#### 2017 Key Messages



■ METHYLPREDNISOLONE (INJECTABLE) CONTAINING COW'S MILK DERIVED LACTOSE AS EXCIPIENT: In patients who are allergic to cow's milk proteins, it can originate symptoms that can be mistaken for worsening of the **hypersensitivity** condition for which it is being used. If, during treatment of an acute allergic condition with these injectables, symptoms worsen or new allergic manifestations appear, the methylprednisolone injectable should be discontinued and adequate treatment given.

**Bulletin 9-2017** 

#### RISK OF INFECTION

■ DAAV (direct acting antivirals): Due to risk of reactivation, testing for hepatitis B virus is recommended at the start of treatment for hepatitis C.

**Bulletin 1-2017** 

■ BRENTUXIMAB VEDOTIN: Potentially serious infections can occur while on this monoclonal antibody, including cytomegalovirus reactivation.

**Bulletin 7-2017** 

■ TEMOZOLAMIDE (TMZ): Though uncommonly, serious cases of herpetic meningoencephalitis can supervene in patients on this alkylating agent.

**Bulletin 7-2017** 

■ METHYLPHENIDATE can be associated with the occurrence of priapism.

**Bulletin 2-2017** 

■ LOPERAMIDE: QT interval prolongation, torsades de pointes, other serious ventricular arrhythmias and cardiac arrest can occur with excessive doses (abuse or misuse) of this medicine.

**Bulletin 5-2017** 

#### **PREGNANCY**

■ FLUCONAZOLE: On account of a possible increase in the risk of abortion and stillbirths, the use of this antifungal agent should be reserved for exceptional situations.

**Bulletin 4-2017** 

- VANCOMYCIN: New recommendations for use in the treatment of serious infections caused by Gram-positive bacteria. **Bulletin 11-2017**
- MACROLIDES and ACETAZOLAMIDE: They may be associated with acute generalized exanthematic pustulosis. **Bulletin 12-2017**
- **VITAMIN K ANTAGONISTS:** Calciphylaxis can occur not only with warfarin, but also with other coumadin anticoagulants. **Bulletin 3-2017**

#### **INTERACTIONS**

■ FLUCLOXACILLIN AND HIGH DOSES OF PARACETAMOL: Especially in patients with serious renal impairment, malnutrition or sepsis, this therapeutic combination may very rarely be associated with the occurrence of high anion gap metabolic acidosis (HAGMA).

**Bulletin 12-2017** 

■ GABAPENTIN AND CENTRAL NERVOUS SYSTEM DEPRESSORS, SUCH AS OPIOIDS: Respiratory depression can rarely occur, especially in patients with respiratory, neurological or renal compromise and/or elderly.

**Bulletin 10-2017** 

■ LEFLUNOMIDE / TERIFLUNOMIDE: Can cause falsely decreased ionized calcium levels. In case of doubt, total albumin levels should be determined.

**Bulletin 8-2017** 

#### **INDEX CARD**

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Alerts and News at the Infarmed website













## **Ulipristal (Esmya®)** cases of serious liver injury





#### **Quick Read**

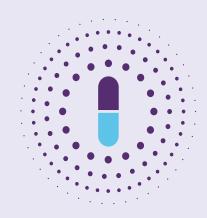
Due to a risk of serious liver injury, and pending the results of a risk-benefit assessment by the European Medicines Agency, a set of temporary risk minimization measures has been designed (highlighted below).

Ulipristal acetate acts directly in the endometrium as a synthetic selective progesterone receptor modulator. It has a partial antagonistic effect on tissue-specific progesterone. It is indicated in pre-operative and intermittent treatment of moderate to serious symptoms from uterine myomas in adult women of childbearing age. Ulipristal reduces the size of myomas by inhibiting cell proliferation and inducing apoptosis.

The European Medicines Agency (EMA) is undertaking a safety review of Esmya® following reports of serious liver injury, including cases of acute liver failure requiring a transplant. As soon as this review is concluded the final results will be disseminated and the recommendations for use updated. Meanwhile, to better protect patients and pending the results of the assessment, the following temporary measures have been agreed upon:

- Treatment with Esmya® should not be started in new patients or in patients who have concluded a treatment cycle.
- In patients on Esmya®, liver function should be monitored at least monthly and 2-4 weeks after treatment discontinuation.
- Should a patient develop signs or symptoms suggestive of hepatic injury, her condition should be immediately assessed and liver function tests undertaken. Patients on Esmya® who present with transaminase levels > 2 times the upper limit of normal should have their treatment discontinued and be closely followed (for nausea, vomiting, right hypochondrium pain, anorexia, lethargy, jaundice, etc.).

Sílvia Duarte



## Portal RAM

Notificação de Reações Adversas a Medicamentos

Report an adverse drug reaction <u>here</u>.

Find answers to your questions about the ADR Portal <u>here</u>.

# Educational Materials published in the Infomed product information webpage Click on the links.



INN Madicinal product	Target	Materials
Medicinal product		Online publication date
<b>Adalimumab</b> Humira	Patients and/or caregivers	Administration guide (pen) (to be handed out by the healthcare professional)
		23-01-2018
Adrenaline Epipen	<b>Physicians:</b> pneumologist, paediatrician, and allergy specialist prescribers.	Checklist
	Patients and/or caregivers	Educational brochure (to be handed out by the prescribing physician) 30-01-2018
Aflibercept	Physicians: experienced in	Safety information
Eylea	intravitreal injection and who prescribe and administer <i>Eylea</i> .	03-01-2018
<b>Avelumab</b> Bavencio	<b>Physicians:</b> oncology department directors and oncologists or groups of oncologists designated by oncology department directors.	Frequently asked questions
	Patients	Information brochure
		Alert card (to be handed out by the healthcare professional) 23/01/2018
<b>Daptomycin</b> Cubicin	<b>Physicians:</b> internal medicine, intensive care, surgery, infectious diseases, paediatrics, cardiology and dermatology specialists.	Posology guide 04-01-2018
Elvitegravir + Cobicistate + Emtricitabine + Tenofovir Stribild	<b>Physicians:</b> infectious diseases specialists, internists and paediatricians who follow HIV-infected patients, and hospital paediatrics department directors.	Recommendations on kidney and bone risk management 30-01-2018
<b>Golimumab</b> Simponi	<b>Physicians:</b> rheumatologists, gastroenterologists and internists.	Safety information for prescribers
		30-01-2018
Infliximab Remicade	<b>Physicians:</b> in neonatology and obstetrics departments.	Safety information
	<b>Physicians:</b> potential prescribers (rheumatology, gastroenterology and paediatric gastroenterology), neonatology and obstetrics departments.	Safety information
		Stickers: for the Pregnancy Booklet and for the Baby's Vaccine Record Booklet
		30-01-2018
<b>Nivolumab</b> Opdivo	<b>Physicians:</b> pneumologists, dermatologists, urologists, haematologists, oncologists and internists.	Adverse immune reaction control guide
	Patients	Alert card (to be handed out by the doctor or by the hospital pharmacy)
		03/01/2018

### **Communications to Healthcare Professionals** published on the Infarmed webpage



Click on the links.

INN Medicinal product	Target	Comunication Online publication date
Gadolinium-containing contrast agents: Gadobenic acid Multihance Gadopentetic acid Magnevist Gadoteric acid Dotarem Gadoxetic acid Primovist Gadobutrol Gadovist Gadodiamide Omniscan Other (not available in Portugal)	Pharmacists: in charge of pharmaceutical services in hospitals with a radiology department.  Physicians: imaging specialists.  Other: Portuguese Radiology and Nuclear Medicine Society, General Medical Association, professionals in charge of procurement for hospitals or other centres with a radiology department.	Updated recommendations following analysis on gadolinium retention in the brain and other tissues 15-01-2018
Products containing Mycophenolate Mofetil	<b>Pharmacists:</b> pharmaceutical service directors in all hospitals.	Contraception recommendations changed

## or Mycophenolic acid:

Ácido Micofenólico Accord Ácido Micofenólico Teva CellCept Micofenolato de Mofetil Accord Micofenolato de Mofetil Aristo Micofenolato de Mofetil Aurovitas Micofenolato de Mofetil Generis Myfenax Myfortic Mycophenolate Mofetil Teva

**Physicians:** nephrology, urology, gastroenterology, cardiology, surgery, cardiothoracic surgery, general surgery, haematology, rheumatology, internal medicine, pneumology, neurology and GYN/OBS department and clinical directors in all hermitals. directors, in all hospitals.

22-01-2018

Compiled by José Sequeira

Wh	at do they mean?
ADR	Adverse Drug Reaction
EMA	European Medicines Agency
MA	Marketing Authorization
PIL	Patient Information Leaflet
PRAC	: Pharmacovigilance Risk Assessment Committee (EMA)
SmPG	Summary of Product Characteristics