

# Sultanate of Oman

Ministry of Health

Directorate General of Pharmaceutical Affairs  
and Drug Control  
MUSCAT



سلطنة عمان  
وزارة الصحة  
المديرية العامة للصيدلانية  
والرقابة الدوائية  
مسقط

To:

THE DIRECTOR GENERAL OF HEALTH SERVICES IN ALL GOVERNORATES  
Commanding Officer, Armed Forces Hospital (Al Khoudh & Salalah)  
Director General of Engineering Affairs, MOH  
Director General of Royal Hospital  
Director General of Khoula Hospital  
Director General of Medical Supplies (MOH)  
Director General of Pvt. Health Est. Affairs (to kindly arrange distribution to all Pvt. Hospitals)  
Hospital Director (Al Nahda Hospital)  
Hospital Director (Al Massara Hospital)  
The Head of Medical Services in SQU Hospital  
The Head of Medical Services in Royal Oman Police  
The Head of Medical Services in Ministry of Defence  
The Head of Medical Services in The Diwan  
The Head of Medical Services in The Sultan's Special Force  
The Head of Medical Services in Internal Security Services  
The Head of Medical Services in Petroleum Development of Oman  
The Head of Medical Services in LNG Oman  
ALL PRIVATE PHARMACIES & DRUG STORES

After Compliments,

Please find attached our Circular No....7.6..... dated 31.03.20 regarding European Medicines Agency's notification about restrictions in use of cyproterone due to meningioma risk.

Copy to:

- Director, Office of H.E. The Undersecretary for Health Affairs
- Director of Pharmacovigilance & Drug Information Dept, DGPA&DC
- Director of Medical Device Control, DGPA&DC
- Director of Drug Control Department, DGPA&DC
- Director of Pharmaceutical Licensing Department, DGPA&DC
- Director of Central Quality Control Lab., DGPA&DC
- Supdt. of Central Drug Information

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Circular No. 76 / 2020

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31 -03-2020



سِلاطِنَةُ عُومَانِ  
وَزَارَةُ الصِّحَّةِ  
وَالدِّرِيسَةِ الْعَامَّةِ لِلصِّدْقَانَةِ  
وَالرَّقَابَةِ الدَّرَوَائِضِ  
مَسْقَط

## EMA announces restrictions to cyproterone use due to meningioma risk.

The European Medicines Agency's (EMA's) safety committee has recently recommended that medicines with daily doses of 10mg or more of cyproterone should only be used for androgen-dependent conditions such as hirsutism, alopecia, acne and seborrhoea once other treatment options, including treatment with lower doses, have failed. Once higher doses have started working, the dose should be gradually reduced to the lowest effective doses.

The medicines should only be used for reduction of sex drive in sexual deviations in men when other treatment options are not suitable.

There is no change in use of the medicines in men for prostate cancer.

The recommendations follow a review of the risk of the rare tumour meningioma with cyproterone. Overall, this side effect is rare: it may affect between 1 and 10 in 10,000 people, depending on the dose and duration of treatment. The risk increases with increasing cumulative doses (the total amount of medicine a patient has taken over time).

Available data do not indicate a risk for low-dose cyproterone medicines containing 1 or 2 milligrams cyproterone in combination with ethinylestradiol or estradiol valerate and used for acne, hirsutism, contraception, or hormone replacement therapy. However, as a precaution, they should not be used in people who have or have had a meningioma. This restriction is already in place for the higher dose medicines.

Doctors should monitor patients for symptoms of meningioma, which can include changes in vision, hearing loss or ringing in the ears, loss of smell, headaches, memory loss, seizures or weakness in arms and legs. If a patient is diagnosed with meningioma, treatment with cyproterone medicines must be stopped permanently.

As part of the ongoing surveillance of the safety of the medicines, companies marketing medicines containing 10 mg or more of cyproterone will be required to carry out a study to assess doctors' awareness of the risk of meningioma and how to avoid it.

Meningioma is a rare tumour of the membranes covering the brain and spinal cord. It is usually non-malignant and is not considered to be a cancer, but due to their location in and around the brain and spinal cord, meningiomas can cause serious problems.

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## Information for healthcare professionals

- The occurrence of meningiomas (single and multiple) has been reported in association with the use of cyproterone acetate, primarily at doses of 25 mg/day and above.
- The risk increases with increasing cumulative doses of cyproterone acetate. Most cases have been reported after prolonged exposure (several years) to high doses of cyproterone (25 mg a day and above).
- Medicines containing 10 mg or more of cyproterone should only be used for hirsutism, androgenic alopecia, acne and seborrhoea once other treatment options, which could include low-dose cyproterone-containing medicines such as cyproterone acetate 2 mg/ethinylestradiol 35 micrograms, have not worked. After clinical improvement, the dose should be gradually reduced to the lowest effective dose.
- Cyproterone medicines should only be used in men for reduction of sex drive in sexual deviations when other treatments are not appropriate.
- Healthcare professionals should monitor patients for clinical signs and symptoms of meningioma in line with clinical practice. Symptoms may be unspecific and include changes in vision, hearing loss or ringing in the ears, loss of smell, headaches that worsen with time, memory loss, seizures or weakness in extremities.
- If a patient treated with cyproterone acetate is diagnosed with meningioma, treatment with all cyproterone-containing products must be permanently stopped.
- Cyproterone acetate (1 and 2 mg) in combination with ethinylestradiol or estradiol valerate will be contraindicated in patients with a meningioma or history of meningioma. Higher-dose cyproterone medicines already have this contraindication.
- There is no change in the use of cyproterone medicines for prostate cancer. These medicines are used as antiandrogen treatment in inoperable prostate cancer, including for prevention of the initial flare-up in treatment with luteinizing hormone-releasing hormone (LHRH) agonists.
- The association of cyproterone acetate with meningioma was first added to the product information for medicines with cyproterone daily doses of 10 mg or more in 2009, with a contraindication for people with a history of meningioma.
- This review included recent results from a French epidemiological study showing a cumulative dose-dependent association between cyproterone acetate and meningioma (Weill et al) and an analysis by the French medicines agency ANSM of cases of meningioma with cyproterone use in France. Recent published literature and analysis of the EU database of adverse events, EudraVigilance, were also included.

## More about the medicine

Cyproterone is an antiandrogen medicine, meaning that it blocks the action of androgens, a type of sex hormone found in both men and women, and it also acts in the same way as another sex hormone called progesterone. Medicines containing cyproterone are available as tablets (10 mg,

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50 mg, 100 mg) and solution for injection (300 mg/3 ml). Cyproterone medicines are used to treat various androgen-dependent conditions such as hirsutism (excessive hair growth), alopecia (hair loss), acne, prostate cancer and reduction of sex drive in sexual deviations in men. They are also used as contraception and in hormone replacement therapy. Cyproterone medicines contain either cyproterone alone or cyproterone at a lower dose in combination with an oestrogen (a third type of sex hormone).

Cyproterone is registered in Oman.

Healthcare professionals are encouraged to report any adverse events suspected to be associated with the above product or any other medicinal product to the Department of Pharmacovigilance & Drug Information in DGPA&DC.

**Dr. Mohammed Hamdan Al Rubaie**  
**DIRECTOR GENERAL**

