ינואר 2020

**רופא/ה, רוקח/ת נכבד/ה ,**

**חברת טבע מודיעה על העדכונים הבאים בעלון לרופא של התכשיר:**

# Atropine Teva 1mg/ml

## Solution for I.M. or I.V. Injection

# אטרופין טבע 1 מ״ג/מ״ל

## תמיסה להזרקה לתוך השריר או לתוך הוריד

כל אמפולה של 1 מ״ל מכילה: Atropine sulfate 1mg

**<u>התוויה כפי שאושרה בתעודת הרישום:</u>**

Preanesthetic medication to decrease excessive salivation and secretions of the respiratory tract.
Treatment of sinus bradycardia, particularly if complicated by hypotension.
Antidote in poisoning by organophosphorus.

**העלון לרופא עודכן. בפירוט שלהלן כלולים העדכונים העיקריים בלבד. תוספות מידע מסומנות באדום, מחיקות בקו חוצה:**

**4.3 Contraindications**

Hypersensitivity to the active ingredient or to any of the excipients~~.~~ <u>listed in section 6.1.</u>
Angle-closure glaucoma, esophageal reflux, pyloric stenosis, gastrointestinal obstruction, ulcerative colitis, prostatic hypertrophy, paralytic ileus, intestinal atony~~.~~ <u>, myasthenia gravis (unless co-administered with anticholinesterase).</u>

<u>However, all these contraindications are irrelevant in potentially fatal emergency situations (such as bradyarrhythmia, poisoning).</u>

**4.4 Special warnings and precautions for administration**

The solution should be clear, colorless and free of visible particles.
The ampoule is intended for a single, uninterrupted administration and any unused

residual solution should be discarded.
Atropine sulfate should be used with caution in children, the elderly and patients with Down syndrome.
Precautions ~~must~~should be taken in geriatric patients for whom you may need a dose adjustment ~~for~~due to a possible occurrence of adverse events related to the cardiovascular system and the central nervous system.

Use with caution in patients with ileostomy or colostomy; the occurrence of diarrhea may indicate an incomplete intestinal obstruction.
Use with caution in cases of ~~myasthenia gravis,~~:
– Hyperthyroidism
– Renal or hepatic insufficiency
– Coronary alterations, acute myocardial ischemia, acute myocardial infarction, tachycardia, tachyarrhythmia ~~prostatic hypertrophy and other~~.
– Obstructive uropathies
– Chronic obstructive pulmonary disease, because the reduction of bronchial secretions may lead to the formation of bronchial caps
– Urinary retention
– Fever or when the ambient temperature is high.
Cases of atrioventricular paradoxical blockade or sinus arrest have been reported following administration of atropine in some patients after cardiac transplantation. The use of atropine for therapeutic or diagnostic procedures in patients undergoing heart transplantation should be undertaken with extreme caution.

Doses of atropine up to 1 mg slightly stimulate the central nervous system. Higher doses may induce mental disorders and central nervous system depression. Children and the elderly are particularly sensitive.

Care should be taken when using atropine in the presence of ischemia, as ischemia or infarction may be worsened.

Important information about some of the excipients:
This medicine contains less than 1 mmol sodium (23 mg) per ampoule, that is to say essentially 'sodium-free'.

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

Contraindicated associations

*Derivatives of Belladonna:* increase of the anticholinergic activity.
*Halothane:* attenuation of the depressor effect on heart rate.
*Procainamide:* increased vagal effects at atrioventricular level.
*Methacholine:* inhibition of the bronchoconstriction induced by methacholine inhalation.

**Combinations to be taken into consideration**
Other drugs with anticholinergic activity, such as tricyclic antidepressants, some anti-H1 antihistamines, antiparkinsonian drugs, disopyramide, mequitazine, phenothiazines, neuroleptic drugs, atropine antispasmodics, clozapine and quinidine, due to the risk of intensification of atropine adverse effects (urinary retention, constipation, dry mouth).

**4.6 ~~Pregnancy~~ Fertility, pregnancy and lactation**

Pregnancy

Data obtained from a limited number of exposed pregnancies indicate that atropine has no adverse effects on pregnancy or on the health of the fetus/newborn.

Animal studies do not indicate direct or indirect harmful effects of reproductive toxicity (see section 5.3).

Studies of the pharmacokinetics of atropine in mothers and fetuses in late stage pregnancies indicate that atropine rapidly crosses the placental barrier. Intravenous administration of atropine during pregnancy or at the end of pregnancy may cause tachycardia in the fetus and in the mother.

Atropine should not be used during pregnancy, unless clearly needed.

Lactation

Small amounts of atropine may pass into human breast milk. Newborns have a greater sensitivity to the anticholinergic effects of atropine. Atropine may inhibit milk production, particularly in case of repeated use. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from treatment, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. If you decide to continue breast-feeding during treatment, your child should be monitored for the presence of anticholinergic effects.~~Animal studies are insufficient to determine possible effects related to the use of the drug during pregnancy or lactation. The potential risk for humans is not known.~~

Use with caution and only when necessary.

Fertility

No data is available on the effects of atropine sulfate on fertility in humans. Atropine sulfate has reduced the fertility of male rats, presumably as a result of the inhibitory effect on the transport of sperm and ejaculation.

**4.7 Effects on ability to drive and use machines**

Atropine ~~has a considerable influence on the~~affects your ability to drive or use machines.

**4.8 Undesirable effects**

Below are the side effects of atropine organized according to the MedDRA system organ classification. There are insufficient data to determine the frequency of the single effects listed.

Endocrine disorders

Change in the levels of the growth hormone.

Metabolism and nutrition disorders

Porphyria, hyperthermia, hypothermia.

Nervous system disorders
Sedation, disorientation, dizziness, impaired short-term memory, psychosis, hallucinations (especially at higher doses), convulsions, headache.

Eye disorders
Diplopia, disturbances in accommodation, mydriasis, changes in intraocular pressure.

Cardiac disorders
Angina, arrhythmias, transient bradycardia (followed by tachycardia, palpitations and arrhythmias), atrioventricular block, hypertension, tachycardia.

Vascular disorders
Flushes.

Respiratory, thoracic and mediastinal disorders

Reduction of bronchial secretions.

Gastrointestinal disorders
Esophageal ~~regurgitation~~reflux, dry mouth with difficulty swallowing and talking, nausea, vomiting, feeling of swelling, inhibition of gastric secretion.

Skin subcutaneous tissue
Redness and dryness of the skin~~.~~, hives, rush.
In ~~the~~ case of intramuscular administration, a ~~reduction in the~~ reduced activity of the sweat glands can be observed.

Renal and urinary disorders
Inhibition of the parasympathetic control of the urinary bladder, urinary retention.

General disorders and administration site conditions
Hypersensitivity reactions ~~—~~ Anaphylactic reactions.

**Reporting of suspected adverse reactions**
Reporting suspected adverse reactions after authorization of the medicinal product is important.
~~I~~t allows continued monitoring of the benefit/risk balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form ~~http://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh.gov.il~~: https://sideeffects.health.gov.il

## 5.5 Preclinical safety data

~~Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology and reproductive toxicity.~~

In preclinical studies, effects were observed only at exposures considered sufficiently in excess of the maximum human exposure, which indicates little clinical relevance.

Atropine sulfate has reduced fertility in male rats, presumably as a result of an inhibitory effect on the transport of sperm and ejaculation.

**העלון לרופא נשלח לפרסום במאגר התרופות שבאתר האינטרנט של משרד הבריאות**

**http://www.health.gov.il, וניתן לקבלו מודפס ע"י פניה לחברת טבע.**