AWTORITA' DWAR IL-MEDIĆINI

20th February 2012

Circular No. P03/2012

Dear Healthcare Professional,

Re: European Medicines Agency recommends new contraindications and warnings for

aliskiren-containing medicines.

The Medicines Authority would like to inform healthcare professionals that the European Medicines

Agency (EMA) has concluded its review of aliskiren-containing medicines, recommending that these

medicines should be contraindicated in patients with diabetes or moderate to severe renal impairment

who take angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs).

In addition, the Agency recommended the inclusion of a warning that the combination of aliskiren and

ACE inhibitor or ARB is not recommended in all other patients because adverse outcomes cannot be

excluded.

There are currently 2 products containing aliskiren which are authorised in Malta and these are

marketed as Rasilez and Rasilez HCT film coated tablets. Aliskiren containing medicines are

approved for the treatment of essential hypertension. As the Medicines Authority had informed you in

circular P21/2011, a review of aliskiren containing products was started in December 2011 by the

EMA's Committee for Medicinal Products for Human Use (CHMP). The review was started after the

Agency was informed by the marketing authorisation holder of the decision to terminate the

ALTITUDE* study early. This placebo-controlled phase III trial included patients with type 2 diabetes

and renal impairment and/or cardiovascular disease. In most patients, arterial blood pressure was

adequately controlled. The patients included in the trial received aliskiren in addition to either an ACE

inhibitor or an ARB.

Since then further data and analyses from the ALTITUDE study, alongside all data from other studies

and spontaneous reports of suspected adverse drug reactions, have become available and were

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reviewed by the CHMP. The data suggest a risk of adverse outcomes (hypotension, syncope, stroke,

hyperkalaemia and changes in renal function, including acute renal failure) when aliskiren is

combined with ACE inhibitors or ARBs, especially in diabetic patients and those with impaired renal

function. Although less evidence is available for other patient groups, adverse outcomes cannot be

excluded and therefore the CHMP no longer recommends the use of this combination.

Advice for doctors and patients

Doctors should stop prescribing aliskiren-containing medicines to patients with type 1 or type 2

diabetes or with moderate to severe kidney impairment who are also taking an ACE inhibitor or ARB,

and should consider alternative antihypertensive treatment as necessary.

For all other patients receiving aliskiren-containing medicines in combination with an ACE inhibitor

or an ARB, the balance of benefits and risks of continuing treatment should be considered carefully.

Pharmacists should inform patients that they should discuss their treatment with their doctor at their

next scheduled (non-urgent) appointment. They should not stop any of their treatment before speaking

to their doctor, because stopping anti-hypertensive medication without medical supervision can put

them at risk.

The Medicines Authority is in agreement with the full **press release** issued by the EMA. Healthcare

professionals are encouraged to maintain vigilance on aliskiren containing products. Suspected

Adverse Drug Reactions may be reported using the Medicines Authority yellow card scheme or online

at http://www.medicinesauthority.gov.mt/pub/adr.doc or to the marketing authorisation holder or their

local representatives.

* The ALTITUDE study was designed to determine whether aliskiren, on top of conventional treatment including an ACE inhibitor or ARB, reduces the risk of disease and death from heart and circulatory or kidney

problems in patients with type 2 diabetes and renal impairment and /or cardiovascular disease.

Healthcare professionals are encouraged to regularly check the Medicines Authority website for

product safety updates as these are issued on an ongoing basis.

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