Drug Safety Update

Latest advice for medicines users

The monthly newsletter from the **Medicines and Healthcare products Regulatory Agency** and its independent advisor the **Commission on Human Medicines**

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Contents

The **Medicines and Healthcare products Regulatory Agency** is the government agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe.

The **Commission on Human Medicines** gives independent advice to ministers about the safety, quality, and efficacy of medicines. The Commission is supported in its work by Expert Advisory Groups that cover various therapeutic areas of medicine.

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In this issue: a reminder that, when reporting adverse drug reactions associated with biological medicines, such as biosimilar products or vaccines, please provide the brand name and batch number. Products (biosimilar and reference) that have the same international non-proprietary name (INN) are not to be presumed identical. There may be several different brands of a biological medicine for one particular condition (eg, different brands of influenza vaccines); furthermore, any concerns may be batch-specific. See article H1 for further information.

Also this month: a safety review conducted at the end of routine use of Cervarix human papillomavirus (HPV) vaccine in the ongoing national immunisation programme has been completed. The review shows that no new risks were identified with Cervarix and that the balance of its benefits and risks remains clearly positive. Cervarix was replaced in the programme by the HPV vaccine Gardasil▼ from September 2012. Gardasil▼ has been used extensively in other countries such as the United States. As with all vaccines and medicines we will closely monitor its safety during routine use in the UK (article H2).

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Hot topic

H1 Reporting suspected adverse drug reactions to vaccines and biological medicines: please provide brand name and batch number

Biological medicines are medicines derived or manufactured from a 'living' biological system. They encompass a broad range of therapeutic areas, including blood products, vaccines, antibodies and advanced therapies (such as gene and tissue therapy).

Biological medicines and vaccines are fundamentally different from standard chemical medicines in terms of their complexity. Unlike most small molecule drugs, their characteristics are determined as much by the specific manufacturing process as the active ingredient itself.

A wide variety of vaccines and biological medicines are available, and for many products a range of manufacturers produce the same 'active ingredient'. These include a range of 'biosimilar' medicines, several vaccines which protect against a given infection, and products such as human immunoglobulin.

Unlike most standard generic medicines, the characteristics of such products will not be identical. For this reason, it is very important that safety surveillance is carried out on a brand/product-specific basis. In addition, these products may vary from batch-to-batch and so it is important that we receive information on batch number.

As a specific example, there are more than ten different brands of influenza vaccines available in the UK each year. However, it is very often the case that suspected ADR reports refer only to 'influenza vaccine'. Following the guidance below will allow us to accurately evaluate the safety profile of specific products.

See:

Feb 2008 Drug Safety Update article on biosimilars [link to: http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON084739]

Further information:

BNF section: General guidance [link to: http://www.medicinescomplete.com/mc/bnf/current/PHP60-general-guidance.htm]

Drug Safety Update article on biosimilar products: [link to: http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON084739]

European Medicines Agency: Questions and answers on biosimilar medicines [link to: http://www.emea.europa.eu/docs/en_GB/document_library/Medicine_QA/2009/12/WC500020062.pdf]

Reporting suspected adverse drug reactions (ADRs)

To allow us to perform product/brand-specific pharmacovigilance, when reporting a suspected ADR to a biological medicine (such as blood products, antibodies and advanced therapies [such as gene and tissue therapy]) or vaccine, in addition to the substance please ensure that you provide the brand name (or product licence number and manufacturer), and the specific batch-number, on the report.

Additionally, when providing patients with details of the vaccine or biological medicine administered, it is good practice to give them details of the brand and batch number. This will allow patients and carers to more accurately report suspected ADRs to us.

Please report suspected ADRS to any medicine or vaccine to the YellowCard Scheme: http://yellowcard.mhra.gov.uk/

Article citation: Drug Safety Update Nov 2012 vol 6, issue 4: H1.

Hot topic

H2 **Human papillomavirus vaccine Cervarix: safety review shows balance of risks and benefits remains clearly positive**

Summary:
A safety review conducted at the end of its routine use during the ongoing human papillomavirus immunisation programme, has found that no new risks have been identified for Cervarix, and that the balance of its risks and benefits remains clearly positive. Cervarix was replaced in the programme by the HPV vaccine Gardasil▼ from September 2012.

See:

Oct 2009 Drug Safety Update article on Cervarix first-year review [link to: http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087699]

Oct 2010 Drug Safety Update article on Cervarix second-year review [link to: http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON096806]

Letter sent to healthcare professionals in September 2012 [link to: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_131607]

Further information:

MHRA webpage on Cervarix safety information [link to: http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice-G-L/HumanpapillomavirusHPVvaccine/index.htm]

Factsheet and Q&A document from DH [link to: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133345]

BNF section 14.4: Human papillomavirus vaccines [link to: http://www.medicinescomplete.com/mc/bnf/current/PHP8317-human-papilloma-virus-vaccines.htm]

Since September 2008 the human papillomavirus (HPV) vaccine Cervarix has been used extensively in the UK routine HPV immunisation programme to prevent cervical cancer. We have previously reported on the safety of the vaccine following the first and second year of use.

While its safety evaluation has been continuous, we conducted a further safety review of the totality of the UK experience with Cervarix up to the end of July 2012. No new safety concerns were identified and the number and nature of adverse reaction (ADR) reports received was as expected after administration of at least 6 million doses of the vaccine in the UK.

Before Cervarix was first used the MHRA anticipated that a range of medical conditions naturally prevalent in the adolescent female population would occur in temporal association with vaccination and might be reported as suspect side effects. Statistical methods were therefore put in place to rapidly assess whether such reports were consistent with chance, or whether they could be new side effects of the vaccine.

One such condition was chronic fatigue syndrome (CFS) – the level of reporting for which was found to be well within the expected background incidence rate. An ecological study and a self-controlled case series study using the Clinical Practice Research Datalink (CPRD; http://www.cprd.com/intro.asp) also did not find an increased risk of fatigue syndromes with Cervarix.

Overall, the safety experience with Cervarix up to the end of July 2012 supports the previous conclusion that the balance of benefits and risks of Cervarix remains clearly positive.

From September this year, the HPV vaccine Gardasil▼ replaced Cervarix in the national immunisation programme. Gardasil▼ has been used extensively in other countries such as the United States. As with all vaccines and medicines we will closely monitor its safety during routine use in the UK.

Article citation: Drug Safety Update Nov 2012 vol 6, issue 4: H2.

Other information from the MHRA

O1 **MHRA antipsychotics learning module approved for CPD**

See:

Antipsychotics learning module:
http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Antipsychoticslearningmodule/index.htm

SSRIs learning module:
http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Reducingmedicinerisk/SSRIlearningmodule/index.htm

Opioids learning module:
http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Opioidslearningmodule/index.htm

We recently launched a learning module on antipsychotics and are pleased to announce that it has been approved for continuing professional development (CPD) by the Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom (http://www.fpm.org.uk/]. Up to 3.5 CPD credits can be claimed for this module.

The antipsychotics module joins our other CPD-approved learning modules on reducing medicines risks of selective serotonin reuptake inhibitors (SSRIs) and opioids [].

Article citation: Drug Safety Update Nov 2012 vol 6, issue 4: O1.