Part VI: Summary of the risk management plan

Summary of risk management plan for Selexipag

This is a summary of the risk management plan (RMP) for Selexipag The RMP details important risks of Selexipag how these risks can be minimised, and how more information will be obtained about Selexipag's risks and uncertainties (missing information).

Selexipag's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how Selexipag should be used.

Important new concerns or changes to the current ones will be included in updates of Selexipag's RMP.

I. The medicine and what it is used for

Selexipag is authorised 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. (see SmPC for the full indication).

It contains selexipag as the active substance and it is given by oral route of administration.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Selexipag, together with measures to minimise such risks and the proposed studies for learning more about Selexipag's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size - the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status - the way a medicine is supplied to the patient (*e.g.* with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation measures*.

In the case of Selexipag, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Selexipag is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of Selexipag are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Selexipag. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (*e.g.* on the long-term use of the medicine).

List of important risks and missing information	
Important identified risks	Anaemia
	Concomitant use with strong inhibitors of CYP2C8
	Hyperthyroidism
	Hypotension
Important potential risks	Bleeding events
	Gastrointestinal disturbances denoting intestinal intussusception (manifested as ileus or obstruction)
	Light-dependent non-melanoma skin malignancies
	Major adverse cardiovascular events
	Medication error
	Ophthalmological effects associated with retinal vascular system
	Pulmonary oedema associated with pulmonary veno-occlusive disease (PVOD)
	Renal function impairment / acute renal failure
Missing information	Concomitant use with strong inhibitors of UGT1A3 and UGT2B7
	Use during pregnancy and lactation
	Use in elderly over 75 years old
	Use in paediatric patients

II.B Summary of important risks

Important identified risks	
Anaemia	
Risk minimisation measures	Routine risk minimisation measures:

	SmPC section 4.8. PL section 4. Prescription only medicine. Additional risk minimisation measures: None.
Concomitant use with strong inhibitors of CYP2C8	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.3 and 4.5. PL section 2. Prescription only medicine. Additional risk minimisation measures: None.
Hyperthyroidism	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.4 and 4.8. PL sections 2 and 4. Prescription only medicine. Additional risk minimisation measures: None.
Hypotension	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.4 and 4.8. PL sections 2 and 4. Prescription only medicine. Additional risk minimisation measures: None.
Important potential risks	
Bleeding events	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.5. PL section 2.

	Prescription only medicine. Additional risk minimisation measures: None.
Gastrointestinal disturbances denoting intestinal intussusception (manifested as ileus or obstruction)	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.2 and 5.3. PL section 2. Prescription only medicine. Additional risk minimisation measures: None.
Light-dependent non-melanoma skin malignancies	
Risk minimisation measures	Routine risk minimisation measures: None Prescription only medicine. Additional risk minimisation measures: None.
Major adverse cardiovascular events	
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.3. PL sections 2. Prescription only medicine. Additional risk minimisation measures: None.
Medication error	
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.2. PL sections 2 and 3. Prescription only medicine. Additional risk minimisation measures:

	• Controlled Access System • Educational material in a Prescribing Kit containing: ➢ SmPC ➢ Cover letter to the healthcare professional ➢ Healthcare professional A4 laminated titration guide ➢ Patient titration guide ➢ PL
Ophthalmological effects associated with retinal vascular system	
Risk minimisation measures	Routine risk minimisation measures: SmPC section 5.3. Prescription only medicine. Additional risk minimisation measures: None.
Pulmonary oedema associated with pulmonary veno-occlusive disease (PVOD)	
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.4. Prescription only medicine. Additional risk minimisation measures: None.
Renal function impairment / acute renal failure	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.2, 4.4 and 5.2. PL section 2. Prescription only medicine. Additional risk minimisation measures: None.
Missing information	
Concomitant use with strong inhibitors of UGT1A3 and UGT2B7	
	Routine risk minimisation measures: SmPC sections 4.5 and 5.2.

	Prescription only medicine. Additional risk minimisation measures: None.
Use during pregnancy and lactation	
	Routine risk minimisation measures: SmPC sections 4.4, 4.6 and 5.3 PL section 2. Prescription only medicine. Additional risk minimisation measures: None.
Use in elderly over 75 years old	
	Routine risk minimisation measures: SmPC sections 4.2 and 4.4. PL section 2. Prescription only medicine. Additional risk minimisation measures: None.
Use in paediatric patients	
	Routine risk minimisation measures: SmPC sections 4.2 and 5.1. PL section 2. Prescription only medicine. Additional risk minimisation measures: None.

PL: package leaflet; **SmPC**: Summary of Product Characteristics.

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Selexipag.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Selexipag.