

חברת טבע מודיעה על העדכונים הבאים בעלון לרופא של התכשיר

**Penicillin G Sodium 5 MU
Penicillin G Sodium 10 MU
Powder for solution for I.V. or I.M. injection**

**פניצילין G סודיום 5 MU
פניצילין G סודיום 10 MU
אבקה להכנת תמיסה להזרקה**

Contains: benzylpenicillin sodium, 5,000,000 or 10,000,000 IU

עדכונים בעלון לרופא

התוויה כפי שאושרה בתעודת הרישום:

Infections due to penicillin sensitive organisms.

ברצוננו להודיע שהעלון לרופא עודכן, בפירוט שלהלן כלולים העדכונים העיקריים בלבד (תוספות מסומנות בצהוב):

4.4. Special warnings and precautions for use

Caution is advised in patients with the following conditions:

- severe heart disease or severe electrolyte disturbances of a different etiology (care should be taken in this patient group for electrolyte intake, **especially for potassium intake**)
- epilepsy, **cerebral edema or meningitis** (increased risk of seizures, especially at high doses (> 20 MU) of penicillin G-Sodium; see section 4.8)
- **dermatomycoses (para-allergic reactions are possible as there may be an antigenic association between penicillins and dermatophyte metabolic products; see section 4.8)**

Rarely, prolonged prothrombin time has been reported in patients receiving penicillins. Adequate monitoring should be performed in concomitant administration of anticoagulants. The dose of oral anticoagulants may have to be adjusted in order to maintain the desired level of anticoagulation (see sections 4.5 and 4.8).

It should be noted that the absorption of Penicillin G-Sodium is delayed following intramuscular administration in patients with diabetes (see section 5.2).

Attention should be paid to the overgrowth of resistant germs during long-term therapy. If secondary infections occur, appropriate measures should be taken.

In conditions such as severe pneumonia, empyema, sepsis, meningitis or peritonitis, which require higher serum penicillin levels, treatment with the water-soluble alkali salt of benzylpenicillin should be commenced.

If neurological involvement in patients with congenital syphilis cannot be ruled out, penicillin forms that achieve higher drug levels in the cerebrospinal fluid should be used.

Infusions of more than 10 MU of Penicillin G-Sodium should be administered slowly due to the risk of electrolyte disturbances, and infusions of more than 20 MU should be given slowly due to the risk of seizures (see section 4.8).

Effect on diagnostic laboratory procedures:

- A positive direct Coomb's test often develops ($\geq 1\%$ to $< 10\%$) in patients receiving 10 million IU (equivalent to 6 g) of benzylpenicillin or more per day. The direct antiglobulin test may still remain positive for 6 to 8 weeks after discontinuation of penicillin (see sections 4.5 and 4.8).
- The amino acid determination in the urine by means of the ninhydrin method can also lead to false positive results.
- Penicillins bind to albumin. In electrophoretic methods for albumin determination, this can simulate pseudobisalbuminemia.
- In the determination of 17-ketosteroids in urine (using Zimmermann reaction), increased levels may occur in patients on therapy with Penicillin G-Sodium.

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

Simultaneous administration of Penicillin G -Sodium is not recommended for:

Mixed syringes or infusions: In order to avoid undesired chemical reactions, the administration of mixed syringes and infusions, as well as mixing with solutions containing carbohydrates such as glucose, should be avoided (see section 6.2).

Caution should be exercised in concomitant administration with:

Digoxin: In patients treated with digoxin, caution should be exercised with Penicillin G-Sodium as there is a risk of bradycardia due to interactions.

Oral anticoagulants: Oral anticoagulants and penicillin antibiotics have been used in practice largely without interactions. However, the literature has reported an increased number of patients who displayed an increased bleeding tendency if given acenocoumarol or warfarin concomitantly with penicillin. If concomitant use is required, prothrombin time or other appropriate coagulation parameters should be carefully monitored in additional administration or discontinuation of penicillin. In addition, the oral dose of anticoagulants may have to be adjusted (see sections 4.4 and 4.8).

4.6. Fertility, pregnancy and breast-feeding

Pregnancy

During pregnancy, Penicillin G-Sodium is not indicated for the treatment of syphilis.

Breast-feeding

Mothers of infants who also eat baby food should pump and discard breastmilk while receiving Penicillin G-Sodium treatment. Breastfeeding can be resumed 24 hours after treatment discontinuation.

4.7. Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. Due to possible serious undesirable effects (e.g. anaphylactic shock with loss of conscience, and anaphylactic reactions, see also section 4.8), **Penicillin G-Sodium may affect the ability to drive and use machines.**

4.8. Undesirable effects

Blood and lymphatic system disorders

Very rare:

Eosinophilia, leukopenia, neutropenia, granulocytopenia, thrombocytopenia, agranulocytosis, pancytopenia, hemolytic anemia, **blood coagulation disturbances**

Frequency not known:

Prolongation of bleeding time and prothrombin time (see section 4.4)

Immune system disorders

Uncommon:

Allergic reactions: urticaria, angioneurotic edema, erythema multiforme, exfoliative dermatitis, fever, joint pain, anaphylaxis or anaphylactoid reactions (asthma, purpura, gastrointestinal manifestations). **In patients with dermatomycoses, there may be para-allergic reactions as there may be antigenic association between penicillins and dermatophyte metabolites.**

Frequency not known:

Serum disease, Jarisch-Herxheimer reaction associated with spirochete infections (syphilis and Lyme disease)

Nervous system disorders

Rare:

Neuropathy. A high-dose infusion (over 20 MU in adults) may cause seizures. Special care should be taken in patients with severe renal impairment, **epilepsy, meningitis, cerebral edema or cardiopulmonary bypass.**

Gastrointestinal disorders

Uncommon:

Stomatitis, glossitis, black hairy tongue (lingua villosa nigra), nausea, vomiting

If diarrhea occurs during therapy, the possibility of pseudomembranous colitis should be considered (see section 4.4).

Skin and subcutaneous tissue disorders

Frequency not known: **Pemphigoid**

Renal and urinary disorders

Rare:

Nephropathy (after intravenous administration of more than 10 MU Penicillin G-Sodium), albuminuria, cylindruria and hematuria

Examinations

Common:

- **False-positive amino acid determination in urine (ninhydrin method)**
- **Simulation of pseudobisalbuminemia in electrophoretic methods for albumin determination**
- **False-positive non-enzymatic urine sugar detection and urobilinogen detection**
- **Elevated levels in the determination of 17-ketosteroids in urine (using the Zimmermann reaction) (see section 4.5)**



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