רופא/ה נכבד/ה,
רוקח/ת נכבד/ה,

XXXX

Azithromycin MBI 500mg/vial

חברת אמ.בי.איי פארמה בע"מ מבקשת להודיע על עדכונים בעלון לרופא של התכשיר שבנדון.

התווית התכשיר:
Treatment of infections caused by susceptible strains of the designated microorganisms in the following conditions: community-acquired pneumonia and pelvic inflammatory disease.

מרכיב פעיל: AZITHROMYCIN (AS DIHYDRATE) 500 mg
צורת המתן של התכשיר : POWDER FOR SOLUTION FOR INFUSION

להלן העדכונים העיקריים בעלון לצרכן (במתכונת עלון לרופא):

8. DRUG INTERACTIONS

8.3 Potential Drug-Drug Interaction with Macrolides

Interactions with digoxin, colchicine ,or phenytoin have not been reported in clinical trials with azithromycin; No specific drug interaction studies have been performed to evaluate potential drug-drug interaction. However, drug interactions have been observed with other macrolide products. Until further data are developed regarding drug interactions when digoxin, colchicine or phenytoin are used with azithromycin careful monitoring of patients is advised.

9. USE IN SPECIFIC POPULATIONS

9.1 Pregnancy

Risk Summary
Available data from published literature and post-marketing experience over several decades with azithromycin use in pregnant women have not identified any drug-associated risks for major birth defects, miscarriage, or adverse maternal orfetal outcomes (see Data).
Developmental toxicity studies with azithromycin in rats, mice, and rabbits showed no drug-induced fetal malformations at doses up to 4, 2, and 2 times, respectively, an adult human daily dose of 500 mg based on body surface area. Decreasedviability and delayed development were observed in the offspring of pregnant rats administered azithromycin from day 6 of pregnancy through weaning at a dose equivalent to 4 times an adult human daily dose of 500 mg based on body surface area (see Data).
The estimated background risk of major birth defects and miscarriage for the indicated populations is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to20%, respectively.

Data
Human Data

Available data from published observational studies, case series, and case reports over several decades do not suggestan increased risk for major birth defects, miscarriage, or adverse maternal or fetal outcomes with azithromycin use in pregnant women. Limitations of these data include the lack of randomization and inability to control for confounders such as underlying maternal disease and maternal use of concomitant medications.
Animal Data
Reproductive and developmental toxicology studies have not been conducted using IV administration of azithromycin to animals. Azithromycin administered during the period of organogenesis did not cause fetal malformations in rats and mice at oral doses up to 200 mg/kg/day

(moderately maternally toxic). Based on body surface area, this dose is approximately 4 (rats) and 2 (mice) times an adult human daily dose of 500 mg. In rabbits administered azithromycin at oral doses of 10,20, and 40 mg/kg/day during organogenesis, reduced maternal body weight and food consumption were observed in all groups; no evidence of fetotoxicity or teratogenicity was observed at these doses, the highest of which is estimated to be 2 times an adult human daily dose of 500 mg based on body surface area.

In a pre- and postnatal development study, azithromycin was administered orally to pregnant rats from day 6 of pregnancyuntil weaning at doses of 50 or 200 mg/kg/day. Maternal toxicity (reduced food consumption and body weight gain; increased stress at parturition) was observed at the higher dose. Effects in the offspring were noted at 200 mg/kg/day during the postnatal development period (decreased viability, delayed developmental landmarks). These effects were not observed in a pre- and postnatal rat study when up to 200 mg/kg/day of azithromycin was given orally beginning on day 15 of pregnancy until weaning.

9.2 Lactation

Risk Summary

Azithromycin is present in human milk (see Data). Non-serious adverse reactions have been reported in breastfed infants after maternal administration of azithromycin *(see Clinical Considerations)*. There are no available data on the effects of azithromycin on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for azithromycin and any potential adverse effects on the breastfed infant from azithromycin or from the underlying maternal condition.

Clinical Considerations

Advise women to monitor the breastfed infant for diarrhea, vomiting, or rash.

Data

Azithromycin breastmilk concentrations were measured in 20 women after receiving a single 2 g oral dose of azithromycinduring labor. Breastmilk samples collected on days 3 and 6 postpartum as well as 2 and 4 weeks postpartum revealed the presence of azithromycin in breastmilk up to 4 weeks after dosing. In another study, a single dose of azithromycin 500 mgwas administered intravenously to 8 women prior to incision for cesarean section. Breastmilk (colostrum) samples obtained between 12 and 48 hours after dosing revealed that azithromycin persisted in breastmilk up to 48 hours.

השינויים המודגשים ברקע צהוב מהווים החמרה. כמו כן, בוצעו שינויים נוספים הכוללים תוספת מידע, השמטת מידע ועדכוני נוסח שאינם מהווים החמרה. בהודעה זו מצוינים רק העדכונים העיקריים .קיימים עדכונים נוספים.

העלון מפורסם במאגר התרופות שבאתר משרד הבריאות: https://data.health.gov.il/drugs/index.html#!/byDrug
ניתן לקבלו מודפס באמצעות פניה לבעל הרישום, חברת אמ.בי.איי פארמה, ת.ד. 5061, קדימה, טל. 09-7719003

בברכה,

אבנר דור
רוקח ממונה