

**הנדון:**

<u>Mayzent 0.25 mg, film-coated tablets</u>	<u>מייזנט 0.25 מ"ג, טבליות מצופות</u>
<u>Mayzent 1 mg, film-coated tablets</u>	<u>מייזנט 1 מ"ג, טבליות מצופות</u>
<u>Mayzent 2 mg, film-coated tablets</u>	<u>מייזנט 2 מ"ג, טבליות מצופות</u>

אנו מבקשים להודיע על עדכון העלון לרופא של התכשיר מייזנט.

התכשיר רשום בישראל להתוויה הבאה:

Mayzent is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease, and active secondary progressive disease, in adults.

המרכיב הפעיל: siponimod (as fumaric acid).

להלן פירוט השינויים המהותיים בעלון לרופא:

#### 4.8 Undesirable effects

##### Summary of the safety profile

The safety profile of siponimod was based on data from the core clinical study. The most common adverse reactions identified in the core part of study A2304 were ~~are~~ headache (15%) and hypertension (12.6%). The safety-related information from the extension part of the long-term study A2304 was consistent with that observed in the core part.

#### 5.1 Pharmacodynamic properties

The core part (CP) of study A2304 was followed by a single-arm, open-label extension part (EP). The EP objective was exploratory in nature and in place to evaluate long-term efficacy and safety of siponimod for up to 7 additional years' treatment. Of the total number of patients randomised, 68% (n=1 120) entered and 29% (n=485) completed the EP of study A2304. The Kaplan-Meier estimate of percentage of patients with 6-month CDP at month 108 was 64.7% in the continuous siponimod group and 68.4% in the group of patients who switched from placebo to siponimod after CP. In patients with active SPMS, the Kaplan-Meier estimate of percentage of patients with 6-month CDP at month 108 was 62.9% in the continuous siponimod group and 68.1% in the group of patients who switched from placebo to siponimod after the CP.

העלון לרופא נשלח למאגר התרופות שבאתר משרד הבריאות, וניתן לקבלו מודפס על-ידי פניה לבעל הרישום.

בברכה,  
נוברטיס ישראל בע"מ