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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.

TO REPORT AN ADVERSE DRUG REACTION

Scan, Fill, Submit

Online

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

Mail

1. Print out the ADR form available our website and complete it.
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. 5542/ 8461/ 8463)

Fax

03-7956 7151

In This Issue:

Tygacil® (tigecycline): Reminder on the Increased Risk of Death

Tygacil® (tigecycline) is a glycylcycline antibiotic with the registered indications for complicated skin and skin structure infections (cSSSI) and complicated intra-abdominal infections (cIAI). Generally, tigecycline is considered bacteriostatic.

The Drug Safety Monitoring Centre, NPCB would like to remind all healthcare professionals of the increased mortality risk in patients treated with intravenous (IV) tigecycline compared to those treated with other drugs. A meta-analysis on 7,434 patients found an adjusted risk difference of all-cause mortality was 0.6% (95% CI 0.1, 1.2). The cause of this risk has not been established.

The result showed that the greatest increase in mortality risk with tigecycline was seen in patients with hospital-acquired pneumonia, especially ventilator-associated pneumonia, an unapproved use. However, the increased mortality risk was also seen in patients with cSSSI, cIAI and diabetic foot infections. Information on the meta-analysis result is included in the current approved package insert.

Since its registration in 2006, NPCB has received eight (8) reports on tigecycline, of which two (2) reported fatal outcomes with possible causality (C3). Both the patients had extreme infection including MRSA and multiple organ failure which contributed to the cause of death. The two cases were confounded by concomitant drugs as well as adverse reactions of white blood cell count decreased and platelet count decreased.

In the other six (6) reports, adverse events involved were bradycardia, shortness of breath, coagulation disorder, liver function tests abnormal non-otherwise specified, neutrophilia and gastrointestinal disturbances such as nausea, vomiting and diarrhoea (1 each).

Advice to healthcare providers:

- Tigecycline is approved in the treatment of complicated skin and skin structure infections (cSSSI) and complicated intra-abdominal infections (cIAI).
- Tigecycline should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria.
- When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy.
- Any adverse event suspected to be associated with the use of tigecycline should be reported to the Drug Safety Monitoring Centre, NPCB.

Lariam® (mefloquine): Visual Disturbances Including Optic Neuropathy

Recently, a Dear Healthcare Professional Communication (DHPC) letter has been distributed to inform healthcare professionals about visual disturbances associated with the use of Lariam® (mefloquine), an antimalarial. These eye disorders include cataract, retinal disorders and optic neuropathy which may occur with latency during or after treatment. These disorders may present as visual impairment and blurred vision. In some cases, the event resolved very slowly but permanent sequelae has also been reported.

Mefloquine is approved for the chemoprophylaxis, therapy and stand-by treatment of malaria. Effective against malaria parasites resistant to other antimalarials, it acts on *Plasmodium falciparum, P. vivax, P. malariae* and *P. ovale*.

There are currently 7 products containing mefloquine registered in Malaysia, including both single-ingredient (5 products) and combination products (2 products)- *see details below*. Since year 2000, no adverse reaction reports on single-ingredient products containing mefloquine have been received.

Artesunate-Mefloquine Combination (ASMQ)

Mefloquine is also combined with artesunate, known as Artesunate-Mefloquine Fixed Dose Combination (ASMQ, FDC), for the treatment of acute uncomplicated *Plasmodium falciparum* malaria, resulting either from *P. falciparum* mono-infection or mixed infections with *P. vivax*. The two newly registered combination products, Artesunate and Mefloquine HCl Tablets 100/220mg and 25/55mg, have not been marketed in Malaysia yet.

An unregistered ASMQ, Artequin® has been purchased through special approval from the Director General of Health, for use in endemic areas of Sabah. To date, only 3 reports with a total of 6 adverse events have been received by NPCB. None of these involved vision disorders. The reported events were vomiting, dizziness, auditory hallucination, aggressive reaction, headache and delusion (1 each).

Other documented adverse events for mefloquine including neuropsychiatric adverse events (i.e. abnormal dreams, insomnia, dizziness, headache, anxiety, depression) are frequently reported worldwide. In view of this, mefloquine-containing products such as ASMQ should not be used within two months of a therapeutic dose of mefloquine. Also, as a reminder, mefloquine may increase the risk of convulsions in patients with epilepsy. Concomitant use of mefloquine-containing products with quinine, chloroquine, halofantrine and ketoconazole may cause QTc prolongation and therefore should be used with caution.

Spontaneous reporting of adverse drug reactions is crucial in the continuous safety surveillance of mefloquine. Therefore, all healthcare professionals are reminded to report all adverse events suspected to be associated with the use of mefloquine

Advice to healthcare providers:

- Advise patients to seek medical attention if they experience any visual disturbance, including blurred vision.
- Any patients presenting with a visual disorder should be referred to the treating physicians, as certain conditions (such as retinal disorders or optic neuropathy) may require treatment discontinuation.
- Mefloquine has a long half-life at an average of about 3 weeks. Therefore adverse events may occur or persist up to several weeks after discontinuation of the drug.
- Any adverse event suspected to be associated with the use of mefloquine and mefloquine-containing products should be reported to the Drug Safety Monitoring Centre, NPCB.