

## COVER OUTSIDE - FRONT

# Uptravi

film-coated tablets  
selexipag

## Titration Guide

### Starting Treatment With Uptravi

Please read the accompanying patient information leaflet before starting treatment.

Tell your doctor if you experience side effects, as your doctor may recommend that you change your Uptravi dose.

Tell your doctor if you are taking other medications as your doctor may recommend that you take Uptravi only once daily.

**To reports any side effect(s):**

The National Pharmacovigilance Centre (NPC):

SFDA Call Center: 19999

E-mail: [npc.drug@sfd.gov.sa](mailto:npc.drug@sfd.gov.sa)

Website: <https://ade.sfd.gov.sa>

If you have further question or require additional information, please contact our local safety department at:

Email: [GCC-PV2@its.jnj.com](mailto:GCC-PV2@its.jnj.com)

This document has been reviewed and approved by The Saudi Food and Drug Authority (SFDA).

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## How should you take Uptravi?

Uptravi is a medicine taken every morning and evening for the treatment of pulmonary arterial hypertension, also called PAH.

The starting dose for Uptravi is 200 micrograms  
**once in the morning and once in the evening.**

The first intake of Uptravi should be in the evening.

You should take each dose with a glass of water, preferably during a meal.

## **There are 2 phases of treatment with Uptravi:**

### **Titration**

In the first several weeks, you will work with your doctor to find the dose of Uptravi that is right for you. Your doctor may have you step up from the starting dose to higher doses of Uptravi. Your doctor may step you down to a lower dose. This process is called titration. It lets your body gradually adjust to the medicine.

### **Maintenance**

Once your doctor has found the dose that is right for you, this will be the dose you take on a regular basis. This is called the maintenance dose.

## How should you step up your dose?

You will start at the 200 microgram dose in the morning and in the evening and after discussing with your doctor or nurse step up to the next dose.

The first intake of the increased dose should be in the evening. Each step usually lasts about 1 week. It could take several weeks to find the dose that is right for you.

**The goal is to reach the dose that is most appropriate to treat you.**

This dose will be your maintenance dose.

Every patient with PAH is different. **Not everyone will end up on the same maintenance dose.**

Some patients may have 200 micrograms in the morning and in the evening as their maintenance dose, while some will reach the highest dose of 1,600 micrograms in the morning and in the evening.

Others may reach a maintenance dose somewhere inbetween. What is important is that you reach the dose that is most appropriate to treat you.

# ↑ What are the steps?

8

2 200 microgram tablet

Each dosing step lasts about 1 week.

## STARTING DOSE

2

### STEP 1

**Morning:** One  
200 microgram tablet  
**Evening:** One  
200 microgram tablet  
(total daily dose:  
400 microgram)

2 2

### STEP 2

**Morning:** Two  
200 microgram  
tablets  
**Evening:** Two  
200 microgram  
tablets  
(total daily dose:  
800 microgram)

2 2 2

### STEP 3

**Morning:** Three  
200 microgram  
tablets  
**Evening:** Three  
200 microgram  
tablets  
(total daily dose:  
1,200 microgram)

2 2 2 2

### STEP 4

**Morning:** Four  
200 microgram  
tablets  
**Evening:** Four  
200 microgram  
tablets  
(total daily dose:  
1,600 microgram)





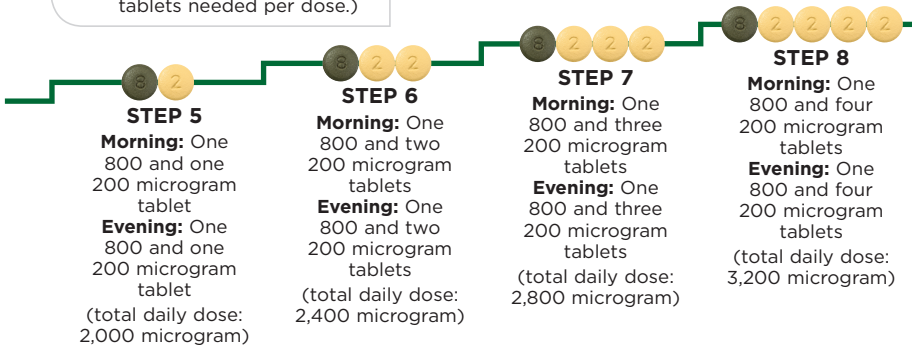
8

**800 microgram tablet**  
(Use with steps 5 through 8 to reduce the number of tablets needed per dose.)

2

**200 microgram tablet**

**HIGHEST DOSE** | 9



(Tablets are not actual size.)





## When should you step down?

As with all medicines, you may experience side effects with Uptravi as you step up to higher doses.

**Talk to your doctor or nurse if you have side effects.  
There are treatments available that can help relieve them.**

The most common side effects (may affect more than 1 in 10 people) you may experience while taking Uptravi are:

- Headache • Diarrhoea • Nausea • Vomiting • Jaw pain • Muscle pain
- Leg pain • Joint pain • Facial redness

For a full list of side effects see package leaflet for further information.

If you cannot tolerate the side effects even after your doctor or nurse has tried to treat them, he or she may recommend you step down to a lower dose.

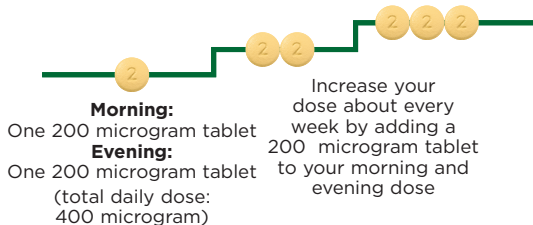
**If your doctor or nurse tells you to step down to a lower dose, you should take one less 200 microgram tablet in the morning and one less in the evening.**

You should only step down after speaking with your PAH doctor or nurse. This stepping-down process will help you find the dose that is right for you, also called your maintenance dose.

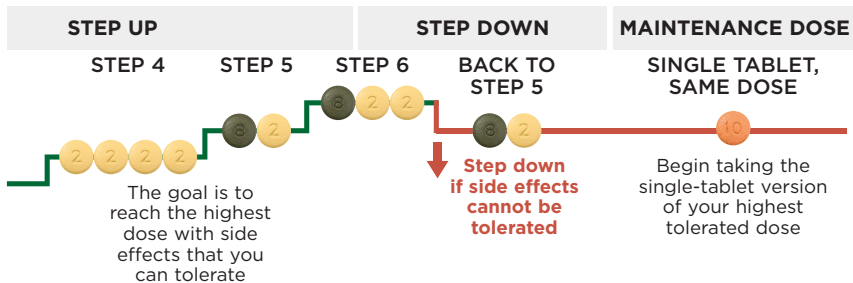
# Stepping down

Each dosing step lasts about 1 week.

 **200 microgram** tablet



(Tablets are not actual size.)



**2** 200 microgram tablet

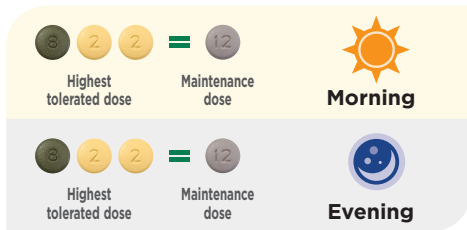
**8** 800 microgram tablet  
(Use with steps 5 through 8 to reduce the number of tablets needed per dose.)

## When you move to your maintenance dose

The highest dose that you can tolerate during titration will become your **maintenance dose**. Your maintenance dose is the dose you should continue to take on a regular basis. Your doctor or nurse can prescribe an equivalent **single-tablet strength** for your maintenance dose.

**This lets you take just one tablet in the morning and one in the evening, instead of multiple tablets for each dose.**

For example, if your highest tolerated dose during titration was 1,200 micrograms once in the morning and once in the evening:



**Over time, your doctor or nurse may adjust your maintenance dose as needed.**

## If you forget to take Uptravi

If you miss a dose, take the dose as soon as you remember, then continue to take your tablets at the usual times. If it is within 6 hours of when you would normally take your next dose, you should skip the missed dose and continue to take your medicine at the usual time.

**Do not take a double dose to make up for a forgotten tablet.**



## If you stop taking Uptravi

Do not stop taking Uptravi unless your doctor or nurse tells you to. If, for any reason, you stop taking Uptravi for more than 3 consecutive days (if you missed 6 doses in a row), **contact your PAH doctor or nurse immediately as your dose may need to be adjusted to avoid side effects.**

Your doctor or nurse may have you resume treatment at a lower dose, gradually increasing to your previous maintenance dose.

# Titration diary

**Please read the instructions in the package leaflet carefully.**

The following diary pages help you keep track of the number of tablets you need to take in the morning and evening during titration.

Use them to write down the number of tablets you take in the morning and the evening.

Each step usually lasts about 1 week, unless your doctor or nurse instructs you otherwise. If your titration steps last longer than 1 week there are additional diary pages to track this.

- 2 Use pages 20 to 27 to track the first weeks of treatment, when you are using 200 microgram tablets only (steps 1-4).
- 2 3 If you have been prescribed both 200 and 800 microgram tablets, use pages 30 to 37 (steps 5-8).

**Remember to talk to your PAH doctor or nurse regularly.**

Write down your doctor or nurse's instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's office telephone and e-mail: \_\_\_\_\_

\_\_\_\_\_

Pharmacist's telephone: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



WEEK

1

Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

20

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



The first intake of Upravi should be in the evening

WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

21

#

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



The first intake of an dose of Upravi should be in the evening

WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

22

#

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

23

#

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



Skip to page 30 if your doctor prescribes 800 microgram tablets

WEEK

#

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

24

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



Skip to page 30 if your doctor prescribes 800 microgram tablets



WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

25

#

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



Skip to page 30 if your doctor prescribes 800 microgram tablets

WEEK

#

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

26

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



Skip to page 30 if your doctor prescribes 800 microgram tablets

WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

27

#

Date: \_\_\_\_\_



Morning

2

200  
micrograms



Evening

2

200  
micrograms



Skip to page 30 if your doctor prescribes 800 microgram tablets

**2** **200 microgram** tablet

**8** **800 microgram** tablet  
(Use with steps 5 through 8 to reduce  
the number of tablets needed per dose.)

Use the following diary pages if your doctor or nurse prescribes 800 microgram tablets in addition to your 200 microgram tablets.

On the diary pages, check off that you have taken **one** 800 microgram tablet every day in the morning and in the evening with your prescribed number of 200 microgram tablets.

**Remember to talk to your PAH doctor or nurse regularly.**

Write down your doctor or nurse's instructions: \_\_\_\_\_

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Doctor's office telephone and e-mail: \_\_\_\_\_

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Pharmacist's telephone: \_\_\_\_\_

Notes: \_\_\_\_\_

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WEEK

#

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

30

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1
 <b>Evening</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1




WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

31

#

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms							
	 800 micrograms							
 <b>Evening</b>	 200 micrograms							
	 800 micrograms							


WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

32

#

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms							
	 800 micrograms							
 <b>Evening</b>	 200 micrograms							
	 800 micrograms							




WEEK

#

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

33

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1
 <b>Evening</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1


WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

34

#

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
	 800 micrograms	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
 <b>Evening</b>	 200 micrograms	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>	<input type="text" value="#"/>
	 800 micrograms	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>



WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

35

#

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms							
	 800 micrograms							
 <b>Evening</b>	 200 micrograms							
	 800 micrograms							




WEEK

#

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

36

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1
 <b>Evening</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1



WEEK

Write down the number of the week of the treatment in the upper left hand corner. Every day write down in the boxes below how many tablets you take in the morning and evening. I spoke with my doctor or nurse on DD/MM/YY.

37

#

Date: \_\_\_\_\_

 <b>Morning</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1
 <b>Evening</b>	 200 micrograms	#	#	#	#	#	#	#
	 800 micrograms	1	1	1	1	1	1	1

# Notes

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**COVER OUSIDE - BACK**



Actelion pharmaceuticals Ltd.  
SA - MU\_000236





## Product Artwork CoE

Janssen

Shared mailbox: RA-JANBE-GRAPHDES@its.jnj.com

**Booklet** UPTRAVI  
**PCC** MU\_000236

*Template Ref. Name:* Allpack/Booklet/120x65/V1  
120x65

*Tech. info/Spec:* -

*Market:* SA

*Mat. ID Code:* N/A

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*Replaces PCC:* N/A

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*Font Size:* 8 pt

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1.42 mm	9 pt xxx	7.8 pt xxx
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		5.4 pt xxx
		6.3 pt xxx
		7.2 pt xxx
		8 pt xxx

■ Black

■ Cyan

■ Magenta

■ Yellow

*Date (Designer)*

- 03-NOV-21 (Syed)
- 05-NOV-21 (Syed)
- 19-NOV-21 (Syed)
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