הודעה על החמרה (מידע בטיחות) בעלון לרופא
(מעודכן 05.2013)

תאריך : 18.11.2013

שם תכשיר באנגלית ומספר הרישום Xarelto 10 mg- 142-57-31927-00/01

שם בעל הרישום. Bayer Israel Ltd

טופס זה מיועד לפרוט ההחמרות בלבד !

ההחמרות המבוקשות		
פרק בעלון	**טקסט נוכחי**	**טקסט חדש**
Warning Box		WARNING: (A) PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS , (B) SPINAL/EPIDURAL HEMATOMA A. PREMATURE DISCONTINUATION OF XARELTO INCREASES THE RISK OF THROMBOTIC EVENTS Premature discontinuation of any oral anticoagulant, including XARELTO, increases the risk of thrombotic events. If anticoagulation with XARELTO is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant [see posology and method of administration (4.2), and special warnings and precautions for use(4.4)] B. SPINAL/EPIDURAL HEMATOMA Epidural or spinal hematomas have occurred in patients treated with XARELTO who are receiving neuraxial anesthesia or undergoing spinal puncture. These hematomas may result in long-term or permanent paralysis. Consider these risks when scheduling patients for spinal procedures. Factors that can increase the risk of developing epidural or spinal hematomas in these patients include: • use of indwelling epidural catheters • concomitant use of other drugs that affect hemostasis, such as non-steroidal anti inflammatory drugs (NSAIDs), platelet inhibitors, other anticoagulants • a history of traumatic or repeated epidural or spinal punctures • a history of spinal deformity or spinal surgery [see special warnings and precautions for use (4.4)].

Monitor patients frequently for signs and symptoms of neurological impairment. If neurological compromise is noted, urgent treatment is necessary [see Warnings and Precautions (4.4)]. Consider the benefits and risks before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis [see Warnings and Precautions (4.4)].		
Hypersensitivity to the active substance or to any of the excipients. listed in section 6.1. Active clinically significant bleeding. ~~Clinically significant active bleeding.~~ Lesion or condition, if considered to be a significant risk for major bleeding. This may include current or recent gastrointestinal ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophthalmic surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities. Concomitant treatment with any other anticoagulants e.g. unfractionated heparin (UFH), low molecular weight heparins (enoxaparin, dalteparin, etc.), heparin derivatives (fondaparinux, etc.), oral anticoagulants (warfarin, dabigatran, etexilate, apixaban, etc.) except under the circumstances of switching therapy to or from rivaroxaban (see section 4.2) or when UFH is given at doses necessary to maintain an open central venous or arterial catheter (see section 4.5). Hepatic disease associated with coagulopathy and clinically relevant bleeding risk including cirrhotic patients with Child Pugh B and C (see section 5.2). Pregnancy and breast feeding (see section 4.6).	Hypersensitivity to the active substance or to any of the excipients. listed in section 6.1. Clinically significant active bleeding. Hepatic disease associated with coagulopathy and clinically relevant bleeding risk including cirrhotic patients with Child Pugh B and C (see section 5.2). Pregnancy and breast feeding (see section 4.6).	**Contraindication**
Other haemorrhagic risk factors: Rivaroxaban, like other antithrombotic agents, is to be used with caution in patients with an increased bleeding risk such as:	Other haemorrhagic risk factors Rivaroxaban, like other antithrombotic agents, is to be used with caution in patients with an increased bleeding risk such as:	**Special Warnings and Special Precautions for Use**

congenital or acquired bleeding disorders uncontrolled severe arterial hypertension active ulcerative gastrointestinal disease ~~recent gastrointestinal ulcerations~~ vascular retinopathy ~~recent intracranial or intracerebral haemorrhage~~ ~~intraspinal or intracerebral vascular abnormalities~~ ~~recent brain, spinal or ophthalmological surgery.~~ bronchiectasis or history of pulmonary bleeding Dosing recommendations before and after invasive procedures and surgical intervention other than elective hip or knee replacement surgery If an invasive procedure or surgical intervention is required, Xarelto should be stopped at least 24 hours before the intervention, if possible and based on the clinical judgement of the physician. If the procedure cannot be delayed the increased risk of bleeding should be assessed against the urgency of the intervention. Xarelto should be restarted after the invasive procedure or surgical intervention as soon as possible provided the clinical situation allows and adequate haemostasis has been established as determined by the treating physician (see section 5.2). Elderly population Increasing age may increase haemorrhagic risk (see section 5.2). <u>Increased Risk of Thrombotic Events</u> after Premature Discontinuation Premature discontinuation of any oral anticoagulant, including Xarelto, in the absence of adequate alternative anticoagulation increases the risk of thrombotic events. An increased rate of stroke was observed during the transition from Xarelto to warfarin in clinical trials in atrial fibrillation patients. If Xarelto is discontinued for a reason other than pathological bleeding or completion of a course of therapy, consider coverage with another anticoagulant [for conversion instructions see Dosage and Administration (4.2)]	congenital or acquired bleeding disorders uncontrolled severe arterial hypertension active ulcerative gastrointestinal disease recent gastrointestinal ulcerations vascular retinopathy recent intracranial or intracerebral haemorrhage intraspinal or intracerebral vascular abnormalities recent brain, spinal or ophthalmological surgery. bronchiectasis or history of pulmonary bleeding	