

**הודעה על החמרה (מידע בטיחות) בעלון לרופא**  
(מעודכן 3102.50)

תאריך 19/11/2014

**שם תכשיר באנגלית ומספר הרישום: HAEMATE-P 250 I.U. ( 113 53 22360 00 ), HAEMATE-P 500 I.U. (113 51 22459 00 )**

**HAEMATE-P 1000 I.U (113 52 22460 00)**

**שם בעל הרישום Genmedix**

**טופס זה מיועד לפרוט ההחמרות בלבד !**

ההחמרות המבוקשות		
פרק בעלון	מקט נוכחי	מקט חדש
4.2 Posology and method of administration	Prophylaxis [...]	Prophylaxis [...]  Previously untreated patients The safety and efficacy of Haemate in previously untreated patients have not yet been established.
4.4 Special Warnings and Precautions for use	Haemophilia A  The formation of neutralising antibodies (inhibitors) to factor VIII is a known complication in the management of individuals with haemophilia A. These inhibitors are usually IgG immunoglobulins directed against the factor VIII procoagulant activity, which are quantified in Bethesda Units (BU) per ml of plasma using the modified assay. The risk of developing inhibitors is correlated to the exposure to anti-haemophilic factor VIII, this risk being highest within the first 20 exposure days. Rarely, inhibitors may develop after the first 100 exposure days. patients treated with human coagulation factor VIII should be carefully monitored for the development of inhibitors by appropriate clinical observations and laboratory tests. In patients with high levels of inhibitor, therapy may not be effective and other therapeutic options should be considered. See also section "4.8 Undesirable effects".	Haemophilia A  Inhibitors The formation of neutralising antibodies (inhibitors) to factor VIII is a known complication in the management of individuals with haemophilia A. These inhibitors are usually IgG immunoglobulins directed against the factor VIII procoagulant activity, which are quantified in Bethesda Units (BU) per ml of plasma using the modified assay. The risk of developing inhibitors is correlated to the exposure to factor VIII, this risk being highest within the first 20 exposure days. Rarely, inhibitors may develop after the first 100 exposure days.  Cases of recurrent inhibitor (low titre) have been observed after switching from one factor VIII product to another in previously treated patients with more than 100 exposure days who have a previous history of inhibitor development. Therefore, it is recommended to monitor all patients carefully for inhibitor occurrence following any product switch.

<p>In general, all patients treated with human coagulation factor VIII should be carefully monitored for the development of inhibitors by appropriate clinical observations and laboratory tests. If the expected factor VIII activity plasma levels are not attained, or if bleeding is not controlled with an appropriate dose, testing for FVIII inhibitor presence should be performed. In patients with high levels of inhibitor, factor VIII therapy may not be effective and other therapeutic options should be considered. The management of such patients should be directed by physicians with experience in the care of haemophilia A patients and those with factor VIII inhibitors. See also section 4.8.</p>		
<p>Therefore, VWF and FVIII should be used during pregnancy and lactation only if clearly indicated and the benefit outweighs the risk.</p>	<p>... Therefore, VWF and FVIII should be used during pregnancy and lactation only if clearly indicated</p>	<p><b>4.6 Fertility, pregnancy and lactation</b></p>
<p><u>Summary of the safety profile</u></p> <p>During treatment with Haemate in adults and adolescents the following adverse reactions may occur: Hypersensitivity or allergic reactions, thromboembolic events and pyrexia. Furthermore patients may develop inhibitors to FVIII and VWF.</p> <p>[...]</p> <p><u>Paediatric Population</u> Frequency, type and severity of adverse reactions in children are expected to be the same as in adults.</p>		<p><b>4.8 Undesirable effects</b></p>
<p>No symptoms of overdose with VWF and FVIII have been reported. However, the risk of thrombosis cannot be excluded in case of an extremely high dose, especially of FVIII-containing VWF products with a high FVIII content. Thromboembolic events may occur in case of major overdose.</p>	<p>No symptoms of overdose with VWF and FVIII have been reported. However, the risk of thrombosis cannot be excluded in case of an extremely high overdose, especially of FVIII-containing VWF products with a high FVIII content.</p>	<p><b>4.9 overdose</b></p>