הודעה על החמרה (מידע בטיחות) בעלון לרופא
(מעודכן 05.2013)

תאריך: 10/2015

שם תכשיר באנגלית ומספר הרישום: Retrovir I.V.; 100-74-28753

שם בעל הרישום : GlaxoSmithKline (ISRAEL) Ltd

טופס זה מיועד לפרוט ההחמרות בלבד !

בעלון לרופא

ההחמרות המבוקשות

טקסט חדש	טקסט נוכחי	פרק בעלון
Retrovir is contra-indicated in newborn infants with hyperbilirubinaemia requiring treatment other than phototherapy, or with increased transaminase levels of over five times the upper limit of normal.	==========	**Contraindications**
The concomitant use of rifampicin, stavudine with zidovudine should be avoided (see section 4.5).	==========	**Special warnings and precautions for use**
Patients with chronic hepatitis B or C and treated with combination antiretroviral therapy are at an increased risk of severe and potentially fatal hepatic adverse events. In case of concomitant antiviral therapy for hepatitis B or C, please also refer to the relevant product information for these medicinal products. Patients with pre-existing liver dysfunction, including chronic active hepatitis, have an increased frequency of liver function abnormalities during combination antiretroviral therapy and should be monitored according to standard practice. If there is evidence of worsening liver disease in such patients, interruption or discontinuation of treatment must be considered (see section 4.2).	==========	
Immune Reactivation Syndrome: In HIV-infected patients with severe immune deficiency at the time of institution of combination antiretroviral therapy (CART), an inflammatory reaction to asymptomatic or residual opportunistic pathogens may arise and cause serious clinical conditions, or aggravation of symptoms. Typically, such reactions have been observed within the first few weeks or months of initiation of CART. Relevant examples are cytomegalovirus retinitis, generalized and/or focal mycobacterial infections and Pneumocystis carinii pneumonia. Any inflammatory symptoms should be evaluated and treatment instituted when necessary. Autoimmune disorders (such as Graves' disease) have also been reported to occure in the setting of immune reactivation; however, the reported time to onset is more variable and can occure many month after initiation of treatment.	***Immune Reconstitution Syndrome:*** In HIV-infected patients with severe immune deficiency at the time of initiation of anti-retroviral therapy (ART), an inflammatory reaction to asymptomatic or residual opportunistic infections may arise and cause serious clinical conditions, or aggravation of symptoms. Typically, such reactions have been observed within the first few weeks or months of initiation of ART. Relevant examples are cytomegalovirus retinitis, generalised and/or focal mycobacterial infections and *Pneumocystis jiroveci (P. carinii)* pneumonia. Any inflammatory symptoms must be evaluated without delay and treatment initiated when necessary.	
Osteonecrosis: Although the etiology is considered to be multifactorial (including corticosteroid use, alcohol consumption, severe immunosuppression, higher body mass index), cases of osteonecrosis have been reported particularly in patients with advanced HIV-disease and/or long-term exposure to combination antiretroviral therapy (CART). Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement.	==========	
Latex allergy: The rubber stopper of the Retrovir IV vials contains dry natural latex rubber that has the potential to cause allergic reactions in latex sensitive individuals.	==========	
Limited data suggests that co-administration of zidovudine with rifampicin decreases the AUC (area under the plasma concentration curve) of zidovudine by 48% ± 34%. This may result in a partial loss or total loss of efficacy of zidovudine. The concomitant use of rifampicin with zidovudine should be avoided (see section 4.4).	***Rifampicin:*** Limited data suggests that co-administration of zidovudine and rifampicin decreases the AUC of zidovudine by 48% ± 34%. However the clinical	**Interaction with other medicinal products and other forms of interaction**

	significance of this is unknown.	
Probenecid increases the AUC of zidovudine by 106% (range 100 to 170%). Patients receiving both drugs should be closely monitored for haematological toxicity.	***Probenecid:*** Limited data suggest that probenecid increases the mean half-life and area under the plasma concentration-time curve of zidovudine by decreasing glucuronidation. Renal excretion of the glucuronide (and possibly zidovudine itself) is reduced in the presence of probenecid.	
Valproic acid, fluconazole or methadone when co-administered with zidovudine have been shown to increase the AUC with a corresponding decrease in its clearance. As only limited data are available the clinical significance of these findings is unclear but if zidovudine is used concurrently with either valproic acid, fluconazole or methadone, patients should be monitored closely for potential toxicity of zidovudine.	==========	
Adverse reactions with Retrovir for the prevention of maternal-foetal transmission: In a placebo-controlled trial, overall clinical adverse reactions and laboratory test abnormalities were similar for women in the Retrovir and placebo groups. However, there was a trend for mild and moderate anaemia to be seen more commonly prior to delivery in the zidovudine treated women.	Adverse reactions with zidovudine for the prevention of maternal-foetal transmission: In a placebo-controlled trial (ACTG 076), zidovudine was well tolerated in pregnant women at the doses recommended for this indication. Clinical adverse events and laboratory test abnormalities were similar in the zidovudine and placebo groups.	**Undesirable effects**
Cases of osteonecrosis have been reported, particularly in patients with generally acknowledged risk factors, advanced HIV disease or long-term exposure to combination antiretroviral therapy (CART). The frequency of this is unknown (see section 4.4).	==========	

מצ"ב העלון, שבו מסומנות ההחמרות המבוקשות על רקע צהוב.
שינויים שאינם בגדר החמרות סומנו (בעלון) בצבע ירוק.