

**הנדון: Galvus 50mg  
גאלבוס 50 מ"ג**

אנו שמחים להודיעכם על אישור התוויה נוספת לתכשיר שבנדון. התכשיר היה מאושר עד כה להתוויה הבאה:  
Galvus is indicated as an adjunct to diet and exercise in patients with type 2 diabetes mellitus

- As monotherapy, if diet and exercise are not sufficient, or
- In combination with metformin, or a sulfonylurea if treatment with these oral antidiabetics does not offer sufficient control of blood glucose.

As triple oral therapy in combination with:

a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control.

Galvus is also indicated for use in combination with insulin (with or without metformin) when diet and exercise plus a stable dose of insulin do not provide adequate glycaemic control.

**ההתוויה הנוספת שאושרה הינה:**

**Galvus is indicated as an adjunct to diet and exercise in patients with type 2 diabetes mellitus**

- **In combination with a thiazolidinedione, in patients with insufficient glycaemic control and for whom the use of a thiazolidinedione is appropriate.**

**המרכיב הפעיל:** Vildagliptin 50mg

באפריל 2014 עודכנו העלון לרופא והעלון לצרכן של התכשירים כדלקמן (קו תחתי – תוספת טקסט, קו חוצה – מחיקת טקסט):

**עלון לרופא:****2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

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Excipient: Each tablet contains 47.82 mg anhydrous-lactose anhydrous.

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**3. PHARMACEUTICAL FORM**

Tablet

White to light yellowish, round (8 mm diameter), flat-faced, bevelled-edge tablet. One side is debossed with "NVR", and the other side with "FB".

**4. CLINICAL PARTICULARS**

Galvus is indicated as an adjunct to diet and exercise in patients with type 2 diabetes mellitus

- As monotherapy, if diet and exercise are not sufficient, or
- In combination with metformin, or a sulfonylurea if treatment with these oral antidiabetics does not offer sufficient control of blood glucose.
- In combination with a thiazolidinedione, in patients with insufficient glycaemic control and for whom the use of a thiazolidinedione is appropriate.

As triple oral therapy in combination with

- a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control.

Galvus is also indicated for use in combination with insulin (with or without metformin) when diet and exercise plus a stable dose of insulin do not provide adequate glycaemic control.

#### 4.2 Posology and method of administration

##### Adults

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When used in combination with metformin, in combination with thiazolidinedione, in combination with metformin and a SU or in combination with insulin (with or without metformin), the recommended daily dose of vildagliptin is 100 mg, administered as one dose of 50 mg in the morning and one dose of 50 mg in the evening.

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The safety and efficacy of vildagliptin as triple oral therapy in combination with metformin and a thiazolidinedione have not been established.

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~~Galvus can be administered with or without a meal (see also section 5.2).~~

##### Additional information on special populations

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*Pediatric population (<18 years)*

*Galvus is not recommended for use in children and adolescents (< 18 years) due to a lack of data on safety and efficacy.*

##### Method of administration

###### Oral use

Galvus can be administered with or without a meal (see also section 5.2).

#### 4.4 Special warnings and precautions for use

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##### Renal impairment

There is limited experience in patients with ESRD on haemodialysis. Therefore Galvus should be used with caution in these patients (see also sections 4.2, and 5.2).

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##### Heart Failure

~~Vildagliptin is generally not recommended in patients with NYHA Class III unless the benefits outweigh the potential risks:~~ A clinical trial of vildagliptin in patients with NYHA functional class I-III showed that treatment with vildagliptin was not associated with a change in left-ventricular function or worsening of pre-existing CHF versus placebo Clinical experience in patients with NYHA functional class III treated with vildagliptin is still limited and results are inconclusive.

~~Rates of reported cardiac adverse events were slightly higher in patients with NYHA functional class III treated with vildagliptin than with placebo, though a baseline imbalance in CV risk favoring the placebo arm and small numbers of patients in the NYHA class III sub-group preclude firm conclusions (see section 5.1 Pharmacodynamic properties).~~

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#### 4.5 Interaction with other medicinal products and other forms of interaction

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**Combination with pioglitazone, metformin and glibenclamide glyburide**

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#### 4.6 Pregnancy Fertility, pregnancy and lactation

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No studies on the effect on human fertility have been conducted for Galvus (see section 5.3).

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#### 4.8 Undesirable effects

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##### Combination with a thiazolidinedione

In controlled clinical trials with the combination of vildagliptin 100 mg daily + a thiazolidinedione, no withdrawal due to adverse reactions was reported in either the vildagliptin 100 mg daily + thiazolidinedione or the placebo + thiazolidinedione treatment groups.

In clinical trials, the incidence of hypoglycaemia was uncommon in patients receiving vildagliptin + pioglitazone (0.6%) but common in patients receiving placebo + pioglitazone (1.9%). No severe hypoglycaemic events were reported in the vildagliptin arms.

In the pioglitazone add-on study, the absolute weight increases with placebo, Galvus 100 mg daily were 1.4 and 2.7 kg, respectively.

The incidence of peripheral oedema when vildagliptin 100 mg daily was added to a maximum dose of background pioglitazone (45 mg once daily) was 7.0%, compared to 2.5% for background pioglitazone alone.

**Table 3 Adverse reactions reported in patients who received Galvus 100 mg daily in combination with a thiazolidinedione in double-blind studies (N=158)**

<b><u>Metabolism and nutrition disorders</u></b>	
Common	Weight increase
Uncommon	Hypoglycemia
<b><u>Nervous system disorders</u></b>	
Uncommon	Headache
Uncommon	Asthenia
<b><u>Vascular disorders</u></b>	
Common	Oedema peripheral

##### Monotherapy

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**Table 3 4 Adverse reactions reported in patients who received Galvus 100mg daily as monotherapy in double-blind studies (N=1,855)**

<b><u>Nervous system disorder</u></b>	
Common	Dizziness
Uncommon	Headache
<b><u>Gastrointestinal disorders</u></b>	
Uncommon	Constipation
<b><u>Musculoskeletal and connective tissue disorders</u></b>	
Uncommon	Arthralgia
<b><u>Metabolism and nutrition disorders</u></b>	
Uncommon	Hypoglycemia
<b><u>Infections and infestations</u></b>	
Very rare	Upper respiratory tract infection
Very rare	Nasopharyngitis
<b><u>Vascular disorders</u></b>	
Uncommon	<del>Edema</del> Oedema peripheral

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##### Combination with metformin and SU

**Table 4 5** Adverse reactions reported in patients who received Galvus 50mg twice daily in combination with metformin and a sulfonylurea (N=157)

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Combination with insulin

**Table 5 6** Adverse reactions reported in patients who received Galvus 100 mg daily in combination with insulin (with or without metformin) in double-blind studies (n=371)

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## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

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#### Clinical Experience

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Overall, vildagliptin improved glycemic control when given as monotherapy or when used in combination with metformin, a sulphonylurea, and a thiazolidinedione, as measured by clinically relevant reductions in HbA<sub>1c</sub> from baseline at study endpoint (see Table 6 7).

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**Table 6 7** Key efficacy results of vildagliptin in placebo-controlled monotherapy trials and in add-on combination therapy trials (primary efficacy ITT population)

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A 52-week multi-center, randomized, double-blind trial was conducted in patients with type 2 diabetes and congestive heart failure (NYHA class I - III) to evaluate the effect of vildagliptin 50 mg bid (N=128) compared to placebo (N=126) on left ventricular ejection fraction (LVEF). Vildagliptin was not associated with a change in left-ventricular function or worsening of pre-existing CHF.

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Vildagliptin significantly decreased HbA<sub>1c</sub> compared with placebo (difference of 0.6%) from a mean baseline of 7.8% at week 16. In the subgroup with NYHA class III, the decrease in HbA<sub>1c</sub> compared to placebo was lower (difference 0.3%) but this conclusion is limited by the small number of patients (n=44). The incidence of hypoglycemia in the overall population was 4.7% and 5.6% in the vildagliptin and placebo groups, respectively.

#### Cardiovascular risk

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The composite endpoint of adjudicated cardio and cerebrovascular (CCV) events [acute coronary syndrome (ACS), ~~transient ischemic attack (with imaging evidence of infarction)~~, stroke or CCV death], was similar for vildagliptin versus combined active and placebo comparators [Mantel-Haenszel risk ratio 0.84 (95% confidence interval 0.63-1.12)] supporting the cardiovascular safety of vildagliptin. In total, 99 out of 8956 patients reported an event in the vildagliptin group vs 91 out of 6061 patients in the comparator group.

### 5.2 Pharmacokinetic properties

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#### Hepatic impairment

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The exposure to vildagliptin after a single dose in patients with mild and moderate hepatic impairment was decreased (20% and 8%, respectively), while the exposure to vildagliptin for patients with severe impairment<sub>1</sub> was increased by 22%. The maximum change (increase or decrease) in the exposure to vildagliptin is ~30%, which is not considered to be clinically relevant.

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### Renal impairment

In subjects with mild, moderate, or severe renal impairment, systemic exposure to vildagliptin was increased ( $C_{max}$  8-66%; AUC 32-134%) and total body clearance was reduced compared to subjects with normal renal function.

No dosage adjustment is required in patients with mild renal impairment. In patients with moderate or severe renal impairment or in patients with ESRD on hemodialysis, the recommended dose of vildagliptin is 50 mg once daily (see section 4.2 Posology and method of administration).

A multiple-dose, open-label trial was conducted to evaluate the pharmacokinetics of the lower therapeutic dose of vildagliptin (50 mg once daily) in patients with varying degrees of chronic renal impairment defined by creatinine clearance (mild: 50 to <80 ml/min, moderate: 30 to <50 ml/min and severe: <30 ml/min) compared to normal healthy control subjects.

Vildagliptin AUC increased on average 1.4, 1.7 and 2-fold in patients with mild, moderate and severe renal impairment, respectively, compared to normal healthy subjects. AUC of the metabolites LAY151 and BQS867 increased on average about 1.5, 3 and 7-fold in patients with mild, moderate and severe renal impairment, respectively. Limited data from patients with end stage renal disease (ESRD) indicate that vildagliptin exposure is similar to that in patients with severe renal impairment. LAY151 concentrations were approximately 2-3-fold higher than in patients with severe renal impairment. Vildagliptin was removed by haemodialysis to a limited extent (3% over a 3-4 hour haemodialysis session starting 4 hours post dose).

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## 6. PHARMACEUTICAL PARTICULARS

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### 6.4 Nature and contents of container

Aluminium/Aluminium (PA/Al/PVC/Al) blister.

## עלון לצרכן:

### 1. למה מיועדת התרופה?

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הרופא ימליץ על השימוש בגאלבוס לבד או בשילוב עם תרופה נוספת לטיפול בסוכרת, במידה שתרופה אחת אינה מספקת לאיזון רמת הסוכר בדם. גאלבוס יכול להינתן: כנוספת לתרופה המכילה מטפורמין; כנוספת לתרופה המכילה סולפונילאוריאה; כנוספת לתרופה המכילה טיאזולידינדיאון (גליטזון); כנוספת לחולים הנוטלים שילוב של מטפורמין וסולפונילאוריאה; כנוספת לחולים המטופלים באינסולין, עם/ללא מטפורמין. עם זאת, חשוב להמשיך בתזונה ו/או בפעילות הגופנית בנוסף לטיפול בתרופה.

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### 3. כיצד תשתמש בתרופה?

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המינון המקובל של גאלבוס הוא 50 או 100 מ"ג ביום:

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במידה ואתה לוקח גאלבוס בשילוב עם תרופה נוספת המכילה מטפורמין או גליטזון, בשילוב של מטפורמין וסולפונילאוריאה, או עם אינסולין (עם/ללא מטפורמין), המינון המקובל הוא 100 מ"ג ביום הנלקחים במנה של 50 מ"ג בבוקר ו- 50 מ"ג בערב.

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אין ליטול תרופות בחושך! יש לבדוק התוויות והמנה בכל פעם שהנך נוטל תרופה. הרכב משקפיים אם הינך זקוק להם.

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### 4. תופעות לוואי

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יש להפסיק ליטול את התרופה ולפנות לרופא מיד אם יש לך אחת או יותר מהתופעות הבאות:

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- הצהבה של העור והעיניים ו/או העיניים, בחילה, אובדן תאבון, שתן כהה (תסמינים אפשריים של הפרעות בכבד - נדיר).

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• כאב ראש, נמנום, חולשה, סחרחורת, בלבול, אי-שקט, רעב, קצב לב מהיר, הזעה, תחושת עצבנות (תסמינים אפשריים לרמת סוכר נמוכה בדם הידועה בשם "היפוגליקמיה").

**תופעות לוואי נוספות:**

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**תופעות לוואי עקב שימוש בגאלבוס וסולפונילאוריאה:**  
תופעות לוואי שכיחות (משפיעות על 1 עד 10 מתוך 100 מטופלים): רעד; כאב ראש; סחרחורת; חולשה; ~~רמת גלוקוז נמוכה בדם.~~

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**תופעות לוואי עקב שימוש בגאלבוס וגליטזון:**  
תופעות לוואי שכיחות (משפיעות על 1 עד 10 מתוך 100 מטופלים): עליה במשקל; נפיחות של כפות הידיים, הקרסוליים או כפות הרגליים (בצקת).  
תופעות לוואי שאינן שכיחות (משפיעות על 1 עד 10 מתוך 1,000 מטופלים): כאב ראש; חולשה; רמת גלוקוז נמוכה בדם.  
**תופעות לוואי עקב שימוש בגאלבוס ואינסולין (עם או ללא מטפורמין):**  
תופעות לוואי שכיחות (משפיעות על 1 עד 10 מתוך 100 מטופלים): כאב ראש; צמרמורות; בחילה (הרגשת חולי); רמת גלוקוז ~~סוכר~~ נמוכה בדם; צרבת.

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**תופעות לוואי עקב שימוש בגאלבוס בשילוב עם מטפורמין וסולפונילאוריאה:**  
תופעות לוואי שכיחות (משפיעות על 1 עד 10 מתוך 100 מטופלים): סחרחורת; רעד; חולשה; ~~רמת גלוקוז נמוכה בדם;~~ הזעה מוגברת.

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העלונים לרופא ולצרכן נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על-ידי פניה לבעל הרישום.

בברכה,

אסנת מירון - עוזרי  
רוקחת ממונה