

יוני 2023

REPATHA (Evolocumab)
Solution for injection in pre-filled syringe or pen

רופא/ה נכבד/ה, רוקח/ת נכבד/ה,
 אמג'ן אירופה בי.וי, בעלת הרישום, מבקשת להודיעך על עדכונים בעלון לרופא לתכשיר רפאטה.
 בהודעה זו מצוינים העדכונים המהותיים וההחמרות בלבד.
 השינויים מפורטים להלן (קו תחתי – הוספת טקסט, קו מוצה – מחיקת טקסט).

ההתוויות הרשומות לתכשיר:

Hypercholesterolaemia and mixed dyslipidaemia

Repatha is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, and in paediatric patients aged 10 years and over with heterozygous familial hypercholesterolaemia, as an adjunct to diet:

- in combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or,
- alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

Homozygous familial hypercholesterolaemia

Repatha is indicated in adults and paediatric patients aged 10 years and over with homozygous familial hypercholesterolaemia in combination with other lipid-lowering therapies.

Established atherosclerotic cardiovascular disease

Repatha is indicated in adults with established atherosclerotic cardiovascular disease (myocardial infarction, stroke or peripheral arterial disease) to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors:

- in combination with the maximum tolerated dose of a statin with or without other lipid-lowering therapies or,
- alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

עדכונים בעלון לרופא:

4.8 Undesirable effects

...

The safety profile was consistent between subjects with post-baseline LDL-C < 25 mg/dL (0.65 mmol/L) or < 40 mg/dL (1.03 mmol/L) compared to subjects with higher post-baseline LDL-C (≥ 40 mg/dL [1.03 mmol/L]), with median (Q1, Q3) Repatha exposure of 84.2 (78.1, 89.8) months in subjects who continued on Repatha and 59.8 (52.8, 60.3) months in subjects on placebo who switched to Repatha in an open-label extension study.

5.1 Pharmacodynamic properties

...

FOURIER-OLE (study 1 and study 2) consisted of two open-label, single-arm, multicenter, extension studies to evaluate the long-term safety, tolerability, and efficacy of Repatha in patients with established cardiovascular

disease who completed the FOURIER study. Enrolled patients received Repatha 140 mg every 2 weeks or 420 mg once monthly for approximately 5 years and continued moderate- (22.2%) or high-intensity (74.8%) background statin therapy. Of the 5,031 patients who received at least one dose of Repatha in study 1, 2499 patients received Repatha and 2,532 patients received placebo in the FOURIER study. Of the 1,599 patients who received at least one dose of Repatha in study 2, 854 patients received Repatha and 745 patients received placebo in the FOURIER study. Upon completion of study 1 and study 2, patients randomized to Repatha in the FOURIER study had up to 8.4 years (median 85.4 months) and 8.0 years of total Repatha exposure (median 80.2 months) and patients randomized to placebo had up to 5.25 years (median 60.0 months) and 4.9 years of total Repatha exposure (median 55.1 months), respectively.

In study 1 and 2 combined, 72.4% (n = 4,802) of patients achieved a lowest post-baseline LDL-C < 25 mg/dL (0.65 mmol/L), 87.0% (n = 5,765) of patients achieved an LDL-C < 40 mg/dL (1.03 mmol/L), and 11.9% (n = 792) of patients had an all post-baseline LDL-C ≥ 40 mg/dL (1.03 mmol/L). Of the patients who achieved post-baseline low LDL-C (< 25 mg/dL or < 40 mg/dL), the overall subject incidences of treatment emergent adverse events were 80.0% patients who achieved LDL-C < 25 mg/dL and 82.7% in patients who achieved LDL-C < 40 mg/dL compared to 85.0% in patients with LDL-C ≥ 40 mg/dL. The overall subject incidences of serious treatment emergent adverse events were 37.7% in patients who achieved LDL-C < 25 mg/dL and 40.0% in patients who achieved LDL-C < 40 mg/dL compared to 41.5% in patients with LDL-C ≥ 40 mg/dL.

The mean percent reduction from baseline in LDL-C was stable during the OLE study period and ranged from 53.4% to 59.1% for study 1 and 62.5% to 67.2% for study 2, regardless of the patient's original randomized treatment group in the FOURIER study. This appears to translate into a numerically lower subject incidence rate of adjudicated exploratory CV endpoints of the composite of CV death, MI and stroke for patients who had received Repatha in both the FOURIER and FOURIER OLE studies compared with patients who had received placebo in the FOURIER study and Repatha in the FOURIER OLE studies.

Overall, no new safety findings were identified in these studies.

את השינויים המפורטים ניתן לראות בעלון לרופא המצורף למכתב זה.

העלון לרופא המעודכן נשלח לפרסום במאגר התרופות של אתר משרד הבריאות, וניתן לקבלו גם על-ידי פניה למפיץ המקומי של התרופה, חברת מדיסון פארמה.
שרות לקוחות: Medison-CS@medison.co.il טלפון: *5634

בברכה,

מאיה ליפסון

רוקחת ממונה