

יולי 2020

רופא/ה רוקח/ת נכבד/ה,

חברת פריגו מבקשת ליידע אתכם על עדכון העלון לרופא של התכשיר:

KOATE DVI 250/ DVI 250 קואט KOATE DVI 500/ DVI 500 קואט KOATE DVI 1000/ DVI 1000 קואט

Factor VIII (Human) 250/500/1000 IU/VIAL הרכב התכשיר וחוזקו:

<u>התוויה הרשומה לתכשיר בישראל :</u>

For the treatment of classical hemophilia (hemophilia A) in which there is a demonstrated deficiency of activity of the plasma clotting factor, factor VIII.

Koate-DVI provides a means of temporarily replacing the missing clotting factor in order to control or prevent bleeding episodes, or in order to perform emergency and elective surgery on individuals with hemophilia.

בהודעה זו מצוינים רק השינויים המהותיים המוגדרים כעדכוני בטיחות על רקע צהוב. קיימים עדכונים נוספים שאינם מהותיים ואינם נכללים בהודעה זו.

העלון המעודכן לרופא נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות: http://www.health.gov.il וניתן לקבלו מודפס ע"י פניה לחברת פריגו ישראל בע"מ בטלפון: 03-5773700

> בברכה, פריגו ישראל סוכנויות בע"מ

> > פריגו ישראל סוכנויות בע"מ רחוב רקפת 1, שוהם 6083705 ת.ד. 944, שוהם 6085001 טל": 35773545 פקס: 5773730



Israel

5 Contraindications

Hypersensitivity, including anaphylaxis, to the active substance or to any of the excipients listed in section 9 (*Description*).

6 Warnings and Precautions

[...]

6.1 Hypersensitivity Reactions

Allergic-type Hypersensitivity reactions, including anaphylaxis, may result are possible.from the administration of Antihemophilic Factor (Human) preparations.(10,11) Early signs of hypersensitivity reactions, which can progress to anaphylaxis, may include angioedema, chest tightness, hypotension, rash, nausea, vomiting, paresthesia, restlessness, wheezing and dyspnea. If hypersensitivity symptoms occur, discontinue use of the product immediately and administer appropriate emergency treatment.

6.2 Neutralizing Antibodies

The formation of neutralizing antibodies (inhibitors) to Factor VIII may occur. Monitor all patients for the development of Factor VIII inhibitors by appropriate clinical observations and laboratory tests. If expected plasma Factor VIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures Factor VIII inhibitor concentration. *[see Warnings and Precautions (6.5)]*

6.3 Intravascular Hemolysis

KOĀTE-DVI (Antihemophilic Factor [Human]) contains levels of blood group isoagglutinins which are not clinically significant when small doses are used to treat controlling relatively-minor bleeding episodes. However, When when large and/or frequently repeated doses of KOĀTE-DVI are required given to, patients of with blood groups A, B, or AB, acute hemolytic anemia may occur, resulting in increased bleeding tendency or hyperfibrinogenemia. should be monitored by means of hematocrit Monitor these patients for signs of progressive anemia, as well as by direct Coombs' tests intravascular hemolysis and falling hematocrit. [see Warnings and Precautions (6.5)] Should this condition occur, leading to progressive hemolytic anemia, discontinue KOĀTE-DVI and consider administering serologically compatible Type O red blood cells and providing alternative therapy.

[...]

6.5 Monitoring: Laboratory Tests

[...]

 Monitor for intravascular hemolysis and decreasing hematocrit values in patients with A, B or AB blood groups who are receiving large or frequent doses of KOĀTE-DVI.

7 Adverse Reactions

The most common adverse drug reactions (frequency ≥ 5 % of subjects) observed in the clinical trial were nervousness, headache, abdominal pain, nausea, paresthesia and blurred vision.

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Because postmarketing reporting of adverse reactions is voluntary and from a population of uncertain size, it is not always possible to reliably estimate the frequency of these reactions or establish a causal relationship to product exposure.

•	Blood and Lymphatic System Disorders:	Factor VIII inhibition, hemolytic anemia
•	Immune System Disorders:	Hypersensitivity including anaphylaxis, rash, pruritus
•	Injury, Poisoning and Procedural Complications:	Post-procedural hemorrhage
•	Nervous System Disorders:	Generalized clonic-tonic

[...]

8.2 Lactation

Risk Summary

There is no information regarding the presence of KOĀTE-DVI in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for KOĀTE-DVI and any potential adverse effects on the breast-fed infant from KOĀTE-DVI or from the underlying maternal condition.

[...]

8.3 Pediatric Use

Safety and efficacy studies have been performed in 20 previously treated pediatric patients aged 2.5 to 16 years. Subjects received 208 infusions of KOĀTE-DVI for treatment or control of bleeding episodes, including perioperative management, and routine prophylaxis. Children have shorter half-life and lower recovery of Factor VIII than adults. Because clearance of Factor VIII (based on per kilogram body weight) is higher in children, higher or more frequent dosing may be needed.

Koãte-DVI has not been studied in pediatric patients. Koãte-HP, solvent/detergent treated Antihemophilic Factor (Human), has been used extensively in pediatric patients.

Spontaneous adverse event reports with Koãte-HP and Koãte-DVI for pediatric use were within the experience of those reports for adult use.

[...]

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Clinical studies of KOĀTE-DVI did not include any subjects aged 65 and over to determine whether they respond differently from younger subjects. Individualize dose selection for geriatric patients.

[...]

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