

April **MIMS** Monthly Medicine Update

NEW PRODUCTS

Galvus (vildagliptin) is a member of the class that enhances islet cell insulin secretion via an augmented incretin effect and is a high affinity dipeptidyl-peptidase-4 (DPP-4) inhibitor that improves glycaemic control. The administration of vildagliptin results in rapid and near complete inhibition of DPP-4 activity. In patients with type 2 diabetes, administration of vildagliptin led to inhibition of DPP-4 enzyme activity for a 24 hour period. Vildagliptin inhibition of DPP-4 results in increased fasting and postprandial endogenous levels of the incretin hormones GLP-1 (glucagon-like peptide 1) and GIP (glucose-dependent insulinotropic polypeptide). The degree of improvement in beta-cell function is dependent on the initial degree of impairment; in nondiabetic (normal glycaemic) individuals, vildagliptin does not stimulate insulin secretion or reduce glucose levels. By increasing endogenous GLP-1 levels, vildagliptin enhances the sensitivity of alpha cells to glucose, resulting in reduced

glucagon secretion. There is a reduction in inappropriate glucagon release during meals. The increase in the insulin/glucagon ratio with hyperglycaemia, due to increased incretin hormone levels, may thus be expected to decrease postprandial hepatic glucose production, leading to reduced glycaemia. The known effect of increased GLP-1 levels to delay gastric emptying is not observed with vildagliptin treatment.

Galvus is indicated in the treatment of diabetes mellitus type 2 in persons 18 years of age and older, as an adjunct to diet and exercise to improve glycaemic control in patients with type 2 diabetes with one of metformin, a sulphonylurea or pioglitazone when diet, exercise and the single agent do not result in adequate glycaemic control. Vildagliptin should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

The recommended dose of vildagliptin when used in dual combination with metformin, (clinical experience is with pioglitazone as dual therapy),

is 50 mg or 100 mg daily. The 50 mg dose should be administered once daily in the morning. The 100 mg dose should be administered as two divided doses of 50 mg given in the morning and evening. The recommended dose of vildagliptin when used in dual combination with a sulphonylurea (clinical experience is with glimepiride as dual therapy) is 50 mg once daily administered in the morning. Vildagliptin can be administered with or without a meal. Galvus is available on a private prescription as a 50 mg tablet in packs of 60.

NEW INDICATIONS

Avastin (bevacizumab) as a single agent is now indicated for the treatment of patients with Grade IV glioma after relapse or disease progression after standard therapy, including chemotherapy. The recommended dose is 10 mg/kg of body weight given once every 2 weeks or 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion.

Prezista (darunavir) (with low dose ritonavir as a pharmacokinetic enhancer) is now indicated in combination

with other antiretroviral agents for the treatment of human immunodeficiency virus (HIV) infection in treatment experienced paediatric patients aged 6 years and older, weighing at least 20 kg. The recommended dose for treatment experienced paediatric patients (6 to < 18 years of age) for Prezista tablets and ritonavir is as follows. ≥ 20 kg to < 30 kg: Prezista 375 mg + ritonavir 50 mg twice daily; ≥ 30 kg to < 40 kg: Prezista 450 mg + ritonavir 60 mg twice daily; ≥ 40 kg: Prezista 600 mg + ritonavir 100 mg twice daily.

SAFETY RELATED CHANGES

Gastrointestinal perforations associated with **Avastin (bevacizumab)** have been reported in clinical trials with an incidence of up to 2% in patients with metastatic renal cell cancer. Vanishing bile duct syndrome has been reported rarely with the use of **Carbamazepine Sandoz (carbamazepine)**.

Cases of worsening thrombocytopenia and recurrence of thrombocytopenia in subjects who suffered thrombocytopenia after the first dose have been reported following vaccination

with **live measles, mumps and rubella (Priorix)** vaccines. In such cases, the risk benefit of immunising with Priorix should be carefully evaluated.

FDA MedWatch

FDA notified healthcare professionals and patients that, based on review of data from a large clinical trial and other sources, there is an increased risk of muscle injury in patients taking the highest approved dose of the cholesterol-lowering medication, **Zocor (simvastatin)** 80 mg, compared to patients taking lower doses of simvastatin and possibly other drugs in the "statin" class. FDA is also reviewing data from other clinical trials, observational studies, adverse event reports, and data on prescription use of simvastatin to better understand the relationship between high-dose simvastatin use and muscle injury.

This list is a summary of only some of the changes that have occurred over the last month. Before prescribing, always refer to the full product information