TRELEGY ELLIPTA NEW

fluticasone furoate/umeclidinium/vilanterol

רופא/ה רוקח/ת נכבד/ה,

חברת GSK שמחה לבשר על התחלת שיווקה של תרופה חדשה לחולי COPD:

Trelegy Ellipta, הטיפול המשולש היחיד הניתן פעם ביום במשאף האליפטה.[1]

Trelegy Ellipta 92/55/22 mcg: הוא טיפול משולש המורכב משלוש תרופות במשאף אחד.

כל מנה המשתחררת ממשאף הטרלג'י אליפטה מכילה ICS/LAMA/LABA:

Fluticasone furoate 92 mcg / umeclidinium 55 mcg (equivalent to umeclidinium bromide 65 mcg) / Vilanterol (as Trifenatate) 22 mcg.[1]

Indication: TRELEGY ELLIPTA is indicated for the long-term, once-daily, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. TRELEGY ELLIPTA is also indicated to reduce exacerbations of COPD in patients with a history of exacerbations. Important Limitations of Use: TRELEGY ELLIPTA is NOT indicated for the relief of acute bronchospasm or for the treatment of asthma.[1]
Dosage Form: Powder for Inhalation Pre-Dispensed.

Trelegy Ellipta נבדק על יותר מ – 11,000 מטופלי COPD במחקרים אקראיים כפולי סמיות (FULFIL, IMPACT Landmark study) והוכיח יעילות בהפחתת החמרות ואישפוזים, שיפור בתפקודי ריאה ואיכות חיים בהשוואה לטיפול משולב של רק מרחיבי סימפונות LAMA/LABA וטיפול משולב של ICS/LABA.[1-3]

Trelegy Ellipta ניתן במשאף ה- Ellipta, משאף קל לשימוש המועדף ע"י המטופלים.[4]

הפחתת החמרות בינוניות/קשות:

- **הפחתה של 35%** בשיעור ההחמרות בהשוואה ל- budesonide /formoterol (P=0.002).[2]
- **הפחתה של 25% ו – 15%** בשיעור ההחמרות בהשוואה ל-LAMA/LABA (UMEC/VI) ו- ICS/LABA (FF/VI) (P<0.001) בהתאמה.[3]

שיפור בתפקודי ריאה - Trough FEV_1:

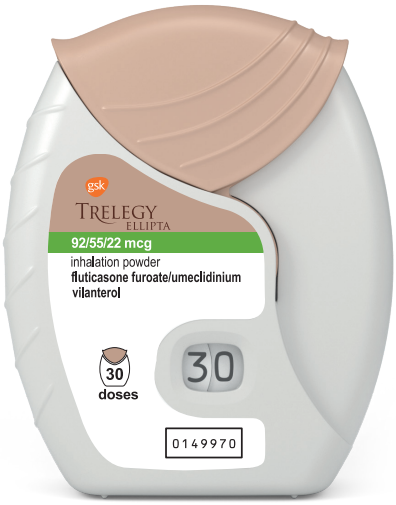
- **שיפור של 171 mL** בהשוואה ל- budesonide /formoterol (P<0.001).[2]
- **שיפור של 97 mL ו - 54 mL** בהשוואה ל- ICS/LABA (FF/VI) ו- LAMA/LABA (UMEC/VI) בהתאמה (P<0.001).[3]

שיפור באיכות חיים (SGRQ score):

- **שיפור של 2.2** יחידות בהשוואה ל- budesonide /formoterol (P<0.001).[2]
- **שיפור של 1.8** יחידות בהשוואה ל- ICS/LABA (FF/VI) ו- LAMA/LABA (UMEC/VI) (P<0.001).[3]

משאף האליפטה קל לשימוש ומועדף ע"י המטופלים:

- **עם משאף האליפטה פחות מטופלים עשו טעויות קריטיות בהשוואה למשאפי COPD נפוצים אחרים** (P<0.001).[4]



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fluticasone furoate/umeclidinium/vilanterol

מחקר ה- FULFIL: מחקר אקראי כפול סמיות, 1,810 מטופלי COPD סימפטומתיים עם FEV_1 < 50% או 80% > FEV_1 ≥ 50% עם לפחות שתי החמרות בינוניות או אחת קשה בשנה האחרונה. המטופלים קיבלו Trelegy Ellipta 92/55/22 mcg פעם ביום או Symbicort Turbuhaler 320/9 mcg פעמיים ביום למשך 24 שבועות + הארכה ל-52 שבועות ב-430 מטופלים.[2]

מחקר ה- IMPACT: מחקר אקראי כפול סמיות מעל 10,000 מטופלי COPD סימפטומתיים עם FEV_1 < 50% עם לפחות החמרה אחת בינונית/קשה בשנה האחרונה, או 80% > FEV_1 ≥ 50% עם לפחות שתי החמרות בינוניות או אחת קשה בשנה האחרונה. המטופלים קיבלו למשך שנה פעם ביום: Trelegy Ellipta 92/55/22 mcg, או UMEC/VI 55/22 mcg או FF/VI 92/22 mcg.[3]

TRELEGY ELLIPTA Abbreviated PI 12/2018

For full information see MOH approved prescribing information

TRELEGY ELLIPTA 92 /55 /22 mcg, inhalation powder, pre-dispensed

Indication: TRELEGY ELLIPTA is indicated for the long-term, once-daily, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. TRELEGY ELLIPTA is also indicated to reduce exacerbations of COPD in patients with a history of exacerbations.

Important Limitations of Use TRELEGY ELLIPTA is NOT indicated for the relief of acute bronchospasm or for the treatment of asthma.

Posology and method of administration: Posology: *Adults* The recommended and maximum dose is one inhalation of Trelegy Ellipta 92/55/22 micrograms once daily, at the same time each day. If a dose is missed the next dose should be taken at the usual time the next day.

Warnings/precautions: Asthma Trelegy Ellipta should not be used in patients with asthma since it has not been studied in this patient population. **Not for acute use** There are no clinical data to support the use of Trelegy Ellipta for the treatment of acute episodes of bronchospasm, or to treat an acute COPD exacerbation**. Deterioration of disease** Increasing use of short-acting bronchodilators to relieve symptoms may indicate deterioration of disease control. In the event of deterioration of COPD during treatment with Trelegy Ellipta, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. Patients should not stop therapy with Trelegy Ellipta without physician supervision since symptoms may recur after discontinuation. **Paradoxical bronchospasm** Administration of fluticasone furoate/umeclidinium/vilanterol may produce paradoxical bronchospasm with an immediate wheezing and shortness of breath after dosing and may be life-threatening. Treatment with Trelegy Ellipta should be discontinued immediately if paradoxical bronchospasm occurs. The patient should be assessed, and alternative therapy instituted if necessary. **Cardiovascular effects**, such as cardiac arrhythmias, e.g. atrial fibrillation and tachycardia, may be seen after the administration of muscarinic receptor antagonists and sympathomimetics, including umeclidinium and vilanterol, respectively. Therefore, Trelegy Ellipta should be used with caution in patients with unstable or life-threatening cardiovascular disease. **Patients with hepatic impairment** Patients with moderate to severe hepatic impairment receiving Trelegy Ellipta should be monitored for systemic corticosteroid-related adverse reactions. **Systemic corticosteroid effects** may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. **Visual disturbance** may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids**. Coexisting conditions** Trelegy Ellipta should be used with caution in patients with convulsive disorders or thyrotoxicosis, and in patients who are unusually responsive to $beta_2$-adrenergic agonists. Trelegy Ellipta should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. **Anticholinergic activity** Trelegy Ellipta should be used with caution in patients with narrow-angle glaucoma or urinary retention. Patients should be informed about the signs and symptoms of acute narrow-angle glaucoma and should be informed to stop using Trelegy Ellipta and to contact their doctor immediately should any of these signs or symptoms develop. **Pneumonia in patients with COPD** an increase in the incidence of pneumonia, including pneumonia requiring hospitalization, has been observed in patients with COPD receiving inhaled corticosteroids. There is some evidence of an increased risk of pneumonia with increasing steroid dose, but this has not been demonstrated conclusively across all studies. There is no conclusive clinical evidence for intra-class differences in the magnitude of the pneumonia risk among inhaled corticosteroid products. Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbations. Risk factors for pneumonia in patients with COPD include current smoking, older age, low body mass index (BMI) and severe COPD. **Hypokalaemia** $Beta_2$-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation. No clinically relevant effects of hypokalaemia were observed in clinical studies with Trelegy Ellipta at the recommended therapeutic dose. Caution should be exercised when Trelegy Ellipta is used with other medicinal products that also have the potential to cause hypokalaemia. **Hyperglycaemia** $Beta_2$-adrenergic agonists may produce transient hyperglycaemia in some patients. No clinically relevant effects on plasma glucose were observed in clinical studies with fluticasone furoate/umeclidinium/vilanterol at the recommended therapeutic dose. There have been reports of increases in blood glucose levels in diabetic patients treated with fluticasone furoate/umeclidinium/vilanterol and this should be considered when prescribing to patients with a history of diabetes mellitus. Upon initiation of treatment with Trelegy Ellipta, plasma glucose should be monitored more closely in diabetic patients. **Excipients** This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **Fertility, pregnancy and lactation: Pregnancy** There are limited data from the use of fluticasone furoate/umeclidinium/vilanterol in pregnant women. Studies in animals have shown reproductive toxicity at exposures which are not clinically. Administration of Trelegy Ellipta to pregnant women should only be considered if the expected benefit to the mother justifies the potential risk to the foetus. **Breast-feeding** It is unknown whether fluticasone furoate, umeclidinium, vilanterol or their metabolites are excreted in human milk. However, other corticosteroids, muscarinic antagonists and $beta_2$adrenergic agonists are detected in human milk. A risk to newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue Trelegy Ellipta therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **Fertility** There are no data on the effects of fluticasone furoate/umeclidinium/vilanterol on human fertility. Animal studies indicate no effects of fluticasone furoate, umeclidinium or vilanterol on male or female fertility.

The common adverse events are: Pneumonia, Upper respiratory tract infection, Bronchitis, Pharyngitis, Rhinitis, Sinusitis, Influenza, Nasopharyngitis, Candidiasis of mouth and throat, Urinary tract infection, Headache, Cough, Oropharyngeal pain, Constipation, Arthralgia and Back pain.

References:

1. Trelegy Ellipta 92/55/22 mcg approved PI by MOH.
2. Lipson DA, Barnacle H, Birk R, *et al.* FULFIL Trial: Once-Daily Triple Therapy in Patients with Chronic Obstructive Pulmonary Disease. Am J Respir Crit Care Med. 2017;196(4):438-446.
3. Lipson DA *et al.* Once-Daily Single Inhaler Triple Versus Dual Therapy in Patients with COPD. New England Journal of Medicine. April 2018
4. Van der Palen J *et al. NPJ Prim Care Respir Med.* 2016; 26:16079.

למידע מלא יש לעיין בעלונים לרופא ולצרכן המאושרים על ידי משרד הבריאות. העלונים לרופא ולצרכן נשלחו לפרסום במאגר התרופות שבאתר האינטרנט של משרד הבריאות: https://data.health.gov.il/drugs/index.html#/byDrug. כמו כן, ניתן לקבלם מודפסים ע"י פניה לבעל הרישום, חברת גלקסוסמיתקליין (ישראל) בע"מ בטל': 03-9297100

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