JULY 2014, No. 18

Reaksi

DRUG SAFETY NEWS

Mission: This publication provides information and recommendations to healthcare professionals to enhance communication of drug safety updates, raise awareness of adverse drug reactions reported, and stimulate additional adverse drug reaction reporting.

This is a bimonthly publication by the Drug Safety Monitoring Centre, National Pharmaceutical Control Bureau (NPCB), Malaysia.

In This Issue:

TO REPORT AN ADVERSE DRUG REACTION

Online

1. Visit www.bpfk.gov.my.
2. Click on ADR Reporting and Product Complaints.
3. Click to report as a healthcare professional online or via hardcopy.
4. Submit the form once completed.

Mail

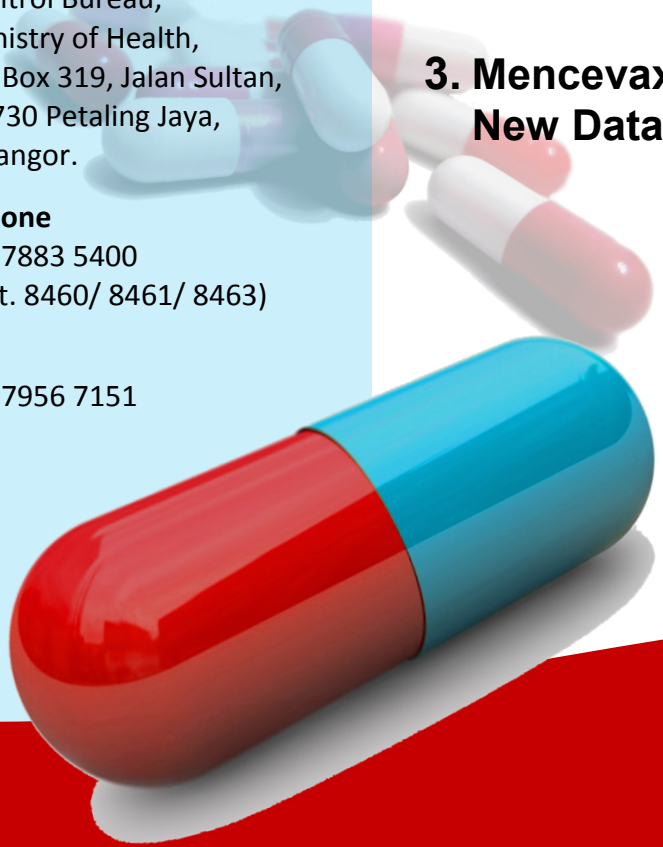
1. Print out and complete the ADR form available from our website.
2. Mail or fax to:
   The Drug Safety Monitoring Centre, Centre for Post Registration of Products, National Pharmaceutical Control Bureau, Ministry of Health, PO Box 319, Jalan Sultan, 46730 Petaling Jaya, Selangor.

Telephone

03-7883 5400
(ext. 8460/ 8461/ 8463)

Fax

03-7956 7151



Risperidone and Paliperidone: Risk of Intraoperative Floppy Iris Syndrome (IFIS)

Background

The atypical antipsychotics, risperidone and paliperidone, have been associated with an increased risk of intraoperative floppy iris syndrome (IFIS) in patients undergoing cataract surgery.

IFIS is an intraoperative complication of cataract surgery first reported in 2005 in relation to the use of tamsulosin. Other drugs that have been linked to IFIS include alfuzosin, doxazosin and labetolol. Inhibition of α_1-adrenergic receptors in the iris dilator muscle causes relaxation of this muscle, leading to a floppy iris and miosis. IFIS may increase the risk of **complications** during and after surgery. Diagnosis involves the combined presence of **three clinical signs,** as listed below:

a) billowing of flaccid iris stroma during normal irrigation and aspiration
b) progressive pupil constriction during the surgery
c) tendency for the iris to prolapse towards the phaco and side port incisions during surgery

Local scenario

Risperidone was first registered in Malaysia in 1996, and paliperidone in 2008. Both are approved for the treatment of schizophrenia *(please refer to the product inserts for full prescribing information)*. Currently, there are 36 approved products containing risperidone and 9 containing paliperidone locally. A circular has been issued by NPCB for all the package inserts to be updated with this safety information.

Adverse Drug Reaction Reports

The NPCB Drug Safety Monitoring Centre has received **391 reports** related to **risperidone** of which none reported IFIS specifically or any ADR occurring during cataract surgery. There were eight (8) reports involving vision disorders, namely vision blurred (5), scleral discolouration, mydriasis and eye discharge. The **most frequently** reported adverse events were tremor (32), extrapyramidal disorder (31), and akathisia (26).

There were **81 reports** related to **paliperidone**, none involving IFIS or ADRs related to cataract surgery. One report of blurred vision was received. The **most frequently** reported adverse events were extrapyramidal disorder, medicine ineffective, marked restlessness, and schizophrenia aggravated (6 events each).

Advice for Healthcare Professionals

- Patients must be asked about **current or prior use** of risperidone- or paliperidone-containing products when taking a medication history before cataract surgery.
- In patients with such medication history, the surgery should be approached with **caution**.
- All ADRs suspected to be related to risperidone or paliperidone should be reported to the NPCB.

Temozolomide: Risk of Hepatotoxicity

Background

Post-marketing reports of liver toxicity, including fatal hepatic failure, have been noted in patients treated with temozolomide. A **worldwide review** identified 44 cases of hepatic injury, including 19 fatalities, between January 1994 to March 2013. The time to onset of liver toxicity was up to 112 days following initiation of temozolomide treatment. The first sign of hepatotoxicity was usually raised liver enzymes, followed by cholestasis.

Local scenario

Temozolomide is an alkylating agent approved in Malaysia since 2003 for the treatment of:

1) newly diagnosed glioblastoma multiforme concomitantly with radiotherapy then as adjuvant treatment;
2) malignant glioma (such as glioblastoma multiforme or anaplastic astrocytoma) showing recurrence or progression after standard therapy.

There are currently nine (9) registered products containing temozolomide, under the brand names Temodal® and Temozam®. Temozolomide 20mg and 100mg capsules are listed in the Ministry of Health Drug Formulary under **category A*** (to be prescribed by consultants for specific indications only), for patients with glioblastoma multiforme who fulfill all the following criteria: total/near total resection, ECOG/WHO performance status 0-2, and aged less than 60 years.

Adverse Drug Reaction Reports

Since it was first registered, the NPCB Drug Safety Monitoring Centre has received **4 ADR reports** comprising **6 adverse events** related to temozolomide. There were no reports involving liver disorders. The adverse events reported were allergic reaction, confusion, convulsion, headache, leucopenia and nausea. All the reports were given the **causality C3** (possibly-related to the drug).

Advice for Healthcare Professionals

- There is a risk of liver injury, including fatal hepatic failure, in patients receiving temozolomide.
- Hepatotoxicity may develop several weeks or more after treatment is started or discontinued.
- **Liver function tests** (LFTs) should be performed:
  - ► before initiating treatment (baseline)
  - ► after each treatment cycle
  - ► midway during the treatment cycle (for patients on a 42-day cycle)
- For patients with significant liver function problems, the **benefits and risks** of continuing treatment should be carefully weighed.
- Please **report** all suspected adverse drug reactions related to temozolomide to the Drug Safety Monitoring Centre, NPCB.

Mencevax ACWY® Vaccine: New Data on Antibody Persistence

Background

Mencevax ACWY® is a **quadrivalent polysaccharide meningococcal vaccine** (serogroups A, C, W-135 and Y). It is indicated for active immunisation against meningococcal disease, especially for those at **high risk**, including travellers to endemic areas, asplenic patients, those living in closed communities and close contacts of patients with the disease.

A Direct Healthcare Professional Communication (DHPC) was issued recently regarding new data that suggest immunity offered by Mencevax ACWY® may **not persist for up to 3 years**, as previously stated in the product insert.

New data on antibody persistence showed that immunity to serogroups W-135 and Y in individuals aged 11-55 years decreased to 24% and 44% respectively **two years** after vaccination. There was also waning of serum bactericidal antibody titre against serogroup A **one year** post-vaccination.

Local scenario

Mencevax ACWY® has been registered in Malaysia since 2008. It is normally used for **short-term protection** and is offered by the Ministry of Health for vaccination of pilgrims travelling to Mecca. The meningococcal A,C,Y,W-135 vaccine is listed in the Ministry of Health Drug Formulary under **category B** (may be prescribed by medical officers and specialists).

Advice for Healthcare Professionals

- Individuals remaining at high risk of exposure to meningococcal serogroups A, W-135 and Y should be **considered for revaccination** according to local recommendations.
- Use of **conjugate vaccines** is recommended for revaccination within two years of previous Mencevax ACWY® dose.
- Please **report** all suspected adverse drug reactions related to meningococcal vaccines to the NPCB.