אוקטובר 2023

רופא /ה, רוקח/ת נכבד/ה

חברת טבע מודיעה על העדכונים הבאים בעלון לרופא של התכשיר

אוקסליפלטין טבע

Oxaliplatin Teva

Contains: Oxaliplatin 5 mg/ml

עדכונים בעלון לרופא

התוויה כפי שאושרה בתעודת הרישום:

Oxaliplatin in combination with 5- fluorouracil (5-FU) and folinic acid (FA) is indicated for :
- Adjuvant treatment of stage III (Duke's C) colon cancer after complete resection of the primary tumour.
- Treatment of metastatic colorectal cancer.

Oxaliplatin in combination with leucovorin, irinotecan and 5-fluorouracil is indicated for the firstline treatment of patients with metastatic pancreatic adenocarcinoma (based on NCCN guidelines, version 2.2014).

ברצוננו להודיע שהעלון לרופא עודכן, בפירוט שלהלן כלולים העדכונים העיקריים בלבד (תוספות מסומנות באדום והסרות מידע כטקסט מחוק):

4.4 Special warnings and precautions for use

[…]

Renal impairment

Patients with mild to moderate renal impairment should be closely monitored for adverse reactions and the dose adjusted according to toxicity (see section 5.2) .

~~Due to limited information on safety in patients with moderately impaired renal function, administration should only be considered after suitable appraisal of the benefit/risk for the patient. In this situation, renal function should be closely monitored and dose adjusted according to toxicity.~~

4.6 Fertility, pregnancy and lactation

[…]

Contraception in males and females

Due to the genotoxic potential of oxaliplatin (see section 5.3), women of childbearing potential have to use effective contraception during and up to ~~4~~ 9 months after treatment. Men have to use effective contraception during and up to 6 months after treatment.

5.2 Pharmacokinetic properties

[…]

Renal impairment

The effect of renal impairment on the disposition of oxaliplatin was studied in patients with varying degrees of renal function. Oxaliplatin was administered at a dose of 85 mg/m² in the control group with a normal renal function (CLcr > 80 ml/min, N = 12) and in patients with mild (CLcr = 50 to 80 ml/min, N = 13) and moderate (CLcr = 30 to 49 ml/min, N = 11) renal impairment, and at a dose of 65 mg/m² in patients with severe renal impairment (CLcr < 30 ml/min, N = 5). Median exposure was 9, 4, 6 and 3 cycles, respectively, and PK data at cycle 1 were obtained in 11, 13, 10 and 4 patients respectively.

There was an increase in plasma ultrafiltrate (PUF) platinum AUC, AUC/dose and a decrease in total and renal CL and Vss with increasing renal impairment especially in the (small) group of patients with severe renal impairment: point estimate (90 % Cl) of estimated mean ratios by renal status versus normal renal function for AUC/dose were 1.36 (1.08, 1.71), 2.34 (1.82, 3.01) and 4.81 (3.49, 6.64) for patients with mild and moderate and in severe renal failure respectively.

Elimination of oxaliplatin is significantly correlated with the creatinine clearance. Total PUF platinum CL was respectively 0.74 (0.59, 0.92), 0.43 (0.33, 0.55) and 0.21 (0.15, 0.29) and for Vss respectively 0.52 (0.41, 0.65), 0.73 (0.59, 0.91) and 0.27 (0.20, 0.36) for patients with mild, moderate and severe renal failure respectively. Total body clearance of PUF platinum was therefore reduced by respectively 26 % in mild, 57 % in moderate, and 79 % in severe renal impairment compared to patients with normal function.

Renal clearance of PUF platinum was reduced in patients with impaired renal function by 30 % in mild, 65 % in moderate, and 84 % in severe renal impairment compared to patients with normal function.

There was an increase in beta half-life of PUF platinum with increasing degree of renal impairment mainly in the severe group. Despite the small number of patients with severe renal dysfunction, these data are of concern in patients in severe renal failure and should be taken into account when prescribing oxaliplatin in patients with renal impairment (see sections 4.2, 4.3 and 4.4).