Safety news

Safety warnings

**Dulaglutide:**
Anaphylaxis and angioedema

Japan – The PMDA has informed health professionals that cases of anaphylaxis have been reported in patients treated with dulaglutide (Trulicity®) outside Japan. Angioedema-related symptoms have been frequently observed in the cases associated with anaphylaxis, and independent cases of angioedema have also been reported. The product information in Japan will be updated to reflect the risk of these adverse events.

► PMDA Summary of investigation results and MHLW Revision of precautions, 30 May 2017.

**Darbepoetin alfa:**
Severe skin reactions

Canada – Health Canada has informed health professionals about international reports of severe blistering, mucosal ulceration, and exfoliation cutaneous reactions, including life-threatening Stevens-Johnson syndrome and toxic epidermal necrolysis in patients treated with darbepoetin alfa in the post-marketing setting. No cases have been reported in Canada. Darbepoetin alfa is indicated for the treatment of anaemia associated with chronic kidney disease or anaemia in cancer patients receiving chemotherapy.


**Caspofungin:**
Severe skin reactions

Japan – The MHLW and PMDA have jointly recommended updates to the product information for the antifungal medicine caspofungin acetate to warn about the risk of toxic epidermal necrolysis and Stevens-Johnson syndrome. This follows reports of cases of these serious skin reactions in patients treated with caspofungin acetate both in Japan and elsewhere. Similar updates have been made to the product information in the U.S. and Europe.

► PMDA Summary of investigation results and MHLW Revision of precautions, 20 April 2017.

**Pneumococcal vaccine:**
Injection site necrosis

Japan – The PMDA/MHLW have recommended to update the product information for pneumococcal vaccine (Pneumovax®) to advise health professionals that the cellulitis-like reactions that can occur primarily on the injection site may result in necrosis or ulcer. This follows reports of injection site necrosis or ulcer reported in patients immunized with pneumococcal vaccine in Japan.

► PMDA Summary of investigation results and MHLW Revision of precautions, 30 May 2017.

**Pembrolizumab:**
Severe skin reactions

Canada – Health Canada has informed health professionals that cases of Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), some with fatal outcomes,
have been reported in patients treated with the cancer medicine pembrolizumab (Keytruda®). Patients should be counselled about this risk and early symptoms. In case of a severe skin reaction pembrolizumab should be suspended and patients referred for immediate specialized evaluation and treatment. Pembrolizumab should be permanently discontinued if SJS or TEN is confirmed. The product information is being updated to include these recommendations. ► Health Canada Advisory, 20 March 2017.

**Myocarditis**

日本 – Following reported cases of myocarditis in patients treated with pembrolizumab, the MHLW and PMDA have recommended updates to the product information to reflect the risk of this adverse event.

► PMDA Summary of investigation results and MHLW Revision of precautions, 20 April 2017.

**Vemurafenib:**

Fibrosis in hands and feet

新西兰 – The marketing authorization holder, in consultation with Medsafe, has informed health professionals of the increased risk of Dupuytren's contracture and plantar fascial fibromatosis in patients treated for melanoma with vemurafenib (Zelboraf®). These conditions are characterized by thickening or appearance of visible cords in the hands and feet. The product information has been updated to recommend temporary or permanent discontinuation of vemurafenib in case of these adverse events, and to provide guidance on dosage modification.

► Medsafe Safety information, posted 27 March 2017.

**Denosumab:**

Fractures after discontinuation

日本 – The MHLW and PMDA have informed health professionals that multiple vertebral fractures, which may be associated with a temporary increase in bone resorption, may occur in patients with osteoporosis after discontinuation of denosumab, and that transitioning to an alternative antiresorptive agent should be considered when denosumab is stopped.

A higher incidence of multiple new vertebral fractures was seen in patients that had discontinued denosumab compared with placebo in follow-up clinical studies. The time to onset was not inconsistent with that of a temporary increase in bone resorption observed after stopping denosumab in pre-approval clinical studies. The product information for denosumab is being updated to reflect this information.

► PMDA Summary of investigation results and MHLW Revision of precautions, 20 April 2017.

**Gadolinium contrast agents:**

Accumulation in the brain

欧盟 – The EMA’s Pharmacovigilance and Risk Assessment Committee (PRAC) has concluded its review of gadolinium agents used to enhance magnetic resonance imaging (MRI) body scans. The PRAC has recommended suspension of marketing authorizations for four linear gadolinium contrast agents, *i.e.* intravenous injections of gadobenic acid, gadodiamide, gadopentetic acid and gadoversetamide. Instead, macrocyclic agents should be used at the lowest dose that enhances images sufficiently to make diagnoses, and only when unenhanced body scans are not suitable.

The review found convincing evidence of gadolinium accumulation in the brain.
Although this has not been linked to any symptoms or diseases the PRAC took a precautionary approach, noting that data on the long-term effects of gadolinium in the brain are limited.

Two linear agents will remain available: gadoxetic acid used at a low dose for liver scans, which meets an important diagnostic need, and a formulation of gadopentetic acid injected directly into joints, which has a very low gadolinium concentration. Both agents should be used at the lowest dose that enhances images sufficiently to make diagnoses and only if unenhanced scans are not suitable.\(^{(1)}\)

At the request of some marketing authorization holders of gadolinium-containing contrast agents a re-examination will be conducted and is expected to conclude in July 2017.\(^{(2)}\)

**United States of America** – The FDA has announced that to date it has not identified any harmful effects with brain retention of gadolinium-based contrast agents for MRIs, and that its review will continue. The Agency plans to hold a public meeting in the future to discuss this issue.\(^{(3)}\)

\(^{(1)}\) EMA Press release, 10 March 2017.  
\(^{(2)}\) EMA News, 5 May 2017.  

**Restrictions**

**Codeine, tramadol:** Further restrictions

**United States of America** – The FDA has further restricted the use of codeine- and tramadol-containing medicines in children due to the serious risk of slowed or difficult breathing which can be potentially fatal. Codeine is contraindicated to treat pain or cough in children under 12 years of age, and tramadol is contraindicated to treat pain in these children. Neither medicine should be used in adolescents aged 12–18 years who are obese or have conditions such as obstructive sleep apnoea or severe lung disease.

Single-ingredient codeine-containing products and all tramadol-containing products are FDA-approved only for use in adults. The FDA has also recommended against the use of codeine and tramadol medicines in breastfeeding mothers due to the risk of adverse reactions, including serious, potentially fatal breathing problems.

\[\] FDA Drug safety communication, 20 April 2017.  

**Australia** – The TGA has informed health professionals that following a December 2016 decision, all medicines containing codeine will be rescheduled as prescription medicines with effect from 1 February 2018, and may then no longer be advertised to the public.

\[\] TGA. Changes to advertising for medicines containing codeine. 8 May 2017.

**To be removed from the market**

**Oxymorphone injection:** Abuse, dangerous consequences

**United States of America** – The FDA has requested the removal of oxymorphone hydrochloride injection (Opana ER\(^{R}\)) from the market. A review of all available post-marketing data had shown a significant shift in the route of abuse from nasal to injection, following the product’s reformulation as an injection. The injection abuse of the product has been associated with a serious outbreak of HIV and hepatitis C, as well as cases of thrombotic microangiopathy, a serious blood disorder.

This is the first time that a currently marketed opioid pain medication is removed from sale in the U.S. due to the public health consequences of abuse. The product had been reformulated 2012 to reduce the potential for abuse; however, the reformulation has had unintended consequences. As a part of its response to the opioid epidemic in the United States, the FDA will continue to examine the risk-benefit profile of all approved opioid analgesic products and will take further actions as appropriate.

► FDA News release, 8 June 2017.

Vancomycin: Fighting antimicrobial resistance

vancomycin Fighting antimicrobial resistance

European Union – The European Medicines Agency (EMA) has recommended changes to the prescribing information for vancomycin to ensure its appropriate use in the context of the fight against antimicrobial resistance. Vancomycin remains an important therapeutic option for the treatment of serious infections. The updated recommendations are as follows.

• Vancomycin infusion can continue to be used for the treatment of serious infections caused by certain bacteria including methicillin-resistant Staphylococcus aureus (MRSA) and to prevent bacterial endocarditis in patients undergoing surgery. The starting dose should be calculated according to the age and weight of the patient. Any dose adjustments should be based on serum concentrations to achieve the target therapeutic concentrations.
• Oral vancomycin should be used only to treat Clostridium difficile infections. The maximum dose should not exceed 2 g per day. In patients with inflammatory intestinal disorders, vancomycin serum concentration should be closely monitored. Children under 12 should be given age-appropriate formulations. Oral vancomycin should no longer be used to treat staphylococcal enterocolitis or for gastro-intestinal decontamination in immunocompromised patients.

• Vancomycin formulations authorized for intraperitoneal use can continue to be used to treat infections in patients undergoing a peritoneal dialysis.


Opioids: Updated prescribing guidance in Canada

Canada – The Government of Canada has announced the publication of an updated guideline on opioid prescribing to mitigate the impact of the current opioid crisis. The guideline recommends that patients with chronic non-cancer pain should first try non-opioid options to manage pain before considering a trial of opioid therapy. Patients starting opioid therapy should be given less than 90 morphine equivalents daily (MED) and the maximum prescribed dose should be restricted to less than 50 mg MED. Patients already on high doses of prescribed opioids (90 mg MED or more) should be encouraged to taper the doses gradually in collaboration with their prescribers, with multidisciplinary support offered to those who experience challenges.

Health Canada and the Canadian Institutes of Health Research provided funding for the updating of the guideline and associated training tools for prescribers, as part of efforts to address problematic prescription drug use.

Known risks

Eluxadoline:
Risk of pancreatitis in certain patients
United States of America – The FDA has warned that eluxadoline (Viberzi*), used for the treatment of irritable bowel syndrome with diarrhoea, should not be given to patients who do not have a gallbladder. An FDA review found that these patients have an increased risk of developing serious pancreatitis that could result in hospitalization or death. Pancreatitis may be caused by spasm of the sphincter of Oddi in the small intestine.\(^1\)

In the EU, a similar warning was included in the product information for eluxadoline (Truberzi*) in 2016 at the time of approval.

Canagliflozin:
Lower limb amputations
United States of America – The FDA has confirmed the increased risk of leg and foot amputations with the diabetes medicine canagliflozin, and has required new warnings, including the most prominent “Boxed Warning” to be added to the product information for canagliflozin to describe this risk. This follows an FDA warning published in May 2016 on the basis of interim clinical trial results.\(^1\)

Earlier in 2017 the EMA had confirmed this risk for canagliflozin and had required updates to the product information. A warning about this potential risk was also added to the product information of dapagliflozin and empagliflozin.\(^2\)
► (1) FDA Drug Safety communication, 16 May 2017.

Certain hepatitis C medicines:
Interaction with ethinyloestradiol
Australia – The TGA has advised health professionals that, while in the product information for the hepatitis C medicines Viekira PAK* (paritaprevir/ritonavir/ombitasvir tablets and dasabuvir tablets) and Viekira PAK-RBV* (paritaprevir/ritonavir/ombitasvir tablets, dasabuvir tablets and ribavirin tablets) the use of ethinyloestradiol-containing medicines is listed as a contraindication, not all ethinyloestradiol-containing medicines currently provide similar information.

In clinical trials for the hepatitis C medicines, elevations of liver enzymes to more than five times the upper limit of normal occurred in approximately 1% of participants, and occurred more frequently in women taking contraceptives containing ethinyloestradiol. Contraceptives containing ethinyloestradiol must be discontinued prior to starting treatment and alternative contraceptive agents used. Ethinylestradiol-containing medicines can be restarted approximately two weeks following completion of treatment with Viekira PAK* or Viekira PAK-RBV*.
► Medicines Safety Update. Volume 8, Number 2, April-May 2017.

Bosutinib: Severe skin reactions
Japan – A warning about the risk of toxic epidermal necrolysis, Stevens-Johnson syndrome and erythema multiforme has been added to the product information of bosutinib, used to treat certain forms of leukaemia. This follows reported cases of these severe skin reactions in patients treated with bosutinib in Japan.

This risk is also reflected in the product information for bosutinib approved in the EU.
► PMDA Summary of investigation results and MHLW Revision of precautions, 30 March 2017.
**Ponatinib: Update on dose adjustment**

**United Kingdom** – The MHRA has provided health professionals with an update on dose modifications to mitigate the risk of blood vessel blockages with ponatinib (Iclusig®). For patients with chronic-phase chronic myeloid leukaemia who have achieved a major cytogenetic response while on treatment, the dose can be reduced to 15 mg/day based on an individual patient assessment. If the dose is reduced, close monitoring of response is recommended.

This advice is supported by additional long-term follow-up data that have become available since this risk was first communicated in 2014.

► MHRA Drug Safety Update volume 10, issue 9, April 2017: 2.

**Idelalisib: Risk of serious infections**

**Canada** – Health Canada has updated the product information for the cancer medicine idelalisib (Zydelig®) to warn about the increased risk of serious and potentially fatal infections, and to recommend antibiotic prophylaxis against *Pneumocystis jirovecii* pneumonia and monitoring of patients for cytomegalovirus infection. Idelalisib is not authorized in Canada for use in first-line chronic lymphocytic leukaemia and early-line indolent non-Hodgkin lymphoma outside of a clinical trial.

In 2016 a number of clinical trials involving idelalisib had been stopped due to serious side effects, and several regulatory authorities initiated safety reviews and published safety communications. In the EU, product information was updated in July 2016 with recommendations to mitigate this risk.


**Hypnotics and anxiolytics: Risk of dependence even with recommended use**

**Japan** – The PMDA has completed its review of dependence-related adverse events reported with the use of hypnotics and anxiolytics. The review had been requested by the Ministry of Health, Labour and Welfare (MHLW) in view of the high reported use of hypnotics and anxiolytics in Japan. The PMDA recommended updates to the product information for these medicines to emphasize the risk of dependence regardless of patients’ predispositions to drug abuse and to warn against prolonged use even for approved indications and at recommended doses.

To discourage inappropriate prescribing, a demerit point system had been introduced in Japan as part of the 2012 and 2014 revisions to health insurance regulations. Furthermore, given that risk of abuse was confirmed for zopiclone and etizolam, the MHLW had issued an announcement in September 2016, newly specifying these drugs as psychotropics and recommending a maximum treatment duration of 30 days.


**Anaesthetics and sedatives in young children:**

**Harm to developing brain**

**United States of America** – The FDA has approved previously announced changes to the product information of general anaesthetic and sedation medicines, warning against their lengthy or repeated use in children under 3 years of age and in pregnant women during the third trimester. Data from studies in young animals suggest that exposure to these medicines for more
than 3 hours can cause widespread loss of nerve cells in the developing brain.
► FDA Drug safety communication, 27 April 2017.

**Iodinated contrast media:**
**Hypothyroidism, affecting growth and development**
Canada – A Health Canada assessment has revealed a possible association between exposure to iodinated contrast media (ICM) and development of hypothyroidism in adults and children, particularly in infants. Hypothyroidism in infants may be harmful for growth and development, including mental development. The Agency encourages healthcare professionals to evaluate and monitor thyroid function in infants exposed to ICM, and if abnormal, continue to monitor until it has normalized. Prescribing information for these products will be harmonized to include this information.

In 2015 the FDA had requested manufacturers to include information related to rare cases of hypothyroidism reported in infants following the use of ICM products.

**Unchanged recommendations**

**Selexipag:**
**No increased risk of mortality**
European Union – The European Medicines Agency (EMA) has completed its review of selexipag (Uptravi™) which was initiated following five patient deaths in France. The data reviewed did not suggest that selexipag is associated with a higher risk of mortality than other medicines used to treat pulmonary arterial hypertension. EMA has confirmed that selexipag can continue to be used by both new and existing patients according to the current prescribing information.

**Factor VIII-containing medicines:**
**No differences in inhibitor development**
European Union – The EMA has completed its review of factor VIII medicines to evaluate the risk of inhibitors developing in patients with haemophilia A who have not previously been treated with these medicines. The review was triggered by the outcomes of a study which found this risk to be greater with recombinant factor VIII medicines than with plasma-derived ones. The review did not find any clear and consistent evidence of a difference in inhibitor development between the two classes of factor VIII medicines. (1) A marketing authorization holder has requested a re-examination, which will start upon receipt of the grounds for the request. (2)
► (2) EMA News, 9 June 2017.

**Mefloquine:**
**Clarifications on adverse events**
Canada – A Health Canada safety review launched at the end of 2016 has not found conclusive evidence that mefloquine can cause long-lasting and permanent neurological and psychiatric adverse events. Mefloquine remains a first-line option a first-line option to protect Canadians from malaria when travelling to areas with a high infection risk. The product information for mefloquine will be updated with a checklist of contraindications for prescribers, as well as clearer information for patients on the risk of damage to the vestibular system in
the inner ear, that may, very rarely, become permanent in some patients.
► Health Canada Statement, 1 June 2017.

**Docetaxel:**

*No increased incidence of neutropenic enterocolitis*

European Union – An EMA review has found that there is no evidence of change in the known risk of neutropenic enterocolitis after treatment with the cancer medicine docetaxel.

The review was triggered by a rise in reported cases in France. The Committee concluded that this rise could be due to increased awareness among healthcare professionals. Reporting rates in the EU as a whole do not provide any evidence of an increase in the incidence of this known adverse effect, which may occur in up to 1 in 1,000 cancer patients taking the medicine.

► EMA Press release, 9 June 2017.

### Reviews started

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Use</th>
<th>Concerns</th>
<th>Reviewing authority reference</th>
</tr>
</thead>
</table>
| **Direct-acting antivirals**
(Viekira Pak® and Viekira Pak-RBV®) | Treatment of hepatitis C | Possible blood glucose-lowering effect | Medsafe monitoring communication, 13 March 2017. |
| **Daclizumab**
(Zinbryta ®) | Treatment of multiple sclerosis | One case of fulminant liver failure, 4 cases of serious liver injury | EMA. Article 20 review started: 9 June 2017. |
| **Fingolimod**
(Gilenya®) | Treatment of highly active multiple sclerosis | Suspected rebound syndrome after stopping or switching therapy | MHRA Drug Safety Update volume 10, issue 9, April 2017: 3. |
| **Valproate**
(First EMA review with a public hearing, scheduled for 26 September 2017) | Treatment of epilepsy, bipolar disorder and (in some EU countries) migraine | Risk of malformations and developmental problems in babies who are exposed to valproate in the womb. This is a follow-up review to determine whether further restrictions are required. | EMA. Article-31 referral: Valproate and related substances 10 March 2017. |
Non-compliance with good practices

Micro Therapeutic Research Labs: EMA suspends products due to unreliable bioequivalence data

European Union – The EMA has recommended suspending a number of nationally approved medicines for which bioequivalence studies were conducted by Micro Therapeutic Research Labs in India. For critically important medicines the national authorities can postpone the suspension in the interest of patients. The Agency also recommended that medicines under evaluation and studied at these sites should not be authorized until bioequivalence is demonstrated using alternative data. For some of the products affected, alternative bioequivalence data were subsequently provided and the suspensions were lifted.

Inspections conducted at the two sites in February 2016 had identified concerns regarding misrepresentation of study data and deficiencies in documentation and data handling. This triggered an EMA review, which concluded that data from studies conducted at the two sites between June 2012 and June 2016 are unreliable. The issue affects more than 300 approvals and applications.


Mylan Laboratories

United States of America – The FDA has warned the India-based company Mylan over issues with quality management and data integrity at its manufacturing site at F4 & F12 Malegaon MIDC, Sinnar, Nashik observed during an FDA inspection in September 2016. According to the Global Fund’s Price and Quality Reporting (PQR) database, almost half of all grant-funded antiretrovirals supplied in 2016 were produced by Mylan. WHO has prequalified 21 finished pharmaceutical products manufactured at the Nashik site. Of these, 10 are also manufactured at other Mylan sites which are not affected by the current warning letter. The Prequalification Team had inspected the Nashik site in 2015 and found it compliant after implementation of corrective and preventive action. WHO has recommended increased vigilance and post-shipment testing. The manufacturer has been asked to provide an impact assessment on prequalified products. Thereafter another WHO inspection will be conducted.

In an update, WHO-PQT summarized the findings from the impact assessment and concluded that there were no concerns regarding the quality of the WHO-prequalified products manufactured at the Nashik site.

► (1) FDA Warning letter 320-17-32, 3 April 2017.

Qinhuangdao Zizhu

Geneva – The WHO Prequalification Team (PQT) has responded to an FDA import alert issued in March 2017 for products containing APIs from Qinhuangdao Zizhu Pharmaceutical Co Ltd following inspection findings of non-compliance with GMP, including a breach of data integrity in the quality control laboratory. WHO-PQT had inspected the site in 2015 and found it compliant with GMP after completion of corrective action. WHO-PQT is planning to re-inspect the site. Meanwhile it has advised
finished products manufacturers to take additional measures to ascertain the quality of APIs from Qinhuangdao Zizhu, and is working with them to identify alternative API sources.


FDA warning letters

United States of America – A series of warning letters were issued to pharmaceutical companies by the FDA’s Center for Drug Evaluation and Research in March, April and May 2017.(1)

An FDA inspection of the India-based active pharmaceutical ingredient (API) manufacturer Badrivishal Chemicals & Pharmaceuticals revealed that original records, water testing reports and sample notebooks had been discarded in trash bags, which later disappeared. Impurity testing chromatograms showed repeated unexplained discrepancies in run times, aborted runs and reprocessing of data.

The China-based API manufacturer Lumis Global Pharmaceuticals Co. Ltd. had generated certificates of analysis (COA) by copying and pasting analytical results from the API manufacturers onto its own letterhead. The India-based manufacturer USV Pvt Ltd was warned over repeated violations at multiple sites related to data integrity, validation of aseptic and sterilization processes and other issues.

Divi’s Laboratories Ltd in Visakhapatnam, India was warned over their failure to prevent unauthorized access to data as well as manipulation and omission of data. Warnings were also issued to Opto-Pharm Pte Ltd in Singapore, Indoco Remedies Limited in India, Teva’s API manufacturing site in Hangzhou, China, Sal Pharma and Vikshara Trading & Investments Ltd in India, and Changzhou Jintan Qianyao Pharmaceutical Raw Materials in China.

These reports highlight once more the need for stringent regulation and enforcement of adherence to regulatory requirements.

FDA warning letters are available at: www.fda.gov/ICECI/EnforcementActions/WarningLetters/

TGA reminder on good data management requirements

Australia – The TGA has published a statement regarding its expectations regarding data management and integrity. The Agency is reminding applicants that it views data management and integrity issues very seriously, as reflected in its definition of a “critical” deficiency in GMP, which states: “A deficiency in a practice or process that has produced, or may result in, a significant risk of producing a product that is harmful to the user. Also occurs when it is observed that the manufacturer has engaged in fraud, misrepresentation or falsification of products or data.”

The statement goes on to outline the ALCOA+ principles1 – the basis of good data management and integrity practices – as described in the draft guidelines of the Pharmaceutical Inspection Co-operation Scheme (PIC/s). The TGA intends to use these guidelines as reference in its regulatory inspections and dossier review.

TGA Statement, 6 April 2017.


1 ALCOA+: Attributable, Legible, Contemporaneous, Original, Accurate; + complete, consistent, enduring, available.
Falsified product alerts

Meningococcal ACWY vaccine in West Africa
The following is reproduced text from the WHO Medical Product Alert No. 1/2017 relating to the circulation of a confirmed falsified meningococcal ACWY vaccine discovered in Niger.

Product details
This product is used to immunize against Meningococcal disease serogroups A, C, W, and Y. Meningococcal meningitis vaccine is listed as a WHO Essential Medicine.
On 31 May 2017, the manufacturer “Bio-Manguinhos/Fiocruz” informed WHO that a falsified version of the following product was available in Niger.

- **Product name:** Polysaccharide Meningococcal ACWY Vaccine
- **Batch number:** 089UMH002 Z
- **Expiry date:** 09/2017
- **Date of manufacture:** 09/2014

The label on the product claims that it is manufactured by Bio-Manguinhos/Fiocruz and is presented in vials of 10 doses each. The falsified product had not yet been subject to laboratory analysis at the time of publishing the Medical Product Alert.

The manufacturer Bio-Manguinhos/Fiocruz has stated that:
- They do not manufacture Polysaccharide Meningococcal ACWY Vaccine.
- Based on examination of the photographs they can confirm that this packaging is falsified.

No adverse events following immunisation attributed to this falsified vaccine are known to have been reported at this stage. On the basis of the above information, any Meningococcal ACWY Vaccine claiming to be manufactured by “Bio-Manguinhos/Fiocruz”, should be considered falsified and reported.

Advice to health care professionals, patients and national authorities is provided in the WHO medical product alert. Authorities are asked to immediately notify WHO if these falsified products are discovered in their country by contacting rapidalert@who.int

► WHO Medical Product Alert No. 1/2017, 2 June 2017 (includes photographs).

Hepatitis C medicine in Germany
The German regulatory authority has informed health professionals and the public that the following falsified product has been discovered in a pharmacy in the state of North Rhine-Westfalia.

- **Product:** Harvoni® 90 mg / 400 mg tablets
- **Batch number:** 16SFC021D (this lot number exists for the genuine product on the German market)
- **Expiry date:** 06/2018
- **Colour:** The tablets are white instead of orange.

The content of the falsified tablets is not yet known; laboratory analysis is ongoing. The manufacturer of the genuine product, Gilead, has organized a recall of the lot with the above-mentioned number from the German market.

► Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM). Press release 9/17, 6 June 2017 (in German).