGET, patients receiving Kevzara 200 mg + DMARDs every two weeks or Kevzara 150 mg + DMARDs every two weeks demonstrated greater improvement from baseline compared to placebo + DMARDs in physical component summary (PCS) and no worsening on the mental component summary (MCS) at Week 24. Patients receiving Kevzara 200 mg + DMARDs reported greater improvement relative to placebo in the domains of Physical Functioning, Role Physical, Bodily Pain, General Health Perception, Vitality, Social Functioning, and Mental Health.
Kevzara	sarilumab	23/06/2017	Rheumatoid arthritis (RA)	FACIT-Fatigue scale	Fatigue was assessed by the FACIT-Fatigue scale. In MOBILITY and TARGET, patients receiving sarilumab 200 mg + DMARDs every two weeks or sarilumab 150 mg + DMARDs every two weeks demonstrated greater improvement from baseline compared to placebo + DMARDs.
Kisqali	ribociclib succinate	22/08/2017	Breast Neoplasms	Measure not specified	The global health status/QoL data showed no relevant difference between the Kisqali plus letrozole arm and the placebo plus letrozole arm.
Kromeya	adalimumab	02/04/2019	Ankylosing spondylitis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL)	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double–blind, placebo–controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1%) patients were treated concomitantly with disease modifying anti–rheumatic drugs, and 37 (9.4%) patients with glucocorticoids. The blinded period was followed by an open–label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n=215, 54.7%) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks (Table 13). Adalimumab treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL).

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Kromeya	adalimumab	02/04/2019	Rheumatoid Arthritis	Patient assessment of disease activity; Patient assessment of pain, Health Assessment Questionnaire Disability Index (HAQ-DI); SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Kromeya	adalimumab	02/04/2019	Axial spondyloarthritis without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); HAQ-S; SF-36	In Study nr-axSpA I, adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active nr-axSpA (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contra-indication for NSAIDs. Thirty-three (18%) patients were treated concomitantly with disease modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an openlabel period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. Week 12 results showed statistically significant improvement of the signs and symptoms of active nr-axSpA in patients treated with adalimumab compared to placebo (Table 14). Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Kromeya	adalimumab	02/04/2019	Psoriatic arthritis	HAQ; SF-36	Adalimumab treated patients demonstrated statistically significant improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36) compared to placebo at week 24. Improved physical function continued during the open label extension up to week 136.
Kromeya	adalimumab	02/04/2019	Psoriasis	SF-36; Dermatology Life Quality Index (DLQI)	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.

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Kromeya	adalimumab	02/04/2019	Hidradenitis suppurativa	SF-36; Dermatology Life Quality Index (DLQI); Treatment Satisfaction Questionnaire - medication (TSQM)	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire - medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).
Kromeya	adalimumab	02/04/2019	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Kromeya	adalimumab	02/04/2019	Paediatric Crohn's disease	Not specified	Statistically and clinically significant improvements from Baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Kromeya	adalimumab	02/04/2019	Ulcerative colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Kromeya	adalimumab	02/04/2019	Uveitis	NEI VFQ-25	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.
Kymriah	tisagenlecleucel	23/08/2018	Acute lymphoblastic leukaemia (ALL)	PedsQL™ and EQ-5D	Health-related quality of life (HRQoL) was evaluated by PedsQL™ and EQ-5D questionnaires completed by patients aged 8 years and above (n=58). Among patients responding (n=48), the mean (SD) change from baseline in the PedsQL total score was 13.5 (13.5) at month 3, 16.9 (17.6) at month 6 and 27.2 (21.7) at month 12, and the mean (SD) change from baseline in the EQ-5D VAS score was 16.5 (17.5) at month 3, 15.9 (20.1) at month 6 and 24.7 (18.6) at month 12, indicating overall clinically meaningful improvement in HRQoL following Kymriah infusion.
Kyntheum	brodalumab	17/07/2017	Plaque psoriasis	Dermatology Life Quality Index (DLQI)	The percentage of patients that at Week 12 achieved a DLQI (Dermatology Life Quality Index) score of 0 or 1 was 56%, 61%, 59% in the Kyntheum 210 mg group and 5%, 5%, 7% in the placebo group in AMAGINE-1, -2 and -3, respectively (adjusted p-value <0.001) and 44% in the ustekinumab groups (AMAGINE-2 and -3).
Kyprolis	carfilzomib	19/11/2015	Multiple myeloma	EORTC QLQ-C30	Patients treated with KRd reported improved Global Health Status, with higher Global Health Status/Quality of Life (QoL) scores compared with Rd over 18 cycles of treatment (multiplicity unadjusted 1 sided p-value = 0.0001) measured with the EORTC QLQ-C30, an instrument validated in multiple myeloma . The p-values for ORR and Global Health Status/ Quality of Life (QoL) scores are descriptive based on the pre-specified multiplicity adjustment plan

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Lamzede	velmanase alfa	23/03/2018	Mild to moderate alpha-mannosidosis	Childhood Health Assessment Questionnaire (CHAQ) Disability Index (DI); CHAQ Visual Analogue Scale (VAS) and EQ-5D-5L (Euro quality of life-5 dimensions)	Statistically significant improvements were detected in EQ-5D-5L (euro quality of life-5 dimensions) over time, up to the last observation (table 3). The effects of velmanase alfa were more evident in patients younger than 18 years. A post-hoc multiparametric responders analysis supports the benefit of longer treatment with velmanase alfa in 87.9% of responders in at least 2 domains at last observation (table 4).
Latuda	lurasidone	21/03/2014	Schizophrenia	Clinical Global Impression Severity (CGI-S) scale	Additionally, lurasidone was superior to placebo on the predefined secondary endpoint Clinical Global Impression–Severity (CGI-S) scale. Efficacy was also confirmed in a secondary analysis of treatment response (defined as ≥ 30% decrease from Baseline in PANSS total score).
Ledaga	chlormethine	03/03/2017	Mycosis Fungoides-type cutaneous T-cell lymphoma (MF-type CTCL)	Composite Assessment of Index Lesion Severity (CAILS) response rate	A response was defined as an at least 50% improvement in the baseline CAILS score, confirmed at a subsequent visit at least 4 weeks later. A complete response was defined as a confirmed CAILS score of 0. A partial response was defined as an at least 50% reduction in the baseline CAILS score. The ratio of response and the 95% confidence interval in the ITT population were 1.226 (0.974–1.552) for CAILS and 1.017 (0.783–1.321) for SWAT and therefore consistent with those in the EE population for both the overall CAILS and SWAT responses. Reductions in mean CAILS scores were observed as early as at 4 weeks, with further reductions observed with continuing therapy. In the EE population, the percentage of patients who achieved a confirmed response by CAILS was similar between disease stages IA (79.6 %) and IB–IIA (73.2%). Results in other secondary endpoints (response in percentage of body surface area affected, time to first confirmed CAILS response, duration of first confirmed CAILS response and time to disease progression) were consistent with those for CAILS and SWAT.
Ledaga	chlormethine	03/03/2017	Mycosis fungoides-type cutaneous T-cell lymphoma	Severity Weighted Assessment Tool (SWAT)	The ratio of response and the 95% confidence interval in the ITT population were 1.226 (0.974–1.552) for CAILS and 1.017 (0.783–1.321) for SWAT and therefore consistent with those in the EE population for both the overall CAILS and SWAT responses. Results in other secondary endpoints (response in percentage of body surface area affected, time to first confirmed CAILS response, duration of first confirmed CAILS response and time to disease progression) were consistent with those for CAILS and SWAT.
Leflunomide Winthrop	leflunomide	08/01/2010	Rheumatoid arthritis; Psoriatic arthritis	Symptom measure; scale unknown	Leflunomide at a daily dose of at least 10 mg (10 to 25 mg in study YU203, 20 mg in studies MN301 and US301) was statistically significantly superior to placebo in reducing the signs and symptoms of rheumatoid arthritis in all 3 placebo-controlled trials.

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Leganto	rotigotine	16/06/2011	Restless-legs syndrome	Activities of Daily Living (ADL) component (Part II), Motor Examination component (Part III) of the Unified Parkinson's Disease Rating Scale (UPDRS)	Efficacy was determined by the subject's response to therapy in terms of responder and absolute points improvement in the scores of ADL and Motor Examination combined (UPDRS part II+III). In one double blind study, 177 patients received rotigotine and 96 patients received placebo. The patients were titrated to their optimal dose of rotigotine or placebo in weekly increments of 2 mg/24 h starting at 2 mg/24 h to a maximum dose of 6 mg/24 h. Patients in each treatment group were maintained at their optimal dose for 6 months. At the end of the maintenance treatment in 91%.
Lenalidomide Krka d.d. Novo mesto	Lenalidomide	11/02/2021	Myelodysplastic syndromes	Not specified	Additional endpoints of the study included cytogenetic response (in the 10 mg arm major and minor cytogenetic responses were observed in 30.0% and 24.0% of subjects, respectively), assessment of Health Related Quality of Life (HRQoL) and progression to acute myeloid leukaemia. Results of the cytogenetic response and HRQoL were consistent with the findings of the primary endpoint and in favour of lenalidomide treatment compared to placebo.
Levitra	vardenafil	6/3/2003	Erectile Dysfunction	IIEF-EF	In pooled data from the two Levitra 10 mg orodispersible tablets trials, IIEF-EF domain scores were significantly higher with Levitra 10 mg orodispersible tablet versus placebo.
Lidocaine/Prilocaince Plethora	lidocaine/prilocaine	15/11/2013	Sexual Dysfunction	Premature Ejaculation Profile (PEP)	At each of the three monthly assessments all subjects completed a Premature Ejaculation Profile (PEP) questionnaire relating to perceived control over ejaculation, personal distress related to ejaculation, satisfaction with sexual intercourse, and interpersonal difficulty relating to ejaculation. The PEP scores followed a similar pattern of improvement to the IELT and IPE scores. For all of the three monthly assessments completed by the subjects, there was a significant difference between Lidocaine/Prilocaine Plethora and placebo ($p < 0.0001$). Partners completed the PEP questionnaire at month three. There was also a significant difference over placebo in all domains for the responses from the partners ($p < 0.0001$).
Lifmior	etanercept	13/03/2017	Rheumatoid Arthritis	American College of Rheumatology (ACR) response criteria	Patients in the LIFMIOR in combination with methotrexate therapy group had significantly higher ACR 20, ACR 50, ACR 70 responses and improvement for DAS and HAQ scores at both 24 and 52 weeks than patients in either of the single therapy groups (results shown in table). Significant advantages for LIFMIOR in combination with methotrexate compared with LIFMIOR monotherapy and methotrexate monotherapy were also observed after 24 months.
Lifmior	etanercept	13/03/2017	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ)	Patients in the LIFMIOR in combination with methotrexate therapy group had significantly higher ACR 20, ACR 50, ACR 70 responses and improvement for DAS and HAQ scores at both 24 and 52 weeks than patients in either of the single therapy groups (results shown in table). Significant advantages for LIFMIOR in combination with methotrexate compared with LIFMIOR monotherapy and methotrexate monotherapy were also observed after 24 months.
Lifmior	etanercept	13/03/2017	Psoriatic arthritis	Health Assessment Questionnaire (HAQ)	Quality of life in psoriatic arthritis patients was assessed at every timepoint using the disability index of the HAQ. The disability index score was significantly improved at all timepoints in psoriatic arthritis patients treated with LIFMIOR, relative to placebo ($p < 0.001$). LIFMIOR treatment resulted in improvement in physical function during the double-blind period, and this benefit was maintained during the longer-term exposure of up to 2 years.
Lifmior	etanercept	13/03/2017	Psoriatic arthritis	American College of Rheumatology (ACR) response criteria	Clinical responses were expressed as percentages of patients achieving the ACR 20, 50, and 70 response and percentages with improvement in Psoriatic Arthritis Response Criteria (PsARC) (result in table).

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Lifmior	etanercept	13/03/2017	Psoriatic arthritis	Psoriatic Arthritis Response Criteria (PsARC)	Clinical responses were expressed as percentages of patients achieving the ACR 20, 50, and 70 response and percentages with improvement in Psoriatic Arthritis Response Criteria (PsARC). Results are summarized in table. Among patients with psoriatic arthritis who received LIFMIOR, the clinical responses were apparent at the time of the first visit (4 weeks) and were maintained through 6 months of therapy. LIFMIOR was significantly better than placebo in all measures of disease activity ($p < 0.001$), and responses were similar with and without concomitant methotrexate therapy.
Lifmior	etanercept	13/03/2017	Ankylosing spondylitis	Assessment in Ankylosing Spondylitis (ASAS)	Compared to placebo, treatment with LIFMIOR resulted in significant improvements in the ASAS 20, ASAS 50 and ASAS 70 as early as 2 weeks after the initiation of therapy.
Lifmior	etanercept	13/03/2017	Non-radiographic axial spondyloarthritis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)	Compared to placebo, treatment with LIFMIOR resulted in statistically significant improvement in the ASAS 40, ASAS 20 and ASAS 5/6. Significant improvement was also observed for the ASAS partial remission and BASDAI 50. Results are shown in the table.
Lifmior	etanercept	13/03/2017	Non-radiographic axial spondyloarthritis	Bath Ankylosing Spondylitis Functional Index (BASFI)	LIFMIOR showed statistically significantly greater improvement from baseline to week 12 compared to placebo in most health-related quality of life and physical function assessments, including BASFI (Bath Ankylosing Spondylitis Functional Index), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score. Improvements in health-related quality of life and physical function were also maintained through 2 years of therapy.
Lifmior	etanercept	13/03/2017	Non-radiographic axial spondyloarthritis	EuroQol 5D	LIFMIOR showed statistically significantly greater improvement from baseline to week 12 compared to placebo in most health-related quality of life and physical function assessments, including BASFI (Bath Ankylosing Spondylitis Functional Index), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score. Improvements in health-related quality of life and physical function were also maintained through 2 years of therapy.
Lifmior	etanercept	13/03/2017	Non-radiographic axial spondyloarthritis	SF-36	LIFMIOR showed statistically significantly greater improvement from baseline to week 12 compared to placebo in most health-related quality of life and physical function assessments, including BASFI (Bath Ankylosing Spondylitis Functional Index), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score. Improvements in health-related quality of life and physical function were also maintained through 2 years of therapy.

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Lifmior	etanercept	13/03/2017	Plaque psoriasis	Psoriasis Area and Severity Index (PASI)	In study 1, the LIFMIOR-treated group had a significantly higher proportion of patients with a PASI 75 response at week 12 (30%) compared to the placebo-treated group (2%) (p<0.0001). At 24 weeks, 56% of patients in the LIFMIOR-treated group had achieved the PASI 75 compared to 5% of placebo-treated patients. Key results of studies 2, 3 and 4 are presented in table. In study 3, the majority of patients (77%) who were initially randomised to 50 mg twice weekly and had their LIFMIOR dose decreased at week 12 to 25 mg twice weekly maintained their PASI 75 response through week 36. For patients who received 25 mg twice weekly throughout the study, the PASI 75 response continued to improve between weeks 12 and 36. In study 4, the LIFMIOR-treated group had a higher proportion of patients with PASI 75 at week 12 (38%) compared to the placebo-treated group (2%) (p<0.0001). For patients who received 50 mg once weekly throughout the study, the efficacy responses continued to improve with 71% achieving PASI 75 at week 24.
Mepsevii	vestronidase alfa	23/08/2018	Non-neurological manifestations of Mucopolysaccharidosis VII (MPS VII; Sly syndrome)	Six-minute walk test (6MWT), forced vital capacity (FVC), shoulder flexion, visual acuity, Bruininks-Oseretsky Test of Motor Proficiency (BOT-2) fine motor and gross motor function] after 24 weeks of treatment and fatigue total score as measured by the Pediatric Quality of Life Multidimensional Fatigue Scale (PedsQL)	Minimal important differences (MIDs) were pre-specified for the six MDRI domains plus fatigue, which are: 6MWT (≥23 meters and ≥10% change from baseline), FVC (5% absolute change or 10% relative change from baseline in FVC%pred), shoulder flexion (20 degree change of both shoulder range of motion), visual acuity (3 lines (corrected, both eyes), BOT-2 fine motor (fine motor precision: change of 0.72, and manual dexterity: change of 1.47), BOT-2 gross motor (balance: 0.57, and running speed and agility: 0.59), and fatigue (10 points of total score). After 24 weeks of vestronidase alfa treatment, the overall MDRI results, both pre-specified and 8 post-hoc (6 Multi-Domain Clinical Responder Index (MDRI) domains plus fatigue domain) analyses, were positive with an increase of +0.5 domains (p=0.0527) and +0.8 domains (p=0.0433) including fatigue, respectively (t-test).
Moventig	naloxegol oxalate	8/12/2014	Opiod-related constipation	PAC-SYM	Naloxegol 25 mg dose in the LIR subgroup resulted in a greater improvement (change from baseline) of patient assessment of constipation symptoms (PAC-SYM) total scores compared with placebo in both studies at 12 weeks (Kodiac 4 p=0.023, Kodiac 5 p=0.002). The 12.5 mg dose in the LIR subgroup also resulted in greater improvement in total PAC SYM at week 12 compared with placebo in both studies (p= 0.020 and p=0.001 respectively). Naloxegol 25 mg dose, compared with placebo, also resulted in greater improvement (change from baseline) of week 12 PAC-SYM rectal domain scores in both studies (p=0.004 and p<0.001, Kodiac 4 and 5, respectively) and for the stool domain scores in Kodiac 4 (p=0.031) and Kodiac 5 (p<0.001). There was no relevant impact on abdominal symptoms in either study (p=0.256 and p=0.916, Kodiac 4 and 5, respectively).

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Myozyme	alglucosidease	29/03/2006	Pompe disease	Alberta Infant Motor Scale	As measured by motor performance age-equivalent scores of the Alberta Infant Motor Scale (AIMS), seven of the 18 patients made motor development gains during the study and were walking independently by the last study assessment (with individual patient treatment durations ranging from 52 to 130 weeks; mean follow-up period of 94 weeks). An additional 4 patients made motor development gains during the study and were sitting independently by the last study assessment (with individual patient treatment durations ranging from 78 to 130 weeks; mean follow-up period of 110 weeks), although they did not have functional use of the legs. The remaining 7 patients made no clinically significant motor gains or were unable to sustain the motor gains made and had very limited motor movement by the last study assessment (with individual patient treatment durations ranging from 52 to 142 weeks; mean follow-up period of 103 weeks).
Naglazyme	galsulfase	24/01/2006	Mucopolysaccharidosis VI	3-min stair climb	Following 24 weeks of therapy, Naglazyme-treated patients experienced a 92 ± 40 m improvement in the distance walked in 12 minutes relative to placebo-treated patients ($p = 0.025$). Treated patients experienced a 5.7 stair per minute improvement in the 3 Minute Stair Climb relative to placebo-treated patients. Treated patients also experienced a mean decrease in urinary glycosaminoglycan excretion of 238 ± 17.8 µg/mg creatinine (± Standard Error [SE]) following 24 weeks of treatment relative to placebo-treated patients. GAG results approached the normal range for age in the Naglazyme treatment group.
Natalizumab Elan Pharma	natalizumab	15/11/2007	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ).	Clinical efficacy was evaluated in the ITT population by assessing remission (CDAI score <150) and response (using a definition of either ≥70 or ≥100-point reduction in CDAI score) as well as quality of life (IBDQ) at baseline and Weeks 2, 4, 6, 8, 12, and 16.
Nepexto	etanercept	20/05/2020	Rheumatoid Arthritis	HAQ-DI	Etanercept was significantly better than placebo in all components of the ACR criteria, as well as other measures of rheumatoid arthritis disease activity not included in the ACR re-sponse criteria, such as morning stiffness. A Health Assessment Questionnaire (HAQ), which included disability, vitality, mental health, general health status, and arthritis-associated health status subdomains, was administered every 3 months during the trial. All subdomains of the HAQ were improved in patients treated with etanercept compared to controls at 3 and 6 months. At baseline, patients had a moderate degree of disability, with mean HAQ scores of 1.4 to 1.5. Treatment with etanercept 25 mg resulted in substantial improvement at 12 months, with about 44% of patients achieving a normal HAQ score (less than 0.5). This benefit was maintained in Year 2 of this study. Patients in the etanercept in combination with methotrexate therapy group had significantly higher ACR 20, ACR 50, ACR 0 responses and improvement for DAS and HAQ scores at both 24 and 52 weeks than patients in either of the single therapy groups (results shown in table below
Nepexto	etanercept	20/05/2020	Psoriatic Arthritis	HAQ-DI	Quality of life in psoriatic arthritis patients was assessed at every timepoint using the disability index of the HAQ. The disability index score was significantly improved at all time-points in psoriatic arthritis patients treated with etanercept, relative to placebo ($p<0.001$).

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Nepexto	etanercept	20/05/2020	Ankylosing spondylitis	Bath Ankylosing Spondylitis Functional Index (BASFI), patient global assessments	The primary measure of efficacy (ASAS 20) was a ≥ 20% improvement in at least 3 of the 4 Assessment in Ankylosing Spondylitis (ASAS) domains (patient global assessments, back pain, BASFI, and inflammation) and absence of deterioration in the remaining domain. ASAS 50 and 70 responses used the same criteria with a 50% improvement or a 70% improvement, respectively. Compared to placebo, treatment with etanercept resulted in significant improvements in the ASAS 20, ASAS 50 and ASAS 70 as early as 2 weeks after the initiation of therapy.
Nepexto	etanercept	20/05/2020	Non-radiographic axial spondyloarthritis	Bath Ankylosing Spondylitis Functional Index (BASFI), EQ-5D, SF-36	Etanercept showed statistically significantly greater improvement from baseline to week 12 compared to placebo in most health-related quality of life and physical function assessments, including BASFI (Bath Ankylosing Spondylitis Functional Index), EuroQol 5D Overall Health State Score and SF-36 Physical Component Score.
Nepexto	etanercept	20/05/2020	Juvenile idiopathic arthritis	Patient/parent global assessments, functional assessment	Responses were measured using the ACR Pedi 30, defined as ≥ 30% improvement in at least three of six and > 30% worsening in no more than one of six JRA core set criteria, including active joint count, limitation of motion, physician and patient/parent global assessments, functional assessment, and erythrocyte sedimentation rate (ESR). Disease flare was defined as a ≥ 30% worsening in three of six JRA core set criteria and ≥ 30% improvement in not more than one of the six JRA core set criteria and a minimum of two active joints. In part 1 of the study, 51 of 69 (74%) patients demonstrated a clinical response and entered part 2. In part 2, 6 of 25 (24%) patients remaining on etanercept experienced a disease flare compared to 20 of 26 (77%) patients receiving placebo (p=0.007).
Neupro	rotigotine	15/02/2006	Restless leg syndrome	International RLS Rating Scale CGI	The changes from baseline in the International RLS Rating Scale (IRLS) and CGI-item 1 (severity of illness) were primary efficacy parameters. For both primary endpoints statistically significant differences have been observed for the doses 1 mg/24 h, 2 mg/24 h and 3 mg/24 h in comparison to placebo. After 6 months of maintenance treatment in patients with moderate to severe RLS, the baseline IRLS score improved from 30.7 to 20.7 for placebo and from 30.2 to 13.8 for rotigotine. The adjusted mean difference was -6.5 points (CI95% -8.7; -4.4, p <0.0001). CGI-I responder rates (much improved, very much improved) were 43.0% and 67.5% for placebo and rotigotine respectively (difference 24.5% CI 95%: 14.2%; 34.8%, p<0.0001). In a placebo-controlled, 7-week trial polysomnographic parameters were investigated. Rotigotine significantly reduced the periodic limb movement index (PLMI) from 50.9 to 7.7 versus 37.4 to 32.7 for placebo (p<0.0001).
Nevanac	nepafenac	11/12/2007	Pain; Ophthalmologic	Unknown	Patients treated with NEVANAC were less likely to have ocular pain and measurable signs of inflammation (aqueous cells and flare) in the early postoperative period through to the end of treatment than those treated with its vehicle. In the two studies, NEVANAC cleared inflammation at day 14 post operation in 65% and 68% of patients compared to 25% and 35% of patients on vehicle. Pain free rates in the NEVANAC group were 89% and 91% compared to 40% and 50% of patients on vehicle.

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Mektovi	binimetinib	20/09/2018	Unresectable or metastatic melanoma	Functional Assessment of Cancer Therapy-Melanoma (FACT-M); the European Organisation for Research and Treatment of Cancer's core quality of life questionnaire (EORTC QLQ-C30); EuroQoL-5 Dimension-5 Level examination (EQ-5D-5L)	Quality of Life (QoL) (cut-off date: 19 May 2016): The Functional Assessment of Cancer Therapy-Melanoma (FACT-M), the European Organisation for Research and Treatment of Cancer's core quality of life questionnaire (EORTC QLQ-C30) and the EuroQoL-5 Dimension-5 Level examination (EQ-5D-5L) were used to explore patient-reported outcomes (PRO) measures of health-related Quality of Life, functioning, melanoma symptoms, and treatment-related adverse reaction. A definitive 10% deterioration in FACT-M and in EORTC QLQ-C30 was significantly delayed in patients treated with Combo 450 relative to other treatments. The median time to definitive 10 % deterioration in the FACT-M score was not reached in the Combo 450 arm and was 22.1 months (95 % CI: 15.2, NE) in the vemurafenib arm with a HR for the difference of 0.46 (95 % CI: 0.29, 0.72). An analysis of time to definitive 10 % deterioration in EORTC QLQ-C30 score provided with similar results. Patients receiving Combo 450 reported no change or a slight improvement in the mean change from baseline EQ-5D-5L index score at all visits, whilst patients receiving vemurafenib or encorafenib reported decreases at all visits (with statistical significant differences). An evaluation of change over time in score yielded the same trend for EORTC QLQ-C30 and at all visit for FACT-M.
Memantine Accord	memantine hydrochloride	04/12/2013	Alzheimer's Disease	ADCS-ADLsev	The study showed beneficial effects of memantine treatment in comparison to placebo at 6 months (observed cases analysis for the clinician´s interview based impression of change (CIBIC-plus): p = 0.025; Alzheimer´s disease cooperative study – activities of daily living (ADCS-ADLsev): p = 0.003; severe impairment battery (SIB): p = 0.002).
Memantine Merz	memantine hydrochloride	22/11/2012	Alzheimer's disease	ADAS-cog, CIBIC-plus	Memantine-treated patients showed a statistically significantly better effect than placebo-treated patients on the primary endpoints: Alzheimer´s disease assessment scale (ADAS-cog) (p=0.003) and CIBIC-plus (p=0.004) at week 24.
Ninlaro	ixazomib	21/11/2016	Multiple myeloma	EORTC QLQ-C30; MY-20	Quality of life as assessed by global health scores (EORTC QLQ-C30 and MY-20) was maintained during treatment and was similar in both treatment regimens in the Phase 3 study (C16010).
Nivolumab BMS	nivolumab	20/07/2015	NSCLC	Lung Cancer Symptom Score (LCSS); EQ-5D Visual Analogue Scale (EQ-VAS).	In addition, symptom improvement and overall health status were assessed using the Lung Cancer Symptom Score (LCSS) average symptom burden index and the EQ-5D Visual Analogue Scale (EQ-VAS), respectively. The rate of disease-related symptom improvement, as measured by LCSS, was similar between the nivolumab group (18.5%) and the docetaxel group (21.2%). The average EQ-VAS increased over time for both treatment groups, indicating better overall health status for patients remaining on treatment.
Nucala	mepolizumab	02/12/2015	Asthma	St. George's Respiratory Questionnaire (SGRQ)	Table 2 provides the results of the primary and secondary endpoints for patients treated with subcutaneous mepolizumab or placebo [Data presented in Table]
Nuedexta	dextromethorphan hydrobromide / quinidine	24/06/2013	Pseudobulbar affect	Center for Neurologic Studies - Lability Scale (CNS-LS)	In all studies, the efficacy endpoints were "Count of episodes of laughing and crying" (PBA episodes) and subject scores on the Center for Neurologic Studies - Lability Scale (CNS-LS), a validated 7-item, self-administered questionnaire that provides a quantitative measure of the frequency and severity of PBA. CNS-LS scores range from a minimum of 7 (no symptoms) to a maximum of 35. The frequency of PBA episodes as measured by "Count of Episodes" in both NUEDEXTA treatment groups decreased significantly throughout the course of the study by an incremental reduction of 47% and 49% relative to placebo, respectively (p <0.0001 for both comparisons).

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Numient	levodopa/carbi-dopa	19/11/2015	Parkinsons Disease	Unified Parkinson's Disease Rating Scale (UPDRS) Part II (activities of daily living) score plus Part III	The primary efficacy endpoint was the mean change from baseline of the Unified Parkinson's Disease Rating Scale (UPDRS) Part II (activities of daily living) score plus Part III motor score at week 30 or early termination. Each of the three modified-release levodopa/carbidopa treatments was statistically significantly superior to placebo on the primary measure (Table 4).
Ofev	nintedanib	15/01/2015	Idiopathic Pulmonary Fibrosis	St. George's Respi-ratory Question-naire	The key secondary endpoints were change from baseline in Saint George's Respiratory Questionnaire (SGRQ) total score at 52 weeks and time to first acute IPF exacerbation. SGRQ total score measuring health related quality of life (HRQoL) was analysed at 52 weeks. In INPULSIS-2, patients receiving placebo had a larger increase from baseline SGRQ total score as compared to patients receiving nintedanib 150 mg twice daily. The deterioration of HRQoL was smaller in the nintedanib group; the difference between the treatment groups was statistically significant (-2.69; 95% CI: -4.95, -0.43; p=0.0197). In INPULSIS-1, the increase from baseline in SGRQ total score at week 52 was comparable between nintedanib and placebo (difference between treatment groups: -0.05; 95% CI: -2.50, 2.40; p=0.9657). In the pooled analysis of the INPULSIS trials, the estimated mean change from baseline to week 52 in SGRQ total score was smaller in the nintedanib group (3.53) than in the placebo group (4.96), with a difference between the treatment groups of -1.43 (95% CI: -3.09, 0.23; p=0.0923). Overall, the effect of nintedanib on health-related quality of life as measured by the SGRQ total score is modest, indicating less worsening compared to placebo.
Olumiant	baricitinib	13/02/2017	Rheumatoid arthritis	American College of Rheumatology (ACR) response criteria	Treatment with Olumiant 4 mg, alone or in combination with cDMARDs, resulted in significant improvements in all individual ACR components, including tender and swollen joint counts, patient and physician global assessments, HAQ-DI, pain assessment and CRP, compared to placebo or MTX monotherapy. In RA-BEAM, treatment with Olumiant resulted in significant improvement in patient and physician global assessments, HAQ-DI, pain assessment and CRP at Weeks 12, 24 and 52 compared to adalimumab.
Olumiant	bariticinib	13/02/2017	Rheumatoid arthritis	Simple Disease Ac-tivity Index (SDAI)	A statistically significantly greater proportion of patients treated with Olumiant 4 mg compared to placebo or MTX achieved remission, as defined by SDAI ≤ 3.3 and CDAI ≤ 2.8, at weeks 12 and 24 (Table). In all 4 studies, a significantly higher proportion of patients treated with Olumiant 4 mg compared to placebo or MTX achieved low disease activity or remission (DAS28-ESR or DAS28-hsCRP ≤ 3.2 and DAS28-ESR or DAS28-hsCRP < 2.6) at Weeks 12 and 24.
Olumiant	barcitinib	13/02/2017	Rheumatoid arthritis	Clinical Disease Activity Index (CDAI)	A statistically significantly greater proportion of patients treated with Olumiant 4 mg compared to placebo or MTX achieved remission, as defined by SDAI ≤ 3.3 and CDAI ≤ 2.8, at weeks 12 and 24. In all 4 studies, a significantly higher proportion of patients treated with Olumiant 4 mg compared to placebo or MTX achieved low disease activity or remission (DAS28-ESR or DAS28-hsCRP ≤ 3.2 and DAS28-ESR or DAS28-hsCRP <2.6) at Weeks 12 and 24.

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Olumiant	baricitinib	13/02/2017	Rheumatoid arthritis	Health Assessment Questionnaire-Disability Index (HAQ-DI)	Treatment with Olumiant 4 mg, alone or in combination with cDMARDs, resulted in a significant improvement in physical function compared to all comparators (placebo, MTX, adalimumab), as measured by HAQ-DI, at 12, 24 and 52 weeks. The proportion of patients achieving a clinically significant improvement (HAQ-DI ≥ 0.30) was also higher with Olumiant compared to placebo or MTX at week 12. Improvements were seen as early as Week 1 and, in studies RA-BEGIN and RA-BEAM, this was maintained for up to 52 weeks.
Olumiant	baricitinib	13/02/2017	Rheumatoid arthritis	Visual Analogue Scale (VAS)	Treatment with Olumiant 4 mg, alone or in combination with cDMARDs, resulted in a significant improvement in pain compared to all comparators (placebo, MTX, adalimumab), as measured on a 0-100 visual analogue scale, at 12 weeks. Statistically significant pain reduction was seen as early as Week 1 and in studies RA-BEGIN and RA-BEAM this was maintained for up to 52 weeks.
Olumiant	baricitinib	13/02/2017	Rheumatoid arthritis	Daily Diary	In RA-BEAM and RA-BUILD, treatment with Olumiant 4 mg resulted in a significant improvement in the mean duration and severity of morning joint stiffness compared to placebo or adalimumab as assessed using daily electronic patient diaries for 12 weeks.
Olumiant	baricitinib	13/02/2017	Rheunatoid arthritis	SF-36	In all studies, Olumiant-treated patients reported improvements in patient-reported quality of life, as measured by the Short Form (36) Health Survey (SF-36) Physical Component Score and fatigue, as measured by the Functional Assessment of Chronic Illness Therapy-Fatigue score (FACIT-F).
Olumiant	baricitinib	13/02/2017	Rheumatoid arthritis	Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F)	In all studies, Olumiant-treated patients reported improvements in patient-reported quality of life, as measured by the Short Form (36) Health Survey (SF-36) Physical Component Score and fatigue, as measured by the Functional Assessment of Chronic Illness Therapy-Fatigue score (FACIT-F).
Omidria	ketorolac/phenylephrine	28/07/2015	Prevention of intraoperative miosis and reduction of acute postoperative ocular pain in intraocular lens replacement surgery	0-100 mm visual analogue scale	In Study 1, the CMH weighted mean difference (Omidria – placebo) in the mean AUC was -5.20 mm [95% confidence interval: -7.31, -3.09] (P < 0.001). In Study 2, the CMH weighted mean difference (Omidria – placebo) in the mean AUC was -4.58 mm [95% confidence interval: -6.92, -2.24] (P < 0.001).
Onbrez Breezhaler	indacaterol maleate	30/11/2009	COPD	St. George's Respiratory Questionnaire Transitional Dyspnoea Index	Both doses demonstrated statistically significant improvements in symptom relief over placebo for dyspnoea and health status (as evaluated by Transitional Dyspnoea Index [TDI] and St. George's Respiratory Questionnaire [SGRQ], respectively). The magnitude of response was generally greater than seen with active comparators (Table 2). In addition, patients treated with Onbrez Breezhaler required significantly less rescue medication, had more days when no rescue medication was needed compared to placebo and had a significantly improved percentage of days with no daytime symptoms. Pooled efficacy analysis over 6 months' treatment demonstrated that the rate of COPD exacerbations was statistically significantly lower than the placebo rate. Treatment comparison compared to placebo showed a ratio of rates of 0.68 (95% CI [0.47, 0.98]; p-value 0.036) and 0.74 (95% CI [0.56, 0.96]; p-value 0.026) for 150 microgram and 300 microgram, respectively.

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Onureg	azacitidine	17/06/2021	Acute myeloid leukaemia (AML)	Functional assessment of chronic illness therapy-fatigue scale (FACIT – fatigue scale); Five dimensions three levels (EQ-5D-3L) health utility index and visual analogue scale (VAS)	Health related quality of life (HRQoL) HRQoL was assessed using the Functional assessment of chronic illness therapy-fatigue scale (FACIT – fatigue scale) and the Five dimensions three levels (EQ-5D-3L) health utility index and visual analogue scale (VAS). At baseline, patients had a low level of fatigue and good level of HRQoL that were generally comparable to those of the general population of similar age. This level of HRQoL was maintained over time with Onureg, as compared to baseline, as well as to placebo. Both the time to definitive deterioration and the proportion of patients experiencing clinically meaningful deterioration was found to be similar between those receiving Onureg and placebo. Overall, the findings demonstrate that HRQoL was similar between Onureg treatment and placebo arms, with no clinically meaningful deterioration over time.
Orencia	abatacept	21/05/2007	Rheumatoid Arthritis	Health Assessment Questionnaire Disability Index SF-36	Improvement in physical function was measured by the Health Assessment Questionnaire Disability Index (HAQ-DI) in Studies II, III, IV, V, and VI and the modified HAQ-DI in Study I. The results from Studies II, III, and VI are shown in Table 5. Health-related quality of life was assessed by the SF-36 questionnaire at 6 months in Studies I, II, and III and at 12 months in Studies I and II. In these studies, clinically and statistically significant improvement was observed in the abatacept group as compared with the placebo group in all 8 domains of the SF-36 (4 physical domains: physical function, role physical, bodily pain, general health; and 4 mental domains: vitality, social function, role emotional, mental health), as well as the Physical Component Summary (PCS) and the Mental Component Summary (MCS). In Study VI, improvement was observed at 12 months in abatacept plus methotrexate group as compared with the methotrexate plus placebo group in both PCS and MCS, and was maintained through 2 years.
Orkambi	lumacaftor/ivacaftor	19/11/2015	Cystic Fibrosis	CFQ-R Respiratory Domain	The primary efficacy endpoint in both studies was the absolute change from baseline in ppFEV1 at week 24. Other efficacy variables included relative change from baseline in ppFEV1, absolute change from baseline in BMI, absolute change from baseline in CFQ-R Respiratory Domain the proportion of patients achieving ≥5% relative change from baseline in ppFEV1 at week 24, and the number of pulmonary exacerbations (including those requiring hospitalisation or IV antibiotic therapy) through week 24 [Data presented in Table]
Orladeyo	berotralstat dihydrochloride	30/04/2021	Hereditary angioedema (HAE)	Angioedema Quality of Life Questionnaire (AE-QoL)	Health-related quality of life : Patients receiving berotralstat 150 mg experienced an improvement in Angioedema Quality of Life Questionnaire (AE-QoL) total score and domain scores (functioning, fatigue/mood, fear/shame and nutrition) compared to the placebo group as shown in Table 3. A reduction of 6 points is considered a clinically meaningful improvement. The largest improvement was observed in the functioning score.
Otezla	apremilast	15/01/2015	Psoriatic arthritis	Health Assessment Questionnaire (HAQ-DI); SF-36	Apremilast-treated patients demonstrated statistically significant improvement in physical function, as assessed by the disability index of the health assessment questionnaire (HAQ-DI) change from baseline,compared to placebo at Weeks 16 in PALACE 1, PALACE 2 and PALACE 3 and in the pooled studies (Table 4). Improvement in HAQ-DI scores was maintained at Week 24. Among patients who were initially randomized to apremilast 30 mg twice daily treatment, the change from baseline in the HAQ-DI score at week 52 was -0.333 in the apremilast 30 mg twice daily group in a pooled analysis of the open label phase of studies PALACE 1, PALACE 2 and PALACE 3. In studies PALACE 1, PALACE 2 and PALACE 3, significant improvements were demonstrated in health-related quality of life, as measured by the changes from baseline in the physical functioning (PF) domain of the Short Form Health Survey version 2 (SF-36v2), and in the Functional Assessment of Chronic Illness Therapy – Fatigue (FACIT-fatigue) scores in patients treated with apremilast compared to placebo at Weeks 16 and 24. Among patients who remained on the apremilast treatment, to which they were initially randomized at study start, improvement in physical function and FACIT-fatigue was maintained through Week 52.

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Otezla	apremilast	15/01/2015	Psoriasis	Dermatology Life Quality Index; SF-36; Work Limitations Questionnaire	In Studies ESTEEM 1 and ESTEEM 2, significant improvements in quality of life as measured by the Dermatology Life Quality Index (DLQI) and the SF-36v2MCS were demonstrated in patients receiving apremilast compared with placebo-treated patients (Table 4). Improvements in DLQI were maintained through Week 52 in subjects who were re-randomized to apremilast at Week 32 (Table 5). In addition, in Study ESTEEM 1, significant improvement in the Work Limitations Questionnaire (WLQ-25) Index was achieved in patients receiving apremilast compared to placebo.
Paliperidone	paliperidone	05/12/2014	Schizophrenia	Personal and Social Performance (PSP) scale	The PSP is a validated clinician rated scale that measures personal and social functioning in four domains: socially useful activities (work and study), personal and social relationships, self-care and disturbing and aggressive behaviours. In a 13-week study (n=636) comparing three fixed doses of paliperidone prolonged release suspension for injection (initial deltoid injection of 150 mg followed by 3 gluteal or deltoid doses of either 25 mg/4 weeks, 100 mg/4 weeks or 150 mg/4 weeks) to placebo, all three doses of paliperidone prolonged release suspension for injection were superior to placebo in improving the PANSS total score. In this study, both the 100 mg/4 weeks and 150 mg /4 weeks, but not the 25 mg/4 weeks, treatment groups demonstrated statistical superiority to placebo for the PSP score. These results support efficacy across the entire duration of treatment and improvement in PANSS and was observed as early as day 4 with significant separation from placebo in the 25 mg and 150 mg paliperidone prolonged release suspension for injection groups by day 8.
Palynziq	Pegvaliase	3/5/2019	Phenylketonuria (PKU)	Profile of Mood States specific to PKU (PKU-POMS)	Symptoms of mood (confusion, fatigue, depression, tension-anxiety, vigour, and anger domains) were evaluated using the Profile of Mood States (POMS) tool that has been modified to be specific to PKU (PKU-POMS). The PKU-POMS confusion subscale (ranging from 0 to 12 points with higher scores indicating greater degree of impairment) was considered most sensitive to changes in blood phenylalanine levels. Results for PKU-POMS confusion subscale over time are shown in Table 4. Mean change from baseline PKU-POMS confusion subscale (suggesting improvement) was above MCID (defined as a reduction of at least 1) at Month 12 (n=130; a reduction of 1.6), Month 18 (n=123; a reduction of 2), Month 24 (n=117; a reduction of 2.2) and Month 36 (n=51; a reduction of 2.2). Impact blood phenylalanine reduction on ADHD inattention and PKU-POMS confusion: An analysis of ADHD inattention and PKU-POMS confusion subscales by change in blood phenylalanine from baseline quartiles showed that patients with the largest phenylalanine reductions experienced the greatest improvements in ADHD inattention and PKU-POMS confusion subscales.
Parsabiv	etelcalcetide	11/11/2016	Secondary hyperparathyroidism (SHPT)	Unknown (nausea and vomiting)	Key secondary endpoints were the proportion of patients who achieved > 50% and > 30% reductions from baseline in mean PTH during the EAP and the mean number of days of vomiting or nausea per week in the first 8 weeks, sequentially tested for superiority. No statistically significant difference between the two groups was observed for the secondary endpoint evaluating the mean number of days of vomiting or nausea per week in the first 8 weeks.

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Phesgo	Pertuzumab and trastuzumab combination	17/12/20	Breast Cancer	EORTC QLQ-30; EORTC QLQ-BR23	Patient reported Outcomes (PRO): Secondary endpoints included the assessment of patient-reported global health status, role and physical function, and treatment symptoms using the EORTC QLQ-C30 and EORTC QLQ-BR23 questionnaires. In the analyses of patient-reported outcomes, a 10-point difference was considered clinically meaningful. Patients' physical function, global health status and diarrhoea scores showed a clinically meaningful change during chemotherapy in both treatment arms. The mean decrease from baseline at that time for physical function was - 10.7 (95 % CI - 11.4; - 10.0) in the pertuzumab arm and - 10.6 (95% CI - 11.4; - 9.9) in the placebo arm; global health status was - 11.2 (95 % CI - 12.2; - 10.2) in the pertuzumab arm and - 10.2 (95 % CI - 11.1; - 9.2) in the placebo arm. Change in diarrhoea symptoms increased to + 22.3 (95 % CI 21.0; 23.6) in the pertuzumab arm versus + 9.2 (95 % CI 8.2; 10.2) in the placebo arm. Thereafter in both arms physical function and global health status scores returned to baseline levels during targeted treatment. Diarrhoea symptoms returned to baseline after HER2 therapy in the pertuzumab arm. The addition of pertuzumab to trastuzumab plus chemotherapy did not affect patients' overall role function over the course of the study.
Picato	ingenol	15/11/2012	Actinic Keratosis	Treatment Satisfaction Questionnaire for Medication (TSQM)	Statistically significant differences in patient reported outcomes were observed in favour of patients receiving Picato compared to those receiving vehicle gel. Higher mean patient global satisfaction scores, indicating a higher level of overall satisfaction, were seen in the ingenol mebutate groups compared to the vehicle groups ($p<0.001$) as measured by the Treatment Satisfaction Questionnaire for Medication (TSQM).
Pregabalin Pfizer	pregabalin	10/04/2014	Neuropathic pain	Unknown pain score	In clinical trials up to 12 weeks for both peripheral and central neuropathic pain, a reduction in pain was seen by week 1 and was maintained throughout the treatment period. In controlled clinical trials in peripheral neuropathic pain 35% of the pregabalin treated patients and 18% of the patients on placebo had a 50% improvement in pain score. For patients not experiencing somnolence, such an improvement was observed in 33% of patients treated with pregabalin and 18% of patients on placebo. For patients who experienced somnolence the responder rates were 48% on pregabalin and 16% on placebo. In the controlled clinical trial in central neuropathic pain 22% of the Pregabalin treated patients and 7% of the patients on placebo had a 50% improvement in pain score.
Pregabalin Pfizer	pregabalin	10/04/2014	Generalised anxiety	Hamilton Anxiety Rating Scale (HAM-A)	Relief of the symptoms of GAD as reflected by the Hamilton Anxiety Rating Scale (HAM-A) was observed by Week 1. In controlled clinical trials (4-8 week duration) 52% of the pregabalin treated patients and 38% of the patients on placebo had at least a 50% improvement in HAM-A total score from baseline to endpoint.
Privigen	human normal immunoglobulin	25/04/2008	Immunomodulation; Primary immune thrombocytopenia (ITP), Guillain-Barré syndrome, Kawasaki disease, Chronic inflammatory demyelinating polyneuropathy (CIDP)	Neuropathy Cause and Treatment Scale	In the CIDP study, a multicentre open label trial (Privigen impact on mobility and autonomy PRIMA study), patients (who have previously either received IVIG or not) were treated with a Privigen starting dose of 2g/kg bw given over 2-5 days followed by 6 maintenance doses of 1g/kg bw over 1-2 days every three weeks. Previously treated patients were withdrawn from IVIG until confirmed deterioration before start of Privigen. On the adjusted 10 point INCAT (Inflammatory Neuropathy Cause and Treatment) scale an improvement of at least 1-point from baseline to treatment week 25 was observed in 17 out of 28 patients. The INCAT responder rate was 60.7% (95% confidence interval [42.41, 76.4]). 9 patients responded after receiving the initial induction dose, 16 patients responded by week 10.
Qutenza	capsaicin	15/05/2009	Peripheral neuropathic pain	Pain measure; scale unknown	Pain reduction was observed as early as week 1 and was maintained throughout the 12-week study period.

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Ranexa	ranolazine	09/07/2008	Angina	The Seattle Angina Questionnaire	The Seattle Angina Questionnaire showed significant effects on several dimensions, including angina frequency ($p < 0.001$), compared to placebo-treated patients.
Ranexa	ranolazine	09/07/2008	Angina	Exercise tolerance	Ranexa was significantly superior to placebo in prolonging exercise time, time to angina, and time to 1 mm ST segment depression at all doses studied with an observed dose-response relationship. Improvement of exercise duration was statistically significant compared to placebo for all three doses of ranolazine from 24 seconds at 500 mg twice daily to 46 seconds at 1500 mg twice daily, showing a dose-related response. In this study, exercise duration was longest in the 1500 mg group; however, there was a disproportional increase in side effects, and the 1500 mg dose was not studied further.
Rasagiline ratiopharm	rasagiline	12/01/2015	Parkinson Disease	Unified Parkinson's Disease Rating Scale (UPDRS, parts I-III)	the primary measure of efficacy was the change from baseline in the total score of the Unified Parkinson's Disease Rating Scale (UPDRS, parts I-III). The difference between the mean change from baseline to week 26/termination (LOCF, Last Observation Carried Forward) was statistically significant (UPDRS, parts I-III: for rasagiline 1 mg compared to placebo -4.2, 95% CI [-5.7, -2.7]; p
Rasagiline ratiopharm	rasagiline	12/01/2015	Parkinson Disease	Home diaries; Activities of Daily Living subscale scores	The primary measure of efficacy was the change from baseline to treatment period in the mean number of hours that were spent in the "OFF" state during the day (determined from "24-hour" home diaries completed for 3 days prior to each of the assessment visits). In study II, the mean difference in the number of hours spent in the "OFF" state compared to placebo was -0.78h, 95% CI [-1.18, -0.39], p=0.0001. The mean total daily decrease in the OFF time was similar in the entacapone group (-0.80h, 95% CI [-1.20, -0.41], p
Remicade	infliximab	13/08/1999	Psoriatic arthritis	Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36)	Infliximab-treated patients demonstrated significant improvement in physical function as assessed by HAQ. Significant improvements in health-related quality of life were also demonstrated as measured by the physical and mental component summary scores of the SF-36 in IMPACT 2.
Remsima	infliximab	10/09/2013	Ankylosing spondylitis, rheumatoid arthritis, ulcerative colitis, psoriatic arthritis, Crohn's disease, psoriasis	IBDQ, SF-36	In ACT 1 and ACT 2, infliximab improved quality of life, confirmed by statistically significant improvement in both a disease specific measure, IBDQ, and by improvement in the generic 36-item short form survey SF-36.
Resolor	prucalopride	15/10/2009	Chronic constipation	PAC SYM, PAC QOL	In all three studies, treatment with prucalopride also resulted in significant improvements in a validated and disease specific set of symptom measures (PAC SYM), including abdominal (bloating, discomfort, pain and cramps), stool (incomplete bowel movements, false alarm, straining, too hard, too small) and rectal symptoms (painful bowel movements, burning, bleeding/tearing), determined at week 4 and week 12. A significant benefit on a number of Quality of Life measures, such as degree of satisfaction with treatment and with bowel habits, physical and psychosocial discomfort and worries and concerns, was also observed at both the 4 and 12 week assessment time points. At Week 4, the proportion of patients with an improvement of ≥1 versus baseline in the Patient Assessment of Constipation-Quality of Life satisfaction subscale (PAC-QOL) was 47.7% in patients treated with prucalopride 2 mg compared with 20.2% in patients on placebo. Similar results were observed at Week 12: 46.9% in 2 mg prucalopride patients versus 19.0% in placebo patients ($p<0.001$ vs. placebo).
Revlimid	lenalidomide	14/06/2007	Myelodysplastic Syndromes	Unknown	Additional endpoints of the study included cytogenetic response (in the 10 mg arm major and minor cytogenetic responses were observed in 30.0% and 24.0% of subjects, respectively), assessment of Health Related Quality of Life (HRQoL) and progression to acute myeloid leukaemia. Results of the cytogenetic response and HRQoL were consistent with the findings of the primary endpoint and in favour of lenalidomide treatment compared to placebo.

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Riarify	beclometasone dipropionate anhydrous / formoterol fumarate dihydrate / glycopyrronium	23/04/2018	COPD	Saint George Respiratory Questionnaire (SGRQ)	Riarify was also statistically significantly superior to both a fixed combination of beclometasone dipropionate and formoterol and to tiotropium in terms of improvement in quality of life (measured by the Saint George Respiratory Questionnaire – SGRQ - total score). A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (reduction versus baseline of greater than or equal to 4) after 26 and 52 weeks with Riarify than with a fixed combination of beclometasone dipropionate and formoterol and with tiotropium.
Rivastigmine 1 A Pharma	rivastigmine	11/12/2009	Alzheimer's dementia	ADAS-Cog (Alzheimer's Disease Assessment Scale – Cognitive subscale), the CIBIC-Plus (Clinician's Interview Based Impression of Change-Plus), and the PDS (Progressive Deterioration Scale)	The results for clinically relevant responders pooled from two flexible dose studies out of the three pivotal 26-week multicentre studies in patients with mild-to-moderately severe Alzheimer's Dementia, are provided in Table 4 below. Clinically relevant improvement in these studies was defined a priori as at least 4-point improvement on the ADAS-Cog, improvement on the CIBIC-Plus, or at least a 10% improvement on the PDS.

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Rixathon	Rituximab	15/06/2017	Rheumatoid Arthritis	American College of Rheumatology 20 criteria (ACR 20), including Health Assessment Questionnaire (HAQ)-Disability Index (DI); Functional Assessment Of Chronic Illness Therapy-Fatigue And Fatigue Scale (FACIT-F And FACIT-Fatigue); Disease Activity Score (DAS/DAS-28), and SF-36 Health Survey (SF-36)	Rituximab in combination with methotrexate significantly increased the proportion of patients achieving at least a 20% improvement in ACR score compared with patients treated with methotrexate alone. Across all development studies the treatment benefit was similar in patients independent of age, gender, body surface area, race, number of prior treatments or disease status. Clinically and statistically significant improvement was also noted on all individual components of the ACR response (tender and swollen joint counts, patient and physician global assessment, disability index scores (HAQ), pain assessment and C-Reactive Proteins (mg/dL). Patients treated with rituximab in combination with methotrexate had a significantly greater reduction in disease activity score (DAS28) than patients treated with methotrexate alone. Similarly, a good to moderate European League Against Rheumatism (EULAR) response was achieved by significantly more rituximab treated patients treated with rituximab and methotrexate compared to patients treated with methotrexate alone. Significant reductions in disability index (HAQ-DI) and fatigue (FACIT-Fatigue) scores were observed in patients treated with rituximab compared to patients treated with methotrexate alone. The proportions of rituximab treated patients showing a minimal clinically important difference (MCID) in HAQ-DI (defined as an individual total score decrease of > 0.22) was also higher than among patients receiving methotrexate alone. Significant improvement in health related quality of life was also demonstrated with significant improvement in both the physical health score (PHS) and mental health score (MHS) of the SF-36. Further, significantly higher proportion of patients achieved MCIDs for these scores. Efficacy outcomes in rituximab treated patients were analysed based on autoantibody status prior to commencing treatment. At week 24, patients who were seropositive to RF and/or anti-CCP at baseline had a significantly increased probability of achieving ACR20 and 50 responses compared to seronegative patients (p=0.0312 and p=0.0096). These findings were replicated at week 48, where autoantibody seropositivity also significantly increased the probability of achieving ACR70. At week 48 seropositive patients were 2-3 times more likely to achieve ACR responses compared to seronegative patients. Seropositive patients also had a significantly greater decrease in DAS28-ESR compared to seronegative patients. Treatment with rituximab in combination with methotrexate over multiple courses resulted in sustained improvements in the clinical signs and symptoms of RA, as indicated by ACR, DAS28-ESR and EULAR responses which was evident in all patient populations studied. Sustained improvement in physical function as indicated by the HAQ-DI score and the proportion of patients achieving MCID for HAQ-DI were observed.

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Riximyo	rituximab	15/06/2017	Rheumatoid Arthritis	American College of Rheumatology 20 criteria (ACR 20), including Health Assessment Questionnaire (HAQ)-Disability Index (DI); Functional Assessment Of Chronic Illness Therapy-Fatigue And Fatigue Scale (FACIT-F And FACIT-Fatigue); Disease Activity Score (DAS/DAS-28), and SF-36 Health Survey (SF-36)	Rituximab in combination with methotrexate significantly increased the proportion of patients achieving at least a 20% improvement in ACR score compared with patients treated with methotrexate alone. Across all development studies the treatment benefit was similar in patients independent of age, gender, body surface area, race, number of prior treatments or disease status. Clinically and statistically significant improvement was also noted on all individual components of the ACR response (tender and swollen joint counts, patient and physician global assessment, disability index scores (HAQ), pain assessment and C-Reactive Proteins (mg/dL). Patients treated with rituximab in combination with methotrexate had a significantly greater reduction in disease activity score (DAS28) than patients treated with methotrexate alone. Similarly, a good to moderate European League Against Rheumatism (EULAR) response was achieved by significantly more rituximab treated patients treated with rituximab and methotrexate compared to patients treated with methotrexate alone. Significant reductions in disability index (HAQ-DI) and fatigue (FACIT-Fatigue) scores were observed in patients treated with rituximab compared to patients treated with methotrexate alone. The proportions of rituximab treated patients showing a minimal clinically important difference (MCID) in HAQ-DI (defined as an individual total score decrease of > 0.22) was also higher than among patients receiving methotrexate alone. Significant improvement in health related quality of life was also demonstrated with significant improvement in both the physical health score (PHS) and mental health score (MHS) of the SF-36. Further, significantly higher proportion of patients achieved MCIDs for these scores. Efficacy outcomes in rituximab treated patients were analysed based on autoantibody status prior to commencing treatment. At week 24, patients who were seropositive to RF and/or anti-CCP at baseline had a significantly increased probability of achieving ACR20 and 50 responses compared to seronegative patients (p=0.0312 and p=0.0096). These findings were replicated at week 48, where autoantibody seropositivity also significantly increased the probability of achieving ACR70. At week 48 seropositive patients were 2-3 times more likely to achieve ACR responses compared to seronegative patients. Seropositive patients also had a significantly greater decrease in DAS28-ESR compared to seronegative patients. Treatment with rituximab in combination with methotrexate over multiple courses resulted in sustained improvements in the clinical signs and symptoms of RA, as indicated by ACR, DAS28-ESR and EULAR responses which was evident in all patient populations studied. Sustained improvement in physical function as indicated by the HAQ-DI score and the proportion of patients achieving MCID for HAQ-DI were observed.
Rizmoic	Naldemedine tosilate	18/02/2019	Cancer and opioid induced constipation	Bowel function diary - not specified	The primary endpoint for Study V9236 and the secondary endpoint, without multiplicity adjustment, for Study V9222 were the proportion of SBM responders during the 2-week Treatment Period. A responder was defined as a patient with ≥3 frequency of SBMs per week and an increase from baseline ≥1 SBM per week during the 2-week Treatment Period. Table 5.

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Rizmoic	Naldemedine tosilate	18/02/2019	Chronic non-cancer pain and opioid induced constipation	Bowel function diary - not specified	The primary endpoint for Studies V9231 and V9232 was the proportion of SBM responders, defined as: ≥3 SBMs per week and a change from baseline of ≥1 SBM per week for at least 9 out of the 12 study weeks and 3 out of the last 4 weeks. The primary efficacy endpoint for Study V9235 was the change in the frequency of BMs per week from baseline to Weeks 12, 24, 36 and 52. There was a statistically significant difference for naldemedine treatment group versus placebo for the primary endpoint in Studies V9231 and V9232 (see Table 3). There were 4 secondary endpoints in Studies V9231 and V9232 (see Table 3). For Study V9235, the efficacy of naldemedine vs. placebo was assessed as secondary endpoints by the frequency of BMs as presented in Table 4. For Study V9235, long term efficacy data defined as the change in frequency of BMs at week 52 from baseline, assessed as a secondary endpoint, showed that subjects in the naldemedine group had improvements in the frequency of BMs compared with subjects in the placebo group in both LIR (3.10 vs 1.90, p=0.0210) and non-LIR (4.26 vs 3.39, p=0.1349) subgroups.
RoActemra	tocilizumab	16/01/2009	Rheumatoid arthritis	HAQ-DI, SF-36, FACIT	Tocilizumab-treated patients reported an improvement in all patient-reported outcomes (Health Assessment Questionnaire Disability Index - HAQ-DI), Short Form-36 and Functional Assessment of Chronic Illness Therapy questionnaires. Statistically significant improvements in HAQ-DI scores were observed in patients treated with RoActemra compared with patients treated with DMARDs. During the open-label period of Study II, the improvement in physical function has been maintained for up to 2 years. At Week 52, the mean change in HAQ-DI was -0.58 in the tocilizumab 8 mg/kg plus MTX group compared with -0.39 in the placebo + MTX group. The mean change in HAQ-DI was maintained at Week 104 in the tocilizumab 8 mg/kg plus MTX group (-0.61).
Rolufta	umeclidinium bromide	20/03/2017	Chronic Obstructive Pulmonary Disease (COPD)	Transitional Dyspnea Index (TDI)	In the 12-week study, a statistically significant improvement compared with placebo in the TDI focal score at Week 12 was not demonstrated for Rolufta (1.0 units, p=0.05). A statistically significant improvement compared with placebo in the TDI focal score at Week 24 was demonstrated for Rolufta (1.0 units, p<0.001) in the 24-week study. The proportion of patients who responded with at least the minimum clinically important difference (MCID) of 1 unit TDI focal score at Week 12 was greater for Rolufta (38%) compared with placebo (15%) in the 12-week study. Similarly, a greater proportion of patients achieved ≥1 unit TDI focal score for Rolufta (53%) compared with placebo (41%) at Week 24 in the 24-week study.
Rolufta	umeclidinium bromide	23/03/2017	Chronic Obstructive Pulmonary Disease (COPD)	St. George's Respiratory Questionnaire (SGRQ)	Rolufta also demonstrated a statistically significant improvement in health-related quality of life measured using the St. George's Respiratory Questionnaire (SGRQ) as indicated by a reduction in SGRQ total score at Week 12 compared with placebo (-7.90 units, p<0.001) in the 12-week study. A greater improvement compared with placebo in the change from baseline in SGRQ total score at Week 24 was demonstrated for Rolufta (-4.69 units, p<0.001*) in the 24-week study. The proportion of patients who responded with at least the MCID in SGRQ score (defined as a decrease of 4 units from baseline) at Week 12 was greater for Rolufta 55 micrograms (44%) compared with placebo (26%) in the 12-week study. Similarly, a greater proportion of patients achieved at least the MCID for Rolufta at Week 24 (44%) compared with placebo (34%) in the 24-week study.

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Ruxience	Rituximab	1/4/2020	Rheumatoid Arthritis	HAQ-DI, FACIT-Fatigue, SF-36	Physical function and quality of life outcomes: Significant reductions in disability index (HAQ-DI) and fatigue (FACIT-Fatigue) scores were observed in patients treated with rituximab compared to patients treated with methotrexate alone. The proportions of rituximab treated patients showing a minimal clinically important difference (MCID) in HAQ-DI (defined as an individual total score decrease of > 0.22) was also higher than among patients receiving methotrexate alone (Table 14). Significant improvement in health related quality of life was also demonstrated with significant improvement in both the physical health score (PHS) and mental health score (MHS) of the SF-36. Further, a significantly higher proportion of patients achieved MCIDs for these scores (Table 14). Long-term efficacy with multiple course therapy: Sustained improvement in physical function as indicated by the HAQ-DI score and the proportion of patients achieving MCID for HAQ-DI were observed.
Selincro	nalmefene hydrochloride dihydrate	25/02/2013	Reduction of alcohol consumption	Alcohol Dependence Scale	The efficacy of Selincro was measured using two co-primary endpoints: the change from baseline to Month 6 in the monthly number of heavy drinking days (HDDs) and the change from baseline to Month 6 in the daily total alcohol consumption (TAC). An HDD was defined as a day with a consumption ≥60g of pure alcohol for men and ≥40g for women. The clinical efficacy and the clinical relevance of Selincro were analysed in patients with a high or very high DRL at screening and randomisation. At baseline, the patients had, on average, 23 HDDs per month (11% of patients had fewer than 14 HDDs per month) and consumed 106 g/day. The majority of the patients had low (55% had a score of 0-13) or intermediate (36% had a score of 14-21) alcohol dependence according to the Alcohol Dependence Scale.
Senshio	ospemifene	15/01/2015	Symptomatic vulvar and vaginal atrophy in post-menopausal women	Most Bothersome Scale (MBS)	The most bothersome symptom (MBS) was assessed at baseline, 4 and 12 weeks with the severity scored as follows: None=0, Mild=1, Moderate=2, Severe=3. Table 1 shows the mean change in severity score in MBS after 12 weeks with the associated statistical testing for the difference vs. placebo for Trials 1 and 2. Table 2 shows the percentage of subjects who reported a change in their MBS at week 12. "Improvement" was defined as a reduction in the severity score of 1 or more. "Relief was defined as no or only mild symptoms at week 12. "Substantial improvement" was restricted to patients who had moderate or severe MBS at baseline and changed from severe to mild or severe or moderate to none. A trend was observed in both trials in the improvement of MBS from baseline to week 4 in favour of ospemifene compared to placebo, although the difference was not statistically significant.

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Silodosin Recordati	Silodosin	7/1/2019	Prostatic Hyperplasia	International Prostate Symptom Score (IPSS)	Over 800 patients with moderate to severe symptoms of BPH (International Prostate Symptom Score, IPSS, baseline value = 13) received silodosin 8 mg once daily in two Phase III placebo-controlled clinical studies conducted in the United States and in one placebo- and active-controlled clinical study conducted in Europe. In all studies, patients who did not respond to placebo during a 4-week placebo run-in phase were randomised to receive the study treatment. In all studies, patients treated with silodosin had a greater decrease in both storage (irritative) and voiding (obstructive) symptoms of BPH as compared to placebo as assessed after 12weeks of treatment. In the active-controlled clinical study conducted in Europe, silodosin 8 mg once daily was shown to be non inferior to tamsulosin 0.4 mg once daily: the adjusted mean difference (95% CI) in the IPSS Total Score between treatments in the per-protocol population was 0.4 (-0.4 to 1.1). The responder rate (i.e. improvement in the IPSS total score by at least 25%) was significantly higher in the silodosin (68%) and tamsulosin group (65%), as compared to placebo (53%). In the long-term open-label extension phase of these controlled studies, in which patients received silodosin for up to 1 year, the symptom improvement induced by silodosin at week 12 of treatment was maintained over 1 year. In a Phase IV clinical trial performed in Europe, with a mean baseline IPSS total score of 18.9 points, 77.1%were responders to silodosin (as assessed by a change from baseline in the IPSS total score of at least 25%). Approximately half of the patients reported an improvement in the most bothersome symptoms complained at baseline by the patients (i.e. nocturia, frequency, decreased stream, urgency, terminal dribbling and incomplete emptying), as assessed by the ICS-male questionnaire.
Silodyx	silodosin	29/01/2010	Benign prostatic hyperplasia (BPH)	International Prostate Symptom Score, IPSS	In the active-controlled clinical study conducted in Europe, silodosin 8 mg once daily was shown to be non inferior to tamsulosin 0.4 mg once daily: the adjusted mean difference (95 % CI) in the IPSS Total Score between treatments in the per-protocol population was 0.4 (-0.4 to 1.1). The responder rate (i.e. improvement in the IPSS total score by at least 25 %) was significantly higher in the silodosin (68 %) and tamsulosin group (65 %), as compared to placebo (53%).
Simponi	golimumab	01/10/2009	Rheumatoid arthritis	HAQ, SF-36	Physical function and disability were assessed as a separate endpoint in GO-FORWARD and GO-AFTER using the disability index of the HAQ. In these studies, Simponi demonstrated clinically meaningful and statistically significant improvement in HAQ from baseline versus control at week 24. Among patients who remained on the Simponi treatment to which they were randomised at study start, improvement in HAQ was maintained through week 104. In GO-FORWARD clinically meaningful and statistically significant improvements were demonstrated in health-related quality of life as measured by the physical component score of the SF-36 in patients treated with Simponi versus placebo at week 24. Among patients who remained on the Simponi treatment to which they were randomised at study start, improvement of the SF-36 physical component was maintained through week 104. In GO-FORWARD and GO-AFTER, statistically significant improvements were observed.
Skilarence	dimethyl fumarate	23/06/2017	Plaque psoriasis	Psoriasis Area and Severity Index (PASI)	"After 16 weeks of treatment, Skilarence was found to be superior to placebo ($p<0.0001$) based on PASI 75 and PGA score clear or almost clear and non-inferior (using a non inferiority margin of -15%) to the active comparator ($p<0.0003$) based on PASI 75. There was a trend in the efficacy endpoint PASI score mean % change from baseline, indicating the onset of a clinical response to Skilarence as early as week 3 (-11.8%) which became statistically significant compared to placebo by week 8 (-30.9%). Further improvement was seen by week 16 (-50.8%). Rebound (defined as worsening of ≥125% of baseline PASI value) was assessed after 2 months off treatment and was shown not to be a clinical concern with fumaric acid esters, as it was documented in very few patients (Skilarence 1.1% and active comparator 2.2%, compared to 9.3% in the placebo group). "

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Skilarence	dimethyl fumarate	23/06/2017	Plaque psoriasis	Physician's Global Assessment (PGA)	After 16 weeks of treatment, Skilarence was found to be superior to placebo (p<0.0001) based on PASI 75 and PGA score clear or almost clear and non-inferior (using a non-inferiority margin of -15%) to the active comparator (p<0.0003) based on PASI 75.
Skilarence	dimethyl fumarate	23/06/2017	Plaque psoriasis	Dermatology Life Quality Index (DLQI)	The benefits of treatment with Skilarence were also supported by patient self-perceived improvements in their quality of life. At week 16, patients treated with Skilarence had a lower mean DLQI compared to placebo (5.4 vs 8.8).
Skyrizi	Risankizumab	26/04/2019	Moderate to severe plaque psoriasis	Psoriasis Symptom Scale (PSS); Disease Life Quality Index (DLQI)	Overall, subjects had a median baseline PASI score of 17.8, a median BSA of 20.0%, and a median baseline DLQI score of 13.0. Baseline sPGA score was severe in 19.3% of subjects and moderate in 80.7% of subjects. A total of 9.8% of study subjects had a history of diagnosed psoriatic arthritis. Table 2: Efficacy and quality of life results in adults with plaque psoriasis in ULTIMMA-1 and ULTIMMA-2. Table 4: Efficacy and quality of life results at week 16 in adults with plaque psoriasis in IMMVENT.
Soliris	eculizumab	20/06/2007	Paroxysmal nocturnal haemoglobinuria (PNH); Atypical haemolytic uremic syndrome (aHUS)	Unknown	Four of the five patients who required dialysis at study entry were able to discontinue dialysis for the duration of Soliris treatment, and one patient developed a new dialysis requirement. Patients reported improved health-related quality of life (QOL).

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Solymbic	adalimumab	22/03/2017	Rheumatoid arthritis	American College Of Rheumatology 20 Criteria (ACR20) including the Health Assessment Questionnaire (HAQ) Disability Index; patient assessment of disease activity; patient assessment of pain; SF-36; Functional Assessment of Chronic Illness Therapy (FACIT)	In RA studies I-IV, all individual components of the ACR response criteria (number of tender and swollen joints, physician and patient assessment of disease activity and pain, disability index (HAQ) scores and CRP (mg/dL) values) improved at 24 or 26 weeks compared to placebo. In RA study III, these improvements were maintained throughout 52 weeks. In RA study IV, the ACR 20 response of patients treated with adalimumab plus standard of care was statistically significantly better than patients treated with placebo plus standard of care ($p < 0.001$). In RA studies I-IV, adalimumab -treated patients achieved statistically significant ACR 20 and 50 responses compared to placebo as early as one to two weeks after initiation of treatment. In RA study V with early rheumatoid arthritis patients who were methotrexate naïve, combination therapy with adalimumab and methotrexate led to faster and significantly greater ACR responses than methotrexate monotherapy and adalimumab monotherapy at week 52 and responses were sustained at week 104. Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, 27 which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment.
Solymbic	adalimumab	22/03/2017	"Enthesitis-related arthritis "	American College Of Rheumatology 20/50/70 Criteria (ACR20/50/70) including the Health Assessment Questionnaire (HAQ) Disability Index; patient assessment of disease activity; patient assessment of pain	Although not statistically significant, the majority of patients demonstrated clinical improvement in secondary endpoints such as number of sites of enthesitis, tender joint count (TJC), swollen joint count (SJC), paediatric ACR 50 response, and paediatric ACR 70 response.

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Solymbic	adalimumab	22/03/2017	Ankylosing Spondylitis	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); AnkyloAnkylosing Spondylitis Quality of Life Questionnaire (ASQoL); SF-36; Assessments in Ankylosing Spondylitis (ASAS)	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double-blind, placebo-controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy. Seventy-nine (20.1%) patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 37 (9.4%) patients with glucocorticoids. The blinded period was followed by an open-label period during which patients received adalimumab 40 mg every other week subcutaneously for up to an additional 28 weeks. Subjects (n = 215, 54.7%) who failed to achieve ASAS 20 at weeks 12, or 16 or 20 received early escape open-label adalimumab 40 mg every other week subcutaneously and were subsequently treated as non-responders in the double-blind statistical analyses. In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks. Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL). Similar trends (not all statistically significant) were seen in the smaller randomised, double-blind, placebo controlled AS study II of 82 adult patients with active ankylosing spondylitis.
Solymbic	adalimumab	22/03/2017	Axial spondyloarthritis without radiographic evidence of AS	Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); SF-36; Health Assessment Questionnaire for Spondyloarthropathies (HAQ-S)	Adalimumab 40 mg every other week was assessed in 185 patients in one randomised, 12 week double-blind, placebo-controlled study in patients with active non-radiographic axial spondyloarthritis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contraindication for NSAIDs. Thirty-three (18%) of patients were treated concomitantly with disease-modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an open-label period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. Week 12 results showed statistically significant improvement of the signs and symptoms of active non-radiographic axial spondyloarthritis in patients treated with adalimumab compared to placebo. In the open-label extension, improvement in the signs and symptoms was maintained with adalimumab therapy through week 156. Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Solymbic	adalimumab	22/03/2017	Psoriatic Arthritis	Health Assessment Questionnaire (HAQ); SF-36	In subjects treated with adalimumab with no radiographic progression from baseline to week 48 (n = 102), 84% continued to show no radiographic progression through 144 weeks of treatment. Adalimumab-treated patients demonstrated statistically significant improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36) compared to placebo at week 24. Improved physical function continued during the open-label extension up to week 136.

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Solymbic	adalimumab	22/03/2017	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements at week 16 from baseline compared to placebo (studies I and II) and MTX (study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.
Solymbic	adalimumab	22/03/2017	Hidradenitis suppurativa	Pain Numeric Rating Scale; Dermatology Life Quality Index (DLQI); SF-36; Treatment Satisfaction Questionnaire-Medication (TSQM)	Reduction of inflammatory lesions and prevention of worsening of abscesses and draining fistulas was assessed using Hidradenitis Suppurativa clinical response (HiSCR; at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count relative to Baseline). Reduction in HS-related skin pain was assessed using a Numeric Rating Scale in patients who entered the study with an initial baseline score of 3 or greater on a 11 point scale. At week 12, a significantly higher proportion of patients treated with adalimumab versus placebo achieved HiSCR. At week 12, a significantly higher proportion of patients in study HS-II experienced a clinically relevant decrease in HS-related skin pain. Patients treated with adalimumab had significantly reduced risk of disease flare during the initial 12 weeks of treatment. Treatment with adalimumab 40 mg every week significantly reduced the risk of worsening of abscesses and draining fistulas. Approximately twice the proportion of patients in the placebo group in the first 12 weeks of Studies HS-I and HS-II, compared with those in the adalimumab group experienced worsening of abscesses (23.0 % vs 11.4 %, respectively) and draining fistulas (30.0 % vs 13.9 %, respectively). Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire-medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (study HS-I).
Solymbic	adalimumab	22/03/2017	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	In CD study I and CD study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD study III as well among the adalimumab treatment groups compared to the placebo group.
Solymbic	adalimumab	22/03/2017	Paediatric Crohn's disease	Paediatric Crohn's Disease Activity Index (PCDAI)	Statistically and clinically significant improvements from baseline were also observed in both treatment groups for quality of life parameters (including IMPACT III).
Solymbic	adalimumab	22/03/2017	Ulcerative Colitis	Inflammatory Bowel Disease Questionnaire (IBDQ)	In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Solymbic	adalimumab	22/03/2017	Uveitis	National Eye Institute Visual Function Questionnaire (NEI VFQ-25)	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in study UV I, and for general vision and mental health in study UV II. vision related effects were not numerically in favour of adalimumab for colour vision in study UVI and for colour vision, peripheral vision and near vision in study UV II.

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Spedra	avanafil	21/06/2013	erectile dysfunction	Sexual Encounter Profile 3	In the Time to onset study, avanafil demonstrated statistically significant improvement in the primary efficacy variable (average per subject proportion of successful responses by time after dose administration, to the Sexual Encounter Profile 3 - SEP3) as compared with placebo, resulting in successful intercourse in 24.71% of the attempts for the 100 mg dose and 28.18% for the 200 mg dose at approximately 15 minutes after dosing compared to 13.78% for placebo.
Spherox	spheroids of human autologous matrix-associated chondrocytes	10/07/2017	Articular cartilage defects	Knee Injury and Osteoarthritis Outcome Score (KOOS)	As part of the interim analysis, the assessment of the 'overall KOOS' for the intention-to-treat (ITT) population showed that both treatments yielded a statistically significant improvement relative to baseline. For the patients treated with Spherox the mean overall KOOS (scale of 0-100) increased from 56.6 ± 15.4 at baseline to 78.7 ± 18.6 at the follow-up visit 12 months after treatment. For patients treated by microfracture the mean overall KOOS increased from 51.7 ± 16.5 to 68.1 ± 18.6 ($p < 0.0001$ in both cases).
Spherox	spheroids of human autologous matrix-associated chondrocytes	10/07/2017	Articular cartilage defects	International Knee Documentation Committee (IKDC; subjective evaluation of the knee)	IKDC subscores as well as results from the IKDC Current Health Assessment Form and the modified Lysholm score also revealed overall improvements from baseline in both treatment groups with numerically slightly better results in the Spherox group but with no statistical significance.
Spherox	spheroids of human autologous matrix-associated chondrocytes	10/07/2017	Articular cartilage defects	modified Lysholm scale	IKDC subscores as well as results from the IKDC Current Health Assessment Form and the modified Lysholm score also revealed overall improvements from baseline in both treatment groups with numerically slightly better results in the Spherox group but with no statistical significance.
Stelara	ustekinumab	16/01/2009	Plaque psoriasis	Dermatology Life Quality Index (DLQI); SF-36; Visual Analogue Scale (VAS); Hospital Anxiety and Depression Scale (HADS) and Work Limitations Questionnaire (WLQ).	Baseline disease characteristics were generally consistent across all treatment groups in Psoriasis Studies 1 and 2 with a median baseline PASI score from 17 to 18, median baseline Body Surface Area (BSA) ≥ 20, and median Dermatology Life Quality Index (DLQI) range from 10 to 12. In Psoriasis Study 1, at Week 2 and Week 12, significantly greater improvements from baseline were demonstrated in the DLQI in each ustekinumab treatment group compared with placebo. The improvement was sustained through Week 28. Similarly, significant improvements were seen in Psoriasis Study 2 at Week 4 and 12, which were sustained through Week 24. In Psoriasis Study 1, improvements in nail psoriasis (Nail Psoriasis Severity Index), in the physical and mental component summary scores of the SF-36 and in the Itch Visual Analogue Scale (VAS) were also significant in each ustekinumab treatment group compared with placebo. In Psoriasis Study 2, the Hospital Anxiety and Depression Scale (HADS) and Work Limitations Questionnaire (WLQ) were also significantly improved in each ustekinumab treatment group compared with placebo.

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Stelara	ustekinumab	16/01/2009	Psoriatic arthritis	Disability Index of the Health Assessment Questionnaire; Dermatology Life Quality Index (DLQI); Functional Assessment of Chronic Illness Therapy-Fatigue	Ustekinumab-treated patients showed significant improvement in physical function as assessed by the Disability Index of the Health Assessment Questionnaire (HAQ-DI) at Week 24. The proportion of patients achieving a clinically meaningful ≥ 0.3 improvement in HAQ-DI score from baseline was also significantly greater in the ustekinumab groups when compared with placebo. Improvement in HAQDI score from baseline was maintained through Weeks 52 and 100. There was significant improvement in DLQI scores in the ustekinumab groups as compared with placebo at Week 24, which was maintained through Weeks 52 and 100. In PsA Study 2 there was a significant improvement in Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scores in the ustekinumab groups when compared with placebo at Week 24. The proportion of patients achieving a clinically significant improvement in fatigue (4 points in FACIT-F) was also significantly greater in the ustekinumab groups compared with placebo. Improvements in FACIT scores were maintained through Week 52.
Strensiq	asfotase alfa	28/08/2015	Enzyme replacement therapy in patients with paediatric-onset hypophosphatasia to treat the bone manifestations of the disease	Radiographic Global Impression of Change	Radiographic Global Impression of Change rating scale as follows: -3=severe worsening, -2=moderate worsening, -1=minimal worsening, 0=no change, +1=minimal healing, +2=substantial healing, +3=near-complete or complete healing. Patients who received asfotase alfa moved to scores of +2 and +3 over the first 6 months of exposure and this was sustained with on-going treatment. Historical controls did not show change over time.
Sycrest	asenapine maleate	01/09/2010	Manic episodes associated with bipolar I disorder	Young Mania Rating Scale (Y-MRS)	In a 12-week, placebo-controlled trial involving 326 patients with a manic or mixed episode of bipolar I disorder, with or without psychotic features, who were partially non-responsive to lithium or valproate monotherapy for 2 weeks at therapeutic serum levels, the addition of asenapine as adjunctive therapy resulted in superior efficacy to lithium or valproate monotherapy at week 3 (point estimates [95% CI] for the change from baseline to endpoint in YMRS using LOCF analysis-10.3 [-11.9, -8.8] for asenapine and -7.9 [-9.4, -6.4] for placebo) and at week 12 (-12.7 [-14.5, -10.9] for asenapine and -9.3 [-11.8, -7.6] for placebo) in the reduction of manic symptoms.
Sunosi	Solriamfetol	16/01/2020	Obstructive sleep apnoea	Epworth Sleep Scale (ESS), PGIC, Functional Outcomes of Sleep Questionnaire Short Version (FOSQ-10)	Study 3: At Week 12, patients randomised to the 75 mg and150 mg dose arms showed statistically significant improvements on the MWT and ESS (co-primary endpoints), as well as on the PGIc (key secondary endpoint), compared with placebo (Table 2). Patients randomised to 37.5 mg solriamfetol showed statistically significant improvements based on the MWT and ESS. These effects were observed at Week 1, maintained over the study duration and were dose-dependent (Figure 2). At Week 12, patients who were randomised to receive 75 mg and 150 mg of Sunosi demonstrated sustained improvements in wakefulness throughout the day that were statistically significant compared to placebo for each of the 5 MWT trials, spanning approximately 9 hours after dosing. Dose- dependent improvements in the ability to conduct daily activities were observed, as measured by the FOSQ-10. Dosages above 150 mg daily do not confer increased effectiveness sufficient to outweigh dose-related adverse reactions. Study 3: Patients treated with solriamfetol remained improved, whereas placebo-treated patients worsened (LS mean difference of 11.2 minutes on MWT and -4.6 on ESS; both p<0.0001) during the randomised-withdrawal period after 4 weeks of open-label treatment. Fewer patients treated with solriamfetol reported worsening on the PGIc (percentage difference of 30%; p=0.0005).

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Sunosi	Solriamfetol	16/02/20	Narcolepsy	Eppworth Sleep Scale (ESS), PGIC, Functional Outcomes of Sleep Questionnaire Short Version (FOSQ-10)	The measures of efficacy were change from baseline to Week 12 on: ability to stay awake as measured by mean sleep latency on the MWT, excessive daytime sleepiness as measured by the ESS, and improvement in overall clinical condition as assessed by the Patient Global Impression of Change (PGIc) scale. The ESS is an 8-item patient-reported measure of likelihood of falling asleep in usual daily life activities. The PGIc is a 7-point scale ranging from "very much improved" to "very much worse" which assesses the patient's report of change in their clinical condition. At Week 12, patients randomised to the 150 mg dose showed statistically significant improvements on the MWT and ESS (co-primary endpoints), as well as on the PGIc (key secondary endpoint), compared with placebo. Patients randomised to receive 75 mg showed statistically significant improvement on the ESS, but not on the MWT or PGIc (Table 1). These effects were dose-dependent, observed at Week 1 and maintained over the study duration (Figure 1). In general, at the same doses, a smaller magnitude of effect was observed in patients with more severe baseline levels of sleepiness relative to those who were less severe. At Week 12, patients who were randomised to receive 150 mg of solriamfetol demonstrated sustained improvements in wakefulness throughout the day that were statistically significant compared to placebo for each of the 5 MWT trials, spanning approximately 9 hours after dosing. Dose-dependent improvements in the ability to conduct daily activities were observed, as measured by the Functional Outcomes of Sleep Questionnaire Short Version (FOSQ-10). Dosages above 150 mg daily do not confer increased effectiveness sufficient to outweigh dose-related adverse reactions.
Symkevi	Tezacaftor/ivacaftor	31/10/2018	Cystic fibrosis (CF)	Cystic Fibrosis Questionnaire-Revised (CFQ-R)	See Table 5 for a summary of primary and key secondary outcomes. For CFQ-R Respiratory Domain (a measure of respiratory symptoms relevant to patients with CF including cough, sputum production, and difficulty breathing) the percentage of subjects with at least a 4 point-increase from baseline (minimal clinically important difference) was 51.1% for Symkevi and 35.7% for placebo at Week 24. See Table 6 for a summary of primary and key secondary outcomes. Similar trends were observed for CFQ-R respiratory domain, pulmonary exacerbation rate and BMI.
Takhzyro	lanadelumab	22/11/201	Prevention of recurrent attacks of hereditary angioedema (HAE)	Angioedema Quality of Life Questionnaire (AE-QoL)	Health related Quality of Life: All TAKHZYRO treatment groups observed an improvement in Angioedema Quality of Life Questionnaire (AE-QoL) total and domain (functioning, fatigue/mood, fear/shame, and nutrition) scores compared to the placebo group; the largest improvement was observed in the functioning score as shown in Table 4. A reduction of 6 points is considered a clinically meaningful improvement. The percentage of patients who achieved a clinically meaningful improvement in AE-QoL total score was 65% (Odds ratio vs placebo, [95% CI]= 3.2 [1.1, 9.2]), 63% (2.9 [1.1, 8.1]), and 81% (7.2 [2.2, 23.4]), in TAKHZYRO 150 mg q4 wks, 300 mg q4 wks, and 300 mg q2 wks groups, respectively, compared to 37% of patients in the placebo group.
Taxotere	docetaxel	27/11/1995	Breast Cancer	EORTC	In both arms, quality of life measured by the EORTC questionnaire was comparable and stable during treatment and follow-up.

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Tegsedi	inotersen sodium	06/07/2018	Stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR)	Modified Neuropathy Impairment Score + 7 tests (mNIS+7) and Norfolk Quality of Life – Diabetic Neuropathy (QoL-DN)	The changes from baseline in both primary endpoints (mNIS+7 and Norfolk QoL-DN) demonstrated statistically significant benefit in favour of inotersen treatment at Week 66 (Table 4). Results across multiple disease characteristics [TTR mutation (V30M, non-V30M)], disease stage (Stage 1, Stage 2), previous treatment with tafamidis or diflunisal (yes, no), presence of hATTR-CM (yes, no) at Week 66 showed statistically significant benefit in all subgroups based on mNIS+7 composite score and all but one of these subgroups (CM-Echo Set; p=0.067) based on Norfolk QoL-DN total score (Table 5). Furthermore, results across the components of mNIS+7 and domains of Norfolk QoL-DN composite scores were consistent with the primary endpoint analysis, showing benefit in motor, sensory and autonomic neuropathies.
Temodal	temozolomide	26/01/1999	Glioma	Unknown	For the eligible histology population, the efficacy results were similar. Achieving a radiological objective response or maintaining progression-free status was strongly associated with maintained or improved quality of life.
Thymanax	agomelatine	19/02/2009	Depressive episodes	sleep quality, SEXFX, ASEX	Thymanax 25 mg also induced an advance of the time of sleep onset and of minimum heart rate. From the first week of treatment, onset of sleep and the quality of sleep were significantly improved without daytime clumsiness as assessed by patients. In a specific sexual dysfunction comparative study with remitted depressed patients, there was a numerical trend (not statistically significant) towards less sexual emergent dysfunction than venlafaxine for Sex Effects Scale (SEXFX) drive arousal or orgasm scores on Thymanax. The pooled analysis of studies using the Arizona Sexual Experience Scale (ASEX) showed that Thymanax was not associated with sexual dysfunction. In healthy volunteers Thymanax preserved sexual function in comparison with paroxetine.
Thyrogen	thyrotropin alpha	09/03/2003	Thyroid Neoplasma	Unknown	Quality of life was significantly reduced following thyroid hormone withdrawal, but maintained following either dosage regimen of Thyrogen in both indications.
TOBI podhaler	tobramycin	20/7/2011	Respiratory Tract Infections; Cystic Fibrosis	Unknown	In the active-controlled study, administration of a TOBI Podhaler dose was faster with a mean difference of approximately 14 minutes (6 minutes vs. 20 minutes with the nebuliser solution). Patient-reported convenience and overall treatment satisfaction (as collected through a patient-reported outcomes questionnaire) were consistently higher with TOBI Podhaler compared with tobramycin nebuliser solution in each cycle.
Toviaz	fesoterodine fumerate	20/04/2007	Overactive bladder	Treatment Benefit Scale	Fesoterodine treated patients had statistically significant mean reductions in the number of micturitions per 24 hours and in the number of urge incontinence episodes per 24 hours at the end of treatment compared to placebo. Likewise, the response rate (% of patients reporting that their condition has been “greatly improved” or “improved” using a 4-point Treatment Benefit Scale) was significantly greater with fesoterodine compared to placebo. Furthermore, fesoterodine improved the mean change in the voided volume per micturition, and the mean change in the number of continent days per week (see Table 1 below).

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Translarna	ataluren	31/07/2014	Duchenne muscular dystrophy	6-min Walk Test	The primary efficacy endpoint evaluated the effect of ataluren on ambulation as assessed by the change in distance (6MWD) walked during a 6MWT. The post hoc analysis showed that from baseline to Week 48, patients receiving ataluren 10-, 10-, 20-mg/kg had a 12.9 meters mean decline in 6MWD, and patients receiving placebo had a 44.1-meter mean decline in 6MWD (Figure 1). Thus, the mean change in observed 6MWD from baseline to Week 48 was 31.3 meters better in the ataluren 10-, 10-, 20-mg/kg arm than in the placebo arm (p=0.056). In a statistical based model the estimated mean difference was 31.7 meters (adjusted p=0.0367). There was no difference between ataluren 20-, 20-, 40 mg/kg and placebo. These results indicate that ataluren 10-, 10-, 20-mg/kg slows the loss of walking ability in nmDMD patients. In timed function tests (TFTs), tests of time to run/walk 10 meters, time to climb 4 stairs, and time to descend 4 stairs, ataluren-treated patients demonstrated smaller increases in the time it takes to run/walk 10 meters, climb 4 stairs, and descend 4 steps, indicating slowing of nmDMD progression relative to placebo. Additional results reported in Figures
Tegsedi	inotersen sodium	06/07/2018	Stage 1 or stage 2 polyneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR)	Modified Neuropathy Impairment Score + 7 tests (mNIS+7) and Norfolk Quality of Life – Diabetic Neuropathy (QoL-DN)	The changes from baseline in both primary endpoints (mNIS+7 and Norfolk QoL-DN) demonstrated statistically significant benefit in favour of inotersen treatment at Week 66 (Table 4). Results across multiple disease characteristics [TTR mutation (V30M, non-V30M)], disease stage (Stage 1, Stage 2), previous treatment with tafamidis or diflunisal (yes, no), presence of hATTR-CM (yes, no) at Week 66 showed statistically significant benefit in all subgroups based on mNIS+7 composite score and all but one of these subgroups (CM-Echo Set; p=0.067) based on Norfolk QoL-DN total score (Table 5). Furthermore, results across the components of mNIS+7 and domains of Norfolk QoL-DN composite scores were consistent with the primary endpoint analysis, showing benefit in motor, sensory and autonomic neuropathies.
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Thyrogen	thyrotropin alpha	09/03/2003	Thyroid Neoplasma	Unknown	Quality of life was significantly reduced following thyroid hormone withdrawal, but maintained following either dosage regimen of Thyrogen in both indications.
TOBI podhaler	tobramycin	20/7/2011	Respiratory Tract Infections; Cystic Fibrosis	Unknown	In the active-controlled study, administration of a TOBI Podhaler dose was faster with a mean difference of approximately 14 minutes (6 minutes vs. 20 minutes with the nebuliser solution). Patient-reported convenience and overall treatment satisfaction (as collected through a patient-reported outcomes questionnaire) were consistently higher with TOBI Podhaler compared with tobramycin nebuliser solution in each cycle.

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Trelegy Ellipta	fluticasone furoate, umeclidinium bromide, vilanterol trifenatate	15/11/2017	Chronic Obstructive Pulmonary Disease (COPD)	St George's Respiratory Questionnaire (SGRQ); analysis, COPD Assessment Test (CAT) score; Evaluating Respiratory Symptoms in COPD (E-RS:COPD)	Trelegy Ellipta demonstrated a statistically significant improvement compared to BUD/FOR at Week 24 for Health Related Quality of Life (HRQoL) measured by the St George's Respiratory Questionnaire (SGRQ) total score (co-primary endpoint), SGRQ responder analysis, COPD Assessment Test (CAT) score, CAT responder analysis, respiratory symptoms measured using the Evaluating Respiratory Symptoms in COPD (E-RS:COPD) and sub-scale scores over Weeks 21-24, breathlessness measured using the Transitional Dyspnoea Index (TDI) focal score at Week 24, and rescue medication use measured by mean number of occasions of rescue medication use per day over Weeks 1-24. Trelegy Ellipta demonstrated a statistically significant reduction in the annual rate of moderate/severe exacerbations (i.e. requiring treatment with antibiotics or corticosteroids or hospitalisation; extrapolated from data up to Week 24) compared with BUD/FOR. A reduction in the risk of a moderate/severe exacerbation (i.e. requiring treatment with antibiotics or corticosteroids or hospitalisation) was observed with Trelegy Ellipta compared with BUD/FOR (based on analysis of the time to first exacerbation). The lung function, HRQoL and symptoms outcomes up to 52 weeks in a subset of patients (n=430 double blind double dummy extension population) were consistent with the results up to 24 weeks. The results of both studies showed that treatment with fluticasone furoate/vilanterol 92/22 micrograms once daily resulted in a lower rate of moderate/severe COPD exacerbations compared with vilanterol.

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Tremfya	guselkumab	10/11/2017	Plaque psoriasis	Dermatology Life Quality Index (DLQI); Psoriasis Symptoms and Signs Diary (PSSD); 36-item Short Form (SF-36) health survey questionnaire, Hospital Anxiety and Depression Scale (HADS), and Work Limitations Questionnaire (WLQ)	Across VOYAGE 1 and 2 significantly greater improvements in health-related quality of life as measured by Dermatology Life Quality Index (DLQI) and in patient-reported psoriasis symptoms (itching, pain, burning, stinging and skin tightness) and signs (skin dryness, cracking, scaling, shedding or flaking, redness and bleeding) as measured by the Psoriasis Symptoms and Signs Diary (PSSD) were observed in guselkumab patients compared to placebo patients at Week 16. Signs of improvement on patient-reported outcomes were maintained through Week 24 (VOYAGE 1 and 2) and Week 48 (VOYAGE 1). In VOYAGE 2, guselkumab patients had significantly greater improvement from baseline compared to placebo in health-related quality of life, anxiety and depression, and work limitation measures at Week 16, as measured by the 36-item Short Form (SF-36) health survey questionnaire, Hospital Anxiety and Depression Scale (HADS), and Work Limitations Questionnaire (WLQ), respectively The improvements in SF-36, HADS and WLQ were all maintained through Week 48 among subjects randomized to maintenance therapy at Week 28.
Trimbow	beclometasone dipropionate / formoterol fumarate dihydrate / glycopyrronium bromide	17/07/2017	Chronic Obstructive Pulmonary Disease (COPD)	COPD Assessment Test (CAT); Saint George Respiratory Questionnaire (SGRQ)	Trimbow was also statistically significantly superior to both a fixed combination of beclometasone dipropionate and formoterol and to tiotropium in terms of improvement in quality of life (measured by the Saint George Respiratory Questionnaire – SGRQ - total score). A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (reduction versus baseline of greater than or equal to 4) after 26 and 52 weeks with Trimbow than with a fixed combination of beclometasone dipropionate and formoterol and with tiotropium.
Trixio Aerosphere	Formoterol Fumarate	12/09/2020	COPD	St. George's Respiratory Questionnaire (SGRQ)	Health-related quality of life: In ETHOS, Trixeo Aerosphere significantly improved disease-specific health status (as assessed by the St. George's Respiratory Questionnaire [SGRQ] total score) over 24 weeks compared with FOR/GLY MDI (improvement -1.62; 95% CI: -2.27, -0.97; p<0.0001) and compared with FOR/BUD MDI (improvement -1.38, 95% CI: -2.02, -0.73; p<0.0001). Improvements were sustained over 52 weeks. In KRONOS, improvements compared with FOR/GLY MDI, FOR/BUD MDI and FOR/BUD TBH did not reach statistical significance.
Truberzi	eluxadoline	19/09/2016	irritable bowel syndrome with diarrhoea	worst abdominal pain (WAP) daily stool consistency score (BSS) global symptom score >2.0 on a 0-4 scale (0 corresponds to no symptoms, 1 corresponds to mild symptoms, 2 corresponds to moderate symptoms, 3 corresponds to severe symptoms and 4 corresponds to very severe symptoms)	Efficacy of eluxadoline was assessed using an overall responder analyses as defined by the simultaneous improvement in the daily WAP score by ≥30% as compared to the baseline weekly average AND a reduction in the BSS to <5 on at least 50% of the days within a time interval. Improvements in global symptoms of IBS were assessed based on an adequate relief response endpoint defined as achieving adequate relief of IBS symptoms on at least 50% of weeks and on a global symptom response endpoint defined by a daily rating of global symptoms of none or mild on at least 50% of days. Results for endpoints were based on electronic daily diary entries by patients. The efficacy results for ≥50% of responder days (primary composite endpoint) over 6 months are shown in Table 2. In both studies, the proportion of patients who were composite responders to Truberzi 100 mg twice daily was statistically significantly higher than placebo. The proportion of patients who were adequate relief responders was statistically significantly higher than placebo for Truberzi 100 mg twice daily over 6 month interval in both studies. The proportion of patients who were global symptom responders was statistically significantly higher than placebo for Truberzi 100 mg twice daily over 6 month interval in Study 2 and numerically higher than placebo in Study 1.

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Trudexa	adalimumab	01/09/2003	Psoriatic arthritis	Health Assessment Questionnaire (HAQ); Short Form Health Survey (SF 36).	Trudexa treated patients demonstrated improvement in physical function as assessed by HAQ and Short Form Health Survey (SF 36), from base-line to week 24. EMA Label (Section 5.1 Pharmacodynamic Properties) Page 17 of 163.
Trulicity	dulaglutide	21/11/2014	Type 2 Diabetes Mellitus	Unknown	Dulaglutide significantly improved total treatment satisfaction compared to exenatide twice daily. In addition, there was significantly lower perceived frequency of hyperglycaemia and hypoglycaemia compared to exenatide twice daily.
Trydonis	beclometasone dipropionate / formoterol fumarate dihydrate / glycopyrronium	26/04/2018	COPD	Saint George Respiratory Questionnaire (SGRQ)	Symptomatic outcomes: Trydonis significantly improved dyspnoea (measured as the Transition Dyspnoea Index – TDI – focal score) after 26 weeks of treatment compared with baseline (by 1.71 units; $p < 0.001$), but the adjusted mean difference versus a fixed combination of beclometasone dipropionate and formoterol was not statistically significant (0.21 units; $p = 0.160$). A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (focal score greater than or equal to 1) after 26 weeks with Trydonis than with a fixed combination of beclometasone dipropionate and formoterol (57.4% versus 51.8%; $p = 0.027$). TDI was only measured in study TRILOGY. Trydonis was also statistically significantly superior to both a fixed combination of beclometasone dipropionate and formoterol and to tiotropium in terms of improvement in quality of life (measured by the Saint George Respiratory Questionnaire – SGRQ - total score). A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (reduction versus baseline of greater than or equal to 4) after 26 and 52 weeks with Trydonis than with a fixed combination of beclometasone dipropionate and formoterol and with tiotropium.
Tysabri	natalizumab	27/06/2006	Multiple Sclerosis	EDSS	1 Progression of disability was defined as at least a 1.0 point increase on the EDSS from a baseline DSS >=1.0 sustained for 12 or 24 weeks or at least a 1.5 point increase on the EDSS from a baseline EDSS =0 sustained for 12 or 24 weeks.
Ulipristal Acetate Gedeon Richter	ulipristal acetate	27/08/2018	Moderate to severe symptoms of uterine fibroids	Pictorial Bleeding Assessment Chart (PBAC)	In Study 2, a double-dummy method was used to maintain the blind. In both studies menstrual blood loss was assessed using the Pictorial Bleeding Assessment Chart (PBAC). A PBAC >100 within the first 8 days of menses is considered to represent excessive menstrual blood loss. In study 1, a statistically significant difference was observed in reduction in menstrual blood loss in favour of the patients treated with ulipristal acetate compared to placebo, resulting in faster and more efficient correction of anaemia than iron alone. Likewise, patients treated with ulipristal acetate had a greater reduction in myoma size, as assessed by MRI. In study 2, the reduction in menstrual blood loss was comparable for the patients treated with ulipristal acetate and the gonadotrophin releasing hormone-agonist (leuprorelin). Most patients treated with ulipristal acetate stopped bleeding within the first week of treatment (amenorrhea).

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Ultibro Breezhaler	indacaterol/glyco-pyrronium bromide	19/09/2013	COPD	SGRQ	Ultibro Breezhaler has also shown a statistically significant effect on health-related quality of life measured using the St. George's Respiratory Questionnaire (SGRQ) as indicated by a reduction in SGRQ total score at 26 weeks compared to placebo (-3.01, p=0.002) and tiotropium (-2.13, p=0.009) and reductions versus indacaterol and glycopyrronium were -1.09 and -1.18, respectively. At 64 weeks, the reduction compared to tiotropium was statistically significant (least squares mean difference -2.69, p<0.001). A higher percentage of patients receiving Ultibro Breezhaler responded with a clinically meaningful improvement in SGRQ score (defined as a decrease of at least 4 units from baseline) at week 26 compared to placebo (63.7% and 56.6% respectively, p=0.088) and tiotropium (63.7% Ultibro Breezhaler vs. 56.4% tiotropium, p=0.047), and at week 64 compared to glycopyrronium and tiotropium (57.3% Ultibro Breezhaler versus 51.8% glycopyrronium, p=0.055; versus 50.8% tiotropium, p=0.051, respectively). Ultibro Breezhaler demonstrated a statistically superior improvement versus tiotropium in the percentage of "days able to perform usual daily activities" over 26 weeks (8.45%, p<0.001). At week 64, Ultibro Breezhaler showed numerical improvement over glycopyrronium (1.95%; p=0.175) and statistical improvement over tiotropium (4.96%; p=0.001).
Ultomiris	Ravulizumab	02/07/2019	Paroxysmal nocturnal haemoglobinuria (PNH)	FACIT Fatigue	Study in complement-inhibitor naïve patients with PNH: Ravulizumab was non-inferior compared to eculizumab for both coprimary endpoints, avoidance of pRBC transfusion per protocol-specified guidelines and LDH normalisation from day 29 to day 183, and for all 4 key secondary endpoints (Figure 1). Study in PNH patients previously treated with eculizumab: Secondary endpoints included the proportion of patients with breakthrough haemolysis, quality-of-life (FACITFatigue), transfusion avoidance (TA), and proportion of patients with stabilised haemoglobin.
Uptravi	selexipag	12/05/2016	Pulmonary arterial hypertension	6MWT	The primary study endpoint was the time to first occurrence of a morbidity or mortality event up to end of treatment, defined as a composite of death (all causes); or hospitalisation for PAH; or progression of PAH resulting in need for lung transplantation or balloon atrial septostomy; or initiation of parenteral prostanoid therapy or chronic oxygen therapy; or other disease-progression events (patients in WHO FC II or III at baseline) confirmed by a decrease in 6-minute walk distance (6MWD) from baseline (≥ 15%) and worsening of WHO FC or (patients in WHO FC III or IV at baseline) confirmed by a decrease in 6MWD from baseline (≥ 15%) and need for additional PAH-specific therapy. Exercise capacity was evaluated as a secondary endpoint. Median 6MWD at baseline was 376 m (range: 90–482 m) and 369 m (range: 50–515 m) in selexipag patients and placebo patients, respectively. Treatment with selexipag resulted in a placebo-corrected median effect on 6MWD measured at trough (i.e., approximately 12 h post-dose) of 12 m at Week 26 (99% CI: 1, 24 m; one-sided p value = 0.0027). In patients without concurrent PAH-specific therapy, the placebo-corrected treatment effect measured at trough was 34 m (99% CI: 10, 63 m).
Uptravi	selexipag	12/05/2016	Pulmonary arterial hypertension	Cambridge Pulmonary Hypertension Outcome Review (CAMPHOR)	Quality of life was assessed in a subset of patients in the GRIPHON study using the Cambridge Pulmonary Hypertension Outcome Review (CAMPHOR) questionnaire. There was no significant treatment effect from baseline to Week 26.

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Urorec	silodosin	29/01/2010	Prostatic hyperplasia	International Prostate Symptom Score	Over 800 patients with moderate to severe symptoms of BPH (International Prostate Symptom Score, IPSS, baseline value ≥13) received silodosin 8 mg once daily in two Phase III placebo-controlled clinical studies conducted in the United States and in one placebo- and active-controlled clinical study conducted in Europe. In all studies, patients who did not respond to placebo during a 4-week placebo run-in phase were randomised to receive the study treatment. In all studies, patients treated with silodosin had a greater decrease in both storage (irritative) and voiding (obstructive) symptoms of BPH as compared to placebo as assessed after 12 weeks of treatment. Data observed in the Intent-to-treat populations of each study are shown below. In the active-controlled clinical study conducted in Europe, silodosin 8 mg once daily was shown to be non inferior to tamsulosin 0.4 mg once daily: the adjusted mean difference (95 % CI) in the IPSS Total Score between treatments in the per-protocol population was 0.4 (-0.4 to 1.1). The responder rate (i.e. improvement in the IPSS total score by at least 25 %) was significantly higher in the silodosin (68 %) and tamsulosin group (65 %), as compared to placebo (53 %).
Valdoxan	agomelatine	19/02/2009	Major depressive disorder	Sex Effects Scale Arizona Sexual Experience Scale	In a specific sexual dysfunction comparative trial with remitted depressed patients, there was a numerical trend (not statistically significant) towards less sexual emergent dys-function than venlafaxine for Sex Effects Scale (SEXFX) drive arousal or orgasm scores on Valdoxan. The pooled analysis of trials using the Arizona Sexual Experience Scale (ASEX) showed that Valdoxan was not associated with sexual dysfunction. In healthy volunteers Valdoxan preserved sexual function in comparison with paroxetine.
Valdoxan	agomelatine	19/02/2009	Major depressive disorder	HAM-D Score	Efficacy was also observed in more severely depressed patients (baseline HAM-D ≥ 25) in all positive placebo-controlled trials. Response rates were statistically significantly higher with Valdoxan compared with placebo. Superiority (2 trials) or non-inferiority (4 trials) has been shown in six out of seven efficacy trials in heterogeneous populations of depressed adult patients versus SSRI/SNRI (sertraline, escitalopram, fluoxetine, venlafaxine or duloxetine) The anti-depressive effect was assessed with the HAMD-17 score either as primary or secondary endpoint.
Vaniqa	eflornithine	20/03/2001	Hirsutism	Unknown	Patient self-assessments demonstrated a significantly reduced psychological discomfort with the condition, as measured by responses to 6 questions on a visual analogue scale. Vaniqa significantly reduced how bothered patients felt by their facial hair and by the time spent removing, treating, or concealing facial hair. Patient comfort in various social and work settings was also improved. Patient self-assessments were found to correlate with physician observations of efficacy. These patientobservable differences were seen 8 weeks after initiating treatment.
Vargatef	nintedanib	21/11/2014	Non-Small Cell Lung Cancer	Unknown	Treatment with nintedanib did not significantly change the time to deterioration of the pre-specified symptoms cough, dyspnoea and pain, but resulted in a significant deterioration in the diarrhea symptom scale. Nevertheless, the overall treatment benefit of nintedanib was observed without adversely affecting self-reported quality of life.
Verkazia	ciclosporin	06/07/2018	Severe vernal keratoconjunctivitis (VKC) in children	Quality Of Life In Children With Ver-nal Keratoconjunc-tivitis (QUICK)	Patient quality of life (Quick questionnaire) improved significantly better in the high dose group compared to vehicle. The improvement was clinically relevant as illustratetd by the effect size over 4 months (symptoms domain: 0.67 and daily activities domain: 0.44).

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Vidaza	azaticidine	17/12/2008	Acute Myeloid Leukemia	European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30)	Health- Related Quality of Life (HRQoL) was assessed using the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30). HRQoL data could be analysed for a subset of the full trial population. While there are limitations in the analysis, the available data suggest that patients do not experience meaningful deterioration in quality of life during treatment with Vidaza.
Vimizim	rhGALNS	28/04/2014	Morquio A Syndrome	6-minute walk test (6MWT) 3-min stair climb test (MSCT)	The primary endpoint was the change from baseline in the 6 MWT distance compared to placebo at Week 24. The secondary endpoints were the change from baseline in the 3 Minute Stair Climb Test (MSCT) and urine KS levels at Week 24. The primary and secondary endpoints were evaluated at Week 24 (see Table 3). The modeled treatment effect in the distance walked in 6 minutes, compared to placebo, was 22.5 m (CI95, 4.0, 40.9; p=0.0174) for the 2 mg/kg per week regimen. The modeled treatment effect in stairs climbed per minute, compared to placebo, was 1.1 stairs/minute (CI95, -2.1, 4.4; p=0.4935) for the 2 mg/kg per week regimen. The modeled treatment effect for the percent change in urine KS, compared to placebo, was -40.7 % (CI95, -49.0, -32.4; p<0.0001) for the 2 mg/kg per week regimen. The difference was greatest between the placebo group and the weekly treatment group for all endpoints. The results from the every other week regimen in the distance walked in 6 minutes or in stairs climbed per minute were comparable to placebo.
Vivanza	vardenafil	04/03/2003	Erectile dysfunction	IIEF-EF	In pooled data from the two vardenafil 10 mg orodispersible tablets trials, IIEF-EF domain scores were significantly higher with vardenafil 10 mg orodispersible tablet versus placebo.
Volibris	ambrisentan	21/04/2008	Pulmonary hypertension	6-min walk test	The primary endpoint defined for the Phase 3 studies was improvement in exercise capacity assessed by change from baseline in 6 minute walk distance (6MWD) at 12 weeks. In both studies, treatment with ambrisentan resulted in a significant improvement in 6MWD for each dose of ambrisentan. The placebo-adjusted improvement in mean 6MWD at week 12 compared to baseline was 30.6 m (95% CI: 2.9 to 58.3; p=0.008) and 59.4 m (95% CI: 29.6 to 89.3; p<0.001) for the 5 mg group, in ARIES 1 and 2 respectively. The placebo-adjusted improvement in mean 6MWD at week 12 in patients in the 10 mg group in ARIES-1 was 51.4 m (95% CI: 26.6 to 76.2; p <0.001).
Votrient	pazopanib	14/06/2010	Renal-cell carcinoma (RCC)	EORTC QLQ-30, EQ-5D	No statistical differences were observed between treatment groups for Global Quality of Life using EORTC QLQ-C30 and EuroQoL EQ-5D.
Vyndaqel	tafamidis	16/11/2011	Transthyretin amyloidosis	Norfolk Quality of Life - Diabetic Neuropathy (Norfolk QOL-DN) total quality of life score [TQOL]).	Following 18 months of treatment, more Vyndaqel-treated patients were NIS-LL Responders (change of less than 2 points on NIS-LL)

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Wakix	pitolisant	31/3/2016	Narcolepsy with or without cataplexy	Excessive Daytime Sleepiness (EDS), Epworth Sleepiness Scale (ESS)	To assess the efficacy of pitolisant on Excessive Daytime Sleepiness (EDS), Epworth Sleepiness Scale (ESS) score was used as primary efficacy criterion. The results with pitolisant were significantly superior to those in the placebo group (mean difference: -3.33; 95%CI [-5.83 to -0.83]; $p < 0.05$) but did not differ significantly from the results in the modafinil group (mean difference: 0.12; 95%CI [-2.5 to 2.7]). The waking effect of the two active substances was established at similar rates (Figure 1). The effect of pitolisant on EDS was also assessed in this population using the ESS score. In the pitolisant group, ESS decreased significantly between baseline and the end of treatment compared to placebo with an observed mean change of -1.9 ± 4.3 and -5.4 ± 4.3 (mean ± sd) for placebo and pitolisant respectively, ($p<0.0001$) (Figure 3). This effect on EDS was confirmed by the results on Maintenance of Wakefulness Test (MWT). The geometric mean of the ratios (MWTFinal/MWTBaseline) was 1.8 (95%CI 1.19; 2.71, $p=0.005$). The MWT value in the pitolisant group was 80% higher than in the placebo group.
Xadago	safinamide methanesulfonate	24/02/2015	Parkinson Disease	Unified Parkinson's Disease Rating Scale – sections II and III and Clinician Global Impression of Change	Secondary efficacy parameters included OFF Time, UPDRS II and III (Unified Parkinson's Disease Rating Scale – sections II and III), and CGI-C (Clinical Global Impression of Change). Both the SETTLE and 016/018 studies indicated significant superiority of safinamide, compared to placebo, at the target doses of 50 and 100 mg/day for the primary, and selected secondary, efficacy variables, as summarized in the table below. The effect on ON Time was maintained at the end of the 24-month double-blind treatment period for both safinamide doses as compared to placebo [results presented in Table].
Xeljanz	tofacitinib	22/03/2017	Rheumatoid arthritis	Health Assessment Questionnaire - Disability Index (HAQ-DI)	XELJANZ, alone or in combination with MTX, has shown improvements in physical function, as measured by the HAQ-DI. Patients receiving tofacitinib 5 or 10 mg twice daily demonstrated significantly greater improvement from baseline in physical functioning compared to placebo at Month 3 (Studies ORAL Solo, ORAL Sync, ORAL Standard, and ORAL Step) and Month 6 (Studies ORAL Sync and ORAL Standard). Tofacitinib 5 or 10 mg twice daily-treated patients demonstrated significantly greater improvement in physical functioning compared to placebo as early as Week 2 in ORAL Solo and ORAL Sync.
Xeljanz	tofactinib	22/03/2017	Rheumatoid arthritis	SF-36	Health-related quality of life was assessed by the Short Form Health Survey (SF-36). Patients receiving either 5 or 10 mg tofacitinib twice daily experienced significantly greater improvement from baseline compared to placebo in all 8 domains as well as the Physical Component Summary and Mental Component Summary scores at Month 3 in ORAL Solo, ORAL Scan and ORAL Step. In ORAL Scan, mean SF-36 improvements were maintained to 12 months in tofacitinib-treated patients.
Xeljanz	tofacitinib	22/03/2017	Rheumatoid arthritis	Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F)	Improvement in fatigue was evaluated by the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scale at Month 3 in all studies. Patients receiving tofacitinib 5 or 10 mg twice daily demonstrated significantly greater improvement from baseline in fatigue compared to placebo in all 5 studies. In ORAL Standard and ORAL Scan, mean FACIT-F improvements were maintained to 12 months in tofacitinib-treated patients.
Xeljanz	tofacitinib	22/03/2017	Rheumatoid arthritis	Medical Outcomes Study Sleep (MOS-Sleep)	Improvement in sleep was assessed using the Sleep Problems Index I and II summary scales of the Medical Outcomes Study Sleep (MOS-Sleep) measure at Month 3 in all studies. Patients receiving tofacitinib 5 or 10 mg twice daily demonstrated significantly greater improvement from baseline in both scales compared to placebo in ORAL Sync, ORAL Standard and ORAL Scan. In ORAL Standard and ORAL Scan, mean improvements in both scales were maintained to 12 months in tofacitinib-treated patients.
Xeljanz	tofacitinib	22/03/2017	Rheumatoid arthritis	American College of Rheumatology (ACR) criteria	In all studies, patients treated with either 5 or 10 mg twice daily tofacitinib had statistically significant ACR20, ACR50 and ACR70 response rates at Month 3 and Month 6 vs. placebo (or vs. MTX in ORAL Start) treated patients.

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Xeljanz	tofacitinib	22/03/2017	Rheumatoid arthritis	Disease Activity Score (DAS28-4[ESR])	Significant reductions in DAS28-4(ESR) from baseline (mean improvement) of 1.8-2.0 and 1.9-2.2 were observed in patients treated with 5 mg and 10 mg twice daily doses, respectively, compared to placebo-treated patients (0.7-1.1) at Month 3.
Xgeva	denosumab	13/07/2011	Prevention of skeletal related events	BPI-SF	The time to pain improvement (i.e., ≥ 2 point decrease from baseline in BPI-SF worst pain score) was similar for denosumab and zoledronic acid in each study and the integrated analyses. In a post-hoc analysis of the combined dataset, the median time to worsening pain (> 4-point worst pain score) in patients with mild or no pain at baseline was delayed for XGEVA compared to zoledronic acid (198 versus 143 days) (p = 0.0002).
Xiapex	collagenase clostridium histolyticum	28/02/2011	Dupuytrens contracture	Patient Global Assessment of Treatment Satisfaction	Based on the Patient Global Assessment of Treatment Satisfaction, more than 85% of subjects in the CORD I and CORD II studies reported either being quite satisfied or very satisfied with their treatment with Xiapex versus approximately 30% treated with placebo (p<0.001). Greater patient satisfaction was correlated with improved range of motion (r=0.51, p<0.001).
Xofigo	radium Ra223 dichloride	13/11/2013	Prostatic Neoplasms	EQ-5D, FACT-P	Health Related Quality of Life (HRQOL) was assessed in the phase III ALSYMPCA study using specific questionnaires: the EQ-5D (generic instrument) and the FACT-P (prostate cancer specific instrument). Both groups experience a loss of quality of life. Relative to placebo, the decline in quality of life was slower for Xofigo during the on-treatment period as measured by EQ-5D utility index score (-0.040 versus – 0.109; p=0.001), EQ-5D self-reported Visual Analogue health status scores (VAS) (-2.661 versus -5.860; p=0.018) and the FACT P total score (-3.880 versus -7.651, p=0.006) but did not reach published minimally important differences. There is limited evidence that the delay in loss of HRQOL extends beyond the treatment period.
Xtandi	enzalutamide	21/06/2013	metastatic castrationresistant prostate cancer	Brief Pain Inventory Short Form FACT-P total score	Baseline pain assessment was 0-1 (asymptomatic) in 67% of patients and 2-3 (mildly symptomatic) in 32% of patients as defined by the Brief Pain Inventory Short Form (worst pain over past 24 hours on a scale of 0 to 10). Co-primary efficacy endpoints were overall survival and radiographic progression-free survival (rPFS). In addition to the co-primary endpoints, benefit was also assessed using time to initiation of cytotoxic chemotherapy, best overall soft tissue response, time to first skeletal-related event, PSA response (≥ 50% decrease from baseline), time to PSA progression, and time to FACT-P total score degradation.

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Yuflyma	adalimumab	11/2/21	Rheumatoid arthritis	HAQ-DI; SF-36; FACIT; Pain VAS	Quality of life and physical function: Health-related quality of life and physical function were assessed using the disability index of the Health Assessment Questionnaire (HAQ) in the four original adequate and well-controlled trials, which was a pre-specified primary endpoint at week 52 in RA study III. All doses/schedules of adalimumab in all four studies showed statistically significantly greater improvement in the disability index of the HAQ from baseline to Month 6 compared to placebo and in RA study III the same was seen at week 52. Results from the Short Form Health Survey (SF 36) for all doses/schedules of adalimumab in all four studies support these findings, with statistically significant physical component summary (PCS) scores, as well as statistically significant pain and vitality domain scores for the 40 mg every other week dose. A statistically significant decrease in fatigue as measured by functional assessment of chronic illness therapy (FACIT) scores was seen in all three studies in which it was assessed (RA studies I, III, IV). In RA study III, most subjects who achieved improvement in physical function and continued treatment maintained improvement through week 520 (120 months) of open-label treatment. Improvement in quality of life was measured up to week 156 (36 months) and improvement was maintained through that time. In RA study V, the improvement in the HAQ disability index and the physical component of the SF 36 showed greater improvement ($p < 0.001$) for adalimumab/methotrexate combination therapy versus methotrexate monotherapy and adalimumab monotherapy at week 52, which was maintained through week 104. Among the 250 subjects who completed the open-label extension study, improvements in physical function were maintained through 10 years of treatment. Injection site pain: For the pooled crossover RA studies VI and VII, a statistically significant difference for injection site pain immediately after dosing was observed between adalimumab 40 mg/0.8 ml and adalimumab 40 mg/0.4 ml (mean VAS of 3.7 cm versus 1.2 cm, scale of 0-10 cm, $P < 0.001$). This represented an 84% median reduction in injection site pain.
Yuflyma	adalimumab	11/2/21	Ankylosing spondylitis	SF-36; ASQOL; BASDAI	Adalimumab 40 mg every other week was assessed in 393 patients in two randomised, 24 week double – blind, placebo – controlled studies in patients with active ankylosing spondylitis (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.3 in all groups) who have had an inadequate response to conventional therapy....In the larger AS study I with 315 patients, results showed statistically significant improvement of the signs and symptoms of ankylosing spondylitis in patients treated with adalimumab compared to placebo. Significant response was first observed at week 2 and maintained through 24 weeks (Table 13)[BASDAI]. Adalimumab-treated patients had significantly greater improvement at week 12 which was maintained through week 24 in both the SF36 and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL).

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Yuflyma	adalimumab	11/2/21	Ankylosing spondyloarthritis without radiographic evidence of AS	SF-36; HAQ-S; BASDAI	In Study nr-axSpA I, adalimumab 40 mg every other week was assessed in 185 patients in a randomised, 12 week double - blind, placebo - controlled study in patients with active nr-axSpA (mean baseline score of disease activity [Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)] was 6.4 for patients treated with adalimumab and 6.5 for those on placebo) who have had an inadequate response to or intolerance to ≥ 1 NSAIDs, or a contraindication for NSAIDs. Thirty-three (18%) patients were treated concomitantly with disease modifying anti-rheumatic drugs, and 146 (79%) patients with NSAIDs at baseline. The double-blind period was followed by an open-label period during which patients receive adalimumab 40 mg every other week subcutaneously for up to an additional 144 weeks. week 12 results showed statistically significant improvement of the signs and symptoms of active nr-axSpA in patients treated with adalimumab compared to placebo (Table 14). Quality of life and physical function: Health-related quality of life and physical function were assessed using the HAQ-S and the SF-36 questionnaires. Adalimumab showed statistically significantly greater improvement in the HAQ-S total score and the SF-36 Physical Component Score (PCS) from baseline to week 12 compared to placebo. Improvement in health-related quality of life and physical function was maintained during the open-label extension through week 156.
Yuflyma	adalimumab	11/2/21	Psoriasis	Dermatology Life Quality Index (DLQI) and SF-36	Significant improvements at week 16 from baseline compared to placebo (Studies I and II) and MTX (Study II) were demonstrated in the DLQI (Dermatology Life Quality Index). In Study I, improvements in the physical and mental component summary scores of the SF-36 were also significant compared to placebo. Adalimumab-treated patients showed statistically significant improvements at week 26 compared with placebo in the DLQI.
Yuflyma	adalimumab	11/2/21	Hidradenitis suppurativa	Dermatology Life Quality Index (DLQI), Treatment Satisfaction Questionnaire - medication (TSQM), and SF-36	Greater improvements at week 12 from baseline compared to placebo were demonstrated in skin-specific health-related quality of life, as measured by the Dermatology Life Quality Index (DLQI; Studies HS-I and HS-II), patient global satisfaction with medication treatment as measured by the Treatment Satisfaction Questionnaire - medication (TSQM; Studies HS-I and HS-II), and physical health as measured by the physical component summary score of the SF-36 (Study HS-I).
Yuflyma	adalimumab	11/2/21	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ)	Quality of life: In CD Study I and CD Study II, statistically significant improvement in the disease-specific inflammatory bowel disease questionnaire (IBDQ) total score was achieved at week 4 in patients randomised to adalimumab 80/40 mg and 160/80 mg compared to placebo and was seen at weeks 26 and 56 in CD Study III as well among the adalimumab treatment groups compared to the placebo group.
Yuflyma	adalimumab	11/2/21	Ulcerative colitis	Inflammatory Bowel Disease Questionnaire	Quality of life: In study UC-II, treatment with adalimumab resulted in improvements in the Inflammatory Bowel Disease Questionnaire (IBDQ) score.
Yuflyma	adalimumab	11/2/21	Uveitis	NEI VFQ-25	Patient reported outcomes regarding vision-related functioning were measured in both clinical studies, using the NEI VFQ-25. Adalimumab was numerically favoured for the majority of subscores with statistically significant mean differences for general vision, ocular pain, near vision, mental health, and total score in Study UV I, and for general vision and mental health in Study UV II. Vision related effects were not numerically in favour of adalimumab for colour vision in Study UVI and for colour vision, peripheral vision and near vision in Study UV II.

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Zalviso	sufentanil	18/09/2015	Acute moderate to severe post-operative pain	Numeric rating scale (NRS)	Superiority over placebo was demonstrated in the Phase III placebo-controlled trials for the primary endpoint time-weighted sum of pain intensity difference from baseline over 48 hours (SPID48; P ≤0.001), and the secondary endpoints, time-weighted SPID (P ≤0.004), total pain relief (TOTPAR; P ≤0.004), and patients global assessment (P ≤0.007) over 24, 48 and 72 hours. After 48 hours more than half of the subjects in the Zalviso group had a relevant pain reduction (30 % responder rate) in these trials (visceral pain 60 %, nociceptive pain 54.9 %). A significantly higher proportion of patients (78.5 %) rated the method of pain control as "good" or "excellent" with Zalviso than with intravenous morphine patient-controlled analgesia method (65.5 %) (primary endpoint at 48 hours; P = 0.007). Patients reported in all the 3 Phase III trials a clinically meaningful pain relief within the first hour of treatment with Zalviso (pain intensity difference to baseline and total pain response >1 NRS). Zalviso was also considered to be easier to use by health-care professionals (P = 0.017).
Zessly	infliximab	18/05/2018	Rheumatoid arthritis	The Health Assessment Questionnaire (HAQ); patient's global assessment; functional/disability measure; visual analogue pain scale	The efficacy of infliximab was assessed in two multicentre, randomised, double-blind, pivotal clinical studies. In both studies concurrent use of stable doses of folic acid, oral corticosteroids (= 10 mg/day) and/or non-steroidal anti-inflammatory drugs (NSAIDs) was permitted. The primary endpoints were the reduction of signs and symptoms as assessed by the American College of Rheumatology criteria (ACR20 for study 1 (described below), landmark ACR-N for study 2 (described below)), the prevention of structural joint damage, and the improvement in physical function. A reduction in signs and symptoms was defined to be at least a 20% improvement (ACR20) in both tender and swollen joint counts, and in 3 of the following 5 criteria: (1) evaluator's global assessment, (2) patient's global assessment, (3) functional/disability measure, (4) visual analogue pain scale and (5) erythrocyte sedimentation rate or C-reactive protein. ACR-N uses the same criteria as the ACR20, calculated by taking the lowest percent improvement in swollen joint count, tender joint count, and the median of the remaining 5 components of the ACR response. Structural joint damage (erosions and joint space narrowing) in both hands and feet was measured by the change from baseline in the total van der Heijde-modified Sharp score (0-440). The Health Assessment Questionnaire (HAQ; scale 0-3) was used to measure patients' average change from baseline scores over time, in physical function. Results from week 54 (ACR20, total van der Heijde-modified Sharp score and HAQ) are shown in Table 3. Higher degrees of clinical response (ACR50 and ACR70) were observed in all infliximab groups at 30 and 54 weeks compared with methotrexate alone. After 54 weeks of treatment, both doses of infliximab + methotrexate resulted in statistically significantly greater improvement in signs and symptoms compared to methotrexate alone as measured by the proportion of patients achieving ACR20, 50 and 70 responses.
Zessly	infliximab	18/05/2018	Crohn's disease	Inflammatory Bowel Disease Questionnaire (IBDQ); not specified	Maintenance treatment in moderately to severely active Crohn's disease in adults: Improvements in quality of life measures, a reduction in disease-related hospitalisations and corticosteroid use were seen in the infliximab maintenance groups compared with the placebo maintenance group at weeks 30 and 54. Similar trends in the achievement of corticosteroid-free clinical remission were observed at week 50. Furthermore, improved quality of life as measured by IBDQ was observed with infliximab. Maintenance treatment in fistulising active Crohn's disease: Maintenance therapy with infliximab every 8 weeks significantly reduced disease-related hospitalisations and surgeries compared with placebo. Furthermore, a reduction in corticosteroid use and improvements in quality of life were observed.

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Zessly	infliximab	18/05/2018	Ulcerative colitis	Inflammatory Bowel Disease Questionnaire (IBDQ); SF-36	In study 6 and study 7, infliximab improved quality of life, confirmed by statistically significant improvement in both a disease specific measure, IBDQ, and by improvement in the generic 36-item short form survey SF-36.
Zessly	infliximab	18/05/2018	Ankylosing spondylitis	Bath Ankylosing Spondylitis Functional Index (BASFI); SF-36	In both studies, physical function and quality of life as measured by the BASFI and the physical component score of the SF-36 were also improved significantly.
Zessly	infliximab	18/05/2018	Psoriatic arthritis	The Health Assessment Questionnaire (HAQ); SF-36	Infliximab-treated patients demonstrated significant improvement in physical function as assessed by HAQ. Significant improvements in health-related quality of life were also demonstrated as measured by the physical and mental component summary scores of the SF-36 in study 11.
Zessly	infliximab	18/05/2018	Psoriasis	Dermatology Life Quality Index (DLQI); SF-36	Significant improvements from baseline were demonstrated in DLQI ($p < 0.001$) and the physical and mental component scores of the SF 36 ($p < 0.001$ for each component comparison).
Zessly	infliximab	18/05/2018	Paediatric Crohn's disease (6 to 17 years)	Not specified	In addition, statistically and clinically significant improvements in quality of life and height, as well as a significant reduction in corticosteroid use, were observed versus baseline.
Zinbryta	daclizumab	01/07/2016	Multiple Sclerosis	MSIS-29 Physical Score	In addition, Zinbryta reduced clinically meaningful worsening in the patient-reported physical impact of MS (≥7.5 point worsening from baseline to week 96 in the MSIS-29 physical score) compared to interferon beta-1a (intramuscular). Results presented in Table
Zinbryta	daclizumab	01/07/2016	Multiple Sclerosis	25 foot Walk Test	Although the effect on disability progression was mainly seen in patients with baseline EDSS < 3.5, evidence of efficacy was shown in patients with relapsing secondary progressive MS (SPMS) as defined by baseline EDSS ≥ 3.5 and at least one of the three: confirmed 24 week worsening of EDSS, or ≥ 20% decline on Timed 25-foot Walk (T25FW), or, ≥ 20% decline on 9-Hole Peg Test (9-HPT).
Zinbryta	daclizumab	01/07/2016	Multiple Sclerosis	9-hole Peg Test	Although the effect on disability progression was mainly seen in patients with baseline EDSS < 3.5, evidence of efficacy was shown in patients with relapsing secondary progressive MS (SPMS) as defined by baseline EDSS ≥ 3.5 and at least one of the three: confirmed 24 week worsening of EDSS, or ≥ 20% decline on Timed 25-foot Walk (T25FW), or, ≥ 20% decline on 9-Hole Peg Test (9-HPT).
Zinbryta	daclizumab	01/07/2016	relapsing forms of multiple sclerosis	EDSS	In addition, there was a statistically significant effect on 24 week confirmed disability progression in Zinbryta treated patients with a hazard ratio 0.24 [95% CI: 0.09, 0.63]. The 300 mg dose did not provide additional benefit over the 150 mg dose [Table 4]. Although the effect on disability progression was mainly seen in patients with baseline EDSS < 3.5, evidence of efficacy was shown in patients with relapsing secondary progressive MS (SPMS) as defined by baseline EDSS ≥ 3.5 and at least one of the three: confirmed 24 week worsening of EDSS, or ≥ 20% decline on Timed 25-foot Walk (T25FW), or, ≥ 20% decline on 9-Hole Peg Test (9-HPT).
Zinbryta	daclizumab	01/07/2016	relapsing forms of multiple sclerosis	Timed 25-foot Walk (T25FW), 9-Hole Peg Test (9-HPT)	Although the effect on disability progression was mainly seen in patients with baseline EDSS < 3.5, evidence of efficacy was shown in patients with relapsing secondary progressive MS (SPMS) as defined by baseline EDSS ≥ 3.5 and at least one of the three: confirmed 24 week worsening of EDSS, or ≥ 20% decline on Timed 25-foot Walk (T25FW), or, ≥ 20% decline on 9-Hole Peg Test (9-HPT).

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Zydelig	idelalisib	18/9/2014	Leukemia	Functional Assessment of Cancer Therapy: Leukaemia (FACT-LEU) EuroQoL Five-Dimensions (EQ-5D)	Compared with rituximab + placebo, treatment with idelalisib + rituximab resulted in statistically significant and clinically meaningful improvements in physical well-being, social well-being, functional well-being, as well as in the leukaemia-specific subscales of the Functional Assessment of Cancer Therapy: Leukaemia (FACT-LEU) instruments, and in statistically significant and clinically meaningful improvements in anxiety, depression and usual activities as measured by the EuroQoL Five-Dimensions (EQ-5D) instrument.
Zyprexa	olanzapine	27/09/1996	Bipolar Disorder	Montgomery-Asberg Depression Rating Scale	In a multinational, double-blind, comparative study of schizophrenia, schizoaffective, and related disorders which included 1,481 patients with varying degrees of associated depressive symptoms (baseline mean of 16.6 on the Montgomery-Asberg Depression Rating Scale), a prospective secondary analysis of baseline to endpoint mood score change demonstrated a statistically significant improvement (p= 0.001) favouring olanzapine (-6.0) versus haloperidol (-3.1).
Zytiga	abiraterone acetate	05/09/2011	Prostate cancer	Unknown pain scale, FACT-P	Pain: Treatment with ZYTIGA significantly reduced the risk of average pain intensity progression by 18% compared with placebo (p=0.0490). The median time to progression was 26.7 months in the ZYTIGA group and 18.4 months in the placebo group. Time to degradation in the FACT-P (Total Score): Treatment with ZYTIGA decreased the risk of FACT-P (Total Score) degradation by 22% compared with placebo (p=0.0028). The median time to degradation in FACT-P (Total Score) was 12.7 months in the ZYTIGA group and 8.3 months in the placebo group.

For more information, please contact Miriam.Kimel@evidera.com.