הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 05.2013)

תאריך: 15.03.2016

שם תכשיר באנגלית ומספר הרישום: Mononine 1000 (139 54 31723 00)

שם בעל הרישום Genmedix

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות

פרק בעלון	טקסט נוכחי	טקסט חדש
4.2 Posology and method of administration		[..] *Previously untreated patients* The safety and efficacy of Mononine in previously untreated patients have not yet been established. *Paediatric population* Dosing in children is based on body weight and is therefore generally based on the same guidelines as for adults. The frequency of administration should always be oriented to the clinical effectiveness in the individual case. [..]
4.4 Special Warnings and Precautions for use		[..] Cardiovascular events In patients with existing cardiovascular risk factors, substitution therapy with FIX may increase the cardiovascular risk. Catheter-related complications If a central venous access device (CVAD) is required, risk of CVAD-related complications including local infections, bacteraemia and catheter site thrombosis should be considered.

[..] Paediatric population The listed warnings and precautions apply both to adults and children. There is no safety and efficacy data for continuous infusion application in children, particularly the potential for development of inhibitors is unknown (see section 4.2).		

The following adverse reactions are based on post-marketing experience as well as scientific literature. <u>Summary of the safety profile</u> Hypersensitivity or allergic reactions (which may include angioedema, burning and stinging at the infusion site, chills, flushing, generalised urticaria, headache, hives, hypotension, lethargy, nausea, restlessness, tachycardia, tightness of the chest, tingling, vomiting, wheezing) have been observed rarely and may in some cases progress to severe anaphylaxis (including shock). In some cases, these reactions have progressed to severe anaphylaxis, and they have occurred in close temporal association with development of factor IX inhibitors (see also section 4.4). Nephrotic syndrome has been reported following attempted immune tolerance induction in haemophilia B patients with factor IX inhibitors and a history of allergic reaction. Patients with haemophilia B may develop neutralising antibodies (inhibitors) to factor IX. If such inhibitors occur, the condition will manifest itself as an insufficient clinical response. In such cases, it is recommended that a specialised haemophilia centre be contacted. There is a potential risk of thromboembolic episodes following the administration of factor IX products, with a higher risk for low purity preparations. The use of low purity factor IX products has been associated with instances of myocardial infarction, disseminated intravascular coagulation, venous thrombosis and pulmonary embolism. The use of high purity factor IX is rarely associated with such side effects. <u>Tabulated list of adverse reactions</u> The table presented below is according to the MedDRA system organ classification. Frequencies have been evaluated according to the following	The following adverse reactions are based on post-marketing experience as well as scientific literature. The following standard categories of frequency are used: Very common: ≥1/10 Common: ≥1/100 and <1/10 Uncommon: ≥1/1,000 and <1/100 Rare: ≥1/10,000 and <1/1,000 Very rare: <1/10,000 (including reported single cases) <u>Renal and urinary disorders:</u> Nephrotic syndrome has been reported very rarely following attempted immune tolerance induction in haemophilia B patients with factor IX inhibitors and a history of allergic reaction. <u>Vascular disorders:</u> There is a potential risk of thromboembolic episodes following the administration of factor IX products, with a higher risk for low purity preparations. The use of low purity factor IX products has been associated with instances of myocardial infarction, disseminated intravascular coagulation, venous thrombosis and pulmonary embolism. The use of high purity factor IX is rarely associated with such side effects. <u>General disorders and administration site conditions:</u> Fever has been observed rarely. <u>Immune system disorders:</u> Hypersensitivity or allergic reactions (which may include angioedema, stinging, burning (irritation), or phlebitis at the injection/infusion site, chills, flushing, generalised urticaria, headache, hives, hypotension, lethargy, nausea, restlessness, tachycardia, tightness of the chest, tingling, vomiting, wheezing) have been observed rarely in patients treated with	**4.8 Undesirable effects**

convention: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data).

MedDRA SOC	**Adverse Reaction**	**Frequency**
Renal and urinary disorders	Nephrotic syndrome	Very rare
Vascular Disorders	Thromboembolic episodes	Not known
General Disorders and Administration Site Conditions	Fever	Rare
Immune System Disorders	Hypersensitivity (allergic reactions)	Rare
Blood and Lymphatic System Disorders	FIX inhibition	Very rare

Description of selected adverse reactions

In a clinical study 2 of 51 (4 %) previously untreated patients (PUPs) developed inhibitors, and in one of these patients, this was associated with an anaphylactoid reaction on two occasions.

For information on viral safety see section 4.4.

Paediatric population
Frequency, type and severity of adverse reactions in children are expected to be the same as in adults.

[..]

factor IX containing products. In some cases, these reactions have progressed to severe anaphylaxis, and they have occurred in close temporal association with development of factor IX inhibitors (see also 4.4).

From post-marketing experience it has been reported that patients with haemophilia B may very rarely develop neutralising antibodies (inhibitors) to factor IX. If such inhibitors occur, the condition will manifest itself as an insufficient clinical response. In such cases, it is recommended that a specialised haemophilia centre be contacted. In a clinical study 2 of 51 (4 %) previously untreated patients (PUPs) developed inhibitors, and in one of these patients, this was associated with an anaphylactoid reaction in two occasions.

For information on viral safety see 4.4.