

02.2025

רופא/ה, רוקח/ת נכבד/ה,

ברצוננו להביא לידיעתכם את העדכונים בעלון לרופא של התכשיר:

AGGRASTAT®

אגרסטט

tirofiban (as hydrochloride monohydrate 0.05 mg/ml) מרכיב פעיל:

צורת מינון: solution for infusion

התוויה מאושרת:

Aggrastat in combination with heparin, is indicated for patients with unstable angina or non-Q wave myocardial infarction to prevent cardiac ischemic events and is also indicated for the treatment of acute coronary syndrome, including patients who are to be managed medically and those undergoing PTCA or atherectomy.

In this setting, AGGRASTAT has been shown to decrease the rate of a combined endpoint of death, new myocardial infarction or refractory ischemia/repeat cardiac procedure.

השינויים המהותיים בעלון לרופא מופיעים בסעיפים הבאים:

4.3 Contraindications

Aggrastat is contra-indicated in patients who are hypersensitive to the active substance or to any of the excipients of the preparation listed in section 6.1 or who developed thrombocytopenia during earlier use of a GP IIb/IIIa receptor antagonist. Since inhibition of platelet aggregation increases the bleeding risk, Aggrastat is contraindicated in patients with:

[...]

- Relevant trauma or major surgical intervention within the past six weeks.
- Thrombocytopenia (platelet count $<100,000/\text{mm}^3$), disorders of platelet function.
- Clotting disturbances (e.g. prothrombin time >1.3 times normal or INR [International Normalised Ratio] >1.5).
- Severe liver failure.

4.4 Special warnings and precautions for use

[...]

There is limited experience with concomitant administration of Aggrastat with enoxaparin (see sections 5.1 and 5.2). The concomitant administration of Aggrastat with enoxaparin is associated with a higher frequency of cutaneous and oral bleeding events, but not in TIMI bleeds**, when compared with the concomitant administration of Aggrastat and unfractionated heparin. An increased risk of serious bleeding events associated with the concomitant administration of Aggrastat and enoxaparin cannot be excluded, particularly in patients given additional unfractionated heparin in conjunction with angiography and/or PCI.

[...]

There is insufficient experience with the use of tirofiban hydrochloride in the following diseases and conditions, however, an increased risk of bleeding is suspected. Therefore, tirofiban hydrochloride is not recommended in:

- Traumatic or protracted cardiopulmonary resuscitation, organ biopsy or lithotripsy within the past two weeks

- Severe trauma or major surgery >6 weeks but <3 months previously
- Active peptic ulcer within the past three months
- Active or a known history of vasculitis
- Haemorrhagic retinopathy
- Occult blood in the stool or haematuria
- Thrombolytic therapy (see section 4.5).
- Concurrent use of drugs that increase the risk of bleeding to a relevant degree (see section 4.5).

There is no therapeutic experience with tirofiban hydrochloride in patients for whom thrombolytic therapy is indicated. Consequently, the use of tirofiban hydrochloride is not recommended in combination with thrombolytic therapy.

Aggrastat infusion should be stopped immediately if circumstances arise that necessitate thrombolytic therapy (including acute occlusion during PCI) or if the patient must undergo an emergency coronary artery bypass graft (CABG) operation or requires an intra-aortic balloon pump.

Other precautionary notes and measures

[...]

Aggrastat should be used with special caution in the following conditions and patient groups:

- Recent clinically relevant bleeding (less than one year)
- Puncture of a non-compressible vessel within 24 hours before administration of Aggrastat
- Recent epidural procedure (including lumbar puncture and spinal anaesthesia)
- Severe acute or chronic heart failure
- Cardiogenic shock
- Mild to moderate liver insufficiency
- Platelet count <150,000/mm³, known history of coagulopathy or platelet function disturbance or thrombocytopenia
- Haemoglobin concentration less than 11 g/dl or haematocrit <34%.

Special caution should be used during concurrent administration of ticlopidine, clopidogrel, adenosine, dipyridamole, sulfinpyrazone, and prostacyclin.

[...]

Efficacy with regard to dose

The administration of a 10 microgram/kg bolus regimen of tirofiban failed to show noninferiority in clinically relevant endpoints at 30 days compared to abciximab (see section 5.1).

[...]

Sodium content

Aggrastat Solution

Aggrastat solution for infusion contains approximately 917 mg of sodium per 250 ml bag which should be taken into consideration by patients on a controlled sodium diet.

4.5 Interaction with other medicinal products and other forms of interaction

[...]

With the concurrent use of Aggrastat, unfractionated heparin, ASA, and clopidogrel there was a comparable incidence of bleeding than when only unfractionated heparin, ASA, and clopidogrel were used together (see sections 4.4 and 4.8).

Aggrastat is not recommended in thrombolytic therapy - concurrent or less than 48

hours before administration of tirofiban hydrochloride or concurrent use of drugs that increase the risk of bleeding to a relevant degree (e.g. oral anticoagulants, other parenteral GP IIb/IIIa inhibitors, dextran solutions). There is insufficient experience with the use of tirofiban hydrochloride in these conditions; however, an increased risk of bleeding is suspected.

[...]

4.8 Undesirable effects

[...]

Table 2: Undesirable effects in clinical studies and from post-marketing experience

[...]

| System Organ Class | Very common | Common | Uncommon | Not known |
|---|-----------------------------|--|---------------------------------|----------------------------------|
| Respiratory, thoracic and mediastinal disorders | | Haemoptysis, epistaxis | | Pulmonary (alveolar) haemorrhage |
| Gastrointestinal disorders | Nausea | Oral haemorrhage gingival haemorrhage | GI haemorrhage, haematemesis | Retroperitoneal bleeding |
| Skin and subcutaneous tissue disorders | Ecchymosis | | | |
| Renal and urinary disorders | | Haematuria | | |
| Injury, poisoning and procedural complications | Post-operative haemorrhage* | Vessel puncture site haemorrhage | | |

*Primarily related to catheterization sites.

[...]

4.9 Overdose

a) Symptoms of overdose

The symptom of overdose most commonly reported was bleeding, usually mucosal bleeding and localised bleeding at the arterial puncture site for cardiac catheterisation but also single cases of intracranial haemorrhages and retroperitoneal bleedings (see sections 4.4 and 5.1).

[...]

בהודעה זו כלולים העדכונים המהותיים בלבד. העלונים כוללים עדכונים נוספים, לכן על מנת לקבל

את המידע המלא יש לעיין בעלון הזמין באתר משה"ב.

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