ספטמבר 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.

להלן השינויים בעלון לרופא:

CLINICAL PHARMACOLOGY

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Pharmacogenomics

RYR1 and *CACNA1S* are polymorphic genes, and multiple pathogenic variants have been associated with malignant hyperthermia susceptibility (MHS) in patients receiving volatile anesthetic agents, including sevoflurane. Case reports as well as ex-vivo studies have identified multiple variants in *RYR1* and *CACNA1S* associated with MHS. Variant pathogenicity should be assessed based on prior clinical experience, functional studies, prevalence information, or other evidence.

CONTRAINDICATIONS

- Known or suspected genetic susceptibility to malignant hyperthermia (see WARNINGS - Malignant Hyperthermia, CLINICAL PHARMACOLOGY - Pharmacogenomics).
- Known or suspected sensitivity to sevoflurane or to other halogenated inhalational anesthetics.

WARNINGS

Malignant Hyperthermia

In susceptible individuals, volatile anesthetic agents, including sevoflurane, may trigger malignant hyperthermia, a skeletal muscle hypermetabolic state leading to high oxygen demand. Fatal outcomes of malignant hyperthermia have been reported. In clinical studies of SEVORANE, 1 case of malignant hyperthermia was reported.

The risk of developing malignant hyperthermia increases with the concomitant administration of succinylcholine and volatile anesthetic agents. SEVORANE can induce malignant hyperthermia in patients with known or suspected susceptibility based on genetic factors or family history, including those with certain inherited ryanodine receptor (RYR1) or dihydropyridine receptor (CACNA1S) variants (see CONTRAINDICATIONS, CLINICAL PHARMACOLOGY - Pharmacogenomics).

Signs consistent with malignant hyperthermia may include hyperthermia, hypoxia, hypercapnia, muscle rigidity (e.g., jaw muscle spasm), tachycardia (e.g., particularly that unresponsive to deepening anesthesia or analgesic medication administration), tachypnea, cyanosis, arrhythmias, hypovolemia, and hemodynamic instability. Skin mottling, coagulopathies, and renal failure may occur later in the course of the hypermetabolic process.

Successful treatment of malignant hyperthermia depends on early recognition of the clinical signs. If malignant hyperthermia is suspected, discontinue all triggering agents (i.e., volatile anesthetic agents and succinylcholine), administer intravenous dantrolene sodium, and initiate supportive therapies. Consult prescribing information for intravenous dantrolene sodium for additional information on patient management. Supportive therapies include administration of supplemental oxygen and respiratory support based on clinical need, maintenance of hemodynamic stability and adequate urinary output, management of fluid and electrolyte balance, correction of acid base derangements, and institution of measures to control rising temperature.

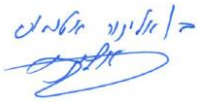
~~In susceptible individuals, potent inhalation anesthetic agents, including sevoflurane, may trigger a skeletal muscle hypermetabolic state leading to high oxygen demand and the clinical syndrome known as malignant hyperthermia. Sevoflurane can induce malignant hyperthermia in genetically susceptible individuals, such as those with certain inherited ryanodine receptor mutations. The clinical syndrome is signaled by hypercapnia, and may include muscle rigidity, tachycardia, tachypnea, cyanosis, arrhythmias, and/or unstable blood pressure. Some of these nonspecific signs may also appear during light anesthesia, acute hypoxia, hypercapnia, and hypovolemia.~~

~~In clinical studies, one case of malignant hyperthermia was reported. In addition, there have been postmarketing reports of malignant hyperthermia. Some of these cases have been fatal.~~

~~Treatment of malignant hyperthermia includes discontinuation of triggering agents (e.g., sevoflurane), administration of intravenous dantrolene sodium (consult prescribing information for intravenous dantrolene sodium for additional information on patient management), and application of supportive~~

~~therapy. Supportive therapy may include efforts to restore body temperature, respiratory and circulatory support as indicated, and management of electrolyte-fluid-acid-base abnormalities. Renal failure may appear later, and urine flow should be monitored and sustained if possible.~~

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 7909600 – 09.



בברכה,
אינה רגצקי
רוקחת ממונה