הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 02.2015)

אושר – 11.16

תאריך _____28/11/2016_____

שם תכשיר באנגלית ומספר הרישום :

Venofer- 1003628277

שם בעל הרישום _____כצט בע"מ_____

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות		
טקסט חדש	**טקסט נוכחי**	**פרק בעלון**
Monitor carefully patients for signs and symptoms of hypersensitivity reactions during and following each administration of Venofer. Venofer should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured. The patient should be observed for adverse effects for at least 30 minutes following each Venofer administration (see section 4.4).		**Posology and administration route**
The use of Venofer is contraindicated in the following conditions: • Hypersensitivity to the active substance, to Venofer or any of its excipients listed in section "Excipients" • Known serious hypersensitivity to other parenteral iron products • Evidence of iron overload or hereditary disturbances in utilisation of iron.	• Known hypersensitivity to active ingredient or any of the excipients according to the composition • Anaemia not caused by iron deficiency (e.g. haemolytic anaemia, megaloblastic anaemia caused by Vitamin B_{12} deficiency, disturbances in erythropoesis, hypoplasia of bone marrow)	**Contraindication**

	• Iron overload (e.g. haemochromatosis, haemosiderosis) • Disturbances in utilisation of iron (sidero-achrestic anaemia, thalassaemia, lead anaemia, Porphyria cutanea tarda) • First trimester of pregnancy.	
Parenterally administered iron preparations can cause hypersensitivity reactions including serious and potentially fatal anaphylactic/anaphylactoid reactions. Hypersensitivity reactions have also been reported after previously uneventful doses of parenteral iron complexes including iron sucrose. However, in several studies performed in patients who had a history of a hypersensitivity reaction to iron dextran or ferric gluconate, Venofer was shown to be well tolerated. For known serious hypersensitivity to other parenteral iron product see section 4.3. The risk of hypersensitivity reactions is enhanced for patients with known allergies including drug allergies, including patients with a history of severe asthma, eczema or other atopic allergy. There is also an increased risk of hypersensitivity reactions to parenteral iron complexes in patients with immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis). Venofer should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured. Each patient should be observed for adverse effects for at least 30 minutes following each Venofer injection. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately. Facilities for cardio respiratory resuscitation and equipment for handling acute anaphylactic/anaphylactoid reactions should be available, including an injectable 1:1000 adrenaline solution. Additional treatment with antihistamines	In case of intravenous injection being administered too quickly, hypotonic episodes can occur. Paravenous leakage should be avoided. If it does occur, proceed as follows: if the needle is still inserted, rinse with a small amount of sterile 0.9% (m/V) NaCl solution. Cautiously apply a heparin gel or ointment to the injection site (Do not massage in!) in order to accelerate the elimination and to avoid spreading of the iron. Potentially fatal hypersensitivity reactions with circulatory collapse, loss of consciousness, drop in blood pressure, dyspnoea or seizure have been reported with Venofer treatment in rare cases. Hypersensitivity reactions with fatal outcome have been reported in the literature during treatment with iron carbohydrate complexes. For this reason the infusion should only be administrated at institutions which have the facilities for cardiopulmonary resuscitation. A drop in blood pressure is commonly observed in association with the intravenous administration of iron. Therefore, the infusion should be administered with caution. Special care must be taken in the administration of Venofer® to patients	**Special Warnings and Precautions for use**

and/or corticosteroids should be given as appropriate. In patients with liver dysfunction, parenteral iron should only be administered after careful risk/benefit assessment. Parenteral iron administration should be avoided in patients with hepatic dysfunction where iron overload is a precipitating factor, in particular Porphyria Cutanea Tarda (PCT). Careful monitoring of iron status is recommended to avoid iron overload. Parenteral iron should be used with caution in the case of acute or chronic infection. It is recommended that the administration of Venofer is stopped in patients with bacteraemia. In patients with chronic infection, a risk/benefit evaluation should be performed. Paravenous leakage must be avoided because leakage of Venofer at the injection site can lead to pain, inflammation, tissue necrosis and brown discoloration of the skin.	suffering from allergies, asthma, hepatic impairment, Osler-Rendu-Weber syndrome, acute exacerbation of rheumatoid arthritis, infectious kidney disorders in the acute phase, uncontrolled hyperparathyroidism, decompensated cirrhosis of the liver, epidemic hepatitis. The onset of undesirable effects in patients with cardiovascular disorders may intensify the associated cardiovascular complications. Venofer must be administered with caution in patients (adults and children) with a sharply elevated ferritin level due to an acute or chronic infection, since parenteral iron may have an unfavourable effect on the course of a bacterial or viral infection.	
Pregnancy There is no data from the use of iron sucrose in pregnant women in the first trimester. Data (303 pregnancy outcomes) from the use of Venofer in pregnant women in the second and third trimester showed no safety concerns for the mother or newborn. A careful risk/benefit evaluation is required before use during pregnancy and Venofer should not be used during pregnancy unless clearly necessary (see section 4.4). Iron deficiency anaemia occurring in the first trimester of pregnancy can in many cases be treated with oral iron. Treatment with Venofer should be confined to second and third trimester if the benefit is judged to outweigh the potential risk for both the mother and the fetus. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). Breast-feeding There is limited information on the excretion of iron in human milk following administration of intravenous iron sucrose. In one clinical study, 10	Caution is needed when administered during pregnancy. Venofer is contraindicated during 1st trimester of pregnancy (see "Contraindications") and should only be used during 2nd and 3rd trimesters if the indication is compelling. Animal studies have shown no direct or indirect toxicity with an effect on pregnancy, embryonic development, the development of the foetus and / or postnatal development. Data of a limited number of exposed pregnant women show no undesirable effects on pregnancy or the health of the foetus or neonate. There is no experience from epidemiological studies. It is not yet known whether the iron (III) hydroxide sucrose complex present in Venofer crosses the placenta, although minimal passage has been	**Fertility, pregnancy and Lactation**

healthy breast-feeding mothers with iron deficiency received 100 mg iron in the form of iron sucrose. Four days after treatment, the iron content of the breast milk had not increased and there was no difference from the control group (n=5). It cannot be excluded that newborns/infants may be exposed to iron derived from Venofer via the mother's milk, therefore the risk/benefit should be assessed. Preclinical data do not indicate direct or indirect harmful effects to the nursing child. In lactating rats treated with ^{59}Fe-labelled iron sucrose, low secretion of iron into the milk and transfer of iron into the offspring was observed. Non metabolised iron sucrose is unlikely to pass into the mother's milk. Fertility No effects of iron sucrose treatment were observed on fertility and mating performance in rates.	demonstrated for iron dextran. However, iron bound in the form of transferring does cross the placental barrier and, if bound to lactofferin, it is passed into breast milk. One clinical study has shown that the intravenous administration of 100 mg iron ~~is~~ in form of Venofer does not increase the iron content of breast milk. Therefore, Venofer treatment is unlikely to represent a risk to the breast-fed child.	
Immune system disorders: Hypersensitivity **Nervous system disorders** hypoaesthesia, somnolence, anxiety, tremor **Vascular disorders**: Flushing Phlebitis thrombophlebitis **Gastrointestinal disorders** constipation **Skin and subcutaneous tissue disorders** Urticaria, erythema **Musculoskeletal and connective tissue disorders** arthralgia, pain in extremity **General disorders and administration site conditions** Injection/infusion site reaction, Chills, pain **Investigations** alanine aminotransferase increased, aspartate aminotransferase increased, Gamma-glutamyltransferase increased, Serum ferritin increased, blood lactate dehydrogenase increased		**Undesirable Effects**

מצ"ב העלון, שבו מסומנות ההחמרות המבוקשות על רקע צהוב
שינויים שאינם בגדר החמרות סומנו (בעלון) בצבע שונה. יש לסמן רק תוכן מהותי ולא שינויים במיקום הטקסט.

הועבר בדואר אלקטרוני בתאריך.....28/11/2016.....