הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 05.2013)

תאריך _____ July 27, 2015__

שם תכשיר באנגלית ומספר הרישום

LIDOCADREN TEVA® Solution for injection 144 03 31072 00

שם בעל הרישום _Abic Marketing Ltd., POBox 8077 Netanya

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות

טקסט חדש	טקסט נוכחי	פרק בעלון
		Indication
		contraindications
Maximum dose Adults: The maximum dose over a period of 24 hours is 490 ~~500~~ mg of lidocaine (for a person of 70 kg), which must not exceed 7 mg/kg of body weight in adults. Children: The dose will be adjusted according to the patient's age and weight, as well as the type of surgery to be performed, not exceeding 5 mg/kg of body weight. The use of LIDOCADREN TEVA is contraindicated in children under 4 years of age. LIDOCADREN TEVA is indicated for use in adults and in children older than 4 years of age. The amount to be injected should be determined by the age and weight of the child and the scale of the operation. The anaesthetic technique must be carefully selected. Painful anaesthetic techniques should be avoided. The behaviour of children must be monitored carefully during treatment. The mean dose for use is in the range 20 mg to 30 mg lidocaine hydrochloride per session. Alternatively, the dose in mg of lidocaine hydrochloride that can be administered in children can be calculated using the expression: weight of child (in kilogrammes) x 1.33. Do not exceed the equivalent of 5 mg lidocaine hydrochloride per kilogramme body weight.	***Maximum dose*** Adults: The maximum dose over a period of 24 hours is 500 mg of lidocaine (for a person of 70 kg), which must not exceed 7 mg/kg of body weight in adults. Children: The dose will be adjusted according to the patient's age and weight, as well as the type of surgery to be performed, not exceeding 5 mg/kg of body weight. The use of LIDOCADREN TEVA is contraindicated in children under 4 years of age.	**Posology, dosage & administration**
The patient must be warned of the possibility of injuries due to involuntary biting of the lips, tongue and buccal mucosa while these structures are anaesthetised. Consequently, food intake must be postponed until sensitivity returns. LIDOCADREN TEVA should be used with precaution in patients with: - angina pectoris - arteriosclerosis - impaired blood coagulation - diabetes mellitus - severe hepatic impairment. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing	LIDOCADREN TEVA should be used with precaution in patients with: - angina pectoris - arteriosclerosis - impaired blood coagulation - diabetes mellitus - severe hepatic impairment. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations. - lung diseases – particularly allergic asthma - epilepsy	**Special Warnings and Special Precautions for Use**

toxic plasma concentrations. - lung diseases – particularly allergic asthma - epilepsy - phaeochromocytoma - narrow-angle glaucoma - thyrotoxicosis Acute porphyria LIDOCADREN TEVA is probably porphyrinogenic and should only be prescribed to patients with acute porphyria on strong or urgent indications. Appropriate precautions should be taken for all porphyric patients	- phaeochromocytoma - narrow-angle glaucoma	
Due to its content in epinephrine, LIDOCADREN TEVA should be administered with caution in patients who are simultaneously receiving one of the following medications: - Blood coagulation inhibitors (heparin), nonsteroidal anti-inflammatory drugs (NSAID), plasma substitutes (dextran), phenotiazines, butyrophenones: these drugs may reduce or reverse the vasopressor effect of epinephrine possibly causing hypotension, tachycardia and an increased haemorrhagic tendency ~~and may increase bleeding trend~~. - Tricyclic antidepressants, monoamine oxidase inhibitors (MAOI), ergotamine-like oxytocic drugs, non-selective beta blockers like propanol: these drugs may increase the vasopressor effect of epinephrine and may lead to serious hypertension and bradycardia.	Due to its content in epinephrine, LIDOCADREN TEVA should be administered with caution in patients who are simultaneously receiving one of the following medications: - Blood coagulation inhibitors (heparin), nonsteroidal anti-inflammatory drugs (NSAID), plasma substitutes (dextran), phenotiazines, butyrophenones: these drugs may reduce or reverse the vasopressor effect of epinephrine and may increase bleeding trend. - Tricyclic antidepressants, monoamine oxidase inhibitors (MAOI), ergotamine-like oxytocic drugs, non-selective beta blockers like propanol: these drugs may increase the vasopressor effect of epinephrine and may lead to serious hypertension and bradycardia.	**Interaction with Other Medicaments and Other Forms of Interaction**
		pregnancy and Fertility, Lactation
Depending on the dose and site of administration, local anaesthetics may affect mental functions and temporarily alter locomotion and coordination. When administering this medicine, the doctor or dentist must evaluate in each particular case whether the ability of the patient to react has been compromised and whether the patient can drive or use machines. The patient must remain in the consulting room for at least 30 minutes after the intervention. ~~The influence of LIDOCADREN TEVA on the ability to drive or use machines is small or moderate, and may temporarily impair mental function and co-ordination depending on the dose of local anaesthetic.~~ ~~The dentist has to assess in each case the possible impairment of safety when operating a motor vehicle or machinery. The patient should not leave the dental office earlier than at least 30 minutes after the injection.~~	The influence of LIDOCADREN TEVA on the ability to drive or use machines is small or moderate, and may temporarily impair mental function and co-ordination depending on the dose of local anaesthetic. The dentist has to assess in each case the possible impairment of safety when operating a motor vehicle or machinery. The patient should not leave the dental office earlier than at least 30 minutes after the injection.	**Effects on ability to drive and use machines**
The following adverse reactions can occur as a result of the content of lidocaine as local anaesthetic:	*Due to the content in lidocaine as a local anaesthetic, the following undesirable effects may occur:*	**Adverse events**

FREQUENCY	DISORDERS	EFFECTS
Rare (≥1/10,000 to <1/1000)	Heart disorders	Hypotension, arrhythmias, bradycardia, cardiac arrest
	Nervous system disorders	Metallic taste, tinnitus, feeling of dizziness, nausea, vomiting, anxiety, tremors, nystagmus, headaches, increased breathing rate.
		Paresthesia (numbness accompanied by a burning sensation) of the lip and/or tongue
		Unconsciousness and seizures, coma and respiratory arrest (in the event of overdose)
	Respiratory disorders	Tachypnoea followed by bradypnoea, possibly causing apnoea.
Very rare (< 1/10,000)	General disorders and administration site conditions	Allergic reactions, skin rash, erythema, pruritus, oedema of the tongue, mouth, lips or throat and, in the most severe cases, anaphylactic shock.

The following adverse reactions can occur as a result of the content of epinephrine as a vasoconstrictor:

FREQUENCY	DISORDERS	EFFECTS
Rare (≥1/10,000 to <1/1000)	Heart disorders	Hot sensation, sweating, migraine-type headaches, increased blood pressure, angina pectoris disorders, tachycardias, tachyarrhythmias, and cardiac arrest, as well as oedematous swelling of the thyroids.

The following adverse reactions can occur as a result of the content of metabisulfite as an excipient:

Cardiovascular disorders

Rare (≥1/10,000, <1/1,000)

Drop in blood pressure, cardiac impulse conduction disorders, bradycardia, cardiovascular arrest.

Nervous system disorders

Rare (≥1/10,000, <1/1,000)

Metallic taste, tinnitus, dizziness, nausea, vomiting, anxiety, shaking, nervousness, nystagmus, headache, increase in respiratory rate. Paresthesias (loss of sensation, burning, tingling) of the lip, tongue, or both. Drowsiness, tonic-clonic seizures, coma and respiratory paralysis.

Respiratory disorders

Rare (≥1/10,000, <1/1,000)

Tachypnea, then bradypnea, which could lead to apnoea.

Allergic reactions

Very rare (< 1/10,000)

Rash, erythema, pruritus, oedema of the tongue, mouth, lips or throat and in more severe cases, anaphylactic shock.

Due to the content of epinephrine as a vasoconstrictor, the following undesirable effects can occur:

Cardiovascular disorders

Rare (≥1/10,000, <1/1,000)

Heat sensation, sweating, heart racing, migrainelike headache, blood pressure increase, angina pectoris disorders, tachycardias, tachyarrhythmias and cardiovascular arrest; acute oedematous thyroid swelling may not be discarded.

Due to the content of metabisulphite as excipient, the following undesirable effects can occur:

Allergic reactions

Very rare (<1/10,000)

Allergic reactions may particularly occur in bronchial asthmatics, which are manifested as vomiting, diarrhoea, wheezing, acute asthma attack, clouding of consciousness or shock.

FREQUENCY	DISORDERS	EFFECTS
Very rare (< 1/10,000)	General disorders and administration site conditions	Particularly in bronchial asthmatics, allergic reactions which manifest as vomiting, diarrhoea, wheezing, acute asthma attack, clouding of the consciousness or anaphylactic shock may occur.

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorisation 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 Ministry of Health according to the National Regulation by using an online form (http://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh.health.gov.il) or by email (adr@MOH.HEALTH.GOV.IL).

~~*Due to the content in lidocaine as a local anaesthetic, the following undesirable effects may occur:*~~

~~**Cardiovascular disorders**~~

~~*Rare* (≥1/10,000, <1/1,000)~~

~~Drop in blood pressure, cardiac impulse conduction disorders, bradycardia, cardiovascular arrest.~~

~~**Nervous system disorders**~~

~~*Rare* (≥1/10,000, <1/1,000)~~

~~Metallic taste, tinnitus, dizziness, nausea, vomiting, anxiety, shaking, nervousness, nystagmus, headache, increase in respiratory rate. Paresthesias (loss of sensation, burning, tingling) of the lip, tongue, or both. Drowsiness, tonic-clonic seizures, coma and respiratory paralysis.~~

~~**Respiratory disorders**~~

~~*Rare* (≥1/10,000, <1/1,000)~~

~~Tachypnea, then bradypnea, which could lead to apnoea.~~

~~**Allergic reactions**~~

~~*Very rare* (< 1/10,000)~~

~~Rash, erythema, pruritus, oedema of the tongue, mouth, lips or throat and in more severe cases, anaphylactic shock.~~

~~*Due to the content of epinephrine as a vasoconstrictor, the following undesirable effects can occur:*~~

~~**Cardiovascular disorders**~~

~~*Rare* (≥1/10,000, <1/1,000)~~

~~Heat sensation, sweating, heart racing, migrainelike headache, blood pressure increase, angina pectoris disorders, tachycardias, tachyarrhythmias and cardiovascular arrest; acute oedematous thyroid swelling may not be discarded.~~

~~*Due to the content of metabisulphite as excipient, the following undesirable effects can occur:*~~ ~~**Allergic reactions**~~ ~~*Very rare* (<1/10,000)~~ ~~Allergic reactions may particularly occur in bronchial asthmatics, which are manifested as vomiting, diarrhoea, wheezing, acute asthma attack, clouding of consciousness or shock.~~		
		Pharmacodynamic properties
		Overdose
Absorption The information obtained from different formulations, concentrations and uses shows that lidocaine is absorbed completely upon parenteral administration and that its absorb ration depends, for example, on various factors such as the site of administration and the presence or absence of a vasoconstrictor. Except for intravascular administration, the highest blood concentrations are obtained via intercostal nerve blockade and the lowest levels after subcutaneous administration. ***Distribution*** The binding of lidocaine to plasma proteins is dependent on the concentration of the drug and the bound fraction decreases with increasing concentration. At concentrations of between 1 and 4 µg free fraction per ml, between 60% and 80% of lidocaine is bound to proteins. Binding is also dependent on the plasma concentration of alpha-1-acid glycoprotein. Lidocaine crosses the blood-brain barrier and placenta, supposedly by passive diffusion. ***Biotransformation*** Lidocaine is rapidly metabolised by the liver, with metabolites and non-metabolised drug being excreted via the kidneys. Biotransformation includes oxidative N-dealkylation, aromatic hydroxylation, cleavage of the amide bond and conjugation. N-dealkylation results in the monoethylglycinexylidide and glycinexylidide metabolites. The pharmacological/toxicological actions of these metabolites are similar to, but less potent than, those of lidocaine. Approximately 90% of the lidocaine administered is excreted in the form of various metabolites and less than 10% is excreted unchanged. The primary metabolite in urine is a conjugate of 4-hydroxy-2,6-dimethylaniline. ***Elimination*** Studies of lidocaine metabolism after injection of an intravenous bolus have shown that the elimination half-life of this agent is between 1.5 and 2 hours. Due to the high metabolisation rate of lidocaine, any condition that affects hepatic function may alter lidocaine kinetics. The half-life may be prolonged twofold or more in patients with hepatic impairment. Renal impairment does not affect lidocaine kinetics but may increase the accumulation of metabolites.	Lidocaine is rapidly absorbed after intramuscular injection and oromucosal injection. The distribution volume (Vdis) is 1.30 L/kg and the clearance (Cl) is 0.85 L/kg/hr. Lidocaine undergoes first-pass metabolism in the liver and less than 10% of the dose is excreted unchanged via the kidneys. Elimination half-life (t ½) is 1.6 hours.	**Pharmacokinetic properties**

~~Lidocaine is rapidly absorbed after intramuscular injection and oromucosal injection. The distribution volume (Vdis) is 1.30 L/kg and the clearance (Cl) is 0.85 L/kg/hr. Lidocaine undergoes first pass metabolism in the liver and less than 10% of the dose is excreted unchanged via the kidneys. Elimination half-life (t ½) is 1.6 hours.~~		
A metabolite of lidocaine, 2,6-dimethylaniline, showed weak evidence of activity in some genotoxicity tests. The metabolite 2,6-dimethylaniline has been shown to have carcinogenicity potential in preclinical toxicological studies evaluating chronic exposure.		**Preclinical safety data**
Cartridges **for single use only.** Cartridges should not be used with other patients. The remaining of the product should be discarded. Previously opened cartridges must not be used in other patients Any unused product or waste material should be disposed of in accordance with local requirements.	Cartridges **for single use** Cartridges should not be used with other patients. The remaining of the product should be discarded. Any unused product or waste material should be disposed of in accordance with local requirements.	**Special precautions for disposal**