

## Biologicals



### Quick Read

The trademark name and the batch used, among other data, are indispensable for the analysis of cases of suspected adverse reactions to biological medicinal products.

*Biologicals are medicinal products whose active substance is produced or extracted from a biological source. They include **blood and plasma-derived products, biotechnological medicines, vaccines** and advanced therapy medicines (**genetic therapy, therapy with somatic cells and tissue engineering**).*

The quality profile of biologicals is dynamic and varies according to manufacturing process. It is therefore essential to ensure their **traceability** at every level of production, namely through their **trademark name and batch number**.

A search undertaken on the [Portal RAM](#), encompassing the period from January 2018 to March 2019 has shown that 35% of reports (611 of a total of 1,757) of adverse reactions to biologicals did not include a trademark name or a batch number. Some reports did contain the batch number in the narrative, though not in the corresponding structured field, which suggests some lack of knowledge on how to adequately fill out an ADR report form. In a significant number of reports the data initially provided was not satisfactory and no evidence of follow-up was found.

In order to minimize this problem, Infarmed has published an Information Circular: [Reporting ADRs to Biological Medicinal Products – Information on Trademark Name and Batch Number](#). Marketing Authorization Holders (MAHs) have also been approached on this issue. MAHs have identified the following as the main reasons for data insufficiency:

- batch number cannot be retrieved because healthcare professional or consumer has discarded the package;
- primary reporting person cannot be contacted for follow-up and for obtaining any missing data;
- in the case of literature reports this type of data is missing and cannot be retrieved.

It is important to keep in mind:

- Reporting health professionals: trademark name and batch number are essential for adequate assessment of ADRs associated with biological medicinal products.
- MAHs: whenever important case data is missing, a request for additional information from the primary reporting source should be ensured.

Beatriz Tanoeiro and Maria João Jesus

## INDEX CARD

Director: Fátima Canedo

Editor: Rui Pombal

Contributors: Ana Severiano, Ana Sofia Martins, Cristina Mousinho, Elsa de Fátima Costa, Fátima Bragança, Fátima Hergy, Fernanda Marques, Magda Pedro, Márcia Silva, Miguel Antunes, Sílvia Duarte

Publishing Assistant: Inocência Pinto

Advisory Board: Conselho Diretivo do INFARMED, I.P.  
INFARMED – Autoridade Nacional do Medicamento e Produtos de Saúde, I.P.  
Parque de Saúde de Lisboa, Av. do Brasil, N.º 53, 1749-004 Lisboa

Phone: +351 217 987 100

E-mail: [farmacovigilancia@infarmed.pt](mailto:farmacovigilancia@infarmed.pt)

Design and production: Letras & Sinais, Comunicação e Imagem, Lda.

ISSN: 0873-7118

Alerts and News at the Infarmed website



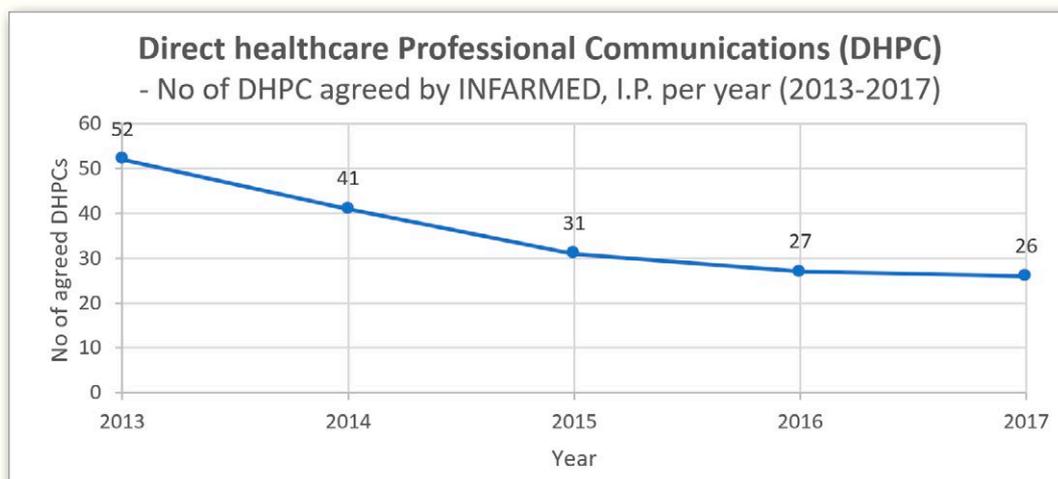
For news and publications,  
just use thirty seconds of your time  
and register [here!](#)

## Educational Materials and Direct Healthcare Professional Communications: a review

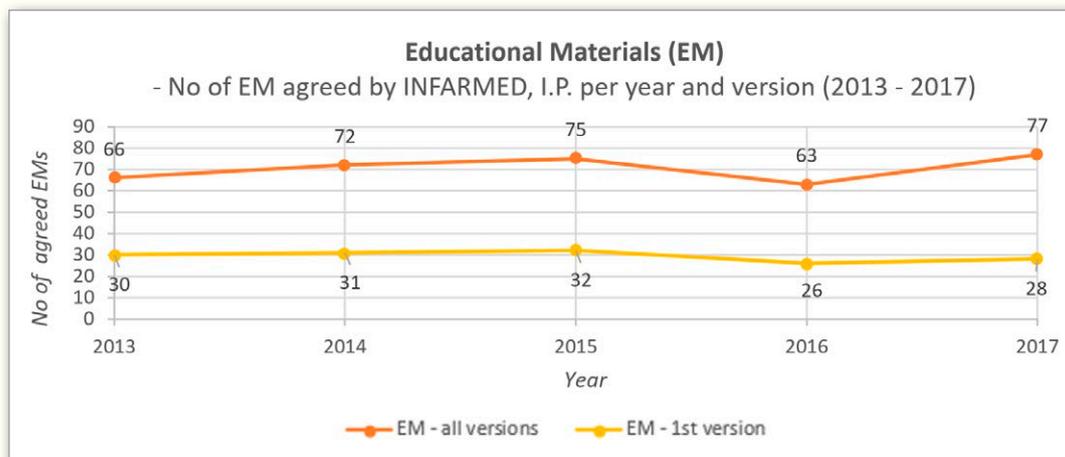


**Risk minimization measures (RMMs)** are necessary for safe and effective use of medicines. Every medicinal product has routine RMMs associated, such as the Summary of the Product's Characteristics (SPC), the Patient Information Leaflet (PL), package labelling, the size or number of product units per package, etc. Exceptionally however, routine RMMs need to be complemented by **additional risk minimization measures (aRMMs)**, of which **Educational Materials (EMs)** and Direct Healthcare Professional Communications (DHPCs) are two major examples. In Portugal, Marketing Authorization Holders are responsible for implementing aRMMs, once agreement is obtained from Infarmed.

The EMs and DHPCs agreed with Infarmed **between 2013 and 2017** were reviewed\*. As the timeline graph below shows, a total of 177 DHPCs were validated in that period. Most (37%) involved **antineoplastic agents and immunomodulators**, followed by anti-infectious agents (10%) and hormones and medicines used in the treatment of endocrinological conditions (9%).



In the same period, 353 EMs were agreed upon (timeline graph below). Of these, 42% were first versions, i.e., new EMs. The remainder were updates of pre-existing EMs produced on account of developments in the knowledge of the safety profile of the corresponding medicines. **Antineoplastic and immunomodulator agents** were again the medicinal product classes most frequently involved (36%). Medicines for **central nervous system and blood** conditions came next (14% and 11%, respectively).



In the five years studied different trends were observed regarding submission of EMs and DHPCs to Infarmed. Whereas DHPCs decreased, EMs remained constant with over half of all submissions pertaining to updates of previously approved versions.

*Sílvia Duarte, Ana Isabel Severiano, Márcia Silva, Ana Sofia Martins, Magda Pedro, Maria Fernanda Marques*

\* Poster presented at the "Innovation in Pharmacovigilance" symposium, Infarmed, Lisbon, 10-12-2018.

# Educational Materials published in the Infomed product information webpage

Click on the links.



INN Medicinal product	Target	Communication Online publication date
<b>Adalimumab</b> Humira	<b>Patients</b>	<a href="#">Safety card</a>
	<b>Paediatric patients / caregivers</b>	<a href="#">Safety card</a> 1-03-2019
<b>Adalimumab</b> Hyrimoz	<b>Physicians:</b> rheumatology, dermatology, internal medicine, gastroenterology, ophthalmology, paediatrics	<a href="#">Guide</a>
	<b>Patients</b>	<a href="#">Safety card</a> 28-03-2019
<b>Agomelatine</b> Agomelatina TAD	<b>Physicians:</b> psychiatrics, neurology, internal medicine, general/family medicine	<a href="#">Guide</a>
	<b>Patients</b>	<a href="#">Guide</a> 12-03-2019
<b>Axicabtagene ciloleucel</b> Yescarta	<b>Healthcare professionals:</b> in multidisciplinary teams in qualified centres in charge of managing patients under treatment with this medicinal product	<a href="#">Handling and administration guide</a>
	<b>Patients</b>	<a href="#">Serious adverse neurological reaction and cytokine release syndrome management guide</a> <a href="#">Alert card</a> 14-03-2019
<b>Blinatumomab</b> Blincyto	<b>Physicians:</b> haematology and paediatrics prescribers at centres treating ALL	<a href="#">Educational brochure</a>
	<b>Nurses:</b> haematology departments in hospitals treating ALL, including paediatric hospitals	<a href="#">Educational brochure</a>
	<b>Pharmacists:</b> in hospitals treating ALL, including paediatric hospitals	<a href="#">Educational brochure</a>
	<b>Patients and caregivers</b>	<a href="#">Educational brochure</a>
	<b>Patients</b>	<a href="#">Alert card</a> 28-03-2019
<b>Daptomycin</b> Cubicin	<b>Physicians:</b> internal medicine, intensive care, surgery, infectious diseases, paediatrics, cardiology and dermatology – at hospitals where this medicinal product is used	<a href="#">Posology guide</a>
	<b>Healthcare professionals:</b> in clinical labs at hospitals where this medicinal product is used	<a href="#">Determining sensitivity to Cubicin (daptomycin)</a>
<b>Eculizumab</b> Soliris	<b>Physicians:</b> haematology	<a href="#">Guide for prescription in Nocturnal Paroxysmic Haemoglobinuria (NPH)</a>
	<b>Physicians:</b> neurology	<a href="#">Guide for prescription in generalized refractory Myasthenia Gravis (gMG)</a>
	<b>Physicians:</b> nephrology	<a href="#">Guide for prescription in Atypical Haemolytic-Uraemic Syndrome (aHUS)</a>
	<b>Patients/Parents/Caregivers</b>	<a href="#">Information brochure – NPH</a> <a href="#">Information brochure – refractory gMG</a> <a href="#">Information brochure aHUS</a> 25-03-2019

# Educational Materials published in the Infomed product information webpage

Click on the links.



INN Medicinal product	Target	Communication Online publication date
<b>Emtricitabine + Tenofovir disoproxil</b> Emtricitabina + Tenofovir disoproxil Krka	<b>Physicians:</b> potential prescribers of this medicinal product as PrEP (in adults), namely specialists in infectious diseases and internal medicine  <b>At-risk adults</b>	<a href="#">Educational brochure – pre-exposure prophylaxis (PrEP)</a>  <a href="#">Checklist</a>  <a href="#">Educational brochure – pre-exposure prophylaxis (PrEP)</a>  <a href="#">Reminder card – pre-exposure prophylaxis (PrEP)</a>  4-03-2019
<b>Infliximab</b> Fliximab	<b>Physicians:</b> rheumatology, dermatology, gastroenterology; paediatrics (gastroenterology)  <b>Pharmacists:</b> pharmaceutical service directors	<a href="#">Safety information guide</a>  18-03-2019
<b>Infliximab</b> Zessly	<b>Physicians:</b> potential prescribers - rheumatology, gastroenterology, dermatology, internal medicine (dealing with autoimmune diseases); paediatrics (gastroenterology)  <b>Pharmacists:</b> pharmaceutical service directors  <b>Nurses:</b> heads of services where this medicine is administered	<a href="#">Important safety information</a>  28-03-2019
<b>Macitentan</b> Opsumit	<b>Physicians:</b> prescribers specialized in the treatment of pulmonary arterial hypertension and who do the hospital follow-up of patients on this medicine  <b>Pharmacists:</b> at pharmaceutical services procuring this medicinal product	<a href="#">Prescription checklist</a>  <a href="#">Brochure for healthcare professionals: important safety information</a>  13-03-2019
<b>Medicinal products containing Hydroxyethylamide (HES)</b> Tetraspan Venofundin Volulyte Voluven Fresenius	<b>Healthcare professionals:</b> who prescribe or administer products containing hydroxyethylamide  <b>Heads of departments:</b> where products containing hydroxyethylamide are used	<a href="#">Brochure</a>  <a href="#">Commitment letter</a>  4-03-2019
<b>Methylphenidate</b> Metilfenidato ratiopharm	<b>Physicians:</b> psychiatrics, paediatrics and neurology	<a href="#">Prescriber guide</a> <a href="#">Pre-prescription checklist</a> <a href="#">In-treatment checklist</a> <a href="#">Therapeutic monitoring table</a>  28-03-2019
<b>Naloxone</b> Nyxoid	<b>Healthcare professionals:</b> integrated response centres, specialist teams and NGOs – co-ordinated by a physician/nurse in charge (Naloxone programme)  <b>Patients</b>	<a href="#">Administration training and support</a>  <a href="#">Information card</a> <a href="#">Video</a>  8-03-2019

## Communications to Healthcare Professionals published on the Infarmed [website](#)

Click on the links.



INN Medicinal product	Target	Communication Online publication date
<b>Belimumab</b> Belysta	<b>Physicians:</b> rheumatology, internal medicine, psychiatrics, nephrology, dermatology; directors of emergency services	<a href="#"><u>Increased risk of serious psychiatric events (depression, suicidal ideation or behaviour, or self-inflicted harm)</u></a>  27-03-2019
<b>Deoxycholic acid</b> Belkya	<b>Physicians:</b> plastic surgery	<a href="#"><u>Risk of necrosis at site of injection</u></a>  14-03-2019
<b>Dexamethasone</b> Ozurdex	<b>Physicians:</b> ophthalmologists specialized in retina	<a href="#"><u>Update on detection of silicone particles, availability of new, quality-issue-free batches and withdrawal of any units still remaining in the market</u></a>  14-03-2019
<b>Elvitegravir + Cobicistat + Emtricitabine + Tenofovir</b> Stribild	<b>Physicians:</b> infectious diseases and internal medicine specialists following up HIV-infected patients; paediatricians following up HIV-infected adolescents; hospital paediatrics and gynaecology/obstetrics department directors	<a href="#"><u>Increased risk of HIV infection treatment failure and mother-child transmission due to lowered levels of exposure to elvitegravir and cobicistat during the second and third trimesters of pregnancy</u></a>
<b>Elvitegravir + Cobicistat + Emtricitabine + Tenofovir alafenamide</b> Genvoya	<b>Nurses:</b> hospital nursing service directors at infectious diseases and internal medicine departments <b>Pharmacists:</b> hospital pharmacy service directors	
<b>Rufinamide</b> Inovelon – suspensão oral	<b>Physicians:</b> paediatrics and neurology <b>Pharmacists</b>	<a href="#"><u>Incorrect figures printed on syringes provided with 40 mg/ml oral suspension vials</u></a>  6-03-2019
<b>Tofacitinib</b> Xeljanz	<b>Physicians:</b> rheumatologists, internists and dermatologists who see rheumatoid arthritis and psoriatic arthritis patients; gastroenterologists	<a href="#"><u>Increased risk of pulmonary embolism and mortality in patients with rheumatoid arthritis on 10 mg bid in a clinical trial</u></a>  6-03-2019

Compiled by Magda Pedro

## What do they mean?



**ADR** Adverse Drug Reaction

**EMA** European Medicines Agency

**MA** Marketing Authorization

**PIL** Patient Information Leaflet

**PRAC** Pharmacovigilance Risk Assessment Committee (EMA)

**SmPC** Summary of Product Characteristics