

תאריך: אפריל 2019

רופא/ה, רוקח/ת נכבד/ה

חברת טבע מודיעה על העדכונים הבאים בעלון לרופא של התכשיר:

# Prograf Ampoules, concentrate for solution for I.V. infusion

פרוגרף אמפולות תמיסה מרוכזת לעירוי תוך ורידי

Contains: Tacrolimus 5mg/ml

עדכונים בעלון לרופא

\_\_\_\_\_\_

#### התוויה כפי שאושרה בתעודת הרישום:

Prophylaxis of transplant rejection in liver kidney or heart allograft recipients. Treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products.

<u>ברצוננו להודיע שהעלון לרופא עודכן, בפירוט שלהלן כלולים העדכונים העיקריים בלבד (תוספות</u> <u>מסומנות <mark>באדום</mark> והסרות מידע כטקסט מחוק):</u>

### 4.4 Special warnings and precautions for use

[...]

Eye disorders

Eye disorders, sometimes progressing to loss of vision, have been reported in patients treated with tacrolimus. Some cases have reported resolution on switching to alternative immunosuppression. Patients should be advised to report changes in visual acuity, changes in colour vision, blurred vision, or visual field defect, and in such cases, prompt evaluation is recommended with referral to an ophthalmologist as appropriate.

### Infections including opportunistic infections

Patients treated with immunosuppressants, including Prograf, are at increased risk for infections including opportunistic infections (bacterial, fungal, viral and protozoal) such as BK virus associated nephropathy and JC virus associated progressive multifocal leukoencephalopathy (PML). Patients are also at an increased risk of infections with viral hepatitis (for example, hepatitis B and C reactivation

and de novo infection, as well as hepatitis E, which may become chronic). These infections are often related to a high total immunosuppressive burden and may lead to serious or fatal conditions that physicians should consider in the differential diagnosis in immunosuppressed patients with deteriorating hepatic or renal function or neurological symptoms.

Prevention and management should be in accordance with appropriate clinical guidance.

[...]

## 4.5 Interaction with other medicinal products and other forms of interaction

# [...] Inhibitors of metabolism

Clinically the following substances have been shown to increase tacrolimus blood levels:

Strong interactions have been observed with antifungal agents such as ketoconazole, fluconazole, itraconazole, and-voriconazole and isavuconalzole, the macrolide antibiotic erythromycin, HIV protease inhibitors (e.g., ritonavir, nelfinavir, saquinavir) or HCV protease inhibitors (e.g., telaprevir, boceprevir, and the combination of ombitasvir and paritaprevir with ritonavir, when used with and without dasabuvir), the pharmacokinetic enhancer cobicistat, and the tyrosine kinase inhibitors nilotinib and imatinib. Concomitant use of these substances may require decreased tacrolimus doses in nearly all patients.

[...]

Mycophenolic acid. Caution should be exercised when switching combination therapy from ciclosporin, which interferes with enterohepatic recirculation of mycophenolic acid, to tacrolimus, which is devoid of this effect, as this might result in changes of mycophenolic acid exposure. Drugs which interfere with mycophenolic acid's enterohepatic cycle have potential to reduce the plasma level and efficacy of mycophenolic acid. Therapeutic drug monitoring of mycophenolic acid may be appropriate when switching from ciclosporin to tacrolimus or vice versa.

### 4.8 Undesirable effects

[...]

Blood and lymphatic system disorders

[...]

rare: thrombotic thrombocytopenic purpura, hypoprothrombinaemia, thrombotic microangiopathy

[...]

#### Eye disorders

common: vision blurred, photophobia, eye disorders

uncommon: cataract rare: blindness

not known: optic neuropathy

### Description of selected adverse reactions

Pain in extremity has been described in a number of published case reports as part of Calcineurin-Inhibitor Induced Pain Syndrome (CIPS). This typically presents as a bilateral and symmetrical,

severe, ascending pain in the lower extremities and may be associated with supra-therapeutic levels of tacrolimus. The syndrome may respond to tacrolimus dose reduction. In some cases, it was necessary to switch to alternative immunosuppression.

[...]

העלון לרופא נשלח לפרסום במאגר התרופות שבאתר האינטרנט של משרד הבריאות http://www.health.gov.il, וניתן לקבלו מודפס ע"י פניה לחברת טבע.