יולי 2019

רופא/ה נכבד/ה,
רוקח/ת נכבד/ה,

הנדון:

Megaxin Tablets	**Megaxin IV**
מגאקסין טבליות	מגאקסין IV
Film Coated Tablets	Solution for Infusion
Moxifloxacin (as hydrochloride) 400 mg	Moxifloxacin 400 mg/250 mL

אנו מבקשים להודיעכם שהעלון לרופא המשותף לשני התכשירים, והעלון לצרכן של התכשיר מגאקסין טבליות עודכנו.

ההתוויות המאושרות לתכשירים:

Megaxin IV:

Megaxin IV is indicated for the treatment of adults (>18 years of age) with Community Acquired Pneumonia caused by streptococcus pneumoniae, haemophilus influenzae, moraxella catarrhalis, staphylococcus aureus, klebsiella pneumoniae, mycoplasma pneumoniae or chlamydia pneumoniae and Complicated skin and skin Structure Infections caused by methicillin susceptible staphylococcus aureus, escherichia coli, klebsiella pneumoniae or enterobacter cloacae.
Appropriate culture and susceptibility tests should be performed before treatment in order to isolate and identify organisms causing infection and to determine their susceptibility to moxifloxacin.
Therapy with Megaxin may be initiated before results of these tests are known; once results become available, appropriate therapy should be continued.

Megaxin Tablets:

For the treatment of the following bacterial infections in patients of 18 years and older
• Respiratory infections:
- Uncomplicated Acute bacterial sinusitis (ABS)
- Acute exacerbations of chronic bronchitis (AECB)
Megaxin tablets should be used to treat adequately diagnosed ABS and AECB only when it is considered inappropriate to use antibacterial agents that are commonly recommended for the initial treatment of these infections or when these have failed to resolve the infection.
- Community acquired pneumonia, except severe cases.
Megaxin tablets should be used only when it is considered inappropriate to use antibacterial agents that are commonly recommended for the initial treatment of this infection.

• Community-acquired spontaneous and wound infections of the skin and skin structure.
Appropriate culture and susceptibility tests should be performed before treatment in order to isolate and identify organisms causing infection and to determine their susceptibility to moxifloxacin. Therapy with Megaxin tablets may be initiated before results of these tests are known; once results become available, appropriate therapy should be continued.
Consideration should be given to official guidance on the appropriate use of antibacterial agents.

בהודעה זו כלולים העידכונים המהותיים בלבד. בפירוט שלהלן מופיע, מתוך כל פרק ששונה בעלונים, רק המידע שהתעדכן.
תוספת טקסט מסומנת בקו תחתון. מחיקת טקסט מסומנת ~~בקו חוצה~~.

העדכונים בעלון לרופא המשותף לשני התכשירים

2.2 Important Administration Instructions

…
Do not administer MEGAXIN IV if particulate matter and/or discoloration is observed.

3.2 MEGAXIN IV

Ready-to-use 250 mL bottle for infusion, containing moxifloxacin hydrochloride (equivalent to 400 mg moxifloxacin) in 0.8% sodium chloride aqueous solution. The appearance of the intravenous solution is yellow. Discard the unused portion of the drug.
…

5 WARNINGS AND PRECAUTIONS

5.2 ~~Tendinopathy~~ Tendinitis and Tendon Rupture

Fluoroquinolones, including MEGAXIN IV / MEGAXIN Tablets, ~~are~~ have been associated with an increased risk of tendinitis and tendon rupture in all ages *[see Warnings and Precautions (5.1) and Adverse Reactions (6.2)]*. This adverse reaction most frequently involves the Achilles tendon, and has also been reported with the rotator cuff (the shoulder), the hand, the biceps, the thumb, and other tendons. Tendinitis or tendon rupture can occur within hours or days of starting moxifloxacin or as long as several months after completion of therapy. Tendinitis and tendon rupture can occur bilaterally.

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5.4 Central Nervous System Effects

Psychiatric Adverse Reactions

Fluoroquinolones, including MEGAXIN IV / MEGAXIN Tablets, have been associated with an increased risk of ~~central nervous system (CNS)~~ psychiatric adverse reactions, including: ~~convulsions, and increased intracranial pressure (including pseudotumor cerebri) and~~ toxic psychosis. ~~Fluoroquinolones may also cause CNS reactions of nervousness, agitation, insomnia, anxiety, nightmares, paranoia, dizziness, confusion, tremors,~~ hallucinations, or paranoia; depression~~, and,~~ or suicidal thoughts or acts; anxiety, agitation, or nervousness; confusion, delirium, disorientation, or disturbances in attention; insomnia or nightmares; memory impairment.

These adverse reactions may occur following the first dose. If these reactions occur in patients receiving MEGAXIN IV / MEGAXIN Tablets, discontinue MEGAXIN IV / MEGAXIN Tablets immediately and institute appropriate measures~~. As with all fluoroquinolones, use MEGAXIN IV/MEGAXIN Tablets when the benefits of treatment exceed the risks~~ *[see Adverse Reactions (6.1), (6.2)].*

Central Nervous System Adverse Reactions

Fluoroquinolones, including MEGAXIN, have been associated with an increased risk of seizures (convulsions), increased intracranial pressure (including pseudotumor cerebri), dizziness, and tremors. As with all fluoroquinolones, use MEGAXIN IV / MEGAXIN Tablets with caution in patients with known or suspected CNS disorders (for example, severe cerebral arteriosclerosis, epilepsy) or in the presence of other risk factors that may predispose to seizures or lower the seizure threshold ~~*[See Drug Interactions (7.4)].*~~ *These adverse reactions may occur following the first dose. If these reactions occur in patients receiving MEGAXIN IV / MEGAXIN Tablets, discontinue MEGAXIN IV / MEGAXIN Tablets immediately and institute appropriate measures [see Drug Interactions (*7.4*) Adverse Reactions (6.1, 6.2)].*

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5.8 Hypersensitivity Reactions

Serious anaphylactic reactions, some following the first dose, have been reported in patients receiving fluoroquinolone therapy, including MEGAXIN IV / MEGAXIN Tablets. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, tingling, pharyngeal or facial edema, dyspnea, urticaria, and itching. Discontinue MEGAXIN IV / MEGAXIN Tablets at the first appearance of a skin rash or any other sign of hypersensitivity *[see Warnings and Precautions (5.7)].*

5.11 Blood Glucose Disturbances

As with all fluoroquinolones, disturbances in blood glucose, including both hypoglycemia and hyperglycemia have been reported with MEGAXIN IV / MEGAXIN Tablets. In MEGAXIN IV / MEGAXIN Tablets-treated patients, dysglycemia occurred predominantly in elderly diabetic patients receiving concomitant treatment with an oral hypoglycemic agent (for example, sulfonylurea) or with insulin. Severe cases of hypoglycemia resulting in coma or death have been reported. In diabetic patients, careful monitoring of blood glucose is

recommended. If a hypoglycemic reaction occurs, discontinue MEGAXIN IV / MEGAXIN Tablets ~~should be discontinued~~ and initiate appropriate therapy ~~should be initiated~~ immediately *[see Adverse Reactions (6.1), Drug Interactions (7.3)].*

6 ADVERSE REACTIONS

The following serious and otherwise important adverse reactions are discussed in greater detail in the warnings and precautions section of the label:

- ~~Tendinopathy~~ Tendinitis and Tendon Rupture *[see Warnings and Precautions (5.2)]*
- *…*

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

~~*Pregnancy Category C.* Because no adequate or well-controlled studies have been conducted in pregnant women, MEGAXIN IV / MEGAXIN Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.~~

~~Moxifloxacin was not teratogenic when administered to pregnant rats during organogenesis at oral doses as high as 500 mg/kg/day or 0.24 times the maximum recommended human dose based on systemic exposure (AUC), but decreased fetal body weights and slightly delayed fetal skeletal development (indicative of fetotoxicity) were observed. Intravenous administration of 80 mg/kg/day (approximately 2 times the maximum recommended human dose based on body surface area) to pregnant rats resulted in maternal toxicity and a marginal effect on fetal and placental weights and the appearance of the placenta. There was no evidence of teratogenicity at intravenous doses as high as 80 mg/kg/day. Intravenous administration of 20 mg/kg/day (approximately equal to the maximum recommended human oral dose based upon systemic exposure) to pregnant rabbits during organogenesis resulted in decreased fetal body weights and delayed fetal skeletal ossification. When rib and vertebral malformations were combined, there was an increased fetal and litter incidence of these effects. Signs of maternal toxicity in rabbits at this dose included mortality, abortions, marked reduction of food consumption, decreased water intake, body weight loss and hypoactivity. There was no evidence of teratogenicity when pregnant cynomolgus monkeys were given oral doses as high as 100 mg/kg/day (2.5 times the maximum recommended human dose based upon systemic exposure). An increased incidence of smaller fetuses was observed at 100 mg/kg/day. In an oral pre- and postnatal development study conducted in rats, effects observed at 500 mg/kg/day included slight increases in duration of pregnancy and prenatal loss, reduced pup birth weight and decreased~~

~~neonatal survival. Treatment-related maternal mortality occurred during gestation at 500 mg/kg/day in this study.~~

Risk Summary

There are no available human data establishing a drug associated risk with the use of moxifloxacin.

Based on animal studies with moxifloxacin, MEGAXIN may cause fetal harm.

Moxifloxacin was not teratogenic when administered to pregnant rats (IV and oral), rabbits (IV), and monkeys (oral) at exposures that were 0.25–2.5 times of those at the human clinical dose (400 mg/day MEGAXIN). However, when moxifloxacin was administered to rats and rabbits during pregnancy and throughout lactation (rats only) at doses associated with maternal toxicity, decreased neonatal body weights, increased incidence of skeletal variations (rib and vertebra combined), and increased fetal loss were observed *(see Data)*. Advise pregnant women of the potential risk to the fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4% and of miscarriage is 15 to 20% of clinically recognized pregnancies.

Data

Animal Data

Animal reproductive and development studies were done in rats, rabbits and cynomolgus macaques. Moxifloxacin was not teratogenic when administered to pregnant rats during organogenesis (gestation days 6 to 17) at oral doses as high as 500 mg/kg/day or 0.24 times the maximum recommended human dose based on systemic exposure (AUC), but decreased fetal body weights and slightly delayed fetal skeletal development were observed. Intravenous administration of 80 mg/kg/day (approximately 2 times the maximum recommended human dose based on body surface area) to pregnant rats resulted in maternal toxicity and a marginal effect on fetal and placental weights and the appearance of the placenta (Gestation days 6 to 17). There was no evidence of teratogenicity at intravenous doses as high as 80 mg/kg/day (approximately 2 times the maximum recommended human dose based on body surface area) in pregnant rats during organogenesis (Gestation days 6 to 17). Intravenous administration of 20 mg/kg/day (approximately equal to the maximum recommended human oral dose based upon systemic exposure) to pregnant rabbits during organogenesis (gestation days 6 to 20) resulted in decreased fetal body weights and delayed fetal skeletal ossification. When rib and vertebral malformations were combined, there was an increased fetal and litter incidence of these effects in rabbits. Signs of maternal toxicity in rabbits at this dose included mortality, abortions, marked reduction of food consumption, decreased water intake, body weight loss and hypoactivity. There was no evidence of teratogenicity when pregnant cynomolgus macaques were given oral doses as high as 100 mg/kg/day (2.5 times the maximum recommended human dose based upon systemic exposure) during organogenesis (gestation days 20 to 50). An increased incidence of smaller fetuses was observed at 100 mg/kg/day in macaques. In a pre- and postnatal

development study conducted in rats given oral doses from Gestation day 6, throughout gestation and rearing to Postpartum day 21, effects observed at 500 mg/kg/day (0.24 times the maximum recommended human dose based on systemic exposure (AUC)) included slight increases in duration of pregnancy and prenatal loss, reduced pup birth weight and decreased neonatal survival. Treatment-related maternal mortality occurred during gestation at 500 mg/kg/day in this study.

3 ~~Nursing Mothers~~ Lactation

~~Moxifloxacin is excreted in the breast milk of rats. Moxifloxacin may also be excreted in human milk. Because of the potential for serious adverse reactions in infants who are nursing from mothers taking MEGAXIN IV / MEGAXIN Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.~~

Risk Summary

It is not known if moxifloxacin is present in human milk. Based on animal studies in rats, moxifloxacin may be excreted in human milk *(see Data).*

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for MEGAXIN and any potential adverse effects on the breastfed child from MEGAXIN or from the underlying maternal condition.

Data

In lactating rats given a single oral dose of 4.59 mg/kg moxifloxacin (approximately 9 times less than the recommended human dose based on body surface area) 8 days postpartum, there was very low excretion of substance-related radioactivity into the milk, amounting to approximately 0.03% of the dose.

8.3 Pediatric Use

~~Safety and effectiveness in pediatric patients and adolescents less than 18 years of age have not been established. MEGAXIN IV / MEGAXIN Tablets causes arthropathy in juvenile animals *[see Boxed Warning, Warnings and Precautions (5.10) and Clinical Pharmacology (12.3)].*~~

Effectiveness in pediatric patients and adolescents less than 18 years of age has not been established. MEGAXIN causes arthropathy in juvenile animals. Limited information on the safety of MEGAXIN in 301 pediatric patients is available from the cIAI trial *[see Boxed Warning, Warnings and Precautions (5.9) and Nonclinical Toxicology (13.2)].*

Active Controlled Trial in Complicated Intra-Abdominal Infection (cIAI)

The safety and efficacy of MEGAXIN in pediatric patients for the treatment of cIAI has not been demonstrated.

Pediatric patients 3 months to <18 years of age (mean age of 12 ± 4 years) were enrolled in a single randomized, double-blind, active controlled trial in cIAI including appendicitis with perforation, abscesses and peritonitis.

Pediatric patients were randomized (2:1) to receive either MEGAXIN or comparator. This study enrolled 451 patients who received study medication, 301 treated with moxifloxacin, and 150 with comparator. Of the 301 pediatric patients treated with MEGAXIN, 15 were below the age of 6 years and 286 were between the ages of 6–<18 years.

Patients received sequential intravenous/oral MEGAXIN or comparator (intravenous ertapenem followed by oral amoxicillin/clavulanate) for 5 to 14 days (mean duration was 9 days with a range of 1 to 24 days).

The overall adverse reaction profile in pediatric patients was comparable to that of adult patients. The most frequently occurring adverse reactions in pediatric patients treated with MEGAXIN were QT prolongation 9.3% (28/301), vomiting, 6.6% (20/301) diarrhea 3.7% (11/301), arthralgia 3.0% (9/301), and phlebitis 2.7% (8/301) (see Table 5). Discontinuation of study drug due to an adverse reaction was reported in 5.3% (16/301) of MEGAXIN-treated patients versus 1.3% (2/150) of comparator-treated patients. The adverse reaction profile of MEGAXIN or comparator was similar across all age groups studied.

Musculoskeletal adverse reactions were monitored and followed up to 5 years after the end of study treatment. The rates of musculoskeletal adverse reactions were 4.3% (13/301) in the MEGAXIN-treated group versus 3.3% (5/150) in the comparator-treated group. The majority of musculoskeletal adverse reactions were reported between 12 and 53 weeks after start of study treatment with complete resolution at the end of the study *[see Warnings and Precautions (5.9) and Nonclinical Toxicology (13.2)]*.

Table 5 Incidence (%) of Selected Adverse Reactions in ≥2.0% of Pediatric Patients Treated with MEGAXIN in cIAI Clinical Trial

System Organ Class	Adverse Reactions	MEGAXIN N = 301 (%)	Comparator N = 150 (%)
Gastrointestinal disorders	Abdominal pain	8 (2.7)	3 (2.0)
	Diarrhea	11 (3.7)	1 (0.7)
	Vomiting	20 (6.6)	12 (8.0)
General disorders and administration site conditions	Pyrexia	6 (2.0)	4 (2.7)
Investigations	Aspartate aminotransferase increased	2 (0.7)	3 (2.0)
	Electrocardiogram QT prolonged	28 (9.3)	4 (2.7)

System Organ Class	Adverse Reactions	MEGAXIN N = 301 (%)	Comparator N = 150 (%)
Gastrointestinal disorders	Abdominal pain	8 (2.7)	3 (2.0)
	Diarrhea	11 (3.7)	1 (0.7)
	Vomiting	20 (6.6)	12 (8.0)
General disorders and administration site conditions	Pyrexia	6 (2.0)	4 (2.7)
Musculoskeletal and connective tissue disorders	Arthralgia	9 (3.0)	2 (1.3)
Nervous system disorders	Headache	6 (2.0)	2 (1.3)
Vascular disorders	Phlebitis	8 (2.7)	0 (0)

Clinical response was assessed at the test-of-cure visit (28 to 42 days after end of treatment). The clinical response rates observed in the modified intent to treat population were 83.9% (208/248) for MEGAXIN and 95.5% (127/133) for comparator; see Table 6.

Table 6: Clinical Response Rates at 28–42 Days After End of Treatment in Pediatric Patients with cIAI

	MEGAXIN n (%)	Comparator n (%)	Difference[2] (95% CI)
mITT Population[1]	**N=248**	**N=133**	
Cure	208 (83.9)	127 (95.5)	-12.2 (-17.9, -6.4)
Failure	17 (6.9)	3 (2.3)	
Indeterminate	21 (8.5)	3 (2.3)	
Missing	2 (0.8)	0	

[1]The modified intent-to-treat (mITT) population is defined as all subjects who were treated with at least one dose of study medication and who have at least one pre-treatment causative organism from the intra-abdominal site of infection or from blood cultures.
[2]Difference in clinical cure rates (MEGAXIN - Comparator) and 95% confidence intervals, presented as percentages, are based on stratified analysis by age group using Mantel-Haenszel methods.

...

12 CLINICAL PHARMACOLOGY

12.3 Pharmacokinetics

Pharmacokinetics in Specific Populations

…

~~Pediatric~~

~~The pharmacokinetics of moxifloxacin in pediatric subjects has not been studied *[see Use In Specific Populations (8.4)].*~~

…

12.4 Microbiology

Antimicrobial Activity

…

The following *in vitro* data are available, but their clinical significance is unknown. At least 90 percent of the following bacteria exhibit an *in vitro* minimum inhibitory concentration (MIC) less than or equal to the susceptible breakpoint for moxifloxacin against isolates of similar genus or organism groups. However, the efficacy of MEGAXIN IV / MEGAXIN Tablets in treating clinical infections due to these bacteria has not been established in adequate and well controlled clinical trials.

~~**Susceptibility Tests Methods**~~

~~When available, the clinical microbiology laboratory should provide the results of *in vitro* susceptibility test results for antimicrobial drug products used in resident hospitals to the physician as periodic reports that describe the susceptibility profile of nosocomial and community acquired pathogens. These reports should aid the physician in selecting an antibacterial drug product for treatment.~~

~~• **Dilution Techniques:**~~

~~Quantitative methods are used to determine antimicrobial minimum inhibitory concentrations (MICs). These MICs provide estimates of the susceptibility of bacteria to antimicrobial compounds. The MICs should be determined using a standardized procedure. Standardized procedures are based on a dilution method (broth and/or agar). The MIC values should be interpreted according to the criteria in Table 8.~~

- Diffusion Techniques

Quantitative methods that require measurement of zone diameters can also provide reproducible estimates of the susceptibility of bacteria to antimicrobial compounds. The zone size provides an estimate of the susceptibility of bacteria to antimicrobial compounds. The zone size prove should be determined using a standardized test method. This procedure uses paper disks impregnated with 5 mcg moxifloxacin to test the susceptibility of bacteria to moxifloxacin. The disc diffusion interpretive criteria are provided in **Table 8**.

- Anaerobic Techniques

For anaerobic bacteria, the susceptibility to moxifloxacin can be determined by a standardized test method. The MIC values obtained should be interpreted according to the criteria provided in Table 8.

Table 8: Susceptibility Test Interpretive Criteria for Moxifloxacin

	MIC (mcg/mL)			**Zone Diameter (mm)**		
Species	**S**	**I**	**R**	**S**	**I**	**R**
Enterobacteriaceae	≤2	4	≥8	≥19	16–18	≤15
Enterococcus faecalis	≤1	2	≥4	≥18	15–17	≤14
Staphylococcus aureus	≤20.5	41	≥82	≥1924	16–1821-23	≤1520
Haemophilus influenzae	≤1	[a]	[a]	≥18	[a]	[a]
Haemophilus parainfluenzae	≤1	[a]	[a]	≥18	[a]	[a]
Streptococcus pneumoniae	≤1	2	≥4	≥18	15–17	≤14
Streptococcus species	≤1	2	≥4	≥18	15–17	≤14
Anaerobic bacteria	≤2	4	≥8	-	-	-

S=susceptible, I=Intermediate, and R=resistant.

[a]) The current absence of data on moxifloxacin-resistant isolates precludes defining any results other than "Susceptible". Isolates yielding test results (MIC or zone diameter) other than susceptible, should be submitted to a reference laboratory for additional testing.

report of "Susceptible" indicates that the antimicrobial is likely to inhibit growth of the pathogen if the antimicrobial compound reaches the concentrations at the infection site necessary to inhibit growth of the

pathogen. A report of “Intermediate” indicates that the result should be considered equivocal, and, if the microorganism is not fully susceptible to alternative, clinically feasible drugs, the test should be repeated. This category implies possible clinical applicability in body sites where the drug is physiologically concentrated or in situations where a high dosage of the drug product can be used. This category also provides a buffer zone that prevents small uncontrolled technical factors from causing major discrepancies in interpretation. A report of “Resistant” indicates that the antimicrobial is not likely to inhibit growth of the pathogen if the antimicrobial compound reaches the concentrations usually achievable at the infection site; other therapy should be selected.

Quality Control

Standardized susceptibility test procedures require the use of laboratory controls to monitor and ensure the accuracy and precision of supplies and reagents used in the assay and the techniques of the individuals performing the test. Standard moxifloxacin powder should provide the following range of MIC values noted in Table 911. For the diffusion technique using the 5 mcg moxifloxacin disk, the criteria in Table 9 11 should be achieved

Table 911: Acceptable Quality Control Ranges for Moxifloxacin

Strains	**MIC range (mcg/mL)**	**Zone Diameter (mm)**
Enterococcus faecalis ATCC 29212	0.06–0.5	-
Escherichia coli ATCC 25922	0.008–0.06	28–35
Haemophilus influenzae ATCC 49247	0.008–0.03	31–39
Staphylococcus aureus ATCC 29213	0.015–0.0612	-
Staphylococcus aureus ATCC 25923	-	28–35
Streptococcus pneumoniae ATCC 49619	0.06–0.25	25–31
Bacteroides fragilis ATCC 25285	0.125–0.5	-
Bacteroides thetaiotaomicron ATCC 29741	1–4	-
Eubacterium lentum ATCC 43055	0.125–0.5	-

העדכונים בעלון לצרכן של התכשיר מגאקסין טבליות

מידע חיוני על התרופה

מגאקסין טבליות ~~הינה~~ שייכת לקבוצה של אנטיביוטיקות ~~ממשפחת~~ הנקראת ~~ה~~פלואורוקווינולונים. ~~תרופה זו~~ מגאקסין טבליות עלול~~ה~~ לגרום לתופעות לוואי חמורות העלולות לקרות בו-זמנית ~~להיות חמורות ואף~~ ואף עלולות לגרום ~~להוביל~~ למוות. אם מופיעה אצלך אחת מתופעות הלוואי החמורות המפורטות להלן, עליך להפסיק ליטול מגאקסין טבליות ~~להשתמש בתרופה~~ ולקבל ~~לפנות לקבלת טיפול~~ עזרה רפואית מיד ~~בהקדם האפשרי.~~ ~~והיוועץ~~ דבר עם הרופא שלך האם עליך להמשיך ~~ולקחת~~ ליטול מגאקסין טבליות.

1. קריעה או התנפחות של הגיד (דלקת בגיד) (גידים הם רצועות חזקות המחברות בין השרירים לעצמות).
2. שינויים בתחושה ונזק עצבי אפשרי (נוירופתיה עצבית היקפית).
3. השפעה על מערכת העצבים המרכזית (CNS).
4. החמרה ~~החרפה~~ של מיאסתניה גראביס (מחלה הגורמת לחולשת שרירים).

2) לפני השימוש בתרופה

אין להשתמש בתרופה אם:

- ...
- אתה רגיש (אלרגי) לחומר הפעיל או לכל אחד מהמרכיבים הנוספים אשר מכילה התרופה (לרשימת המרכיבים הלא פעילים, ראה סעיף 6 "מידע נוסף"). היוועץ ברופא אם אינך בטוח.

אזהרות מיוחדות הנוגעות לשימוש בתרופה

- **~~יש להפסיק נטילת~~ הפסק נטילת מגאקסין טבליות מיד ופנה מיד לקבלת עזרה רפואית במידה ומופיעים אחד מהסימנים או התסמינים הבאים המעידים על קרע בגיד:**
  - הנך שומע או מרגיש בפקיעה באיזור הגיד
  - חבורות המופיעות מיד לאחר פציעה באיזור הגיד
  - אי-יכולת להזיז את האיזור הפגוע או לשאת משקל

- **שינויים בתחושה ואפשרות לנזק עצבי (נוירופתיה היקפית).**
נזק לעצבים בזרועות, בידיים, ברגליים, או ~~בכף~~ בכפות הרגליים עלול להתרחש באנשים ~~מטופלים~~ הנוטלים פלואורוקווינולונים, כולל מגאקסין טבליות. ~~יש להפסיק את השימוש במגאקסין טבליות ולפנות מיד לרופא.~~ הפסק ליטול מגאקסין טבליות מיד ודבר עם הרופא שלך מיד אם אתה סובל מאחד ~~מ~~התסמינים הבאים בזרועות, בידיים, ברגליים, או ב ~~בכף~~ בכפות הרגליים, ~~תסמינים~~ המעידים על נוירופתיה היקפית:
  - כאב
  - תחושת שריפה
  - ~~נימול~~ עקצוץ
  - חוסר תחושה
  - חולשה

~~ש~~ ייתכן ויהיה צורך להפסיק את השימוש במגאקסין טבליות על מנת למנוע נזק עצבי קבוע.
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חשיפה לשמש ומיטות שיזוף

הימנע ממנורות שיזוף, מיטות שיזוף, והשתדל להגביל את זמן שהותך בשמש ~~והימנע ממנורות שיזוף ובמיטות שיזוף~~. מגאקסין טבליות עלול לגרום לרגישות ~~של~~ העור לשמש (רגישות לאור) ~~בזמן חשיפה לשמש~~ ולאור ממנורות שיזוף ומיטות שיזוף. אתה עלול לסבול מכוויות שמש חמורות, משלפוחיות או מנפיחות בעור. במידה ואחד מהתסמינים ~~o~~ימנים הללו מופיעים ~~בזמן הטיפול ב~~-נטילת מגאקסין טבליות, יש לפנות ~~בהקדם~~ לרופא מיד. עליך להשתמש במסנן קרינה ולחבוש כובע וללבוש בגדים המכסים את עורך במידה והנך צריך להיחשף לשמש.

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3) כיצד תשתמש בתרופה?

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אם נטלת בטעות מינון גבוה יותר, עליך ליידע את הרופא באופן מיידי.

אם נטלת מנת יתר או אם בטעות בלע ילד מן התרופה, פנה מיד לרופא או לחדר מיון של בית חולים והבא את אריזת התרופה איתך.

4) תופעות לוואי

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מגאקסין טבליות עלול לגרום לתופעות לוואי העלולות להיות חמורות ואף ועלולות לגרום למוות ~~ואף מסכנות חיים~~. אם הנך סובל מכל אחת מתופעות הלוואי החמורות הבאות, עליך להפסיק ליטול מגאקסין טבליות ולגשת לקבלת עזרה רפואית מיד. דבר עם הרופא שלך האם עליך להמשיך ליטול מגאקסין טבליות.

1. קריעה או התנפחות של הגיד (דלקת בגיד); ראה בסעיף 2 "אזהרות מיוחדות הנוגעות לשימוש בתרופה".
2. שינויים בתחושה ונזק עצבי אפשרי (נוירופתיה היקפית ~~פריפרית~~). ראה ~~ב~~סעיף 2 "אזהרות מיוחדות הנוגעות לשימוש בתרופה".
3. השפעות על מערכת העצבים המרכזית (CNS) ראה בסעיף 2 "אזהרות מיוחדות הנוגעות לשימוש בתרופה".
4. החמרה ~~הרעה~~ של מיאסטניה גראביס (מחלה הגורמת לחולשת שרירים); ראה בסעיף 2 "אזהרות מיוחדות הנוגעות לשימוש בתרופה".

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תופעות לוואי חמורות ~~נוספות~~ אחרות של מגאקסין טבליות כוללות:

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שינויים חמורים בקצב הלב (הארכת מקטע QT ו- torsades de pointes)
ספר לרופא מיד ~~בהקדם האפשרי~~ אם אתה חווה שינוי בדופק ~~שינויים בקצב הלב~~ (דופק מהיר או לא סדיר), או אם הנך מתעלף. מגאקסין טבליות עלול לגרום לבעית לב נדירה ~~הידועה~~ הנקראת "הארכת מקטע QT". ~~תופעה זו~~ מצב זה עלול לגרום לדופק ~~קצב לב~~ לא סדיר ועלול~~ה~~ להיות מסוכן ~~מסוכנת~~ מאוד. הסיכויים לכך גבוהים יותר בקרב אנשים מהקבוצות הבאות:

- קשישים
- בעלי היסטוריה משפחתית של הארכת מקטע QT
- ~~מטופלים~~ עם רמות נמוכות של אשלגן בדם (היפוקלמיה)
- ~~מטופלים~~ הנוטלים תרופות מסוימות לשליטה בקצב הלב (אנטיאריתמיות)

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שינויים בבדיקות דם:
בנוסף דווחו שינויים בבדיקות דם כגון: עלייה בספירת תאי דם לבנים, עלייה ברמת הנויטרופילים בדם, עלייה בזמן שבו הדם נקרש (prothrombin time), עליות ביוני סידן (ionised calcium), כלור, אלבומין, גלובולין ובילירובין, ירידה בהמוגלובין, ירידה בתאי דם ~~לפנים~~ האדומים, ירידה בנויטרופילים, ירידה באאזונופילים, ירידה בבאזופילים, ירידה ברמות גלוקוז בדם, ירידה בלחץ החמצן החלקי (pO_2), ירידה בבילירובין וירידה באמילאז. לא ניתן לקבוע אם שינויים אלה נגרמו על ידי נטילת התרופה או על ידי המחלה הזיהומית עצמה.

העלונים נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות:
https://www.old.health.gov.il/units/pharmacy/trufot/index.asp
ניתן לקבלם מודפסים ע"י פניה לחברת באייר ישראל, רח' החרש 36 הוד השרון, טלפון: 09-7626700.

בברכה,

באייר ישראל