J-C Health Care Ltd.

Kibbutz Shefayim 6099000, ISRAEL
tel +972-9-959-1111
fax +972-9-958-3636

אפריל 2021

רופא/ה נכבד/ה
רוקח/ת נכבד/ה

ברצוננו להביא לידיעתכם את העדכונים בעלון לרופא של התכשירים:

UPTRAVI® 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1,000 mcg, 1,200 mcg, 1,400 mcg 1,600 mcg film-coated tablets

ההתוויה המאושרת בישראל:

Uptravi is indicated for the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II–III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies.

Efficacy has been shown in a PAH population including idiopathic and heritable PAH, PAH associated with connective tissue disorders, and PAH associated with corrected simple congenital heart disease (see section 5.1).

העידכונים **העיקריים** בעלון לרופא נוגעים למידע עדכני ממעקב אחר מטופלים שנכללו בניסוי הקליני (GRIPHON) ואשר חלקם נכללו במחקר לתקופה ארוכה במסגרת ה - **GRIPHON Open Label**

להלן המידע הבטיחותי העדכני שנוסף בעלון לרופא בפרק **4.8** (**Undesirable effects**) :

Long-term safety

Of the 1,156 patients who participated in the pivotal study, 709 patients entered a long-term open-label extension study (330 patients who continued on selexipag from the GRIPHON study and 379 patients who received placebo in GRIPHON and crossed over to selexipag). Long-term follow up of patients treated with selexipag for a median treatment duration of 30.5 months and for a maximum of up to 103 months showed a safety profile that was similar to that observed in the pivotal clinical study described above.

ובאותו הפרק עודכן מידע מניסוי קליני פאזה 3 הנוגע ל - Hypotension

Hypotension
In the Phase 3 placebo-controlled study in patients with PAH, hypotension was reported for 5.8% of patients in the selexipag group compared to 3.8% in the placebo group. Mean absolute changes in systolic blood pressure at regular visits compared to baseline ranged from –2.0 to –1.5 mmHg in the selexipag group compared to –1.3 to 0.0 mmHg in the placebo group and in diastolic blood pressure ranged from –1.6 to –0.1 mmHg in the selexipag group compared to –1.1 to 0.3 mmHg in the placebo group. Systolic blood pressure decrease below 90 mmHg was recorded for 9.7% of patients in the selexipag group compared 6.7% in the placebo group.

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להלן המידע העדכני שנוסף בעלון לרופא בפרק **5.1** (**Pharmacodynamic properties**) :

Long-term data in PAH
Patients enrolled into the pivotal study (GRIPHON) were eligible to enter a long-term open-label extension study. A total of 574 patients were treated with selexipag in the GRIPHON study; of these, 330 patients continued selexipag treatment in the open-label extension study. The median follow-up duration was 4.5 years and the median exposure to selexipag was 3 years. During the follow-up, at least one other PAH medication was added to selexipag. in 28.4% of the patients. However, most of the treatment exposure (86.3%) in all of the 574 patients was accumulated without addition of any new PAH medication. Kaplan-Meier estimates of survival of these 574 patients across the GRIPHON and the long-term extension study at 1, 2, 5 and 7 years were 92%, 85%, 71%, and 63%, respectively. Survival at 1, 2, 5, and 7 years for 273 patients of WHO FC II at baseline of the pivotal study were 97%, 91%, 80 % and 70%, respectively, and for 294 patients of WHO FC III at baseline were 88%, 80%, 62% and 56%, respectively. Given that additional PAH treatment was initiated in a small proportion of patients and that there was no control group in the extension study, the survival benefit of selexipag cannot be confirmed from these data.

מצ"ב העלון לרופא עם סימון העידכונים כלהלן:
טקסט מואר - מידע בטיחותי עדכני
טקסט מסומן כמחוק בקו מחיקה - טקסט שהוסר או הוחלף בניסוח עדכני.

העלון לרופא נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות:
https://data.health.gov.il/drugs/index.html#/byDrug
כמו כן, ניתן לקבלו מודפס על ידי פנייה לבעל הרישום לטלפון 09-9591111

בברכה,
רונית עקירב
רוקחת ממונה