

WARNING

ORAL CONTRACEPTIVES (OC) CONTAINING DROSPIRENONE AND THE RISK OF VENOUS THROMBOEMBOLISM

The Saudi Food and Drug Authority (SFDA) would like to provide healthcare professionals (HCPs) with an important safety information on the risk of venous thromboembolism (VTE) with the use of oral contraceptive (OC) containing drospirenone such as Yasmin®. Note that Yasmin® is the only registered combined oral contraceptive containing drospirenone in Saudi Arabia. The SFDA along with the Advisory Committee for Pharmacovigilance have reviewed the available evidences concerning this risk and concluded that there is a risk of venous thromboembolism (VTE) among users of combined oral contraceptives (COCs) containing drospirenone especially in patients with history and risk factors of venous thrombosis.

The SFDA would like to notify HCPs that the manufacturer of the product will issue a Dear Health Care Professional Letter (DHCPL) to inform them about this risk, and it also will issue an updated Patient Information Leaflets (PIL) for the product with this risk.

Considerations for healthcare professionals:

Users of any combined oral contraceptive (COC) have more risk of venous thromboembolism (VTE) compared to non users. In addition, the risk of VTE is more with the third generation OCs (e.g. oral contraceptive containing drospirenone, progestogens, desogestrel or gestodene) compared to second generation COCs.

The risk of venous thromboembolism increases with positive family history, increasing age and other risk factors of venous thrombosis.

Discuss the benefits and potential risks with your patients before prescribing drospirenone-containing products.

All patients should be advised to report symptoms of venous or arterial thrombotic/ thromboembolic events such as : unusual pain, redness or swelling in the legs; sudden shortness of breath or difficulty in breathing; sudden coughing for no appearance reason.

WARNING

Increased Risk of Renal failure Associated With The Use of Zoledronic Acid (ACLASTA®)

The Saudi Food and Drug Authority (SFDA) would like to provide healthcare professionals (HCPs) with an important safety information on the risk of renal failure associated with the use of zoledronic acid (Aclasta®). The SFDA along with the Advisory Committee for

Pharmacovigilance have reviewed the available evidences concerning this risk and concluded that there is a risk of renal failure among zoledronic acid (Aclasta®) users especially in patients with history of renal impairment or other risk factors. Risk factors include advanced age, concomitant nephrotoxic medicinal products, concomitant diuretic therapy or dehydration occurring after (Aclasta®) administration.



WARNING

AWARENESS

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The SFDA warns HCPs not to use Aclasta® in patients with creatinine clearance less than 35 mL/min or in patients with evidence of acute renal impairment. In addition, SFDA would like to notify HCPs that the manufacturer of the product will issue a Dear Health Care Professional Letter (DHCPL) to inform them about this risk, and it also will issue an updated Patient Information Leaflets (PIL) for the product with this risk.

Considerations for healthcare professionals

Aclasta® should not be used in patients with Creatinine Clearance <35 mL/min or in patients with evidence of acute renal impairment.

- Aclasta® should be used with caution when concomitantly used with other drugs that could impact renal function.

- Creatinine clearance should be calculated before each administration of Aclasta® followed by periodic monitoring of serum creatinine in patients who are using Aclasta®. Transient increase in serum creatinine may be greater in patients with underlying impaired renal function.

- Patients should be adequately hydrated prior to and following administration of Aclasta®, especially elderly patients and those receiving diuretic therapy.

The risk of acute renal failure may increase with underlying renal diseases and dehydration secondary to fever, sepsis, GI losses...etc.

- A single dose of Aclasta® should not exceed 5 mg and the duration of infusion should be no less than 15 minutes.

WARNING

INCREASED RISK OF BLADDER CANCER ASSOCIATED WITH THE USE OF PIOGLITAZONE

The Saudi Food and Drug Authority (SFDA) would like to provide healthcare professionals (HCPs) with an important safety information of a small increase risk of bladder cancer with using of pioglitazone (marketed as Actos® and Glustin®). This risk was associated with an exposure for more than 24 months or an exposure to higher doses –within therapeutic doses- of pioglitazone.

Evidence from preclinical studies

It has been found that pioglitazone was associated with increased risk of bladder cancer in male rats in pre-marketing trials. However, development of bladder neoplasms were not detected in studies that were carried out in mice.

Evidence from clinical studies

In two studies, there were 16/3,656 (0.44%) cases of bladder cancer in patients taking pioglitazone compared to 5/3,679 (0.14%) in patients taking placebo or glyburide. After excluding patients in whom exposure to study drug was less than one year at the time of diagnosis of bladder cancer, there were six (0.16%) cases on pioglitazone and two (0.05%) cases on placebo.

Evidence from observational studies

Two observational studies were published to investigate the risk of bladder cancer and the use of pioglitazone. The first study was a retrospective

cohort study using the insurance database in France. This study included almost 1.5 million diabetic patients (155,535 exposed to pioglitazone and 1,335,525 not exposed to pioglitazone) aged between 40 to 79 during the study period which was between 2006 to 2009 (four years). There were 175 incident bladder cancer cases in exposed group and 1,841 incident bladder cancer in non-exposed group. Adjusting for age, sex and other anti-diabetic drug, use of pioglitazone was significantly associated with bladder cancer, adjusted HR 1.22 [95% confidence interval "CI", 1.05 to 1.43]. The result of this study should be interpreted with caution as there several limitations in the design and not adjusting for confounding factors.

The other study was an interim report of an ongoing observational study found an insignificant increase in the risk for bladder cancer in subjects ever exposed to pioglitazone, compared to subjects never exposed to pioglitazone (HR 1.2 [95% CI 0.9 – 1.5]). However, longer duration of exposure (>12 months) was associated with a statistically insignificant increase in the risk of bladder cancer (HR 1.4 [95% CI 0.9 – 2.1]), which reached statistical significance after more than 24 months of pioglitazone use (HR 1.4 [95% CI 1.03 – 2.0]). The absolute risk difference was 3 extra cases of cancer per 10,000 treated patients (from approximately 7 in 10,000 [without

pioglitazone] to approximately 10 in 10,000 [with pioglitazone]).

Considerations for healthcare professionals

1. The use of pioglitazone is contraindicated in patients with current or a history of bladder cancer
2. The use of pioglitazone is contraindicated in patients with uninvestigated macroscopic haematuria. Any macroscopic haematuria should be investigated before starting pioglitazone therapy.
3. The lowest possible dose should be used in elderly patients, as they are at a higher risk of bladder cancer.

4. Due to age-related risks (especially bladder cancer, fractures and heart failure), the balance of benefits and risks should be considered carefully both before and during treatment in the elderly.

5. Patients should be advised to promptly seek the attention of their physician if macroscopic haematuria or other symptoms such as dysuria or urinary urgency develop during treatment.

6. Prescribers should review treatment of patients on pioglitazone within three to six months of therapy and thereafter regularly to ensure patients are deriving sufficient metabolic benefit.

AWARENESS

THE ADVANTAGE OF USING EDTA AND CITRIC WITH PIPERACILLIN/TAZOBACTAM COMBINATION PRODUCTS.

The National Drug and Poison Information Center (NDPIC) was asked to comment on the proposal regarding removing EDTA and Citric Acid from the combination product Piperacillin/tazobactam.

SOURCE OF INFORMATION:

The primary sources of information used in this report were standard pharmacy references and the published medical literature that was searched using the U.S. National Library of Medicine's online PubMed database. Searches were conducted using the terms Edetic Acid, piperacillin-tazobactam combination product, Citric Acid.

U.S professional package insert was used, the European Medicines Agency (EMA), Medicines and Healthcare Products Regulatory Agency (MHRA), Therapeutics Goods Administration (TGA) was also used.

CONSIDRATION FOR HEALTHCARE PROFESSIONALS:

The reformulated product provides the capability of simultaneous Y-site coadministration of amikacin (with 0.9% NaCl or 5% dextrose) and gentamicin (with 0.9% NaCl), without compromising either drug's potency, and provides useful options for the administration of Piperacillin/tazobactam, especially for the treatment of nosocomially-acquired pneumonia.

Based on the recent stability data, the expiration dating of reformulated Piperacillin/tazobactam has been extended to 36 months from its previously

reduced dating of 24 months.

U.S. Food and Drug Administration (FDA) and Medicines and Healthcare products Regulatory Agency (MHRA) have approved this formula. In MHRA Drug Safety Update newsletter, some advices were given for healthcare professionals about generic piperacillin/tazobactam must not be mixed or co-administered with and aminoglycoside, and must not be reconstituted or diluted with lactated Ringer's solution.

The addition of EDTA to piperacillin/tazobactam has increased the amount of sodium in the product, which equates to a sodium load of 5.58 mEq (128 mg) per 2.25 g dose of piperacillin/tazobactam and 11.16 mEq (256 mg) sodium per 4.5 g dose of piperacillin/tazobactam.

Reformulated piperacillin/tazobactam complies with USP-NF 30 <788> and European Pharmacopoeia specifications for particulate matter in injections under all clinical use conditions because it is tolerant to variability in pH and metal ion concentrations of commercial solutions used in the clinical setting. The revised specifications lowered the acceptable levels of subvisible particulate matter from 10,000 (particles $\geq 10 \mu\text{M}$ per small volume dose)/1,000 (particles $\geq 25 \mu\text{M}$ per small volume dose) to 6,000 (particles $\geq 10 \mu\text{M}$ per small volume dose)/600 (particles $\geq 25 \mu\text{M}$ per small volume dose).

RECOMMENDATION:

The National Drug and Poison center (NDPIC) recommends not to remove EDTA and Citric Acid from piperacillin/tazobactam combination.

BUCCAL MIDAZOLAM SOLUTION

REQUEST

The Saudi Food and Drug Authority's (SFDA) National Drug and Poison Information Center (NDPIC) were requested by narcotic department to give mini-review report about of buccal midazolam solution.

Midazolam is a benzodiazepine agent similar to Diazepam, which has been act for years as a premedication before operations, dental treatment and anticonvulsant agent. It is short-acting, and it will cause sedation, relaxation, and amnesia. During the last five years especially in Europe, it has also been used orally (buccal administration) for the emergency treatment of prolonged tonic-clonic seizures, as an alternative to rectal diazepam.

There is evidence in children aged 3 months to 17 years of age, that midazolam given in buccal rout is more effective in decreasing seizures than diazepam and there is no difference in the incidence of side effects between the two drugs.

Published literature confirmed that buccal midazolam is effective in stopping within 10 minutes in 65 to 78% of children compared with 41 to 85% of children who received rectal diazepam and when comparing buccal midazolam with intravenous diazepam, the results were also approximately the same.

The most common reported side effect is drowsiness, tiredness, weakness and nausea; in some cases this may be severe. All patients receiving midazolam are likely to be drowsy for several hours after administration. Agitation, restlessness and disorientation have been reported, although these are rare.

The buccal midazolam approved only by European Commission for treatment of prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents, from 3 months to less than 18 years of age on September 2011. This approval is based on four clinical studies to be either comparable or superior in both its effectiveness and speed of onset of action to the current standard treatment, rectally-administered diazepam, for terminating pediatric convulsive seizures.

In general, buccal midazolam offers benefits over diazepam in ease of use, improved efficacy over 1 hour, and a more prolonged anticonvulsive effect, ease of use, immediate benefits, buccal midazolam may be a more effective bridge to long-acting agents in children who need prolonged anticonvulsant therapy.

Conclusions and recommendations:

Based in above facts, the data does not showed any safety concern about using buccal midazolam and may be as effective as rectal diazepam but more convenient to use in the controlling acute prolonged seizures in children.

Citalopram and QT Prolongation: Safety Review

Background

Citalopram is a SSRI and indicated for the treatment of depression. Escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline are other drugs that belong to the SSRI class that are available in the Kingdom of Saudi Arabia (KSA).

Citalopram Safety Concern QT Prolongation

On August 24, 2011 the US FDA announced that citalopram should no longer be used at doses greater than 40 mg per day because it can cause QT prolongation that can lead to arrhythmias including Torsade de Pointes which can be fatal. Patients at special risk of developing QT prolongation include those with underlying heart conditions and those who are predisposed to low blood levels of potassium and magnesium.

The US FDA's Drug Safety Communication noted that clinical studies have shown that citalopram use is associated with dose-dependent QT-prolongation. Additionally, there have been post marketing reports of QT-prolongation and Torsades de Pointes in association with citalopram use. The US FDA has evaluated the results of a thorough QT study assessing the effects of 20-mg and 60-mg doses of citalopram on the QT interval in adults. The trial was randomized, multi-center, double-blind, placebo-controlled, crossover study, and 119 individuals received citalopram 20

mg per day (Day 9), citalopram 60 mg per day (Day 22), and placebo.

The table below is a summary of the overall findings: Increase in the Corrected QT Interval for Citalopram (FDA Analysis)

Citalopram Dose	Increase in QT Interval (ms)	90% Confidence Interval (ms)
20 mg/day	8.5	(6.2, 10.8)
60 mg/day	18.5	(16.0, 21.0)*
40 mg/day	12.6*	(10.9, 14.3)*

*Estimate based on the relationship between citalopram blood concentration and QT interval.

Compared to placebo, the maximum mean prolongations in the individually corrected QT intervals were 8.5 milliseconds (ms) for 20 mg, 12.6 ms for 40 mg and 18.5 ms for 60 mg, respectively.

By interpolating these results, the FDA determined that citalopram causes dose-dependent QT interval prolongation and should no longer be used at doses above 40 mg per day. Therefore, important safety information about the potential for QT interval prolongation and Torsade de Pointes with drug dosage and usage recommendations are being added to the professional product labels of citalopram and its generic equivalents.

In the US FDA Drug Safety Communication, the following

recommendations for healthcare professionals was pointed out:

- Citalopram causes dose-dependent QT interval prolongation. Citalopram should no longer be prescribed at doses greater than 40 mg per day.
- Citalopram should not be used in patients with congenital long QT syndrome.
- Patients with congestive heart failure, bradyarrhythmias, or predisposition to hypokalemia or hypomagnesaemia because of concomitant illness or drugs, are at higher risk of developing Torsade de Pointes.
- Hypokalemia and hypomagnesaemia should be corrected before administering citalopram. Electrolytes should be monitored as clinically indicated.
- Consider more frequent electrocardiogram (ECG) monitoring in patients with congestive heart failure, bradyarrhythmias, or patients on concomitant medications that prolong the QT interval.
- 20 mg per day is the maximum recommended dose for patients with hepatic impairment, who are greater than 60 years of age, who are CYP 2C19 poor metabolizers, or who are taking concomitant cimetidine, because these factors lead to increased blood levels of citalopram, increasing the risk of QT interval prolongation and Torsade de Pointes.
- No dose adjustment is necessary for patients with mild or moderate renal impairment.
- Advise patients to contact a healthcare professional immediately if they experience signs and symptoms of an abnormal heart rate or rhythm while taking citalopram.

Apart from the above the NDPIC has concerns whether other SSRIs, including, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline, will have a similar risk of QT prolongation and cardiac arrhythmias. The NDPIC, therefore, performed the following search strategy:

1. PubMed SSRI QT Prolongation Literature Review.
2. Reviewed the US FDA approval documents, including the medical officer reviews for each of the SSRIs.
3. The US FDA pharmacology reviews for each of the SSRIs.

SSRI QT Prolongation Literature Review

The NDPIC conducted as literature search using the U.S. National Library of Medicine's online Pub Med database using the following term: "Serotonin uptake inhibitors" AND "QT prolongation."

Three case reports have been published and describe the association between citalopram and Torsades de Pointes and QT prolongation. These data also addressed that the QT prolongation were noticeably induced by citalopram in overdose situations.

A case report exist describing QT prolongation in a 33 year old female who attempted suicide with escitalopram.⁵ A review article examined escitalopram in overdose and QT prolongation. The authors reported that escitalopram causes effects similar to those of other SSRIs in and appears to be associated with Torsades de Pointes in overdose.

A single case report was found implicating an adolescent female taking fluvoxamine and the subsequent development of QT Prolongation.⁷ The NDPIC does not have ready access to the full report of this case.

Several case reports have been published implication

fluoxetine in QT prolongation and Torsades de Pointes not all of which occurred in overdose situations.

R-Fluoxetine Development Withdrawal

Adding support for a role for fluoxetine in QT prolongation and possible subsequent Torsades de Pointes is that results from early clinical trials conducted in the development of (R)-fluoxetine for clinical use suggested that the risk benefit ratio of this enantiomer warranted careful re-evaluation. Its use in about 2000 patients raised concerns over its potential to prolong the QTc interval at the highest dose administered. This unexpected finding led to the termination of clinical development of this enantiomer.

US FDA Approved Professional Product Labeling for SSRIs

The NDPIC found all the current professional product labels for all SSRI antidepressants contain information concerning QT prolongation, Some of this information describes drug interactions in which a SSRI may inhibit a cytochrome P450 enzyme responsible for the metabolism of a drug also known to prolong QT interval.

US FDA Pharmacology Medical Officer Reviews

Based on the NDPIC review of information obtained from examination of the Pharmacology/Toxicology and Medical Officer Reviews in the approval packages for the SSRIs approved after 1998 in the US, there was some evidence for a possible risk of QT interval prolongation with citalopram, escitalopram, and fluvoxamine.

However, the overall documents were limited and are described in more depth in the US FDA reviews. Below are the main issues:

1. A number of methodological issues exist (such as comparing results across independent studies or the absence of a placebo group) that influence on the interpretability of these results.
2. Discrepancies' among common adverse event line listing.
3. No categorized analysis of ECG as well as unclear correction formulation of QT interval analysis.
4. Not statistically significant with regards to the overall incidence of abnormal rhythm disturbances.

In addition to this, the NDPIC could not appraise some of the published paper due to access limitation.

Conclusion:

The evidence from the US FDA supports a causal link between the use of higher doses of citalopram and the development of QT prolongation and Torsades de Pointes with a potential to result in death. There is evidence both from animals and humans that the other SSRIs have the potential to prolong the QT interval that has been seen in overdoses but not always.

The strongest evidence for this association other than that for citalopram is for escitalopram. The evidence is weaker for a link with fluvoxamine. The escitalopram Pharmacology/Toxicology reviews relied on the older animal data for citalopram with the assumption that the effect on QT prolongation seen with citalopram would also be seen with escitalopram. The fact that citalopram is a racemic mixture that includes escitalopram is implicates this racemate in QT prolongation. In addition, a published review links escitalopram to QT prolongation in overdose.

ELECTRONIC CIGARETTE PRODUCT

The national Drug and Poison Information Center (NDPIC) at the Saudi Food and Drug Authority (SFDA) frequently receives questions from public about the safety and quality of electronic cigarette product The National Drug and Poison Information Center (NDPIC) was asked to review an electronic cigarette product.

INTRODUCTION:

Nicotine is a highly toxic substance and in acute poisoning, death may occur within minutes due to respiratory failure arising from paralysis of the muscles of respiration. The fatal oral dose of nicotine for an adult is from 40 to 60 mg. Less severe poisoning causes initial stimulation followed by depression of the autonomic nervous system. Nicotine is rapidly absorbed through the skin, by inhalation and by ingestion. Typical symptoms of nicotine absorption include burning of the mouth and throat, nausea and salivation, abdominal pain, vomiting, diarrhea, dizziness, weakness, hypertension followed by hypotension, mental confusion, headache, hearing and visual disturbances, dyspnoea, faintness, convulsions, sweating, and prostration. Transient cardiac standstill or paroxysmal atrial fibrillation may occur.

DEVICE DESCRIPTION:

The body of the Device consists of a stainless steel shell, various lithium battery components, microcomputer circuit, a vaporization chamber and a nicotine cartridge. The nicotine cartridge is composed of a mouthpiece and a container in which specially formulated nicotine is vaporized.

COMPANIES ELECTRONIC CIGARETTES WEBSITE:

No relevant information was found to support the companies medical claims for the product as a nicotine replacement therapy. Data regarding the efficacy of the product in helping smokers to quit could not be found. Also, no adequate safety data to support the safety of the cigarette as a smoking cessation aid could be located.

WORLD HEALTH ORGANIZATION (WHO):

In a news release dated 19 September 2008, the World Health Organization (WHO) criticized inferences made by some electronic cigarette marketers, that the products are legitimate (substantial evidence) therapies for smoking cessation.

“The electronic cigarette is not a proven nicotine replacement therapy, said Dr Ala Alwan, Assistant Director-General of WHO’s Noncommunicable Diseases and Mental Health Cluster. WHO has no scientific evidence to confirm the product’s safety and efficacy. Its marketers should immediately remove from their web sites and other informational materials

any suggestion that WHO considers it to be a safe and effective smoking cessation aid.

“Marketers of the electronic cigarette typically describe it as a means to help smokers break their addictions to tobacco. Some have even gone so far as to imply that WHO views it as a legitimate nicotine replacement therapy like nicotine gum, lozenges and patches.

“If the marketers of the electronic cigarette want to help smokers quit, then they need to conduct clinical studies and toxicity analyses and operate within the proper regulatory framework,” said Douglas Bettcher, Director of WHO’s Tobacco Free Initiative. “Until they do that, WHO cannot consider the electronic cigarette to be an appropriate nicotine replacement therapy, and it certainly cannot accept false suggestions that it has approved and endorsed the product.

In 1 December 2010, WHO announced that it does not believe there is evidence at the present time support that electronic cigarettes are safer than regular cigarettes.

TOXICITY AND SAFETY ELECTRONIC CIGARETTES

All chemicals and ingredients contained in these products have not been established, and some additives contained in the scenting and flavoring ingredients are not known. Even though the claim was made that the product is free from carcinogens, the chemical agents remaining in the device have not been through any rigorous testing to prove their not detrimental status. Nicotine is a toxic and addictive substance; so long term use must raise safety concerns. The issue of the product being made attractive to children and young people was also raised. The absence of data about long term effects of nicotine addiction is also considered.

CONCLUSION:

It appears that at various times Companies have promoted its electronic cigarette as a cigarette substitute for use by smokers in restricted smoking areas such as airlines. The companies as also implied that their product is useful for smoking cessation.

The companies electronic cigarette should be viewed as alternate nicotine dosage form. Because the PMO of this product is through nicotine it should be regulated as a drug and The manufacturer must provide evidence that their product will deliver a consistent dose of nicotine with each inhalation.

Generic name	Trade name	Strength	Price S.R	Manufacturer
ACETYLCYSTEINE	FLUIMUCIL GRANULES FOR ORAL SOLUTION	0.1 MG	4.65	ZAMBON SWITZERLAND LTD - SWITZERLAND
AMPICILLIN, SALBACTAM	AMPIPLUS POWDER FOR INJECTION	1.5 GM	752.5	ANTIBIOTIC S.E - ROMANIA
AMPICILLIN SODIUM	AMPICILLIN POWDER FOR IV AND IM INJECTION	1 GM	198.85	ANTIBIOTIC S.E - ROMANIA
AMPICILLIN SODIUM	AMPICILLIN POWDER FOR IV AND IM INJECTION	500 MG	147.4	ANTIBIOTIC S.E - ROMANIA
AZITHROMYCIN	ZITHROMAX POWDER FOR IV INFUSION	500 MG	60.25	PFIZER - ITALY
BECLOMETHASONE DIPROPIONATE	BECLAZONE EASI-BREATHE INHALER	250 MCG	105.95	IVAX PHARMACEUTICALS - WATERFORD
BECLOMETHASONE DIPROPIONATE	BECLAZONE EASI-BREATHE INHALER	50 MCG	30.7	IVAX PHARMACEUTICALS - WATERFORD
BECLOMETHASONE DIPROPIONATE	BECLAZONE EASI-BREATHE INHALER	100 MCG	51.65	IVAX PHARMACEUTICALS - WATERFORD
BISPROLOL FUMARATE	CARDIOPROL TABLETS	5 MG	16.25	The Jordanian Pharmaceutical Manufacturing Medical Equipment Co. Ltd. (JPM) - JORDAN
BISPROLOL FUMARATE	CARDIOPROL TABLETS	10 MG	23.05	The Jordanian Pharmaceutical Manufacturing Medical Equipment Co. Ltd. (JPM) - JORDAN
BUDESONIDE	ENEMACORT TABLET FOR ENEMA	0.02 MG-ML	20.95	MEDICAL UNION PHARMACEUTICALS CO - EGYPT
DIPHThERIA TOXOID, TETANUS TOXOID, PERTUSSIS TOXOID, FILAMENTOUS HAEMAGGLUTININ, PERTACTIN	BOOSTRIX SUSPENSION FOR INJECTION VACCINE	0.5 ML	63.1	GLAXOSMITHKLINE (GSK) - AUSTRALIA
ESCITALOPRAM OXALATE	ZELAX FILM COATED TAPLET	20 MG	117.1	Jordan Sweden Medical and Sterilization Co. - JORDAN
ESCITALOPRAM OXALATE	ZELAX FILM COATED TAPLET	10 MG	79.3	Jordan Sweden Medical and Sterilization Co. - JORDAN
FLUDARABINE PHOSPHATE	FLUDARABINE EBEBE CONCENTRATE FOR SOLUTION FOR INFUSION	25	500.8	EBEBE PHARMA - AUSTRIA
IBUPROFEN, PSEUDOEPHEDRINE HCL	SAPOFEN PLUS ORAL SUSPENSION	20, 3 MG/ML	11.6	SPIMACO - KSA
MENINGOCOCCAL GROUP A,C,W135 & Y	ARAMEN POWDER SOLUTION FOR INJECTION	10, 5, 5, 5 MCG	246.4	ARAB COMPANY FOR PHARMACEUTICAL PRODUCTS (ARABIO) - KSA
MYCOPHENOLATE MOFETIL	MOFETAB	500 MG	1296.15	TABUK PHARMACEUTICAL MANUFACTURING CO. - KSA
PYRAZINAMIDE	PYRAZINAMIDE ANTIBIOTIC	500 MG	59.85	ANTIBIOTIC S.E - ROMANIA
RAMIPRIL	RAMIPRIL HEXAL FILM COATED TABLETS	2.5 MG	25.5	HEXAL - GERMANY
RAMIPRIL	RAMIPRIL HEXAL FILM COATED TABLETS	5 MG	35.5	HEXAL - GERMANY
RAMIPRIL	RAMIPRIL HEXAL FILM COATED TABLETS	10 MG	45.5	HEXAL - GERMANY
RISPERIDONE	SAXID TABLET	4 MG	94.8	The Jordanian Pharmaceutical Manufacturing Medical Equipment Co. Ltd. (JPM) - JORDAN
RISPERIDONE	SAXID TABLET	2 MG	57.8	The Jordanian Pharmaceutical Manufacturing Medical Equipment Co. Ltd. (JPM) - JORDAN
RIVAROXABAN	XARELTO FILM COATED TABLET	10 MG	252.75	BAYER SCHERING PHARMA AG - GERMANY
SECNIDAZOLE	SECNEZOLE TABLETS	500 MG	11.7	The Jordanian Pharmaceutical Manufacturing Medical Equipment Co. Ltd. (JPM) - JORDAN
TERBINAFINE HCL	TERBIN CREAM	1%	5.4	GLOBAL NABI - EGYPT
THIAMINE(VIT B1), PYRIDOXINE(VIT B6), CYANOCOBALAMIN(VIT B12)	NEUROVIT AMPOULES	150, 100, 1 MG	6.95	AMERIYAH PHARMACEUTICALS INDUSTRIES - EGYPT

بيان الهيئة العامة للغذاء والدواء فيما يخص سلامة استعمال مستحضر أكلاستا (Aclasta®)

قامت الهيئة العامة للغذاء والدواء ممثلة في قطاع الدواء بالتحذير من خطر الإصابة بالفشل الكلوي عند استخدام مستحضر أكلاستا (Aclasta®)، وشمل هذا التحذير احتمالية تزايد هذا الخطر عند استخدام المستحضر لدى المرضى الذين لديهم فشل كلوي أو عوامل خطورة أخرى مثل التقدم في العمر أو عند استخدام مستحضرات أخرى قد تؤثر على وظائف الكلى مثل الأدوية المدرة للبول، أو عند نقص مستوى السوائل في الجسم بعد استخدام المستحضر. كما أوصت الهيئة العامة للغذاء والدواء الممارسين الصحيين بعدم استخدام مستحضر أكلاستا (Aclasta®) للمرضى الذي يكون مستوى تصفية الكرياتينين لديهم أقل من ٣٥ مل/دقيقة أو للمرضى الذين لديهم فشل كلوي حاد.

كما أوضحت الهيئة العامة للغذاء والدواء أن الشركة المصنعة للمستحضر سوف تقوم بإصدار رسالة إلى جميع الممارسين الصحيين (Dear Health Care Professionals Letters) وذلك بخصوص خطر الإصابة بالفشل الكلوي عند استخدام مستحضر أكلاستا (Aclasta®)، كما سوف تقوم الشركة أيضاً بتحديث النشرة الداخلية للمستحضر لتشمل هذا التحذير.

توجيهات للممارسين الصحيين بضرورة الأخذ بالتعليمات التالية:

- يمنع استخدام مستحضر Aclasta® للمرضى الذين يقل معدل تصفية الكرياتينين (Creatinine Clearance) لديهم عن ٣٥ مل/دقيقة أو لدى المرضى الذين يعانون من فشل كلوي حاد.
- توخي الحذر عند إعطاء مستحضر Aclasta® للمرضى الذين يستخدمون مستحضرات أخرى لها تأثير على وظائف الكلى.
- قياس مستوى تصفية الكرياتينين (Creatinine Clearance) في كل مرة قبل إعطاء مستحضر Aclasta® وعمل فحص مستوى الكرياتينين في الدم بشكل دوري للمرضى الذين يستخدمون هذا المستحضر. علماً بأنه قد يحدث ارتفاع مؤقت في مستويات الكرياتينين في الدم بشكل أكبر لدى المرضى الذين يعانون من قصور وظائف الكلى.
- التأكيد على ضرورة إعطاء المريض القدر الكافي من السوائل (Adequate Hydration) قبل وبعد استخدام مستحضر Aclasta® خصوصاً لدى كبار السن أو المرضى الذين يستخدمون الأدوية المدرة للبول.
- مخاطر الإصابة بفشل حاد في وظائف الكلى قد تزيد عند الأشخاص الذين لديهم أمراض في الكلى أو جفاف نتيجة للإصابة بالحمى أو تلوث بكتيري في الدم أو فقدان كميات من العناصر الغذائية المهمة والسوائل عن طريق الجهاز الهضمي... الخ.
- يجب ألا يتجاوز مقدار الجرعة الواحدة لمستحضر أكلاستا (Aclasta®) عن ٥ ملجم، وبمعدل تسريب وريدي لا يقل عن ١٥ دقيقة.

مميزات وجود مادتي EDTA ومادة حامض الستريك في دواء Piperacillin/Tazobactam

تود الهيئة العامة للغذاء والدواء أن تلتفت نظر الأطباء والصيادلة إلى أهمية وجود مادة EDTA ومادة حامض الستريك في دواء Piperacillin/Tazobactam وعدم نزعهما من هذه الأدوية لأن وجودهما يمكن الفريق التمريضي من استخدام دواء Piperacillin/Tazobactam مع أدوية مثل الأميكاسين (Amikacin) ودواء الجنتاميسين (Gentamicin) في الحقن الوريدي المتزامن أو ما يعرف Y-site Coadministration وبالذات في حالات علاج مرض الألتهايب الرئوي المكتسب في المستشفيات، وتعمل تلك المادتين على زيادة العمر الافتراضي لاستخدام الدواء من ٢٤ شهراً إلى ٣٦ شهراً، وإضافة مادة EDTA في دواء Piperacillin/Tazobactam ساعدت على زيادة في كمية الصوديوم في المستحضر حيث بلغت ١٢٨ ملغم في جرعة ٢,٢٥ غرام و ٢٥٦ ملغم في جرعة ٥,٤ ملغم من الدواء. وهذه الإضافات قد ساعدت على زيادة فعالية الدواء.

بيان الهيئة العامة للغذاء والدواء فيما يخص سلامة استعمال مستحضر ياسمين (Yasmin®)

قامت الهيئة العامة للغذاء والدواء ممثلة في قطاع الدواء بالتحذير من خطر الإصابة بتجلط الأوعية الدموية الوريدية (Venous Thromboembolism (VTE) عند استخدام حبوب منع الحمل المحتوية على مادة دروسبيرينون (Drospirenone) مثل مستحضر ياسمين (Yasmin®) والذي يعتبر المستحضر الوحيد المسجل في المملكة العربية السعودية المحتوي على تلك المادة. شمل هذا التحذير احتمالية تزايد هذا الخطر عند استخدام هذا المستحضر لدى المرضى الذين لديهم عوامل خطورة أو تاريخ مرضي سابق لمرض تجلط الأوعية الدموية الوريدية. كما أوضحت الهيئة أن الشركة المصنعة للمستحضر سوف تقوم بإصدار رسالة إلى جميع الممارسين الصحيين (Dear Health Care Professionals Letter) بخصوص خطر الإصابة بتجلط الأوعية الدموية الوريدية عند استخدام مستحضر ياسمين (Yasmin®)، وستقوم أيضاً بتحديث النشرة الداخلية للمستحضر لتشمل هذا التحذير.

توجيهات للممارسين الصحيين بضرورة الأخذ بالتعليمات التالية:

- استخدام حبوب منع الحمل المحتوية على أكثر من مادة عن طريق الفم قد يزيد من مخاطر الجلطات الدموية الوريدية، ويزداد هذا الخطر مع استخدام الجيل الثالث من حبوب منع الحمل المحتوية على مادة دروسبيرينون (Drospirenone)، بروجينوتسم (Progestogen)، ديسوجيسترل (Desogestrel) أو جيستودين (Gestodene) مقارنة بالجيل الثاني لحبوب منع الحمل. كما يزداد هذا الخطر عند استخدام تلك الحبوب لدى المرضى الذين لديهم تاريخ عائلي سابق للمرض أو لدى كبار السن أو عند الذين لديهم عوامل خطورة لمرض تجلط الأوعية الدموية الوريدية.
- مناقشة الفوائد المرجوة والمخاطر المحتملة مع المرضى قبل وصف حبوب منع الحمل المحتوية على مادة دروسبيرينون (Drospirenone).
- ينبغي حث المرضى على الإبلاغ عند الشعور بأي من الأعراض التالية لمرض تجلط الأوعية الدموية مثل: الألم الغير عادي، احمرار أو تورم في الساقين؛ عند الضيق المفاجئ في التنفس أو عند الصعوبة في التنفس، أو عند السعال غير سبب واضح.

زيادة خطر الإصابة بسرطان المثانة المرتبطين مع استخدام بيوجليتازون Pioglitazone

قامت الهيئة العامة للغذاء والدواء بإعلام المختصين الصحيين عن احتمالية حدوث أورام سرطانية في المثانة عند استخدام المستحضرات التي تحتوي على دواء بيوجليتازون لمدة تفوق السنتين أو في حال استخدام الجرعات العالية المسموح بها مقارنة بالمستحضرات الأخرى. لذا أوصت الهيئة المختصين الصحيين بعدم استخدام مستحضر بيوجليتازون للمرضى المصابين أو من لديهم تاريخ مرضي لسرطان المثانة، أو عند ملاحظة وجود دم في البول دون التحقق من مسبباته، كما أوصت الهيئة المختصين الصحيين باستخدام أقل جرعة ممكنة لدى مرضى كبار السن وذلك لكونهم أكثر عرضة للإصابة بسرطان المثانة وتوجيه المرضى بضرورة مراجعة الطبيب عند ملاحظتهم وجود دم في البول أو صعوبة في التبول أثناء استخدام مستحضر بيوجليتازون، كما يجب على المختصين الصحيين مقارنة المنافع المرجوة من استخدام المستحضر مع المخاطر المحتملة المتمثلة بحدوث الأورام السرطانية وفشل عضلة القلب والكسور، قبل وخلال صرف هذا المستحضر لمرضى كبار السن، كما يجب عليهم مراجعة الخطة العلاجية للمرضى خلال فترة ٢ إلى ٦ أشهر من استخدام المستحضر وبشكل دوري بعد ذلك.

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