יולי 2022

רופא/ה נכבד/ה,
רוקח/ת נכבד/ה,

SEVORANE

סבורן

Liquid for inhalation

sevoflurane 100%

חברת AbbVie Biopharmaceuticals Ltd. מבקשת להודיע כי העלון לרופא של התכשיר שבנדון עודכן.
בהודעה זו מצוינים סעיפים בהם נעשה **שינוי מהותי** או **שינוי המהווה החמרה**.
מידע שהתווסף מצוין באדום. מידע שנמחק מצוין בכחול.
עדכונים נוספים אשר אינם מהווים החמרה או שאינם מהותיים, אינם נכללים בהודעה זו.

ההתוויה המאושרת לתכשיר:

Sevoflurane is indicated for induction and maintenance of general anesthesia in adult and pediatric patients for inpatient and outpatient surgery.

שינויים בפרק WARNINGS בעלון לרופא:

Risk of Respiratory Depression

Sevoflurane may cause respiratory depression, which may be augmented by opioid premedication or other agents causing respiratory depression. Monitor respiration and, if necessary, assist with ventilation (see PRECAUTIONS).

Bradycardia in Down Syndrome

Episodes of severe bradycardia and cardiac arrest, not related to underlying congenital heart disease, have been reported during anesthesia induction with sevoflurane in pediatric patients with Down syndrome. In most cases, bradycardia improved with decreasing the concentration of sevoflurane, manipulating the airway, or administering an anticholinergic or epinephrine.

During induction, closely monitor heart rate, and consider incrementally increasing the inspired sevoflurane concentration until a suitable level of anesthesia is achieved. Consider having an anticholinergic and epinephrine available when administering sevoflurane for induction in this patient population.

Risk of Driving and Operating Machinery

Performance of activities requiring mental alertness, such as driving or operating machinery, may be impaired after sevoflurane anesthesia.

שינויים בפרק PRECAUTIONS בעלון לרופא:

Information for Patients

Risk of Driving and Operating Machinery

Advise patients that performance of activities requiring mental alertness, such as driving or operating machinery, may be impaired after sevoflurane anesthesia (see **WARNINGS**).

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Drug Interactions

Epinephrine

Epinephrine administered with sevoflurane may increase the risk of ventricular arrhythmias. Monitor the electrocardiogram and blood pressure and ensure emergency medications to treat ventricular arrhythmias are readily available.

Calcium antagonists

Sevoflurane may lead to marked hypotension in patients treated with calcium antagonists. Blood pressure should be closely monitored and emergency medications to treat hypotension should be readily available when calcium antagonists are used concomitantly with sevoflurane.

In animals, impairment of atrioventricular conduction has been observed when verapamil and sevoflurane are administered concomitantly.

Non-selective MAO-inhibitors

Concomitant use of MAO inhibitors and inhalational anesthetics may increase the risk of hemodynamic instability during surgery or medical procedures.

Hepatic Function

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~~Very rare c~~Cases of mild, moderate, and severe ~~post operative~~ hepatic dysfunction or hepatitis ~~with or without~~ (e.g., jaundice associated with fever and/or eosinophilia) after anesthesia with sevoflurane have been reported ~~from postmarketing experiences~~. Clinical judgement should be exercised when sevoflurane is used in patients with underlying hepatic conditions or under treatment with drugs known to cause hepatic dysfunction (see **ADVERSE REACTIONS**).

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Lavor and Delivery

Sevoflurane has been used in clinical studies, as part of general anesthesia for elective cesarean section, in 29 women. There were no untoward effects in mother or neonate (see **CLINICAL STUDIES**). The safety of sevoflurane in labor and delivery has not been demonstrated.

Sevoflurane can cause uterine smooth muscle relaxation and may contribute to uterine atony.

Nursing Mothers

~~The concentrations of sevoflurane in milk are probably of no clinical importance 24 hours after anesthesia. Because of rapid washout, sevoflurane concentrations in milk are predicted to be below those found with many other volatile anesthetics.~~ It is not known whether sevoflurane or its metabolites are present in human milk. To minimize infant exposure to sevoflurane or its metabolites, a nursing mother may temporarily pump, and discard breast milk produced during the first 24 hours after administration of sevoflurane. Exercise caution when administering sevoflurane to a nursing mother.

Pediatric Use

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Cases of life-threatening ventricular arrhythmias have been reported in pediatric patients with Pompe disease (also commonly known as glycogen storage disease type II or acid altase deficiency). In a published case series about a clinical trial of patients with infantile-onset Pompe disease, six percent of patients (9 of 139, with 6 of 9 having received sevoflurane) experienced arrhythmias after induction of anesthesia. Reported arrythmias included severe bradycardia, torsade de pointes, and fatal ventricular fibrillation, which usually resolved after treatment with pharmacologic agents and defibrillation. Avoid induction and maintenance of anesthesia using sole agents, such as sevoflurane, that decrease systemic vascular resistance or diastolic blood pressure.

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שינויים בפרק ADVERSE REACTIONS בעלון לרופא:

Post-Marketing Experience

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Central Nervous System

- Delirium

Cardiac

- Cardiac arrest

- QT prolongation associated with Torsade de Pointe
- Bradycardia in patients with Down syndrome

Other

- Allergic reactions, such as rash, urticaria, pruritus, bronchospasm, and anaphylactic ~~or anaphlactoid~~ reactions (see **CONTRAINDICATIONS**)

פרק חדש ANIMAL TOXICOLOGY AND/OR PHARMACOLOGY שנוסף לעלון לרופא:

ANIMAL TOXICOLOGY AND/OR PHARMACOLOGY

Published studies in animals demonstrate that the use of anesthetic agents during the period of rapid brain growth or synaptogenesis results in widespread neuronal and oligodendrocyte cell loss in the developing brain and alterations in synaptic morphology and neurogenesis. Based on comparisons across species, the window of vulnerability to these changes is believed to correlate with exposures in the third trimester through the first several months of life, but may extend out to approximately 3 years of age in humans .

In primates, exposure to 3 hours of an anesthetic regimen that produced a light surgical plane of anesthesia did not increase neuronal cell loss; however, treatment regimens of 5 hours or longer increased neuronal cell loss. Data in rodents and in primates suggest that the neuronal and oligodendrocyte cell losses are associated with subtle but prolonged cognitive deficits in learning and memory. The clinical significance of these nonclinical findings is not known, and healthcare providers should balance the benefits of appropriate anesthesia in pregnant women, neonates and young children who require procedures against the potential risks suggested by the nonclinical data (see WARNINGS - Pediatric Neurotoxicity, PRECAUTIONS - Pregnancy, PRECAUTIONS - Pediatric Use).

העלון לרופא המעודכן נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלו מודפס על ידי פניה לבעל הרישום, AbbVie Biopharmaceuticals Ltd, רחוב החרש 4, הוד השרון או בטלפון 09 – 7909600.

בברכה,
אינה רגצקי
רוקחת ממונה