<Date>

Amfepramone-containing medicines will no longer be available on the EU market, as marketing authorisations will be revoked

Dear Healthcare professional,

<Name of marketing authorisation holder> in agreement with the European Medicines Agency and the <National Competent Authority > would like to inform you of the following:

Summary

- **Due to the risk of pulmonary arterial hypertension, cardio- and cerebro-vascular diseases and dependence, in the context of modest short-term benefits of amfepramone treatment, the benefit-risk balance of amfepramone-containing medicines is no longer considered favourable.**
- **This follows a review which found that measures to restrict the use of these medicines in patients at higher risk of developing adverse drug reactions and the risks known to increase with the treatment duration have not been sufficiently effective.**
- **As a consequence, marketing authorisations of these medicines will be revoked and these medicines will no longer be available on the European Union (EU) market.**
- **Doctors should re-evaluate their patients currently on treatment with amfepramone and select appropriate alternative anti-obesity treatment options.**
- **<Recall information including level (pharmacy or patient) and date of recall – to be agreed at National Level>**

Background on the safety concerns

Amfepramone is a sympathomimetic agent belonging to the pharmacotherapeutic group of centrally acting anti-obesity products. It is indicated as adjunctive therapy to diet in patients with obesity and a body mass index ≥ 30 kg/m^2, who have not responded to an appropriate weight reducing regimen alone, for a period 4 to 6 weeks and no longer than three months.

Concerns over serious cases of pulmonary, cardiac, cerebrovascular and neuropsychiatric adverse drug reactions, as well as off-label use for longer durations than authorised (up to twenty years) and use during pregnancy which is contraindicated, prompted the European Medicines Agency (EMA) to initiate a thorough review of amfepramone-containing medicines, which included consultation with a panel of independent experts in the field.

Data from observational studies, and information from spontaneous post-marketing reports have shown an unacceptable level of non-adherence to risk minimisation measures. The medicines were being used for longer than the recommended maximum period of 3 months,

thereby potentially increasing the risk of serious side effects, such as pulmonary arterial hypertension and dependency. The medicines were also being used in patients for which amfepramone is contraindicated, namely with current or a history of cardio-vascular or cerebro-vascular disease, psychiatric disorders or in combination with other centrally acting anti-obesity products, increasing the risk of related adverse events. In addition, there was evidence of use during pregnancy, which could pose risks to the foetus.

Other options for measures to further mitigate these risks were considered, but it was concluded that these are unlikely to be sufficiently effective. Therefore, those risks are considered to outweigh the modest benefits of short-term amfepramone use as adjunctive therapy to diet, in patients with obesity and a BMI of 30 kg/m2 or higher, who have not responded to an appropriate weight reducing regimen measures alone.

These products will no longer be available on the EU market, and physicians should advise patients about other treatment options.

<National recall – to be included nationally>

Call for reporting

<A reminder of the need and how to report adverse reactions in accordance with the national spontaneous reporting system, including the details (e.g. name, postal address, fax number, website address) on how to access the national spontaneous reporting system>

Company contact point

<Contact point details for access to further information, including relevant website address(es), telephone numbers and a postal address>

Annexes *(if applicable)*

<Link/reference to other available relevant information, such as information on the website of a competent authority>

<Additional scientific information, if applicable>

<List of literature references, if applicable>

Communication plan for Direct Health Care Professionals Communication

DHPC COMMUNICATION PLAN	
Medicinal product(s)/active substance(s)	Amfepramone-containing medicinal products Amfepramon-Hormosan, Regenon and Tenuate redard
Marketing authorisation holder(s)	Temmler Pharma Gmbh and Artegodan Gmbh It is strongly encouraged that a single consistent message is sent to healthcare professionals in each EU Member State. All concerned marketing authorisation holders in each Member State are strongly encouraged to collaborate, so that a single DHPC is prepared and circulated in each Member State. The letter circulated in each Member State should cover all Amfepramone-containing products authorised in that Member State. It is encouraged that the one marketing authorisation holder in each Member State acts as the contact point for the national competent authority, on behalf of the other concerned marketing authorisation holders in the same Member State.
Safety concern and purpose of the communication	Amfepramone-containing medicines will no longer be available on the EU market, as marketing authorisations will be revoked
DHPC recipients	General practitioners, community pharmacists, specialists with a specific expertise in weight management/obesity (both adult and paediatric). Details for each Member State to be discussed and agreed with the National Competent Authorities (NCAs).
Member States where the DHPC will be distributed	Member states where the product is authorised (DE, DK, RO).

Timetable	Date
DHPC and communication plan (in English) agreed by PRAC	27 October 2022
DHPC and communication plan (in English) agreed by CMDh	10 November 2022
Submission of translated DHPCs to the national competent authorities for review	*Within 1 week from EC decision*
Agreement of translations by national competent authorities	*within 2 weeks from EC decision*
Dissemination of DHPC	*within 5 working days of agreement of translations by NCAs*