הודעה על החמרה (מידע בטיחות) בעלון לרופא
(מעודכן 3102.50)

תאריך 28/02/2016

שם תכשיר באנגלית ומספר הרישום Controloc I.V, 129 41 30772 00

שם בעל הרישום: TAKEDA ISRAEL LTD.

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות

טקסט חדש	טקסט נוכחי	פרק בעלון
		Indication
		Contraindication
		Posology, dosage & administration
Co-administration with HIV protease inhibitors~~atazanavir~~ Co-administration of ~~atazanavir with proton pump inhibitors~~ pantoprazole is not recommended with HIV protease inhibitors for which absorption is dependent on acidic intragastric pH such as atazanavir, due to significant reduction in their bioavailability (see section 4.5). *Gastrointestinal infections caused by bacteria* Treatment with Controloc® I.V. may lead to a slightly increased risk of gastrointestinal infections caused by bacteria such as *Salmonella* and *Campylobacter* or *C. difficile*. *Hypomagnesemia* Severe hypomagnesaemia has been reported in patients treated with PPIs like pantoprazole for at least three months and in most cases for a year of therapy. Serious manifestations of hypomagnesaemia such as fatigue, tetany, delirium, convulsions, dizziness and ventricular arrhythmia can occur but they may begin insidiously and be overlooked. In most affected patients, hypomagnesaemia improved after magnesium replacement and discontinuation of the PPI.	*Co-administration with atazanavir* Co-administration of atazanavir with proton pump inhibitors is not recommended (see section 4.5). *Hypomagnesemia* Severe hypomagnesaemia has been reported in patients treated with PPIs for at least three months, in most cases after a year of therapy. Serious adverse events include tetany, arrhythmias, and seizures. In most patients, treatment of hypomagnesemia required magnesium replacement and discontinuation of the PPI.	**Special Warnings and Special Precautions for Use**

Subacute cutaneous lupus erythematosus (SCLE) Proton pump inhibitors are associated with very infrequent cases of SCLE. If lesions occur, especially in sun exposed areas of the skin, and if accompanied by arthralgia, the patient should seek medical help promptly and the healthcare professional should consider stopping Controloc® I.V. SCLE after previous treatment with a proton pump inhibitor may increase the risk of SCLE with other proton pump inhibitors		
HIV protease inhibitors ~~medications (atazanavir)~~ … If the combination of HIV protease inhibtiors with a proton pump inhibitor is judged unavoidable, close clinical monitoring (e.g. virus load) is recommended ~~in combination with an increase in the dose of atazanavir to 400 mg with 100 mg of ritonavir~~. A pantoprazole dose of 20 mg per day should not be exceeded. Dosage of the HIV protease inhibitor may need to be adjusted. *Coumarin anticoagulants (phenprocoumon or warfarin)* Co-administration of pantoprazole with warfarin or phenprocoumon did not affect the pharmacokinetics of warfarin, phenoprocoumon or INR. However, there have been reports of increased INR and prothrombin time in patients receiving PPIs and warfarin or phenoprocoumon concomitantly. Increases in INR and prothrombin time may lead to abnormal bleeding, and even death. *Other interaction studies* An interaction of pantoprazole with other medicinal products or compounds, which are metabolized	*Coumarin anticoagulants (phenprocoumon or warfarin)* Although no interaction during concomitant administration of phenprocoumon or warfarin has been observed in clinical pharmacokinetic studies, a few isolated cases of changes in International Normalised Ratio (INR) have been reported during concomitant treatment in the post-marketing period. Therefore, in patients being treated with coumarin anticoagulants (e.g. phenprocoumon or warfarin), monitoring of prothrombin time / INR is recommended after initiation, termination or during irregular use of pantoprazole.	**Interaction with Other Medicaments and Other Forms of Interaction**

using the same enzyme system, cannot be excluded. … Medicinal products that inhibit or induce CYP2C19: Inhibitors of CYP2C19 such as fluvoxamine could increase the systemic exposure of pantoprazole. A dose reduction may be considered for patients treated long-term with high doses of pantoprazole, or those with hepatic impairment. Enzyme inducers affecting CYP2C19 and CYP3A4 such as rifampicin and St John´s wort (Hypericum perforatum) may reduce the plasma concentrations of PPIs that are metabolized through these enzyme systems.		
Pregnancy A moderate amount of data on pregnant women (between 300-1000 pregnancy outcomes) indicate no malformative or feto/ neonatal toxicity of Controloc® I.V. … *Breast-feeding* Animal studies have shown excretion of pantoprazole in breast milk. There is insufficient information on the excretion of pantoprazole in human milk but excretion into human milk has been reported. A risk to the newborns/infants cannot be excluded. … Fertility There was no evidence of impaired fertility following the administration of pantoprazole in animal studies (see section 5.3).		**Fertility, Pregnancy and Lactation**
Not known Metabolism and nutrition disorders Hypocalcaemia(1) Hypokalaemia Nervous system disorders Parasthesia Skin and subcutaneous tissue disorders Subacute cutaneous lupus erythematosus (see section 4.4)		**Adverse events**

Musculoskeletal and connective tissue disorders Muscle spasm (2) Renal and urinary disorders Interstitial nephritis (with possible progression to renal failure) … 1. Hypocalcemia in association with hypomagnesemia 2. Muscle spasm as a consequence of electrolyte disturbance		
		Over dose

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 28/02/2016