EGYPTIAN DRUG AUTHORITY

هيئة الدواء المصرية

The Egyptian Pharmaceutical Vigilance center

مركز اليقظة الصيدلية المصري

IN THIS ISSUE

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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

October 2022

Volume 13 **Issue 10**

Local Alert: Sub-standardized and Falsified (SF) Product

Egyptian Drug Authority Alert Regarding Nevanac 1mg/ml eye drops 5ml Counterfeit

The Egyptian Drug Authority (EDA) through the Central Administration of Operations announced an alert regarding possibility of presence of counterfeited Nevanac 1mg/ml eye drops in the market.

EDA distributed and published circular with all data concerning the counterfeited product and how to differentiate between the original and counterfeit packs on EDA's website *(Click here)*.

The Egyptian Pharmaceutical Vigilance Center is encouraging public to report any detected packs through *(Click here)*.

ORIGINAL

COUNTERFEIT

Egyptian Drug Authority Alert Regarding Dysport® (Clostridium Botulinium Type- A Toxin-Haemagglutin Complex) Counterfeit

The Egyptian Drug Authority (EDA) through the Central Administration of Operations announced an alert regarding counterfeited Dysport packs in neighboring countries according to WHO Medical Product Alert N.4 2022. EDA ensures that **none** of the counterfeited batches was imported to Egypt.

EDA distributed and published circular with all data concerning the counterfeited product and how to differentiate between the original and counterfeit packs on EDA's website *(Click here)*.
The Egyptian Pharmaceutical Vigilance Center is encouraging public to report any detected packs through *(Click here)*.

Direct Healthcare Professional Communication (DHPC): Dexmedetomidine - Increased Risk of Mortality in Intensive Care Unit (ICU) Patients ≤65 years

EPVC in agreement with marketing authorization holders (MAH) of products containing Dexmedetomidine would like to inform you of the following:

Summary:

- The SPICE III study was a randomised clinical trial comparing the effect of sedation with dexmedetomidine on all-cause mortality with the effect of "usual standard of care" in 3904 ventilated critically ill adult intensive care unit (ICU) patients.
- Dexmedetomidine was associated with an increased risk of mortality in the age group ≤65 years compared with alternative sedatives (odds ratio 1.26; 95% credibility interval 1.02 to 1.56).
- This heterogeneity of effect on mortality from age was most prominent in patients admitted for reasons other than post-operative care, and increased with increasing APACHE II scores and with decreasing age. The mechanism is not known.
- These findings should be weighed against the expected clinical benefit of dexmedetomidine compared to alternative sedatives in younger patients.
- The product information of dexmedetomidine containing products is being updated with a warning statement describing the evidence, and risk factors, for increased risk of mortality in ICU patients ≤65 years of age.

Background on safety concern:

Dexmedetomidine containing products are indicated for:

⇒ sedation of adult ICU (Intensive Care Unit) patients requiring a sedation level not deeper than arousal in response to verbal stimulation (corresponding to Richmond Agitation

⇒ Sedation Scale (RASS) 0 to -3). - sedation of non-intubated adult patients prior to and/or during diagnostic or surgical procedures requiring sedation, i.e. procedural/awake sedation.

The academia-sponsored SPICE III trial enrolled 4000

ICU patients needing mechanical ventilation, who were randomly allocated to receive sedation with either dexmedetomidine as primary sedative or with standard of care (propofol, midazolam). Although the target sedation range was light sedation (RASS -2 to +1), deeper sedation levels (RASS -4 and - 5) were also allowed. The administration of dexmedetomidine was continued as clinically required for up to 28 days after randomization. Altogether, 3904 patients were included in an intention-to-treat analysis. Results are shown in Table 1 below.

The study showed no difference in 90-day mortality overall between the dexmedetomidine and the usual care group (propofol, midazolam). The median age of patients included in the analysis was 63.7 years.1 In subsequent analyses, a heterogeneity of treatment effect of dexmedetomidine has been identified.2 An increased risk of 90-day mortality (odds ratio 1.26 [95% CrI 1.02-1.56]) was observed among patients ≤ 65 years of age. While the mechanism is yet unclear, the heterogeneity of effect on mortality from age was most prominent in patients admitted for other reasons than post-operative care, and increased with increasing APACHE II scores and with decreasing age.

	Dexmedetomidine n/total (%)	Usual care n/total (%)
Total	**566/1948 (29.1)**	**569/1956 (29.1)**
Subgroup per age		
≤ median age 63.7 years	**219/976 (22.4)**	**176/975 (18.1)**
> median age 63.7 years	**347/972 (35.7)**	**393/981 (40.1)**

References: *EMA (Click here)*

Case Report from Cairo: Estradiol Valerate + Prasterone Enantate Oily Solution for Slow I.M Injection - Uterine Bleeding and Endometrial Adenomatous Hyperplasia Associated with the Misuse

The regional center in Cairo received a case related to uterine bleeding and endometrial adenomatous hyperplasia with the misuse of Estradiol valerate + Prasterone enantate combination & its details as follow:

A 52-year-old postmenopausal hypertensive female patient was suffering from Postmenopausal hot flashes with severe sweating and mood changes. Her cardiologist prescribed her Estradiol Valerate 4mg + Prasterone Enantate 200mg Oily Solution for slow I.M Injection every month.

She took the injection for 1 year – which is a very long treatment duration (medication error). The patient noticed monthly irregular uterine bleeding then the bleeding frequency increased to weekly. She visited her gynecologist who told her to stop Estradiol Valerate 4mg + Prasterone Enantate 200mg combination immediately and asked her to take an endometrial biopsy. Her endometrial biopsy result was endometrial adenomatous hyperplasia.

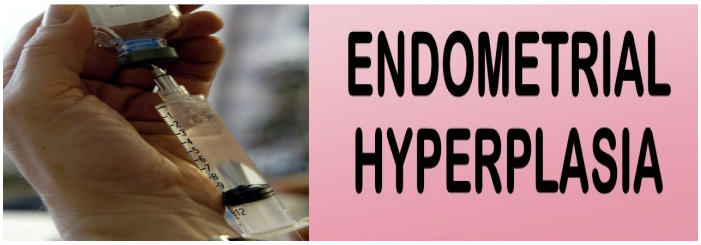
The reporter mentioned that she is a hypertensive patient and her current medications are Indapamide prolonged-release film-coated tablet and Metoprolol succinate 50 mg Prolonged release tablets

The patient is still recovering till date of report.

Background:

Medication error: a failure in the treatment process that leads to or has the potential to lead to a harm to the patient, The 'treatment process' involves all medications.

Estradiol valerate/prasterone enanthate: is an injectable combination medication of estradiol valerate (EV), an estrogen, and prasterone enanthate , an androgen, estrogen, and neurosteroid, which is used in menopausal hormone therapy for women.



It is provided in the form of 1mL ampoules containing 4 mg estradiol valerate and 200 mg prasterone enanthate in an oil solution and is administered by intramuscular injection once every 4 to 6 weeks. reportedly has a duration of about 21 days.

Labeled information:

- According to SPC section "Therapeutic indications":

  Typical deficiency symptoms of the female climacteric or following oophorectomy or radiological castration for non-carcinomatous diseases (e.g., hot flushes, outbreaks of sweat, sleep disturbances, depressive moods, irritability, headache, dizziness). Furthermore, it has a favorable influence on the irritable bladder, a frequent occurrence in the climacteric, signs of cutaneous and mucosal involution (particularly in the genital region) which normally occur with advancing age, and on osteoporotic complaints.
- According to SPC section "Dosage":

  As a precaution, control examinations should be conducted at intervals of about 6 months.
- According to SPC section "Warning & Precautions ":

  There is a risk of endometrial hyperplasia under the administration of estrogens alone. This risk should be avoided, preferably by the additional administration of a progestogen.

Case Report from Cairo: Estradiol Valerate + Prasterone Enantate Oily Solution for Slow I.M Injection - Uterine Bleeding and Endometrial Adenomatous Hyperplasia Associated with the Misuse Continued

Recommendations for Healthcare Professionals:

1. Before starting the use of this combination, a general medical and gynecological examination (including the breasts) should be carried out.
2. Control examinations should be conducted at intervals of about 6 months
3. The correct dose of this 1 ml Depot combination by I.M. route is every 4 weeks.
4. If the relief of symptoms is sustained after 4 weeks, the intervals between injections can be increased correspondingly.
5. As with all estrogen-containing preparations for the treatment of climacteric symptoms, treatment should be discontinued from time to time (approximately every 6 months) in order to verify the persistence of complaints requiring treatment.
6. If uterine bleeding occurs the patient must consult a doctor in order to clarify the cause.
7. There is a risk of endometrial hyperplasia under the administration of estrogens alone. This risk should be avoided preferably by the additional administration of a progestogen. The resultant transformation of the endometrium generally leads to shedding of the mucous membrane and withdrawal bleeding (as happens in normal menstruation).
8. The patient should inform her doctor if she suffers from any of the following disorders: diabetes, high blood pressure, otosclerosis, multiple sclerosis, epilepsy, porphyria, tetany, chorea minor. In all these cases, strict medical supervision is necessary. Insulin and antidiabetic requirements may change.
9. In rare cases benign and in even rarer cases malignant liver tumors, leading in isolated cases to life threatening intraabdominal hemorrhage have been observed after the use of hormonal substances such as those contained in this combination. The doctor must therefore be informed of the occurrence of unusual upper abdominal complaints which do not disappear spontaneously within a short time as it may be necessary to stop the medication.

Disclaimer: The method of case handling depends on the evaluation of the treating physician according to individual patient's need.

References:

1. *COFM (Click here)*
2. *Wikimed (Click here)*

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Together for Safe Medicine Initiative Progress

We are pleased to announce that EDA initiative "Together for Safe Medicine", Shared in the international celebration of world patient safety day on 17 September 2022 where 103 activities as posters, flyers, and posts on social media had been Created by shared pharmacists in all 1st, 2nd, and 3rd waves concerning practicing pharmacovigilance science, Spreading the concept of reporting Adverse Drug reactions between public, health care professionals, and the safety of patients.




Egyptian Pharmaceutical Vigilance Center (EPVC) Decentralization Trainings for Raising Reporting Awareness

The Egyptian Pharmaceutical Vigilance Center (EPVC) is delighted to continue the decentralization training in coordination with Leprosy Preventive Administration in the Ministry of Health.

The Training targeting the pharmacists working in the coordinating preventive administration to learn how to report using the national database reporting system as an expansion for the pharmacovigilance effort, improve the reporting system and provide an access for the institution on a strong database.

The Training was given during September 2022, by Cairo and Alexandria Regional centers as online lectures over two days then continued online training on the National database.

EPVC Tips On Pharmacovigilance

Role of Pharmacovigilance in COVID-19 Pandemic

Pharmacovigilance teams across the whole world have a paramount task – collecting and analyzing data, both from clinical trials and from the Post-Marketing settings, in order to monitor the safety of vaccines and drugs used against COVID-19.

We are there to make sure that risks caused by the drug once it goes into the "real world" are

- Identified
- Communicated to all involved stakeholders
- Properly managed

The Egyptian Pharmaceutical Vigilance center
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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

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