

הודעה על החמרה (מידע בטיחות) בעלון לרופא

תאריך: August 11, 2014

שם תכשיר באנגלית: PENIBRIN injection 500mg, 1g, 2g

מספר רישום: 500 mg: 115 63 22419 00, 1g: 032 41 22422 00; 2 g:102 72 27337 00

שם בעל הרישום: Salomon, Levin, & Elstein Ltd., P.O.Box 3696, Petach-Tikva

טופס זה מיועד לפרוט ההחמרות בלבד !

פרטים על השינויים המבוקש/ים

פרק בעלון	טקסט נוכחי	טקסט חדש
Warnings		<p>Concomitant use of ampicillin in patients with infectious mononucleosis (glandular fever), cytomegalovirus infection or lymphatic leukaemia should be avoided, as the occurrence of skin reactions is more common in such cases.</p> <p>Before the start of treatment with ampicillin, a careful history of previous hypersensitivity reactions to penicillins or cephalosporins should be taken. The possibility of a cross-allergy (10% – 15%) with cephalosporins should be considered.</p> <p>The patient should be informed about the possibility of allergic reactions and of the need to report these.</p> <p>Administration of antibiotics alone for the treatment of cholangitis and cholecystitis is suitable only in milder cases without severe cholestasis.</p> <p>Vigilance is required for a possible overgrowth of resistant organisms or fungi in long-term therapy. In the case of infusions, the administration site should be changed every 48 hours. If secondary infections occur, appropriate measures should be taken.</p> <p>Common antigenicity may exist between dermatophytes and penicillin. As a result, reactions similar to those occurring after renewed contact cannot be excluded in patients with mycosis, even after the initial administration of penicillin.</p> <p>If an immediate-type allergy occurs (e.g. urticaria, anaphylaxis), therapy should be discontinued and the patient treated with the usual agents, such as adrenaline, antihistamines and corticosteroids.</p> <p>Administration of antibiotics alone for the treatment of cholangitis and cholecystitis is suitable only in milder cases without severe cholestasis.</p> <p>In patients with impaired renal function, the excretion of ampicillin is delayed; depending on the degree of functional impairment, it may be necessary to reduce the maximum daily dose.</p>

<p>Liver function tests are recommended in long-term treatment with high doses, as well as urine tests and kidney function tests in cases of pre-existing renal damage or if skin conditions occur. Blood count monitoring is indicated to detect antibody-induced reactions of the haematopoietic system, especially haemolytic anaemia. In the event of severe and persistent diarrhoea, antibiotic-associated pseudomembranous colitis should be considered (mucohaemorrhagic, watery diarrhoea, dull, diffuse to colicky abdominal pain, fever, occasionally tenesmus), which can be life-threatening. In these cases, Ampicillin must be discontinued immediately and treatment instituted on the basis of pathogen detection tests. Preparations that inhibit peristalsis are contraindicated.</p>		
		Precautions
<p>History of jaundice or impaired liver function due to ampicillin use.</p>		Contraindications
<p>Blood and lymphatic system disorders Very rare: myelosuppression, blood count disorders blood dyscrasias, e.g. thrombocytopenia, agranulocytosis, leukopenia and eosinophilia. Anemia, pancytopenia, prolongation of the bleeding and prothrombin time. These phenomena are generally reversible upon discontinuation.</p> <p>Immune system disorders Rare: drug fever, Lyell's syndrome, laryngeal oedema, serum sickness, allergic vasculitis, haemolytic anaemia, Stevens-Johnson syndrome Very rare: anaphylactic reactions Not known: when treating abdominal typhoid, leptospirosis or during syphilis treatment, a Jarisch-Herxheimer reaction may occur as a result of bacteriolysis.</p> <p>Rare: drug-induced fever, Lyells syndrome, laryngeal edema, serum sickness, allergic vasculitis. Very rare: anaphylactic reactions. An antigen association may exist between dermatophytes and penicillin. Hence, in patients with mycosis, reactions comparable to those after renewed contact cannot be excluded, even after the initial administration of penicillin.. When treating typhoid fever, leptospirosis or during syphilis, bacteriolysis may produce a Jarisch-Herxheimer reaction.</p> <p>Nervous system disorders Rare: dizziness, headache. Not known: at very high serum ampicillin concentrations, which may be due to factors such as impaired renal function or the use of very high doses, states of central nervous excitation, myoclonus and seizures may occur.</p> <p>CNS excitation, myoclonus and seizures may occur at very high serum ampicillin concentrations, which may be due to e.g. impaired renal function or use of very high doses.</p>	<p><i>Blood and lymphatic system disorders</i> Very rare: blood count disorders , e.g. thrombocytopenia, agranulocytosis, leukopenia and eosinophilia. Anemia, prolongation of the bleeding and prothrombin time. These phenomena are generally reversible upon discontinuation.</p> <p><i>Immune system disorders</i> Rare: drug-induced fever, Lyells syndrome, laryngeal edema, serum sickness, allergic vasculitis,. <i>Very rare</i> anaphylactic reactions. An antigen association may exist between dermatophytes and penicillin. Hence, in patients with mycosis, reactions comparable to those after renewed contact cannot be excluded, even after the initial administration of penicillin.. When treating typhoid fever, leptospirosis or during syphilis, bacteriolysis may produce a Jarisch-Herxheimer reaction.</p> <p><i>Nervous system disorders</i> CNS excitation, myoclonus and seizures may occur at very high serum ampicillin concentrations, which may be due to e.g. impaired renal function or use of very high doses.</p>	Adverse events

Gastrointestinal disorders

Uncommon: gastrointestinal disorders (nausea, vomiting, diarrhea, stomach ache, meteorism) usually subside during therapy and do not necessitate discontinuation in most cases. Normalization of the intestinal flora is expected to occur approximately 3-5 days following cessation of treatment. If diarrhea occurs during treatment, the possibility of pseudomembranous colitis should be considered (see also "Special warnings and precautions for use").

Not known: As with other penicillins, glossitis and stomatitis may occur.

Dry mouth, impaired sense of taste.

Hepatobiliary disorders

Rare: as with other beta-lactam antibiotics, hepatitis and cholestatic jaundice have been rarely observed.

Very rare: A transient rise in transaminases is possible.

Skin and subcutaneous tissue disorders

Very common: skin reactions manifesting in the form of pruritus, skin redness with sensation of heat (rash) and hives.

Common: the typical "ampicillin" exanthem is mostly morbilliform/maculopapular and appears after 8 - 10 days on first-time use; with repeated use, it occurs on day 2 to 3. The exanthem generally subsides within a few days, even with a continuation of the therapy.

Exanthemata seem to occur more often than normal in the presence of viral infections, renal insufficiency or at doses above 6 g/day.

Very rare: angioedema (hypersensitivity reaction), exfoliative dermatitis, erythema multiforme

The typical ampicillin' skin rash is usually morbilliform/maculopapular and appears 8-10 days after initial use. If ampicillin is used again, the rash appears after 2-3 days. It generally subsides within a few days even if treatment is continued.

The incidence of rash seems to be greater in patients with viral infections or renal impairment, or at daily doses above 6 g.

Reporting of suspected adverse reactions.

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to the Israeli Ministry of Health on:

<http://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh.health.gov.il> or ADR@moh.health.gov.il

Gastrointestinal disorders

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Skin and subcutaneous tissue disorders

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Since penicillins such as ampicillin are active only against proliferating organisms, they should not be combined with bacteriostatic antibiotics. If warranted by the antibiogram, combination with other bactericidal antibiotics (cephalosporins, aminoglycosides) is possible.

Ampicillin/Coumarin: If coumarin-type anticoagulants are co-administered, the susceptibility to bleeding may be increased. There have been reports of a prolongation of the prothrombin time in patients who have received ampicillin. Adequate monitoring should be performed when co-prescribing ampicillin and anticoagulants; the dose of orally administered anticoagulants may also need to be adjusted.

Ampicillin/Methotrexate: Ampicillin can inhibit the excretion of methotrexate and thereby enhance the undesirable effects of methotrexate. Methotrexate blood levels should be monitored.

Ampicillin/Digoxin: During ampicillin therapy, the absorption of co-administered digoxin may be increased.

Ampicillin/Oral Typhoid Vaccine: The efficacy of an oral typhoid vaccine may be reduced when ampicillin is co-administered.

Drug Interactions

Diagnostic Interference

Ampicillin might interfere with the determination of urinary amino acids by paper chromatography. The urobilinogen detection test may be impaired.

Laboratory Tests

Effects on ability to drive and use machines

Based on experience to date, ampicillin has no influence on the ability to concentrate and react. However, undesirable effects can lead to risks when engaging in the above activities. This applies particularly in combination with alcohol.

Effects on ability to drive and use machines

In the event of overdosage with aminopenicillins, urological symptoms - such as haematuria and crystalluria, haemorrhagic cystitis, interstitial nephritis, oliguria, hyperkalemia and/or renal impairment - have occurred in isolated cases, which were reversible without permanent sequelae. The risk of experiencing these undesirable effects is increased in patients with severely impaired renal function, epilepsy and meningitis.

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Overdosage

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