HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use UPTRAVI safely and effectively. See full prescribing information for UPTRAVI.

UPTRAVI® (selexipag) tablets, for oral use
UPTRAVI® (selexipag) for injection, for intravenous use
Initial U.S. Approval: 2015

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Dosage and Administration (2.1, 2.2, 2.3)

- **UPTRAVI tablets starting dose:** 200 mcg twice daily. (2.1)
- **Increase the dose by 200 mcg once daily at weekly intervals to the highest tolerated dose up to 1600 mcg.** (2.1)
- **Moderate hepatic impairment:** Starting dose 200 mcg once daily, increase the dose by 200 mcg once daily at weekly intervals to the highest tolerated dose up to 1600 mcg. (2.5)
- **UPTRAVI for injection dose is determined by the patient's current dose of UPTRAVI tablets. Administer UPTRAVI for injection by intravenous infusion, twice daily.** (2.2)

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USE IN SPECIFIC POPULATIONS

- **Nursing mothers:** Discontinue UPTRAVI or breastfeeding. (8.2)
- **Severe hepatic impairment:** Avoid use. (8.6)

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ADVERSE REACTIONS

- **Concomitant use with strong CYP2C8 inhibitors:** (4, 7.1, 12.3)
- Hypersensitivity to the active substance or to any of the excipients. (4)

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CONTRAINDICATIONS

- **Pulmonary edema in patients with pulmonary veno-occlusive disease.** If confirmed, discontinue treatment. (5.1)

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DRUG INTERACTIONS

- **Moderate CYP2C8 inhibitors (e.g., clopidogrel, deferasirox and teriflunomide)** increase exposure to the active metabolite of UPTRAVI. Reduce the dosing of UPTRAVI to once daily. (2.2)
- **CYP2C8 inducers (e.g., rifampin) decrease exposure to the active metabolite. Increase up to twice the dose of UPTRAVI.** (7.2, 12.3)

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EDUCATIONAL MATERIALS

- **See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.** Revised: 10/2021

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*Sections or subsections omitted from the full prescribing information are not listed.
2.3 Administration Instructions

Administer by intravenous infusion over 80 minutes using an infusion set made of DEHP-free polyvinyl chloride (PVC), natural latex rubber-free microbore tubing protected from light.

Do not use a filter for administration.

Once the solution for infusion glass container is empty, continue the infusion at the same rate with 0.9% saline to empty the remaining solution for infusion in the IV line, to ensure that the entire solution for infusion has been administered.

Table 1: Dosing Table for UPTRAVI intravenous based on current UPTRAVI tablets dose

<table>
<thead>
<tr>
<th>UPTRAVI tablets dose (mcg) for twice daily dosing</th>
<th>Corresponding IV UPTRAVI Dose (mcg) for twice daily dosing</th>
<th>Reconstituted transfer volume (mL) for dilution</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>225</td>
<td>1.0</td>
</tr>
<tr>
<td>400</td>
<td>450</td>
<td>2.0</td>
</tr>
<tr>
<td>600</td>
<td>675</td>
<td>3.0</td>
</tr>
<tr>
<td>800</td>
<td>900</td>
<td>4.0</td>
</tr>
<tr>
<td>1000</td>
<td>1125</td>
<td>5.0</td>
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<tr>
<td>1200</td>
<td>1350</td>
<td>6.0</td>
</tr>
<tr>
<td>1400</td>
<td>1575</td>
<td>7.0</td>
</tr>
<tr>
<td>1600</td>
<td>1800</td>
<td>8.0</td>
</tr>
</tbody>
</table>

Table 2: Adverse Reactions

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>UPTRAVI N=575</th>
<th>Placebo N=577</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>65%</td>
<td>32%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>42%</td>
<td>18%</td>
</tr>
<tr>
<td>Jaw pain</td>
<td>26%</td>
<td>6%</td>
</tr>
<tr>
<td>Nausea</td>
<td>33%</td>
<td>18%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Flushing</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Anemia</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Rash</td>
<td>11%</td>
<td>8%</td>
</tr>
</tbody>
</table>
These adverse reactions are more frequent during the dose titration phase. Hyperthyroidism was observed in 1% (n=8) of patients on UPTRAVI tablets and in none of the patients on placebo.

8.1 Pregnancy

Risk Summary

There are no adequate and well-controlled studies with UPTRAVI in pregnant women. Animal reproduction studies performed with selexipag showed no clinically relevant effects on embryofetal development and survival. A slight reduction in maternal as well as in fetal body weight was observed when pregnant rats were administered selexipag during organogenesis at a dose producing an exposure to the active metabolite approximately 47 times that in humans at the maximum recommended human dose. No adverse developmental outcomes were observed with oral administration of selexipag to pregnant rabbits during organogenesis at exposures to the active metabolite up to 50 times the human exposure at the maximum recommended human dose.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Data

Animal Data

Pregnant rats were treated with selexipag using oral doses of 2, 6, and 20 mg/kg/day (up to 47 times the exposure to the active metabolite at the maximum recommended human oral dose of 1600 mcg) twice daily on an AUC basis during the period of organogenesis (gestation days 6 to 18). Selexipag did not cause adverse developmental effects to the fetus in this study. A slight reduction in fetal body weight was observed in parallel with a slight reduction in maternal body weight at the high dose.

Pregnant rabbits were treated with selexipag using oral doses of 3, 10, and 30 mg/kg (up to 50 times the exposure to the active metabolite at the maximum recommended human oral dose of 1600 mcg) twice daily on an AUC basis during the period of organogenesis (gestation days 6 to 17). Selexipag did not cause adverse developmental effects to the fetus in this study.
12.2 Pharmacodynamics

Cardiac Electrophysiology

At the maximum tolerated dose of 1600 mcg UPTRAVI tablets twice daily, UPTRAVI does not prolong the QT interval to any clinically relevant extent.

Platelet Aggregation

Both selexipag and its active metabolite caused concentration-dependent inhibition of platelet aggregation in vitro with an IC50 of 5.5 µM and 0.21 µM, respectively. However, at clinically relevant concentrations, there was no effect on platelet aggregation test parameters as seen following multiple-dose administrations of UPTRAVI tablets in healthy subjects from 400 to 1800 mcg twice daily.

Pulmonary Hemodynamics

A Phase 2 clinical study assessed hemodynamic variables after 17 weeks of oral treatment in patients with PAH WHO Functional Class II–III and concomitantly receiving endothelin receptor antagonists (ERAs) and/or phosphodiesterase type 5 (PDE-5) inhibitors. Patients titrating UPTRAVI tablets to an individually tolerated dose (200 mcg twice daily increments up to 800 mcg twice daily) (N=33) achieved a statistically-significant mean reduction in pulmonary vascular resistance of 30.3% (95% confidence interval [CI] −44.7%, −12.2%) and an increase in cardiac index (median treatment effect) of 0.41 L/min/m² (95% CI 0.10, 0.71) compared to placebo (N=10).

Drug Interaction

In a study in healthy subjects, UPTRAVI tablets (400 mcg twice a day) did not influence the pharmacodynamic effect of warfarin on the international normalized ratio.

12.3 Pharmacokinetics

The pharmacokinetics of selexipag and its active metabolite have been studied primarily in healthy subjects. The pharmacokinetics of selexipag and the active metabolite, after both single- and multiple-dose oral administration, were dose-proportional up to a single dose of 800 mcg and multiple doses of up to 1800 mcg twice daily. The pharmacokinetics of selexipag and the active metabolite, after multiple-dose intravenous administration, were dose-proportional in the tested dose range from 450 to 1800 mcg twice a day.

In healthy subjects, inter-subject variability in exposure (area under the curve over a dosing interval, AUC) at steady-state following oral administration was 43% and 39% for selexipag and the active metabolite, respectively. Intra-subject variability in exposure was 24% and 15% for selexipag and the active metabolite, respectively.

Exposures to selexipag and the active metabolite at steady-state in PAH patients and healthy subjects were similar. The pharmacokinetics of selexipag and the active metabolite in PAH patients were not influenced by the severity of the disease and did not change with time.

The corresponding UPTRAVI tablets and UPTRAVI for injection doses (Table 1) provide similar exposure to the active metabolite in PAH patients at steady-state, whereas the exposure to selexipag is approximately twice as high after intravenous administration compared to oral administration.

Both in healthy subjects and PAH patients, after oral administration, exposure at steady-state to the active metabolite is approximately 3- to 4-fold that of selexipag.

Absorption

The absolute bioavailability of orally administered selexipag is approximately 49%. Upon oral administration, maximum observed plasma concentrations of selexipag and its active metabolite are reached within about 1-3 hours and 3-4 hours, respectively.

In the presence of food, the absorption of selexipag was prolonged resulting in a delayed time to peak concentration (Tmax) and ~30% lower peak plasma concentration (Cmax). The exposure to selexipag and the active metabolite (AUC) did not significantly change in the presence of food.

Distribution

The volume of distribution of selexipag at steady-state is 11.7 L.

Selexipag and its active metabolite are highly bound to plasma proteins (approximately 99% in total and to the same extent to albumin and alpha1-acid glycoprotein).

Metabolism

Selexipag is hydrolyzed to its active metabolite, (free carboxylic acid) in the liver and intestine by carboxylesterases. Oxidative metabolism, catalyzed mainly by CYP2C8 and to a smaller extent by CYP3A4, leads to the formation of hydroxylated and dealkylated products. UGT1A3 and UGT2B7 are involved in the glucuronidation of the active metabolite. Except for the active metabolite, none of the circulating metabolites in human plasma exceeds 3% of the total drug-related material.

Elimination

Elimination of selexipag is predominately via metabolism with a mean terminal half-life of 0.8-2.5 hours. The terminal half-life of the active metabolite is 6.2-13.5 hours.

Selexipag does not accumulate following twice daily repeat administration. There is minimal accumulation of the active metabolite upon twice daily repeat administration suggesting that the effective half-life is in the range of 3-4 hours. The total body clearance of selexipag is 17.5 L/hour.

Excretion

In a study in healthy subjects with radiolabeled selexipag, approximately 93% of radioactive drug material was eliminated in feces and only 12% in urine. Neither selexipag nor its active metabolite were found in urine.

Specific Populations

No clinically-relevant effects of sex, race, age or body weight on the pharmacokinetics of selexipag and its active metabolite have been observed in healthy subjects or PAH patients.

Age

The pharmacokinetic variables (Cmax and AUC) were similar in adult and elderly subjects up to 75 years of age. There was no effect of age on the pharmacokinetics of selexipag and the active metabolite in PAH patients.

Hepatic Impairment

In subjects with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment, exposure to selexipag was 2- and 4-fold that seen in healthy subjects. Exposure to the active metabolite of selexipag remained almost unchanged in subjects with mild hepatic impairment and was doubled in subjects with moderate hepatic impairment [see Use in Specific Populations (8.6)].

Based on pharmacokinetic modeling of data from a study in subjects with hepatic impairment, the exposure to the active metabolite at steady-state in subjects with moderate hepatic impairment (Child-Pugh class B) after a once daily regimen is expected to be similar to that in healthy subjects receiving a twice daily regimen. The exposure to selexipag at steady-state in these patients during a once daily regimen is predicted to be approximately 2-fold that seen in healthy subjects receiving a twice-daily regimen.

Renal Impairment

A 40-70% increase in exposure (maximum plasma concentration and area under the plasma concentration-time curve) to selexipag and its active metabolite was observed in subjects with severe renal impairment [estimated glomerular filtration rate <15 mL/min/1.73 m² and <30 mL/min/1.73 m²] [see Use in Specific Populations (8.7)].

Drug Interaction Studies

Drug interaction studies have been performed in adult subjects using UPTRAVI tablets. In Vitro Studies

Selexipag is hydrolyzed to its active metabolite by carboxylesterases. Selexipag and its active metabolite both undergo oxidative metabolism mainly by CYP2C8 and to a smaller extent by CYP3A4. The glucuronidation of the active metabolite is catalyzed by UGT1A3 and UGT2B7. Selexipag and its active metabolite are substrates of OATP1B1 and OATP1B3. Selexipag is a substrate of P-gp, and the active metabolite is a substrate of the transporter of breast cancer resistance protein (BCRP).

Selexipag and its active metabolite do not inhibit or induce cytochrome P450 enzymes and transport proteins at clinically relevant concentrations.

The results of in vivo drug interaction studies are presented in Figure 1 and 2.

Figure 1 Effect of Other Drugs on Selexipag and its Active Metabolite

<table>
<thead>
<tr>
<th>Drug</th>
<th>Selexipag</th>
<th>Active metabolite</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC</td>
<td>$\downarrow$</td>
<td>$\downarrow$</td>
</tr>
<tr>
<td>Tmax</td>
<td>$\downarrow$</td>
<td>$\downarrow$</td>
</tr>
<tr>
<td>Cmax</td>
<td>$\downarrow$</td>
<td>$\downarrow$</td>
</tr>
<tr>
<td>Fold-change</td>
<td>$\downarrow$</td>
<td>$\downarrow$</td>
</tr>
</tbody>
</table>

* ERA and PDE-5 inhibitor data from GRIPHON.
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis: In the 2-year carcinogenicity studies, chronic oral administration of selexipag revealed no evidence of carcinogenic potential in rats at 100 mg/kg/day and mice at 500 mg/kg/day which resulted in the exposures to the active metabolite more than 25 times the human exposure at the maximum recommended human oral dose of 1600 mcg twice daily on an AUC basis.

Mutagenesis: Selexipag and the active metabolite are not genotoxic on the basis of the overall evidence of conducted genotoxicity studies.

Fertility: In rats administered with selexipag orally, the no effect dose for effects on fertility was 60 mg/kg/day which resulted in the exposure to the active metabolite approximately 175 times the human exposure at the maximum recommended human oral dose of 1600 mcg twice daily on an AUC basis.

14 CLINICAL STUDIES
14.1 Efficacy of UPTRAVI Tablets in Patients with Pulmonary Arterial Hypertension
The effect of UPTRAVI tablets on progression of PAH was demonstrated in a multi-center, double-blind, placebo-controlled, parallel group, event-driven study (GRIPHON) in 1,156 patients with symptomatic (WHO Functional Class I [0.8%], II [46%], III [53%], and IV [1%]) PAH. Patients were randomized to either placebo (N=582), or UPTRAVI tablets (N=574). The dose was increased in weekly intervals by increments of 200 mcg twice a day to the highest tolerated dose up to 1600 mcg twice a day.

The primary study endpoint was the time to first occurrence up to end-of-treatment of: a) death, b) hospitalization for PAH, c) PAH worsening resulting in need for lung transplantation or balloon atrial septostomy, d) initiation of parenteral prostanoid therapy or chronic oxygen therapy, or e) other disease progression based on a 15% decrease from baseline in 6MWD plus worsening of Functional Class or need for additional PAH-specific therapy.

The mean age was 48 years, the majority of patients were white (65%) and female (80%). Nearly all patients were in WHO Functional Class II and III at baseline. Idiopathic or heritable PAH was the most common etiology in the study population (58%) followed by PAH associated with connective tissue disease (29%), PAH associated with congenital heart disease with repaired shunts (10%), drugs and toxins (2%), and HIV (1%).

At baseline, the majority of enrolled patients (80%) were being treated with a stable dose of an endothelin receptor antagonist (15%), a PDE-5 inhibitor (32%), or both (33%).

Patients on UPTRAVI tablets achieved doses within the following groups: 200-400 mcg (23%), 600-1000 mcg (31%) and 1200-1600 mcg (43%).

Treatment with UPTRAVI tablets resulted in a 40% reduction (99% CI: 22 to 54%; two-sided log-rank p-value <0.0001) of the occurrence of primary endpoint events compared to placebo (Table 3; Figure 3). The beneficial effect of UPTRAVI was primarily attributable to a reduction in hospitalization for PAH and a reduction in other disease progression events (Table 3). The observed benefit of UPTRAVI was similar regardless of the dose achieved when patients were titrated to their highest tolerated dose [see Dosage and Administration (2.1)].

It is not known if the excess number of deaths in the UPTRAVI group is drug-related because there were so few deaths and the imbalance was not observed until 18 months into GRIPHON.

Figures 4A, B, and C show time to first event analyses for primary endpoint components of hospitalization for PAH (A), other disease progression (B), and death (C) all censored 7 days after any primary end point event (because many patients on placebo transitioned to open-label UPTRAVI at this point).
6

**Figure 4A** Hospitalization for PAH as the First Endpoint in GRIPHON

![Figure 4A](image)

The treatment effect of UPTRAVI on time to first primary event was consistent irrespective of background PAH therapy (i.e., in combination with an ERA, PDE-5i, both, or without background therapy) (Figure 5).

**Figure 4B** Disease Progression as the First Endpoint in GRIPHON

![Figure 4B](image)

**Figure 4C** Death as the First Endpoint in GRIPHON

![Figure 4C](image)

Note: Race group “Other” is not displayed in analysis, as the population is less than 30. EU = Number of UPTRAVI patients with events, NU = Number of patients randomized to UPTRAVI, EP = Number of Placebo patients with events, NP = Number of patients randomized to Placebo, HR = Hazard Ratio, CI = Confidence Interval, the size of the squares represent the number of patients in the subgroup.

Note: The figure above presents effects in various subgroups all of which are baseline characteristics and all were pre-specified. The 99% confidence limits that are shown do not take into account how many comparisons were made, nor do they reflect the effect of a particular factor after adjustment for all other factors. Apparent homogeneity or heterogeneity among groups should not be over-interpreted.

**6-Minute Walk Distance (6MWD)**

Exercise capacity was evaluated as a secondary endpoint. Median absolute change from baseline to week 26 in 6MWD measured at trough (i.e., at approximately 12 hours post-dose) was +4 meters with UPTRAVI and -9 meters in the placebo group. This resulted in a placebo-corrected median treatment effect of 12 meters (99% CI: 1, 24 meters; two-sided p = 0.005).

**Long-Term Treatment of PAH**

In long-term follow-up of patients who were treated with UPTRAVI in the pivotal study and the open-label extension (N=574), Kaplan-Meier estimates of survival of these patients across the GRIPHON study and the long-term extension study at 1, 2, 5 and 7 years were 92%, 85%, 71%, and 63%, respectively. The median exposure to UPTRAVI was 3 years. These uncontrolled observations do not allow comparison with a control group not given UPTRAVI and cannot be used to determine the long-term effect of UPTRAVI on mortality.

**16 HOW SUPPLIED/STORAGE AND HANDLING**

UPTRAVI® (selexipag) film-coated, round tablets are supplied in the following configurations:

<table>
<thead>
<tr>
<th>Strength (mcg)</th>
<th>Color</th>
<th>Debossing</th>
<th>NDC-XXX Bottle of 60</th>
<th>NDC-XXX Bottle of 140</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Light yellow</td>
<td>2</td>
<td>66215-602-06</td>
<td>66215-602-14</td>
</tr>
<tr>
<td>400</td>
<td>Red</td>
<td>4</td>
<td>66215-604-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>600</td>
<td>Light violet</td>
<td>6</td>
<td>66215-606-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>800</td>
<td>Green</td>
<td>8</td>
<td>66215-608-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>1000</td>
<td>Orange</td>
<td>10</td>
<td>66215-610-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>1200</td>
<td>Dark violet</td>
<td>12</td>
<td>66215-612-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>1400</td>
<td>Dark yellow</td>
<td>14</td>
<td>66215-614-06</td>
<td>Not Available</td>
</tr>
<tr>
<td>1600</td>
<td>Brown</td>
<td>16</td>
<td>66215-616-06</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
UPTRAVI® (selexipag) tablets are also supplied in a Titration Pack [NDC 66215-628-20] that includes a 140-count bottle of 200-mcg tablets and a 60-count bottle of 800-mcg tablets.

Store at 20°C to 25°C (68°F to 77°F). Excursions are permitted between 15°C and 30°C (59°F and 86°F) [see USP Controlled Room Temperature].

Keep out of reach of children.

UPTRAVI® (selexipag) for injection, for intravenous use, is supplied in a 10 mL Type I glass vial closed by a stopper and sealed with an aluminum flip-off button, containing 1800 mcg of selexipag [NDC 66215-718-01].

UPTRAVI (selexipag) for injection is available in cartons containing 1 single-dose vial.

Storage conditions for UPTRAVI for injection: Store the original carton containing glass vial in a refrigerator at 2°C to 8°C (36°F to 46°F) until use in order to protect from light.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Inform Patients:

- To take a missed dose as soon as possible, unless the next dose is within the next 6 hours.
- Not to split, crush, or chew tablets.

Manufactured for:

Actelion Pharmaceuticals US, Inc.
a Janssen Pharmaceutical Company
South San Francisco, CA 94080, USA

Made in the UK

JNJ20211022

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What is UPTRAVI?
• UPTRAVI is a prescription medicine used to treat pulmonary arterial hypertension (PAH) which is high blood pressure in the arteries of your lungs.
• UPTRAVI can help slow down the progression of your disease and lower your risk of being hospitalized for PAH. It is not known if UPTRAVI is safe and effective in children.

Do not take UPTRAVI if you:
• take gemfibrozil because this medicine may affect how UPTRAVI works and cause side effects.
• are allergic to selexipag or any of the other ingredients of this medicine (listed under Inactive ingredients).

Before you take UPTRAVI, tell your healthcare provider about all of your medical conditions, including if you:
• have liver problems.
• have narrowing of the pulmonary veins, a condition called pulmonary veno-occlusive disease.
• are pregnant or plan to become pregnant. It is not known if UPTRAVI will harm your unborn baby.
• are breastfeeding or plan to breastfeed. It is not known if UPTRAVI passes into your breast milk. You and your healthcare provider should decide if you will take UPTRAVI or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. UPTRAVI and other medicines may affect each other causing side effects. Do not start any new medicine until you check with your healthcare provider.

How should I take UPTRAVI?
UPTRAVI tablets
• Take UPTRAVI exactly as your healthcare provider tells you to take it. Do not stop taking UPTRAVI unless your healthcare provider tells you to stop.
• Your healthcare provider will slowly increase your dose to find the dose of UPTRAVI that is right for you.
• If you have side effects, your healthcare provider may tell you to change your dose of UPTRAVI.
• UPTRAVI can be taken with or without food. Taking UPTRAVI with food may help you tolerate UPTRAVI better.
• UPTRAVI is usually taken 2 times each day.
• Swallow UPTRAVI tablets whole. Do not split, crush or chew UPTRAVI tablets.
• If you miss a dose of UPTRAVI, take it as soon as you remember. If your next scheduled dose is due within 6 hours, skip the missed dose. Take the next dose at your regular time.
• If you miss 3 or more days of UPTRAVI, call your healthcare provider to see if your dose needs to be changed.
• If you take too much UPTRAVI, call your healthcare provider or go to the nearest hospital emergency room right away.

UPTRAVI given by intravenous (IV) injection
• Your healthcare provider will give you UPTRAVI into your vein through an intravenous (IV) line.
• Your healthcare provider will decide how much UPTRAVI for injection you will receive each day, based on your current dose of UPTRAVI tablets.

What are the possible side effects of UPTRAVI?
The most common side effects of UPTRAVI include:
• headache
• jaw pain
• muscle pain
• pain in arms or legs
• pain in joints
• decreased appetite
• diarrhea
• nausea
• vomiting
• flushing
• low red blood cell count
• rash
• pain, redness or swelling at the injection site for UPTRAVI for injection

These are not all of the possible side effects of UPTRAVI.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
How should I store UPTRAVI tablets?
Store UPTRAVI tablets at room temperature between 68°F and 77°F (20°C and 25°C).
Keep UPTRAVI and all medicines out of the reach of children.

General information about the safe and effective use of UPTRAVI
Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet.
Do not use UPTRAVI for a condition for which it was not prescribed. Do not give UPTRAVI to other people, even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about UPTRAVI that is written for health professionals.

What are the ingredients in UPTRAVI?
UPTRAVI tablets
Active ingredient: selexipag
Inactive ingredients: corn starch, D-mannitol, hydroxypropyl cellulose, low substituted hydroxypropyl cellulose, and magnesium stearate. The tablets are film coated with a coating material containing carnauba wax, hypromellose, propylene glycol, titanium dioxide, along with mixtures of iron oxide black, iron oxide red, or iron oxide yellow.

UPTRAVI for injection
Active ingredient: selexipag
Inactive ingredients: glycine, phosphoric acid, polysorbate 20, and sodium hydroxide.

Manufactured for:
Actelion Pharmaceuticals US, Inc.
a Janssen Pharmaceutical Company
South San Francisco, CA 94080, USA
Made in the UK

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For more information, contact Janssen at 1-800-526-7736 (1-800-JANSSEN) or go to www.UPTRAVI.com.

This Patient Information has been approved by the U.S. Food and Drug Administration. Revised: 10/2021

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