הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 05.2013)

תאריך: 07/05/2017

שם תכשיר באנגלית ומספר הרישום: SOLIRIS 144-09-32985-00

שם בעל הרישום: אלקסיון פארמה ישראל בע"מ

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות

טקסט חדש	טקסט נוכחי	פרק בעלון
Soliris is not expected to affect the aplastic component of anaemia in patients with PNH. Meningococcal Infection Due to its mechanism of action, the use of Soliris increases the patient's susceptibility to meningococcal infection (*Neisseria meningitidis*). ~~These patients might be at risk of disease by uncommon serogroups (such as X), although meningococcal~~ Meningococcal disease due to any serogroup may occur. To reduce the risk of infection, all patients must be vaccinated at least 2 weeks prior to receiving Soliris unless the risk of delaying Soliris therapy outweighs the risks of developing a meningococcal infection. ~~-~~Patients who ~~are treated with~~ initiate Soliris treatment less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Vaccines against ~~serotypes~~ serogroups A, C, Y, W135 and B where available, are recommended in preventing the commonly pathogenic meningococcal ~~serotypes~~serogroups. Patients must ~~be vaccinated or revaccinated~~receive vaccination according to current national vaccination guidelines for vaccination use. Vaccination may further activate complement. As a result, patients with complement-mediated diseases, including PNH and aHUS, may experience increased signs and symptoms of their underlying disease, such as haemolysis (PNH) or TMA (aHUS). Therefore, patients should be closely monitored for disease symptoms after recommended vaccination. …	Soliris is not expected to affect the aplastic component of anaemia in patients with PNH. Meningococcal Infection Due to its mechanism of action, the use of Soliris increases the patient's susceptibility to meningococcal infection (*Neisseria meningitidis*). These patients might be at risk of disease by uncommon serogroups (such as X), although meningococcal disease due to any serogroup may occur. To reduce the risk of infection, all patients must be vaccinated at least 2 weeks prior to receiving Soliris unless the risk of delaying Soliris therapy outweigh the risks of developing a meningococcal infection. Patients who are treated with Soliris less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Vaccines against serotypes A, C, Y, W135 and B where available, are recommended in preventing the commonly pathogenic meningococcal serotypes. Patients must be vaccinated or revaccinated according to current national vaccination guidelines for vaccination use. …	**4.4 Special warnings and precautions for use**

Immunization Prior to initiating Soliris therapy, it is recommended that PNH and aHUS patients ~~should~~ initiate immunizations according to current immunization guidelines. Additionally, all patients must be vaccinated against ~~meningococcus~~ meningococcal infections at least 2 weeks prior to receiving Soliris unless the risk of delaying Soliris therapy outweighs the risks of developing a meningococcal infection. Patients who ~~are treated with~~initiate Soliris treatment less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Vaccines against ~~serotypes~~ serogroups A, C, Y, ~~W135~~ W 135 and B where available, are recommended in preventing the commonly pathogenic meningococcal ~~serotypes.~~serogroups (see Meningococcal Infection). Patients less than 18 years of age must be vaccinated against *Haemophilus influenzae* and pneumococcal infections, and strictly need to adhere to the national vaccination recommendations for each age group. Vaccination may further activate complement. As a result, patients with complement-mediated diseases, including PNH and aHUS, may experience increased signs and symptoms of their underlying disease, such as haemolysis (PNH) or TMA (aHUS). Therefore, patients should be closely monitored for disease symptoms after recommended vaccination. …	Immunization Prior to initiating Soliris therapy, it is recommended that PNH and aHUS patients should initiate immunizations according to current immunization guidelines. Additionally, all patients must be vaccinated against meningococcus at least 2 weeks prior to receiving Soliris unless the risk of delaying Soliris therapy outweigh the risks of developing a meningococcal infection. Patients who are treated with Soliris less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Vaccines against serotypes A, C, Y, W135 and B where available, are recommended in preventing the commonly pathogenic meningococcal serotypes. (see Meningococcal Infection). Patients less than 18 years of age must be vaccinated against *Haemophilus influenzae* and pneumococcal infections, and strictly need to adhere to the national vaccination recommendations for each age group. …	
Summary of the safety profile Supportive safety data were obtained from 28 completed clinical studies that included 1,284 patients exposed to eculizumab in ten disease populations, including PNH and aHUS. The most common adverse reaction was headache (occurred mostly in the initial phase), and, among meningococcal infections[b] the most serious adverse reaction was meningococcal sepsis. Tabulated list of adverse reactions Table 1 gives the adverse reactions observed from spontaneous reporting and in eculizumab completed clinical trials ~~in~~, including PNH and aHUS studies. Adverse reactions reported at a very common (≥1/10), common (≥1/100 to <1/10~~) or~~), uncommon (≥1/1,000 to <1/100) or rare (≥1/10,000 to <1/1,000) frequency with eculizumab are listed by system organ class and preferred term. Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.	Summary of the safety profile The most common adverse reaction was headache (occurred mostly in the initial phase), and the most serious adverse reaction was meningococcal sepsis. Tabulated list of adverse reactions Table 1 gives the adverse reactions observed from spontaneous reporting and in clinical trials in PNH and aHUS. Adverse reactions reported at a very common (≥1/10), common (≥1/100 to <1/10) or uncommon (≥1/1,000 to <1/100) frequency with eculizumab are listed by system organ class and preferred term. Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.	**4.8 Undesirable effects**

Table 1: Adverse Reactions reported in ~~302~~ 1,284 patients included in ~~PNH and aHUS~~ overall eculizumab clinical trials ~~and in~~, including PNH and aHUS patients as well as from postmarketing ~~reports~~experience SEE TABLE 2 BELOW – NEW TEXT … Patients with other diseases *Safety Data from Other Clinical Studies* Supportive safety data were obtained in ~~11~~ 13 clinical studies that included ~~716~~ 982 patients exposed to eculizumab in ~~six~~ other disease populations other than PNH and aHUS. There was an un-vaccinated patient diagnosed with idiopathic membranous glomerulonephropathy who experienced meningococcal meningitis. ~~With regard to other AEs and considering all double-blind, placebo-controlled studies in patients diagnosed with diseases other than PNH (N=526 patients with Soliris; N=221 patients with placebo), AEs reported with Soliris at a frequency of 2% or greater than the frequency reported with placebo were: upper respiratory tract infection, rash, and injury.~~ ADRs reported in patients with disease other than PNH or aHUS, were similar to those reported in patients with PNH or aHUS (see table 1 above). No specific ADRs have emerged from these clinical studies. …	**Table 1: Adverse Reactions reported in 302 patients included in PNH and aHUS clinical trials and in postmarketing reports** SEE TABLE 1 BELOW – CURRENT TEXT … Patients with other diseases *Safety Data from Other Clinical Studies* Supportive safety data were obtained in 11 clinical studies that included 716 patients exposed to eculizumab in six disease populations other than PNH and aHUS. There was an un-vaccinated patient diagnosed with idiopathic membranous glomerulonephropathy who experienced meningococcal meningitis. With regard to other AEs and considering all double-blind, placebo-controlled studies in patients diagnosed with diseases other than PNH (N=526 patients with Soliris; N=221 patients with placebo), AEs reported with Soliris at a frequency of 2% or greater than the frequency reported with placebo were: upper respiratory tract infection, rash, and injury. …	

TABLE 1 – CURRENT TEXT

MedDRA System Organ Class	Very Common (≥1/10)	Common (≥1/100 to <1/10)	Uncommon (≥1/1,000 to <1/100)
Infection and infestations		Meningococcal sepsis, Aspergillus infection, Arthritis bacterial, Upper respiratory tract infection, Nasopharyngitis, Bronchitis, Oral Herpes, Urinary tract infection, Viral infection	Meningococcal meningitis, Neisseria infection, Sepsis, Septic shock, Pneumonia, Lower respiratory tract infection, Fungal infection, *Haemophilus influenzae* infection, Abscess, Cellulitis, Influenza, Gastrointestinal infection, Cystitis, Gingival infection, Infection, Sinusitis, Impetigo, Tooth infection
Neoplasms benign, malignant and unspecified (including cysts and polyps)			Malignant melanoma, Myelodysplastic syndrome
Blood and lymphatic system disorders		Thrombocytopenia, Leukopenia, Haemolysis*	Coagulopathy, Red blood cell agglutination, Abnormal clotting factor, Anaemia, Lymphopenia
Immune system disorders		Anaphylactic reaction	Hypersensitivity
Endocrine disorders			Basedow's disease
Metabolism and nutrition disorders		Decreased appetite	Anorexia,
Psychiatric disorders			Depression, Anxiety, Insomnia, Sleep disorder, Abnormal dreams, Mood swings
Nervous system disorders	Headache	Dizziness, Dysgeusia	Syncope, Tremor, Paraesthesia,
Eye disorders			Vision blurred, Conjunctival irritation
Ear and labyrinth disorders			Tinnitus,Vertigo
Cardiac disorders			Palpitation
Vascular disorders		Hypotension	Accelerated hypertension Hypertension, Haematoma, Hot flush, Vein disorder
Respiratory, thoracic and mediastinal disorders		Dyspnoea, Cough, Nasal congestion, Pharyngolaryngeal pain, Rhinorrhoea	Epistaxis, Throat irritation
Gastrointestinal disorders		Diarrhoea, Vomiting, Nausea, Abdominal pain, Constipation, Dyspepsia	Peritonitis, Gastrooesophagal reflux disease, Abdominal distension, Gingival pain
Hepatobiliary disorders			Jaundice
Skin and subcutaneous tissue disorders		Rash, Alopecia, Pruritus	Urticaria, Dermatitis, Erythema, Petechiae, Skin depigmentation, Hyperhidrosis, Dry skin
Musculoskeletal and connective tissue disorders		Arthralgia, Myalgia, Muscle spasms, Bone pain, Back pain, Neck pain, Pain in extremity	Trismus, Joint swelling,
Renal and urinary disorders			Renal impairment, Haematuria, Dysuria
Reproductive system and breast disorders			Spontaneous penile erection, Menstrual disorder
General disorders and administration site conditions		Oedema, Chest discomfort, Pyrexia, Chills, Fatigue, Asthenia, Influenza like illness	Chest pain, Infusion site paraesthesia, Infusion site pain, Extravasation, Feeling hot
Investigations		Coombs test positive*	Alanine aminotransferase increased, Aspartate aminotransferase increased, Gamma-glutamyltransferase increased, Haematocrit decreased, Haemoglobin decreased
Injury, poisoning and procedural complication			Infusion related reaction

TABLE 2 – NEW TEXT

MedDRA System Organ Class	Very Common (≥1/10)	Common (≥1/100 to <1/10)	Uncommon (≥1/1,000 to <1/100)	Rare (≥1/10,000 to <1/1,000)
Infection and infestations		~~Meningococcal sepsis, Aspergillus infection, Arthritis bacterial~~Pneumonia, Upper respiratory tract infection, Nasopharyngitis, ~~Bronchitis, Oral Herpes,~~ Urinary tract infection~~, Viral infection~~	Meningococcal ~~meningitis, Neisseria infection~~infection[b], Sepsis, Septic shock, ~~Pneumonia, Lower respiratory tract infection,~~ Fungal infection, ~~*Haemophilus influenzae* viral~~ infection, Bronchitis, Oral Herpes, Abscess, Cellulitis, Influenza, Gastrointestinal infection, Cystitis, ~~Gingival infection,~~ Infection, Sinusitis, ~~Impetigo,~~ Tooth infection	Aspergillus infection[a], Arthritis bacterial[a], Genitourinary tract gonococcal infection, Lower respiratory tract infection, *Haemophilus influenzae* infection, Impetigo, Gingivitis
Neoplasms benign, malignant and unspecified (including cysts and polyps)			~~Malignant melanoma, Myelodysplastic syndrome~~	Malignant melanoma, Myelodysplastic syndrome
Blood and lymphatic system disorders		~~Thrombocytopenia,~~ Leukopenia, ~~Haemolysis*~~ Anaemia	~~Coagulopathy, Red blood cell agglutination, Abnormal clotting factor, Anaemia,~~ Thrombocytopenia, Lymphopenia	Haemolysis*, Abnormal clotting factor, Red blood cell agglutination, Coagulopathy
Immune system disorders		~~Anaphylactic reaction~~	Anaphylactic reaction, Hypersensitivity	
Endocrine disorders			~~Basedow's disease~~	Basedow's disease
Metabolism and nutrition disorders		~~Decreased appetite~~	~~Anorexia,~~ Decreased appetite	
Psychiatric disorders		Insomnia	Depression, Anxiety, ~~Insomnia, Sleep disorder, Abnormal dreams,~~ Mood swings	Abnormal dreams, Sleep disorder
Nervous system disorders	Headache	Dizziness, Dysgeusia, Tremor	~~Syncope, Tremor,~~ Paraesthesia,	Syncope
Eye disorders			Vision blurred~~, Conjunctival irritation~~	Conjunctival irritation
Ear and labyrinth disorders			Tinnitus,Vertigo	
Cardiac disorders			Palpitation	
Vascular disorders		hypertension ~~Hypotension~~	Accelerated hypertension, Hypotension, ~~Hypertension, Haematoma,~~ Hot flush, Vein disorder	Haematoma
Respiratory, thoracic and mediastinal disorders		~~Dyspnoea,~~ Cough, ~~Nasal congestion, Pharyngolaryngeal pain, Rhinorrhoea~~ oropharyngeal pain	Dyspnoea, Epistaxis, Throat irritation, Nasal congestion, Rhinorrhoea	
Gastrointestinal disorders		Diarrhoea, Vomiting, Nausea, Abdominal pain~~, Constipation, Dyspepsia~~	Peritonitis, ~~Gastrooesophagal reflux disease,~~ Constipation, Dyspepsia, Abdominal distension~~, Gingival pain~~	Gastroesophageal reflux disease, Gingival pain
Hepatobiliary disorders			~~Jaundice~~	Jaundice
Skin and subcutaneous tissue disorders		Rash, Alopecia, Pruritus	Urticaria, ~~Dermatitis,~~ Erythema, Petechiae, ~~Skin depigmentation,~~ Hyperhidrosis, Dry skin	Dermatitis, Skin depigmentation
Musculoskeletal and connective tissue disorders		Arthralgia, Myalgia, ~~Muscle spasms, Bone pain, Back pain, Neck pain,~~ Pain in extremity	~~Trismus,~~ Muscle spasms, Bone pain, Back pain, Neck pain, Joint swelling,	Trismus
Renal and urinary disorders			Renal impairment, ~~Haematuria,~~ Dysuria	Haematuria
Reproductive system and breast disorders			Spontaneous penile erection~~, Menstrual disorder~~	Menstrual disorder
General disorders and administration site conditions		~~Oedema, Chest discomfort,~~ Pyrexia, Chills, Fatigue, ~~Asthenia,~~ Influenza like illness	Oedema, Chest discomfort, Asthenia, Chest pain, ~~Infusion site paraesthesia,~~ Infusion site pain~~, Extravasation, Feeling hot~~	Extravasation, Infusion site paraesthesia, Feeling hot
Investigations		~~Coombs test positive*~~	Alanine aminotransferase increased, Aspartate aminotransferase increased, Gamma-glutamyltransferase increased, Haematocrit decreased, Haemoglobin decreased	Coombs test positive[a]
Injury, poisoning and procedural complication			~~Infusion related reaction~~	Infusion related reaction

מצ"ב העלון, שבו מסומנות ההחמרות המבוקשות על רקע צהוב.
שינויים שאינם בגדר החמרות סומנו (בעלון) בצבע שונה. יש לסמן רק תוכן מהותי ולא שינויים במיקום הטקסט.

הועבר בדואר אלקטרוני בתאריך: 08/05/2017