ינואר 2022

רופא/ה נכבד/ה
רוקח/ת נכבד/ה

חברת מרק שארפ ודוהם (ישראל-1996) בע"מ (MSD ישראל) מבקשת ליידע על הוספת עלון חדש לצרכן ועדכון העלון לרופא ושל התכשיר:
Celestone Chronodose

ההתוויה הרשומה לתכשיר בישראל:

Indicated in the management of conditions known to be responsive to corticosteroid therapy.

בהודעה זו מצוינים ומוארים ברקע צהוב רק שינויים מהותיים בעלון לרופא. בעלון לרופא בוצעו עדכונים נוספים שאינם נכללים בהודעה זו.
למידע מלא ולהוראות מתן מפורטות יש לעיין בעלון לרופא ובעלון החדש לצרכן המאושרים על ידי משרד הבריאות.
העלון לרופא והעלון לצרכן נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על ידי פניה לבעל הרישום, חברת MSD, בטלפון 09-9533333.

Celestone Chronodose מופץ ע"י חברת נובולוג בע"מ.

בברכה,

עלמה שימן
רוקחת ממונה
MSD ישראל

<u>עדכונים מהותיים בעלון לרופא:</u>

4.3 Contraindications

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Celestone Chronodose cannot be used for intrathecal administration.

4.4 Special warnings and precautions for use

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Corticosteroids are not indicated to treat hyaline membranes after birth. For the prophylactic treatment of hyaline membrane disease in premature infants, do not administer corticosteroids to pregnant women with pre-eclampsia or eclampsia or with signs of placental lesions.

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During prolonged corticosteroid therapy, consider switching from parenteral to oral administration after weighing the potential benefits and risks.

Prolonged use can lead to posterior subcapsular cataract (especially in children) or to glaucoma, which can damage the optic nerves, and may exacerbate secondary ocular infections due to fungi or viruses. In case of prolonged treatment (over 6 weeks), it is necessary to have regular ophthalmological examinations.

If corticosteroids are indicated in patients with latent tuberculosis or reacting to tuberculin, strict monitoring is necessary, because it can produce a reactivation of the disease. During prolonged corticosteroid therapy, patients should receive chemoprophylaxis. If using rifampicin in a chemoprophylaxis program, its enhancing effect on the metabolic hepatic clearance of corticosteroids must be remembered; it may be necessary to adjust the dose of the corticosteroid.

Caution is advised in:
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Gastro-duodenal ulcer

Cases of tendon rupture have been reported when corticosteroids and fluoroquinolones are administered separately. Therefore, simultaneous administration may increase the risk.

Special monitoring of the patient is required in the following situations:
tuberculosis, ocular herpes simplex, glaucoma, acute psychosis, active or latent gastric ulcer, Cushing's syndrome, renal insufficiency, hypertension, osteoporosis, diabetes, psychotic tendencies, viral and bacterial infections, heart failure, difficult-to-treat epilepsy, growth failure, diverticulitis, recent intestinal anastomoses, thromboembolism or thrombophlebitis tendencies, myasthenia gravis, pregnancy.

Visual disturbance

Visual disturbance may be reported with systemic and topical (including, intranasal, inhaled and intraocular) corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes of visual disturbances which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Benzalkonium chloride
Celestone Chronodose contains benzalkonium chloride, which can cause irritation and skin reactions.

4.5 Interaction with other medicinal products and other forms of interaction

Interaction with other medicinal products:
Combination with phenobarbital, rifampin, phenytoin or ephedrine may increase the metabolism of corticosteroids, resulting in a decrease in therapeutic effect.

The simultaneous administration of corticosteroids and cardiac glycosides may increase the risk of arrhythmias or digitalis toxicity related to hypokalemia. Often, patients using cardiac glycosides also take diuretics which induce potassium depletion; in this case, it is essential to conduct potassium level determinations. Corticosteroids may aggravate the potassium depletion caused by amphotericin B.
In all patients taking one of these medication combinations, serum electrolytes, particularly serum potassium, should be closely monitored.

The combination with non-steroidal anti-inflammatories or alcohol can lead to an increased risk of developing a gastrointestinal ulcer or worsening of an existing ulcer.

Combination with somatotropin may inhibit the response to this hormone. Betamethasone doses greater than 300-450 µg (0.3 to 0.45 mg) per m^2 of body surface area per day should be avoided during administration of somatotropin.

Co-treatment with CYP3A inhibitors, including cobicistat-containing products, is expected to increase the risk of systemic side-effects. The combination should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side-effects, in which case patients should be monitored for systemic corticosteroid side-effects.

Other forms of interactions
Interactions with laboratory tests
Corticosteroids may influence the nitro blue tetrazolium reduction test and produce false negative results.

4.6 Fertility, pregnancy and lactation

Pregnancy
Some animal experiments have shown that high doses of glucocorticoids administered during pregnancy can be the cause of fetal defects.
Given the lack of adequate teratogenic studies in humans, glucocorticoids can only be administered during pregnancy, breast-feeding and in women of fertile age after having thoroughly evaluated the health benefits and potential risks of these medications for the mother and the embryo or fetus.

Published data show that the prophylactic use of corticosteroids after the 32nd week of pregnancy is still controversial. Therefore, the physician should weigh the benefits and potential risks for the mother and fetus when using corticosteroids after the 32nd week of pregnancy.

Corticosteroids are not indicated to treat hyaline membranes after birth.

In prophylactic treatment of hyaline membrane disease in premature infants, do not administer corticosteroids to pregnant women with preeclampsia or eclampsia or with signs of placental lesions.

Newborns whose mothers received substantial doses of glucocorticoids during pregnancy should be subject to a careful examination for possible signs of adrenal insufficiency or, more rarely, congenital cataract.

Breastfeeding
Corticosteroids are excreted in breast milk.

Given that Celestone Chronodose may induce undesirable side effects in breast-fed infants, a decision must be made whether to stop breast-feeding or stop the medicine, taking into consideration the importance of the medicinal product for the mother.

Women who received corticosteroids during pregnancy should be monitored during and after contractions and during childbirth to detect adrenal insufficiency due to the stress caused by birth.

4.7 Effects on ability to drive and use machines

Although vision problems are rare side effects, patients who drive vehicles or machinery must be informed of that.

4.8 Undesirable effects

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Musculoskeletal

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Aseptic necrosis
Pathological fracture

Ophthalmic

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Vision blurred (see also section 4.4)

Metabolic

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Lipomatosis - Weight Gain

Psychiatric

Euphoria - Unstable mood - Personality disorders and severe depression with manifestation of psychotic phenomena - Insomnia

4.9 Overdose

Symptoms

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Chronic overdose can induce iatrogenic Cushing's disease (moon face, impotence, amenorrhea).

References:
Celestone Chronodose-PIL- Heb-12-2021
Celestone Chronodose-SPC-12-2021