יולי 2021

רופא/ה, רוקח/ת נכבד/ה,

Levemir Solution for injection עדכון העלון לרופא עבור התכשיר

חברת נובו נורדיסק בע"מ מבקשת ליידע על עדכון העלון לרופא לתכשיר.

חומר פעיל : Insulin detemir 100 U/ML

ההתוויה הרשומה לתכשיר:

Treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above.

בהודעה זו מצוינים העדכונים המהותיים בלבד (טקסט עם קו תחתי מציין טקסט שהוסף לעלון ואילו טקסט עם ~~קו חוצה~~ מסמן טקסט שהורד מהעלון). נא לעיין בעלונים המצורפים להודעה זו המכילים את כלל העדכונים.

עדכונים לעלון לרופא:

4.6 Fertility, pregnancy and lactation

The use of Levemir in pregnant women with diabetes has been investigated in a clinical trial and in a prospective non-interventional post-authorisation safety study (see section 5.1). Post-marketing data in pregnant women using Levemir, with more than 4,500 pregnancy outcomes do not indicate any increased risk of malformative or feto/neonatal toxicity.
Treatment with Levemir can be considered during pregnancy, if clinically needed ~~but any potential benefit must be weighed against a possibly increased risk of an adverse pregnancy~~ outcome.

In general, intensified blood glucose control and monitoring of pregnant women with diabetes are recommended throughout pregnancy and when contemplating pregnancy. Insulin requirements usually fall in the first trimester and increase subsequently during the second and third trimester. After delivery, insulin requirements normally return rapidly to pre-pregnancy values.

~~In an open-label randomised controlled clinical trial pregnant women with type 1 diabetes (n=310) were treated in a basal-bolus treatment regimen with Levemir (n=152) or NPH insulin (n=158) as basal insulin, both in combination with NovoRapid. Primary objective of this study was to assess the effect of Levemir on blood glucose regulation in pregnant women with diabetes (see section 5.1).~~
~~The overall rates of maternal adverse events were similar for Levemir and NPH insulin treatment groups; however, a numerically higher frequency of serious adverse events in the mothers (61 (40%) vs. 49 (31%)) and in the newborn children (36 (24%) vs. 32 (20%)) was seen for Levemir compared to NPH insulin. The number of live born children of women becoming pregnant after randomisation were 50 (83%) for Levemir and 55 (89%) for NPH. The frequency of congenital malformations was 4 (5%) for Levemir and 11 (7%) for NPH with 3 (4%) major malformations for Levemir and 3 (2%) for NPH.~~
~~Post-marketing data from an additional 250 outcomes from pregnant women exposed to Levemir indicate no adverse effects of insulin detemir on pregnancy and no malformative or foetal/neonatal toxicity of insulin detemir.~~

~~Animal data do not indicate reproductive toxicity (see section 5.3).~~

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5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

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Pregnancy

In a prospective non-interventional post-authorisation safety study, pregnant women with type 1 or type 2 diabetes exposed to Levemir (n=727, 680 liveborn infants) or other basal insulins (n=730, 668 liveborn infants) were monitored for pregnancy outcomes.

No statistically significant difference was observed between Levemir and other basal insulins for the components of the malformation endpoint (induced abortion due to major congenital malformations, major congenital malformations or minor congenital malformations). The results from the study indicated that Levemir is not associated with an excess risk of adverse pregnancy outcomes, when compared to other basal insulins, in women with pre-existing diabetes.

Levemir ~~was~~ has been studied in an open-label randomised controlled clinical trial, in which pregnant women with type 1 diabetes (n=310) were treated ~~in~~ with a basal-bolus treatment regimen with Levemir (n=152) or NPH insulin (n=158) as basal insulin, both in combination with NovoRapid ~~(see section 4.6).~~
Levemir was non-inferior to NPH insulin as measured by HbA_{1c} at gestational week (GW) 36, and the reduction in mean HbA_{1c} through pregnancy was similar ~~see table 4~~.

~~**Table 4. Maternal glycaemic control**~~

	~~Levemir~~	~~NPH~~	~~Difference/ Odds Ratio/ Rate Ratio 95% CI~~
~~Mean HbA_{1c} (%) at GW 36~~	~~6.27~~	~~6.33~~	~~Difference: -0.06 [-0.21; 0.08]~~
~~Mean FPG at GW 36 (mmol/l)~~	~~4.76~~	~~5.41~~	~~Difference: -0.65 [-1.19; -0.12]~~
~~Proportions of patients achieving HbA_{1c} ≤6% targets at both GW 24 and GW 36 (%)~~	~~41%~~	~~32%~~	~~Odds Ratio: 1.36 [0.78; 2.37]~~
~~Overall number of major hypoglycaemia episodes during pregnancy (per patient year)~~	~~1.1~~	~~1.2~~	~~Rate Ratio: 0.82 [0.39; 1.75]~~

בברכה,
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