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جامعة مصر الدولية

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FDA Issues New Warning for Harvoni® and Sovaldi®

No reported incidence in Egypt, but submitted postmarketing reports from other countries showed life-threatening symptomatic bradycardia.

The U.S. Food and Drug Administration (FDA) is warning that potential cardiac adverse effects can occur when antiarrhythmic drug 'amiodarone' is used with hepatitis C treatments containing sofosbuvir (Harvoni® or Sovaldi®) in combination with another Direct Acting Antiviral (DAA) drug.

There has not been any reported incidence in Egypt, but the submitted postmarketing reports from other countries found that patients can develop life-threatening symptomatic bradycardia when Harvoni® (ledipasvir/sofosbuvir) or Sovaldi® (sofosbuvir) combined with another DAA, such as the investigational drug daclatasvir or simeprevir, is taken together with antiarrhythmic drug as amiodarone.

These reports included the death of one patient due to cardiac arrest, and the placement of a pacemaker to three patients to regulate their heart rhythms. Another five patients recovered after discontinuing either antiviral drugs and/or amiodarone.

The mechanism for this interaction is unknown. But, information about this serious risk has been added to the labels of Harvoni® and Sovaldi®.

Patients taking amiodarone with no other alternative options and will be co-administered sofosbuvir in combination with another DAA, must be counseled about the risk of serious symptomatic bradycardia. Also, cardiac monitoring in an in-patient setting for the first 48 hours of co administration is recommended. In addition to that, self-monitoring of heart rate should be done on a daily basis during at least the first 2 weeks of treatment.

Nevertheless, because amiodarone has "long half-life," patients just gone off of amiodarone ahead of starting sofosbuvir along with a DAA should also be monitored.

It is to be mentioned that similar cases of symptomatic bradycardia have not been reported in patients receiving Sovaldi® with ribavirin, or with pegylated interferon and ribavirin.

References:

1- Fda.gov
2- Fiercepharma.com

Domperidone: New Restrictions for Use in Egypt

According to the recommendations and reports of the Medicines and Healthcare Products Regulatory Agency (MHRA) published in April 2014, Pharmacovigilance Risk Assessment Committee (PRAC) published in March 2014 and Domperidone Egyptian decree issued on 25 November 2014, domperidone has new restrictions concerning its use, dose and duration to try to avoid serious adverse effects.

The recommended dose of domperidone is now lowered from 20mg to 10mg, to be taken three times daily by mouth for adults and adolescents who weight 35 kg or more. On the other hand, a dose of 0.25mg per kg bodyweight up to 3 times daily is licensed for children and adolescents who weighs less than 35 kg, by mouth according to PRAC. Moreover, it is recommended to be used at the lowest effective dose for the shortest possible duration, where one week is the maximum treatment duration that should not be exceeded.

Domperidone- containing products are restricted to be used in the management of nausea and vomiting and no longer authorized to treat other symptoms such as fullness, bloating or heartburn.

Domperidone has new restrictions for its use.

A withdrawal from the Egyptian market is applied on oral solid dosage forms containing domperidone in a concentration higher than 10mg and previously registered suppositories containing domperidone in a concentration of 10mg and 60mg according to the Egyptian decree.

Domperidone is now contraindicated in people whose cardiac conduction is impaired, and patients with cardiac diseases such as congestive heart failure, severe hepatic impairment or receiving other medications known to prolong QT interval or potent CYP3A4 inhibitors.

References:

1- Midlandsmedicines.nhs.uk
2- EPVC Newsletter (issue 8)
3- Gov.uk/drug-safety-update
4-Domperidone Egyptian decree

"Domperidone is no longer authorized to treat symptoms other than nausea and vomiting."

New Recommendations to Manage Risks of IV Iron

New recommendations have been published by the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) concerning the current procedure for managing potential allergic reactions associated with the use of intravenous iron supplements.

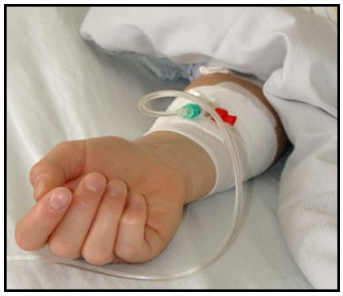
Intravenous iron is indicated to treat certain cases of iron deficiency and iron deficiency anemia. The underlying causes include blood loss, diet lacking iron and pregnancy. Intravenous iron supplements are only used when oral route is not available, where all intravenous iron supplements hold a risk of life threatening allergic reactions.

The Agency considered that the current procedure of giving the patient a small test dose before the complete dose is not a reliable method to detect possible allergic reactions. As a result, a test dose is no longer rec-

ommended. However, caution should be taken with each dose even if the previous doses have been well tolerated by the patient.

CHMP stressed that iron supplements should not be used during pregnancy unless clearly necessary. Intravenous administration of iron should only be confined to the second and third trimesters.

The Committee concluded that the benefits of the use of this medication outweigh the risks as long as the measures are taken to manage the allergic reactions that can be triggered by the intravenous iron administration. Iron preparations should only be given in an environment where resuscitation facilities are widely available, so that any developed allergic reaction could be managed immediately.



All IV Iron hold a risk of life threatening allergy.

References:

1– Ema.europa.eu

2– Clevelandclinic.org

CHMP: "Iron supplements should not be used during pregnancy unless clearly necessary."

Avycaz® is the fifth approved antibiotic designated as a (QIDP).

Edward Cox: "The FDA is committed to making therapies available to treat patients with unmet medical need."

Avycaz® Gains FDA Approval for Complicated Abdominal and Urinary Tract Infections

In February 2015, the Food and Drug Administration approved Avycaz®, a new antibiotic, for treatment of complicated intra-abdominal infections (cIAI), in combination with metronidazole, and complicated urinary tract infections (cUTI), including pyelonephritis.

Avycaz® consists of ceftazidime, a previously approved cephalosporin, and avibactam, to aid in extension of bacterial resistance.

Avycaz® is marketed as an intravenous infusion solution. The recommended dosage is 2.5 grams administered every 8 hours by intravenous infusion over 2 hours.

"The FDA is committed to making therapies available to treat patients with unmet medical need," said Edward Cox, M.D., M.P.H, Director of the Office of Antimicrobial Products in the FDA's Center for Drug Evaluation and Research. "It is important that the use of Avycaz® be reserved to situations when there are limited or no alternative antibacterial drugs for treating a patient's infection."

Avycaz® is the fifth approved antibiotic designated as a Qualified Infectious Disease Product (QIDP). This designation is given to antibacterial products to treat life-threatening infections under the Generating Antibiotic Incentives Now (GAIN) title of the FDA Safety and Innovation Act.

References:

1– Drugs.com

2– Centerwatch.com

FDA Approves Unituxin® for Treatment of High-Risk Neuroblastoma

In March 2015, the Food and Drug Administration (FDA) approved Unituxin® (dinutuximab), a chimeric monoclonal antibody, for treatment of pediatrics with high-risk neuroblastoma.

Neuroblastoma is a cancer developed from immature nerve cells in the body. It commonly arises at the adrenal glands, which resembles the origins of nerve cells and sits atop the kidneys. Neuroblastoma can still develop in other areas of the abdomen and chest, neck and near the spine. Neuroblastoma commonly can affect pediatrics aged five or less, and it may rarely occur in older children.

Dinutuximab binds to the glycolipid GD2, then induces cell lysis of GD2- expressing cells through antibody-dependent cell-mediated cytotoxicity (ADCC) and complement-dependent cytotoxicity (CDC).

Unituxin® is available as a solution for intravenous infusion. The recommended dose of Unituxin® is 17.5 mg/m^2 /day administered as an intravenous infusion over 10 to 20 hours for 4 consecutive days for a maximum of 5 cycles.

Unituxin® should be initiated at an infusion rate of 0.875 mg/m^2 /hour for 30 minutes. The infusion rate can be gradually increased as tolerated to a maximum rate of 1.75 mg/m^2 /hour.

References:

1-Myoclinic.org
2– CenterWatch.com

"Neuroblastoma is developed from immature nerve cells and commonly affect pediatrics aged five or less"

Unituxin® has been approved to treat children with high-risk neuroblastoma.

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