EGYPTIAN DRUG AUTHORITY

هيئة الدواء المصرية

The Egyptian Pharmaceutical Vigilance center

مركز اليقظة الصيدلية المصري

IN THIS ISSUE

Prepared by:
Reem Hossam

Chief editor

Aalaa Afdal
Head of Egyptian Pharmacovigilance Center

Under supervision of

Dr. Sherin Abdel Gawad
Head of the C.A for Pharmaceutical Care

EPVC Mission

Pharmaceutical Vigilance administration is the way through which the processes for authorizing, regulating, monitoring and evaluating the safety of any pharmaceutical product or medical device take place, in addition to disseminating any safety information for public health programs, healthcare professionals, and the Egyptian citizen.

The Pharmaceutical vigilance administration is an integral part of the Central Administration of Pharmaceutical Care that works on the enhancement of the pharmaceutical services to guarantee safe and effective use of medications in Egypt, under the patronage of the Egyptian Drug Authority.

Newsletter

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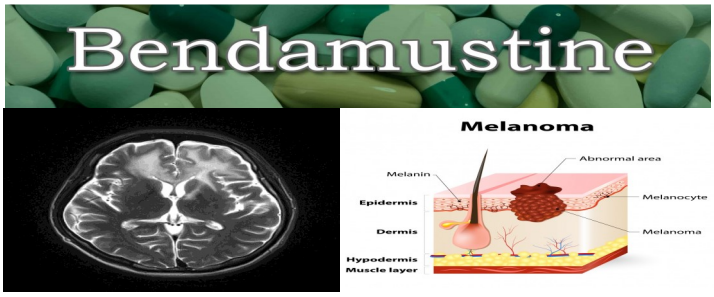
Bendamustine : Increased risk of non-melanoma skin cancer and progressive multifocalencephalopathy (PML)

Bendamustine is an anti-cancer medicine authorised for certain patients with chronic lymphocytic leukaemia, non-Hodgkin's lymphomas, or multiple myeloma. Periodically perform skin examinations in patients on bendamustine-containing regimens and consider PML in the differential diagnosis for patients on bendamustine with new or worsening neurological, cognitive, or behavioural signs or symptoms.



Review of risk

Bendamustine is indicated for:

* First-line treatment of chronic lymphocytic leukaemia (Binet stage B or C) in patients for whom fludarabine combination chemotherapy is not appropriate
* Indolent non-Hodgkin's lymphomas as monotherapy in patients who have progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen
* First-line treatment of multiple myeloma (Durie-Salmon stage II with progress or stage III) in combination with prednisone for patients older than 65 years who are not eligible for autologous stem cell transplantation and who have clinical neuropathy at time of diagnosis precluding the use of thalidomide- or bortezomib-containing treatment

Patients treated with bendamustine have an existing increased risk for non-melanoma skin cancer due to their underlying disease and age. However, two published trials (BRIGHT and GALLIUM) show a higher number of cases of non-melanoma skin cancer with bendamustine-containing regimens than with other treatments used for lymphoma.

In addition, very rare cases of progressive multifocal encephalopathy (PML) have been reported inpatients on bendamustine-containing regimens. Although concomitant treatment was present in all cases where information was provided, a temporal relationship with bendamustine was evident in most cases and an increased risk of PML is thought plausible.

If PML is suspected, treatment with bendamustine should be suspended until PML is ruled out. Evaluation of PML includes, but is not limited to, brain magnetic resonance imaging (MRI), and lumbar puncture (cerebrospinal fluid testing for John Cunningham viral DNA).

In reference to MHRA; Advice for Healthcare Professionals:

* In clinical studies, an increased risk from background for non-melanoma skin cancers (basalcell carcinoma and squamous cell carcinoma) has been observed in patients treated with bendamustine-containing therapies
* Periodically perform skin examinations in patients on bendamustine-containing regimens, particularly in patients with risk factors for skin cancer – these include people with lighter natural skin colour; skin that burns, freckles or reddens easily; a large number of moles; and a personal or family history of skin cancer
* Very rare cases of PML have also been reported in patients being treated with bendamustine usually in combination with rituximab or obinutuzumab
* Consider PML in the differential diagnosis for patients on bendamustine with new or worsening neurological, cognitive, or behavioural signs or symptoms
* If PML is suspected, undertake appropriate diagnostic evaluations and suspend treatment until PML is excluded

References: *MHRA (Click here)*

The Egyptian Pharmaceutical Vigilance center
مركز اليقظة الصيدلية المصري

Direct Healthcare Professional Communication (DHPC): Levodopa – Update in dosing information with respect to food

It was noted that the dosing information (specifically the timing of dosing with respect to food) in the product information for the levodopa containing products was not optimal: it did not make clear that dosing without food is possible, and may be preferable for some patients. This update makes Levodopa dosing information with respect to food more consistent with other levodopa containing medicines and with most clinical guidance.

The MAH in agreement with the Egyptian Pharmaceutical Vigilance center (EPVC) would like to inform you of the following update:

According to HPRA; The dosing of levodopa products should be as follow:

* Where possible, Levodopa should be taken in-between meals, so that the competitive effect of dietary protein on levodopa can be avoided and to facilitate a more rapid onset of action.
* A delay between a meal and Levodopa dosing may be advisable to avoid lower absorption of levodopa by food.
* Undesirable gastrointestinal effects, which may occur mainly in the early stages of the treatment, can largely be controlled by taking Levodopa with a low protein snack or liquid or by increasing the dose slowly.

Please ensure awareness of the content of this letter within your team.

References: *HPRA (Click here)*

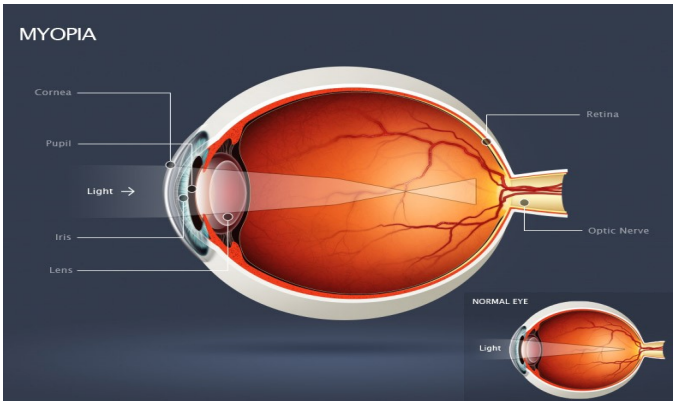
Case Report from Alexandria: A Case of index myopia following Lamivudine and Sulpiride administration.

The regional center in Alexandria received an ICSR concerning an adult male non-diabetic in his fifth decade of life admitted to the hospital with uncontrolled hyperglycemia (high random blood sugar that does not decrease despite giving insulin with increasing dose), history of multiple abscesses, the most recent of which was gluteal and occurred one week before hospital admission and blurred vision. The patient's relevant medical history includes hepatitis B infection, which is being treated with Lamivudine 150mg film coated tablet, even though his PCR became negative lately as per his physician's decision.

Inside the hospital, his HbA1C was 11%, and the ophthalmologist diagnosed the patient with index myopia, indicating long-term hyperglycemia, as seen by the internist, who assumed that index myopia requires at least five years of uncontrolled hyperglycemia to develop.

Three years ago, the patient began taking Sulpiride + Mebeverine Hydrochloride film coated tab. orally for management of abdominal discomfort. Also, the patient is taking Esomeprazole orally once daily for gastritis and Ketoprofen tab. once daily for headache.

His physician and pharmacist suspected that Lamivudine and Sulpiride + Mebeverine Hydrochloride were the causes for his uncontrolled hyperglycemia that lead to abscesses and index myopia. As a result, his physician discontinued Sulpiride + Mebeverine Hydrochloride, but he refused to discontinue Lamivudine because he is not a hepatologist and cannot decide whether or not to discontinue it.



The patient random blood sugar level was higher than 200mg/dl the day before discharge, and his insulin dose was adjusted accordingly.

The patient was discharged with instructions to return to diabetes and hepatology clinics.

Background :

Lamivudine is a synthetic nucleoside analog that acts as a reverse transcriptase inhibitor (NRTI), it is an antiviral agent used to treat infections caused by the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV).1

Sulpiride: is a benzamide atypical antipsychotic and a selective D2 and D3 dopamine antagonist that is used to treat schizophrenia, and depression. Also classified as a prokinetic drug that promotes gastrointestinal mobility.2

Index myopia : is a sign of undiagnosed hyperglycemia in DM, and one of the wide range of visual complications in the anterior segment of the eye.3

Labeled information:

e.g. >According to Lamivudine Summary of product Characteristics (SmPC) it was stated under section (6.2 Post marketing Experience) that: "Hyperglycemia has been identified during post-approval use.4" <

According to Sulpiride monograph" Atypical antipsychotics have been linked to the development of hyperglycemia, which in some cases can be severe and lead to ketoacidosis, hyperosmolar coma, or death. 5 "

Recommendations for Healthcare Professionals :

1. Patients with diabetes mellitus risk factors (such as obesity or a family history) should have a fasting blood sugar level measured at the start of treatment as well as at regular intervals.5,6
2. All patients should be monitored for hyperglycemia symptoms (such as polydipsia, polyuria, polyphagia, and weakness) and should have a fasting blood glucose test if symptoms develop during treatment.5,6

References:

1. *ClinicalKey* (Click here)
2. *Springer link* (Click here)
3. *Journalor* (Click here)
4. *FDA* (Click here)
5. *Lexicomp* (Click here)
6. *NCBI* (Click here)

One report counts

A call for reporting

What is Pharmacovigilance

Pharmacovigilance (PV) is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug- related problem.

What is the Egyptian Pharmaceutical Vigilance Center?

With the increasing demand for patient's safety which is becoming more stringent, . The Egyptian Pharmaceutical Vigilance Center was established to be responsible for the safety monitoring of the pharmaceutical products throughout its lifecycle and it is the regulatory authority regarding Pharmacovigilance and its applications .

EPVC monitors the safety of all types of pharmaceutical products, including human medicines, biological products, supplements, cosmetics, veterinary medicines, medical devices, Biocides and pesticides

Please remember that you can report safety information of medicines to EPVC using the following communication information:

Communication information

The Egyptian Drug Authority (EDA)
Pharmaceutical Care Administration
The Egyptian Pharmaceutical Vigilance Center (EPVC)

The Egyptian Pharmaceutical Vigilance center
مركـــز اليـــقظة الصـــيدلية المـــصري

Address: 21 Abd El Aziz AlSoud Street. El-Manial, Cairo, Egypt, PO Box: 11451
Telephone: (+2)02 25354100/ (+2)02 23684288/ (+2)02 23648046/ (+2) 02 23640368/ (+2)02 23648769
Extension: 1303
Fax: +202 – 23610497
Email: pv@edaegypt.gov.eg, pv.report@edaegypt.gov.eg
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