פייזר פי אף אי פרמצבטיקה ישראל בע"מ
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יוני 2022

רופא/ה, רוקח/ת נכבד/ה,
ברצוננו להודיעך על עדכונים בעלון לרופא של התכשיר **Triflucan IV** :

צורת מינון: Solution For Injection

הרכב וחוזק:

Each ml contains 2 mg of fluconazole.

התוויה:

Fluconazole is indicated in the following fungal infections.
Fluconazole is indicated in adults for the treatment of:
- Cryptococcal meningitis.
- Coccidioidomycosis.
- Invasive candidiasis.
- Mucosal candidiasis including oropharyngeal, oesophageal candidiasis, candiduria and chronic mucocutaneous candidiasis.
- Chronic oral atrophic candidiasis (denture sore mouth) if dental hygiene or topical treatment are insufficient.
- Vaginal candidiasis, acute or recurrent; when local therapy is not appropriate.
- *Candidal balanitis* when local therapy is not appropriate.
- Dermatomycosis including *tinea pedis, tinea corporis, tinea cruris, tinea versicolor* and dermal *candida* infections when systemic therapy is indicated.
- *Tinea unguinium (onychomycosis)* when other agents are not considered appropriate.

Fluconazole is indicated in adults for the prophylaxis of**:**
- Relapse of cryptococcal meningitis in patients with high risk of recurrence.
- Relapse of oropharyngeal or oesophageal candidiasis in patients infected with HIV who are at high risk of experiencing relapse.
- To reduce the incidence of recurrent vaginal candidiasis (4 or more episodes a year).
- Prophylaxis of candidal infections in patients with prolonged neutropenia (such as patients with haematologicalmalignancies receiving chemotherapy or patients receiving Hematopoietic Stem Cell Transplantation).

Fluconazole is indicated in term newborn infants, infants, toddlers, children, and adolescents aged from 0 to 17 years old: Fluconazole is used for the treatment of mucosal candidiasis (oropharyngeal, oesophageal), invasive candidiasis and cryptococcal meningitis and the prophylaxis of candidal infections in immunocompromised patients. Fluconazole can be used as maintenance therapy to prevent relapse of cryptococcal meningitis in children with high risk of reoccurrence.
Therapy may be instituted before the results of the cultures and other laboratory studies are known; however, once these results become available, anti-infective therapy should be adjusted accordingly. Consideration should be given to official guidance on the appropriate use of antifungals.

להלן העדכונים העיקרים בעלון לרופא:

4.5 Interaction with other medicinal products and other forms of interaction

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HMG-CoA reductase inhibitors: The risk of myopathy and rhabdomyolysis increases (dose-dependent) when fluconazole is coadministered with HMG-CoA reductase inhibitors metabolised through CYP3A4, such as atorvastatin and simvastatin, or through CYP2C9, such as fluvastatin (decreased hepatic metabolism of the statin). If concomitant therapy is necessary, the patient should be observed for symptoms of myopathy and rhabdomyolysis and creatine kinase should be monitored. HMG-CoA reductase inhibitors should be discontinued if a marked increase in creatine kinase is observed or myopathy/rhabdomyolysis is diagnosed or suspected. Lower doses of HMG-CoA reductase inhibitors may be necessary as instructed in the statins prescribing information.

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Ivacaftor (alone or combined with drugs in the same therapeutic class): Co-administration with ivacaftor, a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator, increased ivacaftor exposure by

3-fold and hydroxymethyl-ivacaftor (M1) exposure by 1.9-fold. A reduction of the ivacaftor (alone or combined) dose is necessary as instructed in the ivacaftor (alone or combined) prescribing information.

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Lurasidone: Moderate inhibitors of CYP3A4 such as fluconazole may increase lurasidone plasma concentrations. If concomitant use cannot be avoided, reduce the dose of lurasidone as instructed in the lurasidone prescribing information.

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4.6 Fertility, pregnancy and lactation

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Before becoming pregnant a washout period of approximately 1 week (corresponding to 5-6 half-lives) is recommended after a single-dose or discontinuation of a course of treatment.

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השינויים המודגשים ברקע צהוב מהווים החמרה. כמו כן, בוצעו שינויים נוספים הכוללים תוספת מידע, השמטת מידע ועדכוני נוסח שאינם מהווים החמרה.
העלון לרופא נשלח למשרד הבריאות לצורך פרסומו במאגר התרופות שבאתר משרד הבריאות:
https://data.health.gov.il/drugs/index.html#!/byDrug
לחילופין, לקבלת עלון מלא מודפס ניתן לפנות לחברת פייזר פי אף אי פרמצבטיקה ישראל בע"מ, רח' שנקר 9, ת.ד. 12133, הרצליה פיתוח, 46725.

בברכה,
אושרית עשת
רוקחת ממונה