Numeta G13%E to be suspended and new risk minimisation measures to be introduced for Numeta G16%E

20.09.2013 | Circular Number P19/2013

Information on Numeta

Numeta G13%E and Numeta G16%E are parenteral nutrition solutions containing glucose, lipids, aminoacids and electrolytes. Parenteral nutrition is the providing of nutrients and fluids through a vein in patients who cannot be fed by mouth or by enteral nutrition (the use of a feeding tube passed directly into the gut). Parenteral nutrition is necessary in premature neonates and in some full-term babies in order to prevent complications such as growth retardation and breathing complications and to promote the normal development of the brain.

Both Numeta G13%E and Numeta G16%E are authorised for use on Malta but only the G16%E is currently in use.

Information from European Medicines Agency about the safety concern

The European Medicines Agency's Pharmacovigilance Risk Assessment Committee (PRAC) has recommended suspending the marketing authorisation of the intravenous nutrition preparation Numeta G13%E because of a risk of hypermagnesaemia (high blood levels of magnesium). Hypermagnesaemia is a serious condition and symptoms may include weakness, nausea and vomiting, breathing difficulties and low blood pressure. Numeta G13%E, which is given to premature babies to provide nutritional support, will remain suspended until a re-formulated preparation is made available.

For another intravenous nutrition preparation, Numeta G16%E, used in full-term newborns and children up to 2 years, the PRAC considered the benefit-risk balance to remain positive, provided that healthcare professionals monitor their patients' blood magnesium levels before giving the preparation and at appropriate intervals thereafter in accordance with routine clinical practice and the clinical needs of the individual patient. In patients whose blood magnesium levels are elevated or signs of hypermagnesaemia are identified Numeta G16%E should be stopped or the infusion rate reduced.

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The PRAC review was started following several reports of hypermagnesaemia (without clinical symptoms) in preterm infants. As a precautionary measure, the manufacturer decided to voluntarily recall Numeta G13%E in the EU. The PRAC has now assessed the available data on the risk of hypermagnesaemia with Numeta G13%E and Numeta G16%E preparations from clinical studies, post-marketing reports and the published literature and considered available treatment guidelines. Stakeholders were also invited to submit any relevant information to support the assessment, and the Agency's Paediatric Committee (PDCO) was consulted for advice.

Having considered available guidelines and relevant literature and considering the magnesium content of Numeta, the PRAC concluded that the administration of Numeta G13%E could lead to a higher risk of hypermagnesaemia. In addition, the PRAC noted that this risk is further increased in premature newborns because their kidneys are immature and less able to clear the body of magnesium. The PRAC also noted the difficulty in identifying symptoms of hypermagnesaemia in premature newborns, which means that hypermagnesaemia may not be detected until it causes serious complications. While Numeta G13%E is suspended healthcare professionals should use alternative nutrition solutions which may include authorised standardised or individually prepared solutions.

For Numeta G16%E, the PRAC concluded that although the magnesium content may result in a magnesium intake that is slightly higher than suggested in some guidelines, the proposed measures, including updating the product information and a further study, are sufficient to ensure the safe use of this product. The product information should be revised accordingly and healthcare professionals should be informed in writing of the potential risk of hypermagnesaemia, which is increased in patients with impaired kidney function and those whose mothers were receiving supplemental magnesium before delivery, and of the measures to be taken to minimise this risk. In addition, the PRAC recommended a study be carried out to further evaluate blood magnesium levels in term newborn infants and children up to two years following use of Numeta G16%E.

The Coordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh), adopted a final position of agreement at its September meeting.

In Malta

For Healthcare Professionals

- A Direct Healthcare Professional Communication was sent to pediatric gastroenterology and neonatology clinics by Baxter's local representatives (Drug Sales Ltd) asking them to be

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vigilant of signs of hypermagnesaemia, such as generalized weakness, respiratory failure, hypotension, arrhythmias especially if not otherwise explained by the clinical condition of the child. A recall of Numeta 13%G is not required locally since the product had not been distributed.

- For Numeta G16%E health care professionals are reminded to monitor their patients' blood magnesium levels at baseline and at appropriate intervals thereafter in accordance with routine clinical practice and the clinical needs of the individual patient.

- In patients whose blood magnesium levels are elevated or signs of hypermagnesaemia are identified Numeta G16%E should be stopped or the infusion rate reduced.

For more information please visit the European Medicines Agency website on **www.ema.europa.eu**

Reporting Adverse Drug Reactions

Healthcare professionals and patients are encouraged to maintain vigilance on Numeta infusion fluid preparations. Suspected Adverse Drug Reactions (side effects) may be reported using the Medicines Authority form or online at **http://www.medicinesauthority.gov.mt/adrportal** or to the marketing authorisation holder or their local representatives.

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Post-Licensing Director
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Healthcare professionals and patients 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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