הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 05.2013)

תאריך 05/02/2017

שם תכשיר באנגלית ומספר הרישום

Vyvanse 30 mg Caps 153-19-33994-00
Vyvanse 50 mg Caps 153-20-34001-00
Vyvanse 70 mg Caps 153-21-34000-00

שם בעל הרישום ___מדיסון פארמה בע"מ_____

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות		
טקסט חדש	**טקסט נוכחי**	**פרק בעלון**
Vyvanse is contraindicated in patients with: • Known hypersensitivity to amphetamine products or other ingredients of Vyvanse. Anaphylactic reactions, Stevens-Johnson Syndrome, angioedema, and urticaria have been observed in post marketing reports *[see Adverse Reactions (6.2)]*. Patients taking monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOIs (including MAOIs such as linezolid or intravenous methylene blue), because of an increased	Vyvanse is contraindicated in patients with: • Known hypersensitivity to amphetamine products or other ingredients of Vyvanse. Anaphylactic reactions, Stevens-Johnson Syndrome, angioedema, and urticaria have been observed in post marketing reports *[see Adverse Reactions (6.2)]*. Concurrent administration of monoamine oxidase inhibitors (MAOI) or administration of Vyvanse within 14 days of the last MAOI dose. Hypertensive crisis can occur *[see Drug*	**4 CONTRAINDICATIONS**

risk of hypertensive crisis *[see Warnings and Precautions (5.7) and Drug Interactions (7.1)]*. ~~Concurrent administration of monoamine oxidase inhibitors (MAOI) or administration of Vyvanse within 14 days of the last MAOI dose. Hypertensive crisis can occur *[see Drug Interactions (7.2)]*.~~	*Interactions (7.2)]*.	
5.7 Serotonin Syndrome Serotonin syndrome, a potentially life-threatening reaction, may occur when amphetamines are used in combination with other drugs that affect the serotonergic neurotransmitter systems such as monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, and St. John's Wort *[see Drug Interactions (7.1)]*. Amphetamines and amphetamine derivatives are known to be metabolized, to some degree, by cytochrome P450 2D6 (CYP2D6) and display minor inhibition of CYP2D6 metabolism *[see Clinical Pharmacology 12.3]*. The potential for a pharmacokinetic interaction exists with the co-administration of CYP2D6 inhibitors which may increase the risk with increased exposure to the active metabolite of VYVANSE (dextroamphetamine). In these situations, consider an alternative non-serotonergic drug or an alternative drug that does not inhibit CYP2D6 *[see Drug Interactions (7.1)]*. Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure,	**לא קיים**	***5.7 Serotonin Syndrome***

dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). Concomitant use of VYVANSE with MAOI drugs is contraindicated *[see Contraindications (4)]*. Discontinue treatment with VYVANSE and any concomitant serotonergic agents immediately if symptoms of serotonin syndrome occur, and initiate supportive symptomatic treatment. Concomitant use of VYVANSE with other serotonergic drugs or CYP2D6 inhibitors should be used only if the potential benefit justifies the potential risk. If clinically warranted, consider initiating VYVANSE with lower doses, monitoring patients for the emergence of serotonin syndrome during drug initiation or titration, and informing patients of the increased risk for serotonin syndrome.		
The following adverse reactions are discussed in greater detail in other sections of the labeling • Known hypersensitivity to amphetamine products or other ingredients of VYVANSE • [see Contraindications (4)] • Hypertensive Crisis When Used Concomitantly with Monoamine Oxidase Inhibitors [see Contraindications (4) and Drug Interactions (7.1)] • Drug Dependence [see Boxed Warning, Warnings and Precautions (5.1), and Drug Abuse and Dependence (9.2,	The following adverse reactions are discussed in greater detail in other sections of the labeling • Known hypersensitivity to amphetamine products or other ingredients of VYVANSE • [see Contraindications (4)] • Hypertensive Crisis When Used Concomitantly with Monoamine Oxidase Inhibitors [see Contraindications (4) and Drug Interactions (7.1)] • Drug Dependence [see Boxed Warning, Warnings and Precautions (5.1), and Drug Abuse and Dependence	**6 ADVERSE REACTIONS**

9.3)] • Serious Cardiovascular Reactions *[see Warnings and Precautions (5.2)]* • Blood Pressure and Heart Rate Increases *[see Warnings and Precautions (5.3)]* • Psychiatric Adverse Reactions *[see Warnings and Precautions (5.4)]* • Suppression of Growth *[see Warnings and Precautions (5.5)]* • Peripheral Vasculopathy, including Raynaud's phenomenon *[see Warnings and Precautions (5.6)]* • Serotonin Syndrome *[see Warnings and Precautions (5.7)]*	(9.2, 9.3)] • Serious Cardiovascular Reactions *[see Warnings and Precautions (5.2)]* • Blood Pressure and Heart Rate Increases *[see Warnings and Precautions (5.3)]* • Psychiatric Adverse Reactions *[see Warnings and Precautions (5.4)]* • Suppression of Growth *[see Warnings and Precautions (5.5)]* • Peripheral Vasculopathy, including Raynaud's phenomenon *[see Warnings and Precautions (5.6)]*	
MAO Inhibitors (MAOI)	***MAO Inhibitors (MAOI)***	**7.1 Clinically Important Interactions with Vyvanse**
Clinical Impact: MAOI antidepressants slow amphetamine metabolism, increasing amphetamines effect on the release of norepinephrine and other monoamines from adrenergic nerve endings causing headaches and other signs of hypertensive crisis. Toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results.	Clinical Impact: MAOI antidepressants slow amphetamine metabolism, increasing amphetamines effect on the release of norepinephrine and other monoamines from adrenergic nerve endings causing headaches and other signs of hypertensive crisis. Toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results.	
Intervention: Do not administer VYVANSE during or within 14 days following the administration of MAOI [see *Contraindications (4)*].	Intervention: Do not administer VYVANSE during or within 14 days following the administration of MAOI [see *Contraindications (4)*].	
Examples: selegiline, isocarboxazid, phenelzine,	Examples: selegiline, isocarboxazid, phenelzine,	
Serotonergic Drugs	***Alkalinizing Agents***	
Clinical Impact: The concomitant use of VYVANSE and serotonergic drugs increases the risk of serotonin syndrome.	Clinical Impact: Urinary alkalinizing agents can increase blood levels and potentiate the action of amphetamine.	

Intervention	Initiate with lower doses and monitor patients for signs and symptoms of serotonin syndrome, particularly during VYVANSE initiation or dosage increase. If serotonin syndrome occurs, discontinue VYVANSE and the concomitant serotonergic drug(s) *[see Warnings and Precautions (5.7)]*.
Examples	selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, St. John's Wort
CYP2D6 Inhibitors	
Clinical Impact	The concomitant use of VYVANSE and CYP2D6 inhibitors may increase the exposure of dextroamphetamine, the active metabolite of VYVANSE compared to the use of the drug alone and increase the risk of serotonin syndrome.
Intervention	Initiate with lower doses and monitor patients for signs and symptoms of serotonin syndrome particularly during VYVANSE initiation and after a dosage increase. If serotonin syndrome occurs, discontinue VYVANSE and the CYP2D6 inhibitor *[see Warnings and Precautions (5.7) and Overdosage (10)]*.
Examples	paroxetine and fluoxetine (also serotonergic drugs), quinidine, ritonavir
Alkalinizing Agents	
Clinical Impact	Urinary alkalinizing agents can increase blood levels and potentiate the action of amphetamine.
Intervention	Co-administration of VYVANSE and urinary alkalinizing agents should be avoided.
Examples	Urinary alkalinizing agents (e.g. acetazolamide, some thiazides).
Acidifying Agents	

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Acidifying Agents	
Clinical Impact	Urinary acidifying agents can lower blood levels and efficacy of amphetamines.
Intervention	Increase dose based on clinical response.
Examples	Urinary acidifying agents (e.g., ammonium chloride, sodium acid phosphate, methenamine salts).
Tricyclic Antidepressants	
Clinical Impact	May enhance the activity of tricyclic or striking and sustained increases in the the brain; cardiovascular effects can be
Intervention	Monitor frequently and adjust or use alternative response.
Examples	desipramine, protriptyline

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	Examples	desipramine, protriptyline		
Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses. Manifestations of amphetamine overdose include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Serotonin syndrome has been reported with amphetamine use, including VYVANSE. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma ~~Manifestations of amphetamine overdose include restlessness, tremor, hyperreflexia, rapid respiration, confusion,~~		Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses. Manifestations of amphetamine overdose include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia, and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Other reactions include arrhythmias, hypertension or hypotension, circulatory collapse, nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma. Lisdexamfetamine and d-amphetamine are not dialyzable		**10 OVERDOSAGE**

~~assaultiveness, hallucinations, panic states, hyperpyrexia, and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Other reactions include arrhythmias, hypertension or hypotension, circulatory collapse, nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma.~~ Lisdexamfetamine and d-amphetamine are not dialyzable		

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.