אוגוסט 2026

רופא/ה נכבד/ה,
רוקח/ת נכבד/ה,

הנדון: Winrevair® 45mg, Winrevair® 60mg
וינרוור 45 מ"ג, וינרוור 60 מ"ג

Dosage Form: Powder and solvent for solution for injection (SC)

Active ingredients and Strength:
- Winrevair 45mg - Each vial contains 45 mg of sotatercept. After reconstitution, each mL of solution contains 50 mg sotatercept.
- Winrevair 60mg - Each vial contains 60 mg of sotatercept. After reconstitution, each mL of solution contains 50 mg sotatercept.

חברת מרק שארפ ודוהם (ישראל-1996) בע"מ, (MSD ישראל) מבקשת ליידע על עדכון העלון לרופא והעלון לצרכן של וינרוור 45 מ"ג ו-וינרוור 60 מ"ג.

להלן לשון ההתוויה המאושרת לתכשיר:
Winrevair, in combination with other pulmonary arterial hypertension (PAH) therapies, is indicated for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity.

למידע מלא ולהוראות מתן מפורטות יש לעיין בעלון לרופא המאושר על ידי משרד הבריאות.

עדכונים מהותיים בעלון לרופא:
טקסט שהוסף מסומן בקו תחתון, טקסט שנמחק מסומן בקו חוצה.

4.4 Special warnings and precautions for use

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Severe thrombocytopenia

Decreased platelet count has been observed in some patients taking sotatercept including severe thrombocytopenia (platelet count < 50 x 10^9/L). Thrombocytopenia was reported more frequently in patients also receiving prostacyclin infusion (7.7% to ~~21.5~~24.5%) compared to patients not receiving prostacyclin infusion (~~3.1~~0.0% to 3.7%) (see section 4.8). Severe thrombocytopenia may increase the risk of bleeding events. Platelet count should be monitored before each dose for the first 5 doses, or longer if values are unstable, and every 3 to 6 months thereafter to determine whether dose adjustments are required (see section 4.2).

Serious bleeding

In clinical studies, serious bleeding events (including gastrointestinal, intracranial haemorrhage) have been observed in 4.3% to 7.0% of patients during treatment with sotatercept (see section 4.8). Patients with serious bleeding events were more likely to be on prostacyclin background therapy and/or antithrombotic agents, have low platelet count, or be 65 years of age or older. Patients should be advised about any signs and symptoms of blood loss. A physician should evaluate and treat bleeding events accordingly. Sotatercept should not be administered if the patient is experiencing a serious bleeding event.

4.8 Undesirable effects

MSD

Summary of safety profile

The most frequently reported adverse reactions in either STELLAR, ZENITH or HYPERION (highest frequency among the studies) were epistaxis (45.3%), headache (~~24.5~~26.7%), ~~epistaxis (22.1%),~~ telangiectasia (~~16.6~~26.3%), diarrhoea (~~15.3~~25.6%), increased haemoglobin (15.1%), thrombocytopenia (15.1%), dizziness (14.7%), back pain (14%), rash (12.3%), gastrointestinal tract bleeding (11.6%) and gingival bleeding (10.5%)~~thrombocytopenia (10.4%)~~.

The most frequently reported serious adverse reactions were thrombocytopenia (< 1.2%) ~~and~~, epistaxis (< 1.2%) and dizziness (< 1.2%).

The most common adverse reactions leading to discontinuation were epistaxis and telangiectasia.

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Table 3: Adverse reactions

System organ class	Frequency	Adverse reaction
Infections and infestations	Common	Urinary tract infections
Blood and lymphatic system disorders	Very common	Thrombocytopenia[1,2] Increased haemoglobin[1]
Nervous system disorders	Very common	Dizziness Headache
Cardiac disorders	Not known	Pericardial effusion[1]
Respiratory, thoracic and mediastinal disorders	Very common	Epistaxis
	Uncommon	Intrapulmonary shunt[3]
Gastrointestinal disorders	Very common	Diarrhoea Gingival bleeding[4] Gastrointestinal tract bleeding[4,5]
	Common	~~Gingival bleeding~~ Colonic angioectasia
Skin and subcutaneous tissue disorders	Very common	Telangiectasia[1] Rash
	Common	Erythema Skin hypopigmentation
Musculoskeletal and connective tissue disorders	Very common	Back pain[4]
General disorders and administration site conditions	Common	Injection site pruritus
Investigations	Common	Increased blood pressure[1,4~~6~~]

[1] See description of selected adverse reactions
[2] Includes 'thrombocytopenia' and 'platelet count decreased'
[3] See 'Long-term safety data'
[4] The frequency category is based on ZENITH
[5] Includes 'gastrointestinal haemorrhage', 'upper gastrointestinal haemorrhage', 'haematemesis', 'lower gastrointestinal haemorrhage', 'haematochezia', 'rectal haemorrhage', 'melaena' and 'gastritis haemorrhagic'
[~~4~~6] Includes 'hypertension','blood pressure diastolic increased' and 'blood pressure increased'

Description of selected adverse reactions

Increased haemoglobin

In STELLAR, ~~adverse reactions of~~ increased Hgb ('haemoglobin increased' and 'polycythaemia') ~~were~~was reported in 8.6% of patients taking sotatercept. Based on laboratory data, moderate elevations in Hgb (> 1.24 mmol/L (2 g/dL) above ULN) occurred in 15.3% of patients taking sotatercept.

In ZENITH, increased Hgb was reported in 15.1% of patients taking sotatercept. Based on laboratory data, moderate elevations in Hgb occurred in 7.1% of patients taking sotatercept.

In HYPERION, increased Hgb was reported in 11.3% of patients taking sotatercept. Based on laboratory data, moderate elevations in Hgb occurred in 5.7% of patients taking sotatercept.

Increases in Hgb were managed by dose adjustments (see sections 4.2 and 4.4).

Thrombocytopenia
In STELLAR, ~~T~~thrombocytopenia ('thrombocytopenia' and 'platelet count decreased') was reported in 10.4% of patients taking sotatercept. Severe reduction in platelet count < 50 x 10^9/L occurred in ~~2.5~~3.1% of patients taking sotatercept. Thrombocytopenia was reported more frequently in patients also receiving prostacyclin infusion (21.5%) compared to patients not receiving prostacyclin infusion (3.1%).

In ZENITH, thrombocytopenia was reported in 15.1% of patients taking sotatercept. Severe reduction in platelet count < 50 x 10^9/L occurred in 6.0% of patients taking sotatercept. Thrombocytopenia was reported only in patients also receiving prostacyclin infusion (24.5%).

In HYPERION, thrombocytopenia was reported in 4.4% of patients taking sotatercept. No severe reduction in platelet count < 50 x 10^9/L occurred in patients taking sotatercept. Thrombocytopenia was reported more frequently in patients also receiving prostacyclin infusion (7.7%) compared to patients not receiving prostacyclin infusion (3.7%).

Thrombocytopenia was managed by dose adjustments (see sections 4.2 and 4.4).

Telangiectasia
In STELLAR, ~~T~~telangiectasia was observed in 16.6% of patients taking sotatercept. The median time to onset was 18.6 weeks. Discontinuations of treatment due to telangiectasia were 1% in the sotatercept group.

In ZENITH, telangiectasia was observed in 25.6% of patients taking sotatercept. The median time to onset was 12.8 weeks. There were no discontinuations of treatment due to telangiectasia in the sotatercept group.

In HYPERION, telangiectasia, was observed in 26.3% of patients taking sotatercept. The median time to onset was 19.6 weeks. Discontinuations of treatment due to telangiectasia were 0.6% in the sotatercept group.

Increased blood pressure
In STELLAR, ~~I~~increased blood pressure was reported in 4.3% of patients taking sotatercept. In patients taking sotatercept, mean systolic blood pressure increased from baseline by 2.2 mmHg and diastolic blood pressure increased by 4.9 mmHg at 24 weeks.

In ZENITH, increased blood pressure was reported in 2.3% of patients taking sotatercept. In patients taking sotatercept, mean systolic blood pressure increased from baseline by 3.1 mmHg and diastolic blood pressure increased by 5.1 mmHg at 24 weeks.

In HYPERION, increased blood pressure was reported in 6.9% of patients taking sotatercept. In patients taking sotatercept, mean systolic blood pressure increased from baseline by 3.6 mmHg and diastolic blood pressure increased by 4.5 mmHg at 24 weeks.

Pericardial effusion
Cases of new-onset or worsening of pericardial effusions (including cardiac tamponade) have been reported in patients treated with sotatercept, despite improved or stable PAH haemodynamics. Most cases were reported in patients with PAH associated with connective tissue disease, pre-existing pericardial effusion, or both; most also received prostacyclin analogues.

Elderly

With the exception of bleeding events (a collective group of adverse events of clinical interest), there were no differences in safety between the < 65-year-old and ≥ 65-year-old subgroups.

In STELLAR, ~~B~~bleeding events occurred more commonly in the older sotatercept subgroup (52% ~~vs~~versus 31.9% in patients < 65-year-old); however, there was no notable imbalance between age categories for any specific bleeding event. Serious bleeding occurred in 3.6% of patients < 65-year-old and in 8.0% of patients ≥ 65-year-old taking sotatercept.

In ZENITH, bleeding events occurred more commonly in the older sotatercept subgroup (73.3% versus 60.7% in patients < 65-year-old). Serious bleeding occurred in 3.6% of patients < 65-year-old and in 13.3% of patients ≥ 65-year-old taking sotatercept.

In HYPERION, bleeding events occurred more commonly in the older sotatercept subgroup (55.9% versus 38% in patients < 65-year-old). Serious bleeding occurred in 2.2% of patients < 65-year-old and in 13.2% of patients ≥ 65-year-old taking sotatercept.

Long-term safety data

Pooled ~~L~~long-term safety data are available from 431 patients who participated in ~~pooled~~ phase 2 and phase 3 clinical studies (~~n=431~~ PULSAR, SPECTRA, and STELLAR). A majority of these patients continued into SOTERIA, an ongoing open-label follow-up study of the long-term safety and efficacy of sotatercept. The ~~median~~mean duration of exposure was ~~657~~173 ~~days~~weeks, with a maximum exposure of 355 weeks.. The safety profile was generally similar to that observed in the pivotal STELLAR study. Right-to-left intrapulmonary shunting has been reported in participants who developed worsening hypoxemia despite improved PAH haemodynamics.

עדכונים מהותיים בעלון לצרכן:
טקסט שהוסף מסומן בקו תחתון, טקסט שנמחק מסומן בקו חוצה.

4. תופעות לוואי
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תופעות לוואי נוספות:
שוחח עם הרופא או הרוקח אם תבחין באחת התופעות הבאות:

תופעות לוואי שכיחות מאוד - תופעות שמופיעות ביותר מ-1 מתוך 10 אנשים:
- כאב ראש
- דימומים מהאף (epistaxis)
- וריד עכביש או כלי דם זעירים הנראים כפסים ורודים או אדומים על העור (התרחבות כלי דם (telangiectasia))
- שלשול
- סחרחורת
- פריחה עורית
- דימום בחניכיים
- כאב גב
- דימום במערכת העיכול (קיבה, מעיים או חלחולת (רקטום)) שיכול להופיע כדם בהקאה או בצואה

תופעות לוואי שכיחות – תופעות שמופיעות בעד 1 מתוך 10 אנשים:
- לחץ דם גבוה
- אודם בעור
- כתמים בהירים או לבנים על העור (היפופיגמנטציה של העור)
- ~~דימום בחניכיים~~
- גרד במקום ההזרקה
- זיהום בדרכי השתן (כליה, שלפוחית השתן או השופכה) שעלול לגרום לכאב בגב התחתון או בבטן ולתחושת צריבה בזמן מתן שתן
- כלי דם שבריריים או מורחבים במעי הגס (colonic angioectasia)

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העלונים כוללים עדכונים נוספים שאינם מהותיים. העלונים נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על ידי פניה לבעל הרישום, חברת MSD, בטלפון 09-9533333.

דיווח על תופעות לוואי לתכשירים רשומים הינו חשוב ומאפשר המשך מעקב אחר מאזן התועלת/סיכון של התכשיר. ניתן לדווח על תופעות לוואי למשרד הבריאות באמצעות לחיצה על הקישור "דיווח על תופעות לוואי עקב טיפול תרופתי" שנמצא בדף הבית של אתר משרד הבריאות (www.health.gov.il) המפנה לטופס המקוון לדיווח על תופעות לוואי, או ע"י כניסה לקישור: https://sideeffects.health.gov.il . כמו כן ניתן לדווח על תופעות לוואי לחברת MSD ישראל באמצעות פנייה טלפונית ל-09-9533333.

בברכה,
מיכל שפירא סרפר
רוקחת ממונה
MSD ישראל

Reference:
Winrevair 45mg & 60 mg SPC updated 08-2026
Winrevair 45mg & 60 mg PIL updated 08-2026