

מאי 2018
KS051רופא/ה נכבד/ה,
רוקח/ת נכבד/ה,**Odnatron – התכשיר – הנדון:**

2mg/ml

SOLUTION FOR INJECTION

חברת קיי.אס.קים אינטרנשיונל בע"מ מתכבדת להודיעכם כי משרד הבריאות אישר עדכון התוויה לתכשיר שבנדון.

תנאי האחסון עודכנו אף הם בעלון לרופא.

העלון המעודכן דווח למשרד הבריאות במסלול נוטיפיקציה.

ההתוויות המאושרות לתכשיר:

Adults:

Odnatron is indicated for the management of nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy. Odnatron is indicated for the prevention and treatment of post-operative nausea and vomiting (PONV).

Paediatric Population:

Odnatron is indicated for the management of chemotherapy-induced nausea and vomiting (CINV) in children aged ≥ 6 months, and for the prevention and treatment of PONV in children aged ≥ 1 month.

הודעה זו מתייחסת רק לסעיפים בהם נעשה שינוי המהווה החמרה: טקסט מודגש **בצהוב** משמעו החמרה ומחיקת טקסט מסומנת בקו חוצה .

קיימים עדכונים מינוריים נוספים.

העדכונים המהותיים שנעשו בעלון לרופא הינם:

4. Clinical Particulars**4.1. Therapeutic Indications****Adults:**

Odnatron is indicated for the management of nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy. Odnatron is indicated for the prevention and treatment of post-operative nausea and vomiting (PONV).

Paediatric Population:

Odnatron is indicated for the management of chemotherapy-induced nausea and vomiting (CINV) in children aged ≥ 6 months, and for the prevention and treatment of PONV in children aged ≥ 2 years **1 month.**

4.4. Special Warnings and Precautions for Use

...There have been post-marketing reports describing patients with **The development of** serotonin syndrome **has been reported with 5-HT₃ receptor antagonists.** Most reports have been associated with concomitant use of ondansetron and other serotonergic drugs (including e.g., selective serotonin reuptake inhibitors (SSRI) and SSRIs), serotonin noradrenaline and norepinephrine reuptake inhibitors (SNRIs)). ~~If concomitant treatment with~~

ondansetron), monoamine oxidase inhibitors, mirtazapine, fentanyl, lithium, tramadol, and intravenous methylene blue). Some of the reported cases were fatal. Serotonin syndrome occurring with overdose of Ondansetron alone has also been reported. The majority of reports of serotonin syndrome related to 5-HT receptor antagonist use occurred in a post-anesthesia care unit or an infusion center.

Symptoms associated with serotonin syndrome may include the following combination of signs and

symptoms: mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, with or without gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). Patients should be monitored for the emergence of serotonin syndrome, especially with concomitant use of Zofran and other serotonergic drugs. If symptoms of serotonin syndrome occur, discontinue Zofran and initiate supportive treatment. Patients should be informed of the increased risk of serotonin syndrome, especially if Zofran is clinically warranted, appropriate observation of the patient is advised used concomitantly with other serotonergic drugs (see Sections 4.5 and 4.9).

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In patients undergoing adenotonsillar surgery prevention of the tonsils or adenoids nausea and vomiting with ondansetron may mask occult bleeding. Therefore, such patients should be followed carefully monitored after ondansetron administration.

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4.5. Interactions with other Medicaments and other forms of Interaction

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Concomitant use of ondansetron with cardiotoxic drugs (e.g. anthracyclines (such as doxorubicin, daunorubicin) or trastuzumab), antibiotics (such as erythromycin), antifungals (such as ketoconazole), antiarrhythmics (such as amiodarone) and beta blockers (such as atenolol or timolol) may increase the risk of arrhythmias. (See Special warnings and precautions for section 4.4).

4.8. Undesirable Effects

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Nervous system disorders

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Rare: Dizziness during i.v. rapid IV administration, which in most cases is prevented or resolved by lengthening the infusion period.

Eye disorders

Rare: Transient visual disturbances (e.g. blurred vision) predominantly during i.v. IV administration.

Very rare: Transient blindness predominantly during intravenous administration.⁽²⁾

Cases of transient blindness, have been reported. These cases of transient blindness were reported to resolve within a few minutes up to 48 hours. Transient blurred vision, in some cases associated with abnormalities of accommodation, have also been reported.

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Additional data from post marketing experience

Cardiovascular

Arrhythmias (including ventricular and supraventricular tachycardia, premature ventricular

contractions, and atrial fibrillation), bradycardia, electrocardiographic alterations (including second-degree heart block, QT/QTc interval prolongation, and ST segment depression), palpitations, and syncope.

General

Flushing. Rare cases of hypersensitivity reactions, sometimes severe (e.g., anaphylactic reactions, angioedema, bronchospasm, cardiopulmonary arrest, hypotension, laryngeal edema, laryngospasm, shock, shortness of breath, stridor) have also been reported. A positive lymphocyte transformation test to ondansetron has been reported, which suggests immunologic sensitivity to ondansetron.

Hepatobiliary

Liver enzyme abnormalities have been reported. Liver failure and death have been reported in patients with cancer receiving concurrent medications including potentially hepatotoxic cytotoxic chemotherapy and antibiotics.

Neurological

Oculogyric crisis, appearing alone, as well as with other dystonic reactions.

Skin

Urticaria, Stevens-Johnson syndrome Toxic skin eruption, including toxic epidermal necrolysis.

1. Observed without definitive evidence of persistent clinical sequelae.
2. The majority of the blindness cases reported resolved within ~~20 minutes~~ 48 hours. Most patients had received chemotherapeutic agents, which included cisplatin. Some cases of transient blindness were reported as cortical in origin.
3. These events were observed commonly in patients receiving chemotherapy with cisplatin.

4.9. Overdose

Symptoms and Signs

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Paediatric population

Paediatric cases consistent with serotonin syndrome have been reported after inadvertent oral overdoses of ondansetron (exceeded estimated ingestion of 4 mg/kg) in infants and children aged 12 months to 2 years.

Reported symptoms included somnolence, agitation, tachycardia, tachypnea, hypertension, flushing, mydriasis, diaphoresis, myoclonic movements, horizontal nystagmus, hyperreflexia, and seizure.

Patients required supportive care, including intubation in some cases, with complete recovery without sequelae within 1 to 2 days.

6.4. Special Precautions for Storage

Protect from light. Store below 25°C.

העלון לרופא מפורסם במלואו באתר האינטרנט של משרד הבריאות, להלן הקישור:

<https://www.old.health.gov.il/units/pharmacy/trufot/index.asp?safa=h>

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