

September **MIMS** Monthly Medicine Update

NEW PRODUCTS

Firmagon (**degarelix (as acetate)**) is a synthetic decapeptide, is a selective third generation GnRH antagonist. It competitively and reversibly binds to the pituitary GnRH receptors with nanomolar potency, thereby rapidly reducing the release of gonadotrophins and consequently testosterone. A single dose of 240 mg Firmagon, followed by a monthly maintenance dose of 80 mg, rapidly causes a decrease in the concentrations of LH, FSH and subsequently testosterone. The plasma concentration of dihydrotestosterone decreases in a similar manner to testosterone. Firmagon is indicated for the treatment of patients with prostate cancer in whom androgen deprivation is warranted. Firmagon is not indicated in women or paediatric patients. Firmagon is for subcutaneous administration only and must not be administered intravenously. The recommended dose is 240 mg administered as two s.c. injections of 120 mg at a concentration of 40 mg/mL followed

by a monthly maintenance dose of 80 mg administered as one s.c. injection at a concentration of 20 mg/mL.

Firmagon is available as a starter dose of 2 vials with 120 mg powder for injection (120 mg x 2, 40 mg/mL after reconstitution) and a maintenance dose of 1 vial with 80 mg powder for injection (80 mg, 20 mg/mL after reconstitution).

Votrient (**pazopanib hydrochloride**) is a potent multi target tyrosine kinase inhibitor of vascular endothelial growth factor receptors (VEGFR)-1, -2, and -3, platelet-derived growth factor (PDGFR)- α and - β , and stem cell factor receptor (c-KIT). Votrient is indicated for the treatment of advanced and/or metastatic renal cell carcinoma. Severe and fatal hepatotoxicity has been observed in clinical studies. Therefore, it is important to monitor hepatic function and interrupt, reduce, or discontinue dosing as recommended. The recommended dose of Votrient is 800 mg orally once daily at least one hour before

or two hours after a meal. Votrient is available as 200mg or 400 mg tablets in packs of 30's.

NEW INDICATIONS

Iressa (**gefitinib**) is now indicated in the treatment of patients with locally advanced or metastatic non small cell lung cancer (NSCLC) whose tumours express activating mutations of EGFR tyrosine kinase.

Celebrex (**celecoxib**) is now indicated for the short-term treatment of acute pain in adults following surgery or musculoskeletal and/or soft tissue injury. The recommended dose is a loading dose of 400 mg then 200 mg once or twice daily as required for up to 5 days. The effective dose in this patient population is 200mg twice daily.

NEW FORMULATIONS

Sifrol (**pramipexole hydrochloride**) is now available as Sifrol ER extended release tablets as 0.375 mg, 0.75 mg, 1.5 mg, 3 mg and 4.5mg in blister packs of 30's.

Pentasa (mesalazine) is now available as 1g prolonged release tablets.

Riamet is now available as 20 mg/120 mg dispersible tablets containing **artemether** 20 mg and **lumefantrine** 120 mg.

SAFETY RELATED CHANGES

Donation of blood by a patient being treated with acitretin is prohibited during and for two years after completion of treatment with Neotigason (**acitretin**). Women of childbearing potential must not receive blood from patients being treated with Neotigason.

Rocephin (**ceftriaxone sodium**) is now contraindicated in hyperbilirubinaemic newborns and preterm newborns should not be treated with ceftriaxone. *In vitro* studies have shown that ceftriaxone can displace bilirubin from its binding to serum albumin, leading to a possible risk of bilirubin encephalopathy in these patients.

Celebrex (**Celecoxib**) is now contraindicated in patients with unstable ischaemic heart disease of thrombus aetiology.

Codapane (**paracetamol + codeine phosphate**) is now contraindicated in mothers who are breastfeeding, unless prescribed by a doctor.

There have been postmarketing reports of severe skin reactions (e.g. erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis) associated with **isotretinoin** (Oratane) use. These events may be serious and result in death, life threatening events, hospitalisation or disability.

Very rarely, severe cutaneous adverse reactions (including erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis) have been seen with Paxtine (**paroxetine hydrochloride**).

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.