Baxter Healthcare Distribution Ltd
34 Jerusalem st Ra'anana entrance
Israel
Tel: 972-545656441

יוני 2018

רופא/ה, רוקח/ת נכבד/ה,

הנדון: Phoxilium 1.2 mmol/l Phosphate - פוקסיליום 1.2 ממול/ליטר פוספאט

מרכיב פעיל:

Disodium Phosphate Dihydrate (Large compartment B (4,750 ml))	0.225 g/l
Potassium Chloride (Large compartment B (4,750 ml))	0.314 g/l
Sodium Chloride (Large compartment B (4,750 ml))	6.44 g/l
Magnesium Chloride Hexahydrate (Small compartment A (250 ml))	2.44 g/l
Calcium Chloride Dihydrate (Small compartment A (250 ml))	3.68 g/l
Sodium Hydrogen Carbonate (Large compartment B (4,750 ml))	2.92 g/l

צורת מינון:

Solution For Heamodialysis/Haemofiltration

התוויות מאושרות:

Phoxilium is used for CRRT (continuous renal replacement therapy) in critically ill patients with ARF (acute renal failure) when pH and kalaemia have been restored to normal and when the patients need phosphate supplementation for loss of phosphate in the ultrafiltrate or to the dialysate during CRRT.
Phoxilium may also be used in cases of drug poisoning or intoxications when the poisons are dialysable or pass through the membrane.
Phoxilium is indicated for use in patients with normal kalaemia and normal or hypophosphataemia.

חברת בקסטר אספקת שירותי בריאות בע"מ מבקשת להודיעכם על העדכונים הבאים בעלון לרופא של התכשיר.

בהודעה זו מצוינים השינויים המהווים החמרה בלבד. ההחמרה מסומנת באמצעות קו תחתי, שמשמעותו היא תוספת מידע הקשור להחמרה, ובאמצעות ~~קו מחיקה~~ שמשמעותו היא השמטת טקסט קיים שלמעשה נחשבת כהחמרה.

4.2 Posology and method of administration

Posology:
The volume ~~of~~ and rate at which Phoxilium ~~used will depend~~ is administered depends on the blood concentration of phosphate and other electrolytes, acid-base balance , and overall clinical condition of the patient ~~and the targeted fluid balance~~. ~~Administration (dose, infusion rate and cumulative volume) of Phoxilium should be established by a physician.~~
The dose volume is therefore at the discretion and prescription of the responsible physician.

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Method of administration:
Phoxilium, when used as a dialysate, it is administered in the dialysate compartment of the extracorporeal filter separated from the blood flow by a semipermeable membrane.

4.4 Special warning and precautions for use

Warnings:
Because Phoxilium is a potassium-containing solution, hyperkalemia may occur transiently after treatment is initiated. Decrease the infusion rate and confirm that the desired potassium concentration is achieved. If hyperkalemia does not resolve, stop administration promptly.

Because Phoxilium is a phosphate-containing solution, hyperphosphatemia may occur transiently after treatment is initiated. Decrease the infusion rate and confirm that the desired phosphate concentration is achieved. If hyperphosphatemia does not resolve, stop administration promptly (See Section 4.3 Contraindication.(

Electrolyte and blood acid/base parameters should be monitored regularly in patients treated with Phoxilium. Phoxilium contains hydrogen phosphate, a weak acid that can influence the patient's acid/base balance. If metabolic acidosis develops or worsens during therapy with Phoxilium, the infusion rate may need to be decreased or its administration stopped .

The instructions for use (see section 6.6) must be strictly followed.
The solutions in the two compartments must be mixed before use.
Use of a contaminated solution may cause sepsis and shock.

Special precausions for use:
~~The heating of this solution to body temperature (37°C) must~~ Phoxilium may be ~~carefully controlled. It~~ warmed to 37 °C to enhance patient comfort. However, only dry heat should ~~also~~ be used. Solutions should not be heated in water or in a microwave oven. Phoxilium should be inspected visually ~~verified that the solution is clear and without particles~~ for particulate matter and discoloration prior to administration~~. If not, discard~~ , whenever solution and ~~do~~container permit. Do not ~~use~~ administer unless the solution is clear and the ~~solution~~ seal is intact.

Haemodynamic status, fluid balance, electrolyte and acid-base balance shall be closely monitored throughout the procedure including all fluid inputs and outputs, even those not directly related to CRRT.

In case of ~~fluid imbalance (i.e. cardiac failure, head trauma, etc),~~ hypervolemia, the ~~clinical condition of~~ net ultrafiltration rate prescribed for ~~the patient must~~ CRRT device can be ~~carefully monitored with restoration~~ increased and/or the rate of administration of ~~normal~~ solutions other than replacement fluid and/or dialysate can be reduced.

In case of hypovolemia, the net ultrafiltration rate prescribed for the CRRT device can be reduced and/or the rate of administration of solutions other than replacement fluid and/or dialysate can be increased.~~ fluid balance.~~

4.5 Interaction with other medicinal products and other forms of interaction

The following are examples of potential drug interactions with Phoxilium:

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• Additional sources of phosphate (e.g., hyperalimentation fluid) may influence serum phosphate concentration and may increase the risk of hyperphosphatemia,

• Vitamin D and other vitamin D analogues, as well as medicinal products containing calcium (e.g. calcium ~~carbonate as phosphate binder),~~ chloride or calcium gluconate used for maintenance of calcium homeostasis in CRRT patients receiving citrate anticoagulation) can increase the risk of hypercalcaemia,
• Additional sodium bicarbonate ~~administered in the substitution fluid~~ (or buffer source) contained in the CRRT fluids or in other fluids may increase the risk of metabolic alkalosis.

4.6 Fertility, pregnancy and lactation

~~negligible.~~ Fertility
No effects on fertility ~~or~~ are anticipated, since calcium, sodium, potassium, magnesium, chloride, hydrogen phosphate and hydrogen carbonate are normal constituents of the body.

Pregnancy and lactation
There are no documented clinical data on the use of Phoxilium during pregnancy ~~or on the breast-fed child are anticipated.~~ and lactation. Phoxilium should only be administered to pregnant and lactating women if clearly needed.

4.8 Undesirable effects

The following undesirable effects have been reported from post-marketing experience. The table presented below is according to the MedDRA system organ classification (SOC and Preferred Term Level). Frequencies cannot be estimated from the available data.

MedDra System Organ Class	**Preferred Term**	**Frequency**
Metabolism and nutrition disorders	Electrolyte imbalances, e.g.: hyperphosphataemia	not known
	Fluid imbalance, e.g.: hypervolaemia, hypovolaemia	not known
	Acid-base balance disorders, e.g. metabolic acidosis, metabolic alkalosis	not known
Vascular disorder	Hypotension*	not known
Gastrointestinal disorder	Nausea*	not known
	Vomiting*	not known
Musculoskeletal an connective tissue disorders	Muscle cramps*	not known

~~Some~~ *undesirable effects ~~such as nausea, vomiting, muscle cramps and hypotension which are~~ related generally to ~~the~~ dialysis treatments ~~(haemofiltration and haemodialysis) can occur.~~

4.9 Overdose

However, Phoxilium overdose can lead to severe clinical conditions, such as congestive heart failure, electrolyte or acid-base disturbances.

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If hypervolaemia or hypovolaemia occur, instruction for handling of hypervolaemia or hypovolaemia in section 4.4 must be strictly followed.

If metabolic acidosis and/or hyperphosphatemia occur, stop administration promptly. There is no specific antidote for overdose. The risk can be minimized by close monitoring during treatment (see section 4.3 and 4.4).

6.6 Special precautions for disposal and other handling

Aseptic technique shall be used throughout the handling and administration to the patient. Use only if the ~~solution is clear and the over wrap~~ overwrap is undamaged~~.~~ ~~All~~, all seals ~~must be~~ are intact, peel seal is not broken, and the solution is clear. Press bag firmly to test for any leakage. If leakage is discovered, discard the solution immediately since sterility can no longer be assured.

The large compartment B is fitted with an injection port for the possible addition of other necessary drugs after reconstitution of the solution. It is the responsibility of the ~~physician~~ user to judge the compatibility of an additive medication with Phoxilium by checking for eventual colour change and/or eventual precipitation, insoluble complexes or crystals. Before adding a medication, verify if it is soluble and stable in this medicine and that the pH range of Phoxilium is appropriate (pH of reconstituted solution is 7.0–8.5). Additives may be incompatible. The Instructions for Use of the medication to be added must be consulted.

~~Before adding a medication, verify it is soluble and stable in water at the pH of Phoxilium (pH of reconstituted solution is 7.0 – 8.5).~~

~~Medication shall only be added to the solution under the responsibility of a physician in the following way:~~ Remove any fluid from the injection port, hold the bag upside down, insert the drug through the injection port and mix thoroughly. **The solution must be administered immediately.**

העלון המאושר נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות וניתן לקבלו מודפס על ידי פנייה לבעל הרישום, בקסטר אספקת שירותי בריאות בע"מ, טלפון: 054-5656441.

בברכה,

בקסטר אספקת שירותי
בריאות בע"מ