# Pharmaceuticals and Medical Devices Safety Information

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This *Pharmaceuticals and Medical Devices Safety Information (PMDSI)* is issued based on safety information collected by the Ministry of Health, Labour and Welfare. It is intended to facilitate safer use of pharmaceuticals and medical devices by healthcare providers. PMDSI is available on the Pharmaceuticals and Medical Devices Agency website ([http://www.pmda.go.jp/english/index.html](http://www.pmda.go.jp/english/index.html)) and on the MHLW website ([http://www.mhlw.go.jp/](http://www.mhlw.go.jp/), Japanese only).

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Ministry of Health, Labour and Welfare

**Translated by**
Pharmaceuticals and Medical Devices Agency

<table>
<thead>
<tr>
<th>Published by</th>
<th>Translated by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical and Food Safety Bureau, Ministry of Health, Labour and Welfare</td>
<td>Pharmaceuticals and Medical Devices Agency</td>
</tr>
<tr>
<td>Pharmaceutical and Food Safety Bureau, Ministry of Health, Labour and Welfare</td>
<td>Office of Safety, Pharmaceuticals and Medical Devices Agency</td>
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</tr>
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<td>E-mail: <a href="mailto:safety.info@pmda.go.jp">safety.info@pmda.go.jp</a></td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

*This translation of the original Japanese text is for information purpose only (in the event of inconsistency, the Japanese text shall prevail).*
1

Important Safety Information

This section presents contents of revisions, reference materials, and a case summary that served as the basis for these revisions to important adverse reactions included under the PRECAUTIONS section of package inserts of drugs that have been revised in accordance with the Notification after the previous bulletin (Pharmaceuticals and Medical Devices Safety Information No. 213).

Alprostadil, Alprostadil Alfadex (20 µg injectable dosage form)

<table>
<thead>
<tr>
<th>Brand Name (name of company)</th>
<th>Therapeutic Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprostadil</td>
<td>Cardiovascular agents-Miscellaneous</td>
</tr>
<tr>
<td>Palux Inj. 5 µg and 10 µg (Taisho Pharmaceutical Co., Ltd.)</td>
<td></td>
</tr>
<tr>
<td>Prink Inj. 5 µg and 10 µg, Prink Inj. Syringe 5 µg and 10 µg (Taiyo Yakuhin Co., Ltd.)</td>
<td></td>
</tr>
<tr>
<td>Liple Injection 5 µg and 10 µg (Mitsubishi Pharma Corporation)</td>
<td></td>
</tr>
</tbody>
</table>

Alprostadil Alfadex (20 µg injectable dosage form)

1. Thrombolysis for injection (Fuji Pharma Co., Ltd., Taiyo Yakuhin Co., Ltd., Fuji Pharma Co., Ltd.)
2. Prostasol Injection (Taiyo Yakuhin Co., Ltd.)
3. Liple Injection 5 µg and 10 µg (Mitsubishi Pharma Corporation)
4. Alprostadil Alfadex (20 µg injectable dosage form)

Therapeutic Category

Cardiovascular agents-Miscellaneous

Indications

Alprostadil

- Improvement of ulcers of extremities and resting pains in chronic arterial occlusion (Buerger’s disease and atherosclerosis obliterans)
- Improvement of skin ulcers in the following diseases:
  - Progressive systemic sclerosis
  - Systemic lupus erythematosus
- Improvement of skin ulcers in diabetes mellitus
- Improvement of subjective symptoms resulting from peripheral circulation disturbance and recovery from disturbance of peripheral circulation, nerve or motor function in vibration disease
- Patency of ductus arteriosus in ductus arteriosus dependent congenital heart disease
- Improvement of contrast in superior mesenteric arterial portography (only Palux Inj. 5 µg and 10 µg, Liple Injection 5 µg and 10 µg)

Alprostadil Alfadex (20 µg injectable dosage form)

I. Intra-arterial administration

- Improvement of ulcer in the extremities and resting pain in chronic arterial occlusive disease (Buerger's disease and arteriosclerosis obliterans)

II. Intravenous administration

1. Improvement of subjective symptoms and recovery from peripheral circulatory, nervous and motor function disorder associated with peripheral vascular disturbance in vibration disease
2. Maintenance of blood flow following vascular reconstructive surgery
3. Improvement of ulcer in the extremities and resting pain in chronic arterial occlusive disease (Buerger's disease and arteriosclerosis obliterans) where intra-arterial administration is judged to be inadequate
4. Patency of ductus arteriosus in ductus arteriosus-dependent congenital heart disease (only Tandetron Inj., Altesil 20 for Injection, Prostandin for Injection)
<PRECAUTIONS (underlined parts are additions)>

[Adverse Reactions (clinically significant adverse reactions)]

**Myocardial infarction:** Myocardial infarction may occur. Patients should be carefully monitored. If chest pain, sensation of chest pressure, or electrocardiogram abnormal is observed, administration should be discontinued, and appropriate measures should be taken.

<Reference Information>

Company report

### Case Summary

<table>
<thead>
<tr>
<th>No.</th>
<th>Patient</th>
<th>Daily dose/Treatment duration</th>
<th>Adverse reactions</th>
<th>Clinical course and therapeutic measures</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male 80s</td>
<td>Arteriosclerosis obliterans (diabetes mellitus)</td>
<td>60 µg 1 day ↓ 120 µg 7 days</td>
<td><strong>Acute myocardial infarction</strong>&lt;br&gt;Approx. 11 years before administration:&lt;br&gt;The patient was diagnosed with diabetes mellitus which was controlled relatively well with oral therapeutics.&lt;br&gt;11 days before administration:&lt;br&gt;The patient experienced fell 3 days before and suffered contusion of the 5th right toe and was started on analgesic-antipyretic and antiinflammatory drug for treatment.&lt;br&gt;6 days before administration:&lt;br&gt;Small wound appeared on the tip of the right 5th toe. Arteriosclerosis obliterans was suspected and the administration of 100 mg of cilostazol and 1800 mg of ethyl icosapentate were started.&lt;br&gt;On day 1 of administration:&lt;br&gt;Enlargement of the wound and necrosis, psychralgia of the right foot were confirmed. The patient was hospitalized as dorsal artery of the right foot was impalpable and administration of 60 µg/2 hours of this drug was started. From the following day, 60 µg of this drug was administered twice a day. Abnormal T waves (anterior myocardial ischemia was suspected) and complete right bundle branch block were confirmed by electrocardiogram.&lt;br&gt;On day 7 of administration:&lt;br&gt;Necrosis was almost completely healed and pain in right foot improved.&lt;br&gt;On day 8 of administration (day of discontinuation):&lt;br&gt;At evening, blood pressure was 126/70 mmHg. 1 hour and 30 minutes later, during the second dosing of this drug through IV drip, respiratory discomfort and wheezing occurred followed by acute myocardial infarction. Oxygen mask at 2 L was started, nebulizer was implemented. Blood pressure was 126/70 mmHg. 2 hours later, as respiratory discomfort continued, instillation of diprophylline was performed. Abnormal Q waves (leads II, III, aVF) were confirmed by electrocardiogram. As respiratory discomfort continued, administration of this drug was discontinued and steroid was intravenously administered. As chest X-ray revealed pleural effusion in the right lung and increase in CTR, furosemide was intravenously injected. The volume of oxygen was increased to 5 L.</td>
<td>Company report</td>
</tr>
</tbody>
</table>
Approximately 3 hours and 30 minutes later, as there was no change in respiratory discomfort, 0.5 mg of epinephrine was administered subcutaneously twice.

1 day after discontinuation:
- Late at night, respiratory discomfort and wheezing improved (SaO₂ 96%).
- In the morning, as respiratory discomfort recurred, nebulizer was implemented.
- Approximately 1 hour and 30 minutes later, furosemide was intravenously injected and nitroglycerin patch was applied.
- In the afternoon, respiratory discomfort and wheezing was confirmed. As PaO₂ was 51.5 mmHg, oxygen was increased to 8 L.
- Approximately 1 hour and 30 minutes later, abnormal Q waves (leads V₁, III, aVF) were confirmed by electrocardiogram.
- 2 hours later, furosemide was intravenously injected, and respiratory discomfort had almost completely resolved after 7 hours.
- Serious hypokinesis from the anterior wall to the septal area was confirmed by echocardiogram. EF was 40%.
- Mild pleural effusion in the right lung was confirmed by chest X-ray.

2 days after discontinuation:
- Congestive symptoms in the lung field were found by chest X-ray.

10 days after discontinuation:
- Respiratory discomfort disappeared.

23 days after discontinuation:
- Although the patient recovered from acute myocardial infarction, cardiac function disturbance remained (Mild left ventricular enlargement and mild hypokinesis from the anterior wall to the septal area were found by echocardiogram. EF was 53%).

Concomitant medications: brotizolam, acarbose, triazolam, pancreatic digestive enzyme, zaltoprofen, cilostazol, ethyl icosapentate, non-protein extract from cutaneous tissue of rabbit inoculated with vaccinia virus, glycyrrhizin/glycine/cysteine, sodium bicarbonate

### Clinical Laboratory Values

<table>
<thead>
<tr>
<th></th>
<th>On day 1 of administration</th>
<th>On day 8 of administration (day of discontinuation)</th>
<th>1 day after discontinuation</th>
<th>2 days after discontinuation</th>
<th>13 days after discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WBC / (mm³)</strong></td>
<td>6890</td>
<td>7160</td>
<td>10490</td>
<td>8780</td>
<td>10270</td>
</tr>
<tr>
<td><strong>AST (GOT) (IU/L)</strong></td>
<td>13</td>
<td>40</td>
<td>176</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td><strong>CK (CPK) (IU/L)</strong></td>
<td>--</td>
<td>216</td>
<td>970</td>
<td>483</td>
<td>73</td>
</tr>
<tr>
<td><strong>CRP (mg/dL)</strong></td>
<td>1.8</td>
<td>10.1</td>
<td>13.6</td>
<td>14.4</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>BG (mg/dL)</strong></td>
<td>155</td>
<td>136</td>
<td>236</td>
<td>111</td>
<td>--</td>
</tr>
<tr>
<td><strong>Blood pressure (systolic) (mmHg)</strong></td>
<td>160</td>
<td>126</td>
<td>160</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td><strong>Blood pressure (diastolic) (mmHg)</strong></td>
<td>80</td>
<td>70</td>
<td>66</td>
<td>82</td>
<td>72</td>
</tr>
<tr>
<td><strong>Blood gas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PaO₂ (mmHg)</td>
<td>--</td>
<td>--</td>
<td>51.5</td>
<td>74.6</td>
<td>--</td>
</tr>
<tr>
<td>PaCO₂ (mmHg)</td>
<td>--</td>
<td>--</td>
<td>27.2</td>
<td>34.5</td>
<td>--</td>
</tr>
</tbody>
</table>

WBC: White Blood Cell  
AST: Asparate Aminotransferase  
CK: Creatine Kinase  
CRP: C-Reactive Protein  
BG: Blood Glucose  
PaO₂: Partial Pressure Arterial Oxygen  
PaCO₂: Partial Pressure of Carbon Dioxide in Artery
**Donepezil Hydrochloride**

<table>
<thead>
<tr>
<th>Brand Name (name of company)</th>
<th>Aricept Fine Granules 0.5%, Aricept Tablets 3 mg and 5 mg, Aricept D Tablets 3 mg and 5 mg (Eisai Co., Ltd.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Category</td>
<td>Central nervous system agents-Miscellaneous</td>
</tr>
<tr>
<td>Indications</td>
<td>Suppression of progression of demential symptoms in mild to moderate dementia of the Alzheimer’s type</td>
</tr>
</tbody>
</table>

**PRECAUTIONS** (underlined parts are additions)

**Adverse Reactions (clinically significant adverse reactions)**

Rhabdomyolysis: Rhabdomyolysis may occur. Patients should be carefully monitored, and if myalgia, feelings of weakness, CK (CPK) increased, myoglobin blood increased and myoglobin urine increased is observed, administration should be discontinued and appropriate measures should be taken. In addition, caution should be exercised against development of acute renal failure associated with rhabdomyolysis.

**Reference Information**

Company report

**Case Summary**

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex/Age</th>
<th>Reason for use (complications)</th>
<th>Daily dose/Treatment duration</th>
<th>Adverse reactions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male 70s</td>
<td>Alzheimer-type dementia (cerebral infarction, hyperuricaemia, hypertension, constipation, aneurysm, hyperlipidaemia, renal function disorder)</td>
<td>3 mg 12 days ↓ 5 mg 25 days</td>
<td><strong>Rhabdomyolysis</strong> 38 days before administration: The patient was first examined at another hospital for sequelae of cerebral infarction and gastric cancer. Anorexia and dysphagia were noted. Renal function had also declined. (Cr: 1.51 mg/dL, red blood cell: 415 × 10⁴/mm³, haemoglobin: 11.9 g/dL, haematocrit: 41.0%) On day 1 of administration: Administration of 3 mg of this drug was initiated. On day 10 of administration: From around this time, the patient had difficulty in walking which gradually worsened. On day 13 of administration: Dosage of this drug was increased to 5 mg and continued. On day 24 of administration: From around this time, dysphagia worsened and that made swallowing difficult. The symptoms were gradually worsened thereafter. On day 37 of administration (day of discontinuation): Administration of the drug was discontinued. 1 day after discontinuation: The patient was found slumped down into his wheelchair. He could no longer walk and was hospitalized in another hospital. At time of hospitalization, brown urine was observed. Examination on admission for infectious disease was not implemented. 2 days after discontinuation: CK (CPK) value was significantly high at 126480 IU/L. Poor renal function at BUN 26.5 g/dL, Cr 2.8 mg/dL. As the patient was complicated with pneumonia, administration of piperacillin sodium at 2 g was started.</td>
<td>Company report</td>
</tr>
</tbody>
</table>
Administrations of roxatidine acetate hydrochloride at 150 mg and methylprednisolone sodium succinate at 1000 mg were started.

3 days after discontinuation:
The patient was diagnosed with rhabdomyolysis based on BUN 51.4 mg/dL and Cr 4.93 mg/dL. CHDF (continuous haemodialysis filtration) was started from the same day. Antibiotic was administered. As renal function worsened, the patient was transferred to this hospital for dialysis etc. At the time of transfer, concomitant renal failure developed and the patient had hardly any micturition. Although dialysis etc. was started, there was onset of pneumonia, blood pressure decreased, and peripheral circulatory failure leading to necrosis of the right foot.

As the patient developed multi-organ failure, and it was monitored over time.

53 days after discontinuation:
The patient died (cause of death: multi-organ failure).

Concomitant medications: aspirin, allopurinol, amlodipine besilate, doxazosin mesilate, magnesium oxide, sennoside

### Clinical Laboratory Values

<table>
<thead>
<tr>
<th></th>
<th>38 days before admin.</th>
<th>2 days after discontinuation</th>
<th>3 days after discontinuation</th>
<th>4 days after discontinuation</th>
<th>5 days after discontinuation</th>
<th>7 days after discontinuation</th>
<th>9 days after discontinuation</th>
<th>35 days after discontinuation</th>
<th>45 days after discontinuation</th>
<th>50 days after discontinuation</th>
<th>53 days after discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC (/mm$^3$)</td>
<td>--</td>
<td>16000</td>
<td>19100</td>
<td>22300</td>
<td>14500</td>
<td>15500</td>
<td>11200</td>
<td>15200</td>
<td>16000</td>
<td>12200</td>
<td>17700</td>
</tr>
<tr>
<td>Neutrophils (%)</td>
<td>--</td>
<td>96</td>
<td>94</td>
<td>90</td>
<td>94</td>
<td>98</td>
<td>94</td>
<td>--</td>
<td>--</td>
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<tr>
<td>Eosinophils (%)</td>
<td>--</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>--</td>
<td>--</td>
<td>--</td>
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<tr>
<td>Basophils (%)</td>
<td>--</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>Monocytes (%)</td>
<td>--</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>--</td>
<td>--</td>
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<td>--</td>
</tr>
<tr>
<td>Lymphocytes (%)</td>
<td>--</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>RBC (×10$^6$/mm$^3$)</td>
<td>415</td>
<td>459</td>
<td>403</td>
<td>235</td>
<td>286</td>
<td>342</td>
<td>335</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Haemoglobin (g/dL)</td>
<td>11.9</td>
<td>12.7</td>
<td>11.5</td>
<td>6.8</td>
<td>8.5</td>
<td>10.1</td>
<td>10.0</td>
<td>7.8</td>
<td>7.9</td>
<td>7.6</td>
<td>8.0</td>
</tr>
<tr>
<td>Haematocrit (%)</td>
<td>41.0</td>
<td>39.1</td>
<td>34.7</td>
<td>21.0</td>
<td>24.1</td>
<td>29.9</td>
<td>30.1</td>
<td>22.0</td>
<td>21.1</td>
<td>20.6</td>
<td>21.6</td>
</tr>
<tr>
<td>PLT (×10$^3$/mm$^3$)</td>
<td>--</td>
<td>21.6</td>
<td>14.4</td>
<td>9.6</td>
<td>5.1</td>
<td>2.7</td>
<td>3.3</td>
<td>12.2</td>
<td>11.9</td>
<td>5.7</td>
<td>3.3</td>
</tr>
<tr>
<td>AST (GOT) (IU/L)</td>
<td>1233</td>
<td>946</td>
<td>409</td>
<td>2360</td>
<td>709</td>
<td>262</td>
<td>88</td>
<td>57</td>
<td>67</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>ALT (GPT) (IU/L)</td>
<td>--</td>
<td>306</td>
<td>333</td>
<td>220</td>
<td>843</td>
<td>566</td>
<td>302</td>
<td>35</td>
<td>75</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>Al-P (IU/L)</td>
<td>--</td>
<td>--</td>
<td>470</td>
<td>317</td>
<td>319</td>
<td>388</td>
<td>291</td>
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<tr>
<td>LDH (IU/L)</td>
<td>--</td>
<td>--</td>
<td>2055</td>
<td>1315</td>
<td>2617</td>
<td>1375</td>
<td>781</td>
<td>318</td>
<td>223</td>
<td>216</td>
<td>261</td>
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<tr>
<td>γ-GTP (IU/L)</td>
<td>--</td>
<td>--</td>
<td>42</td>
<td>30</td>
<td>43</td>
<td>74</td>
<td>71</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total protein (g/dL)</td>
<td>--</td>
<td>6.4</td>
<td>6.0</td>
<td>4.0</td>
<td>4.2</td>
<td>4.6</td>
<td>4.7</td>
<td>5.7</td>
<td>4.8</td>
<td>4.9</td>
<td>4.7</td>
</tr>
<tr>
<td>BUN (mg/dL)</td>
<td>26.5</td>
<td>51.4</td>
<td>46.3</td>
<td>49.0</td>
<td>25.9</td>
<td>43.4</td>
<td>78.2</td>
<td>58.5</td>
<td>50.8</td>
<td>53.5</td>
<td></td>
</tr>
<tr>
<td>Cr (mg/dL)</td>
<td>1.51</td>
<td>2.8</td>
<td>4.93</td>
<td>5.46</td>
<td>4.84</td>
<td>2.58</td>
<td>2.77</td>
<td>3.04</td>
<td>2.65</td>
<td>3.13</td>
<td>1.72</td>
</tr>
<tr>
<td>Na (mEq/L)</td>
<td>--</td>
<td>133</td>
<td>137</td>
<td>143</td>
<td>145</td>
<td>136</td>
<td>140</td>
<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>K (mEq/L)</td>
<td>--</td>
<td>5.9</td>
<td>5.3</td>
<td>5.1</td>
<td>5.5</td>
<td>4.6</td>
<td>4.6</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Urine myoglobin (ng/mL)</td>
<td>--</td>
<td>--</td>
<td>840</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>CK (CPK) (IU/L)</td>
<td>--</td>
<td>126480</td>
<td>77350</td>
<td>29580</td>
<td>40500</td>
<td>13057</td>
<td>5235</td>
<td>57</td>
<td>55</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>CRP (mg/dL)</td>
<td>--</td>
<td>15.0</td>
<td>20.8</td>
<td>11.4</td>
<td>10.8</td>
<td>29.8</td>
<td>24.6</td>
<td>19.7</td>
<td>17.7</td>
<td>17.4</td>
<td>14.1</td>
</tr>
</tbody>
</table>

WBC: White Blood Cell  
RBC: Red Blood Cell  
PLT: Platelet  
AST: Asparate Aminotransferase  
ALT: Alanine Aminotransferase  
Al-P: Alkaline Phosphatase  
LDH: Lactate Dehydrogenase  
γ-GTP: γ-Glutamyltranspeptidase  
BUN: Blood Urea Nitrogen  
Cr: Creatinine  
Na: Sodium  
K: Potassium  
CK (CPK): Creatine Kinase  
CRP: C-Reactive Protein

## Leuprolin Acetate

<table>
<thead>
<tr>
<th>Brand Name (name of company)</th>
<th>Leuplin for Injection 1.88 and 3.75, Leuplin for Injection Kit 1.88 and 3.75, Leuplin SR for Injection Kit 11.25 (Takeda Pharmaceutical Company Limited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Category</td>
<td>Hormones-Miscellaneous</td>
</tr>
</tbody>
</table>
| Indications                 | (Leuplin for Injection 1.88)  
○ Endometriosis  
○ Decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc.  
○ Central precocious puberty  
(Leuplin for Injection 3.75)  
○ Endometriosis  
○ Decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc.  
○ Premenopausal breast cancer  
○ Prostate cancer  
○ Central precocious puberty  
(Leuplin for Injection Kit 1.88)  
○ Endometriosis  
○ Decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc.  
(Leuplin for Injection Kit 3.75)  
○ Endometriosis  
○ Decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc.  
○ Premenopausal breast cancer  
○ Prostate cancer  
(Leuplin SR for Injection Kit 11.25)  
○ Prostate cancer |

<<PRECAUTIONS (underlined parts are additions)>>

[Adverse Reactions (clinically significant adverse reactions)] Pituitary apoplexy has been reported in patients with pituitary adenoma. Therefore, if headache, vision impairment, visual field disorder, etc. are observed immediately after the first dose of this drug, appropriate measures, such as surgical treatment, should be taken after conducting examination.

<Reference Information>

Company report
### Case Summary

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex/ Age</th>
<th>Reason for use (complications)</th>
<th>Daily dose/ Treatment duration</th>
<th>Adverse reactions</th>
<th>Clinical course and therapeutic measures</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| 1   | Male 70s | Prostate cancer (pituitary adenoma) | 3.75 mg once | **Pituitary apoplexy**  
2 years before administration:  
When MRI was performed for the complete medical examination of the cause of headache, tumor (25 × 35 × 20 mm) was confirmed from the intrasellar to suprasellar region. No abnormalities were found in endocrine test. The patient was diagnosed with nonfunctioning pituitary adenoma, and was under follow-up at his own request.  
On day 1 of administration:  
As the patient was diagnosed with prostate cancer, this drug was administered. However, 30 minutes after the administration, headache, queasy, oculomotor nerve paralysis of the left eye, and abducent nerve paralysis was developed.  
The patient was hospitalized in the department of neurosurgery. Consciousness was lucid at time of hospitalization. There was no hypopituitarism or diabetes insipidus. Moreover, CT scan did not confirm clear intratumoral haemorrhage and elective operation was called for. Blood cortisol level was normal and free T3 and T4 were slightly decreased.  
Test results at the time of hospitalization: cortisol 17 μg/dL, free T3 1.8 pg/mL, free T4 0.8 ng/dL.  
1 day after administration:  
MRI findings suggested necrosis at the upper area of the tumor.  
2 days after administration:  
Substitution therapy was started to treat pituitary insufficiency.  
3 days after administration:  
Blood pressure decreased and blood cortisol decreased (3.1 μg/dL) were confirmed.  
9 days after administration:  
MRI findings suggested progression of necrosis within the tumor, as well as intratumoral haemorrhage.  
13 days after administration:  
Haematoma and tumor were removed through transsphenoidal sinus operation.  
10 months after administration:  
Left abducent nerve paralysis slightly remained, and pituitary insufficiency was confirmed. | Company report | Concomitant medications: unknown |

### Lopinavir/Ritonavir

<table>
<thead>
<tr>
<th>Brand Name (name of company)</th>
<th>Kaletra Soft Capsules, Kaletra Liquid (Abbott Japan Co., Ltd.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Category</td>
<td>Antivirals</td>
</tr>
<tr>
<td>Indications</td>
<td>HIV infection</td>
</tr>
</tbody>
</table>

Concomitant medications: unknown
<<PRECAUTIONS (underlined parts are additions)>>

[Contraindications] Patients receiving the following drugs: pimozide, cisapride, ergotamine tartrate, dihydroergotamine mesilate, midazolam, triazolam, vardenafil hydrochloride hydrate

[Important Precautions] Body fat redistribution/accumulation may occur following the use of anti-HIV drugs. If any such abnormality is noted, appropriate measures should be instituted.

Immune reconstructive syndrome has been reported in patients under anti-HIV multidrug therapy including this drug. After the start of treatment, inflammatory reactions not only to symptomatic but also to asymptomatic opportunistic infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and Pneumocystis) may develop following restoration of immune function. These inflammatory reactions, therefore, should be appraised and, as deemed necessary, appropriate therapy should be considered.

[Interactions (contraindications for concomitant use)] Vardenafil hydrochloride hydrate

[Adverse Reactions (clinically significant adverse reactions)] Bradyarrhythmia: Bradyarrhythmia (sinus bradycardia, sinus arrest, atrioventricular block) may occur.

Erythema multiforme, oculomucocutaneous syndrome (Stevens-Johnson syndrome): Erythema multiforme and oculomucocutaneous syndrome (Stevens-Johnson syndrome) may occur.

<Reference Information>

Company report

Case Summary

<table>
<thead>
<tr>
<th>No.</th>
<th>Patient</th>
<th>Daily dose/Treatment duration</th>
<th>Adverse reactions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male 20s</td>
<td>HIV infection (haemophilia A, hepatitis B, hepatitis C)</td>
<td>6 capsules 2 days ↓ 6 capsules 4 days</td>
<td>Atrioventricular block complete, atrioventricular block second degree (Wenckebach type)</td>
</tr>
</tbody>
</table>

28 days before administration: Anti-HIV therapy was started from 7 years ago. The patient was hospitalized to undergo salvage therapy for end stage AIDS.

On day 1 of administration: Administration of this drug and didanosine was initiated.

On day 2 of administration (day of discontinuation): Queasy and palpitations occurred. Administration of this drug and didanosine was discontinued. Atrioventricular block complete was found by electrocardiogram. The symptoms were improved through intravenous injection of atropine sulfate. Heart rate was controlled through oral administration of orciprenaline sulfate. Thereafter, complete atrioventricular block was confirmed 1 day and also 14 days after discontinuation.

2 days after discontinuation: Atrioventricular block second degree (Wenckebach type) was confirmed during the night. Thereafter, atrioventricular block second degree was confirmed by holter electrocardiogram on 3, 19, 21, 31, and 35 days after discontinuation.
15 days after discontinuation:  
The patient was recovered from atrioventricular  
block complete.

46 days after discontinuation:  
There was no recurrence of atrioventricular block  
complete since the final occurrence on 14 days after  
discontinuation. The patient was discharged from  
the hospital.

51 days after discontinuation  
(On day 1 of readministration):  
The patient was rehospitalized for readministration  
of this drug and didanosine. Administration of this  
drug and didanosine was started on the same day.

On day 2 of readministration:  
The patient complained of chest discomfort in the  
early morning. Atrioventricular block second  
degree (Wenckebach type) was confirmed by  
electrocardiogram. Thereafter, there were sporadic  
occaurrences of atrioventricular block second  
degree (Wenckebach type) on day 3 and 4 of  
readministration.  
Chest discomfort improved through a 5% load of  
glucose lactated Ringer's solution and atropine  
sulfate at 0.5 mg.

On day 4 of readministration (day of discontinuation):  
Administration of this drug and didanosine was  
discontinued in accordance with the patient’s  
wishes.  
Chest discomfort was felt even after  
discontinuation of administration.

1 day after discontinuation:  
Thereafter, atrioventricular block second  
degree (Wenckebach type) was not observed. The patient  
was recovered from atrioventricular block second  
degree (Wenckebach type).

3 days after discontinuation:  
Chest discomfort resolved. Oral administration of  
orciprenaline sulfate was continued and the patient  
was discharged from the hospital.

4 days after discontinuation:  
Administration of sanilvudine, lamivudine, and  
nelfinavir was started. 17 days after  
discontinuation, administrations of these drugs  
were discontinued. Thereafter, atrioventricular  
block second degree (Wenckebach type) was  
confirmed on 27 days after discontinuation and  
atrioventricular block was confirmed on 31 days  
after discontinuation. Thereafter, arrhythmia events  
including atrioventricular block second degree  
(MobitzII type) were observed until the 35 days  
after discontinuation.

35 days after discontinuation:  
The patient was recovered from atrioventricular  
block.

Concomitant medications: didanosine (suspected drug), interferon alfa-2b (Genetical recombination),  
freeze-dried human blood coagulation factor VIII concentrate, sulfamethoxazole/trimethoprim, ribavirin
2
Revision of PRECAUTIONS
(No. 166)

This section presents details of revisions to the PRECAUTIONS section of package inserts and brand names of drugs that have been revised according to the Notifications after the previous bulletin (Pharmaceuticals and Medical Devices Safety Information No. 213) (excluding those presented in “1. Important Safety Information” of this Bulletin), together with reference materials.

1. Antiparkinsonian agents

Cabergoline
[Brand Name] Cabaser Tab. 0.25 mg and 1.0 mg (Pfizer Japan Inc.)

[Adverse Reactions (clinically significant adverse reactions)]

Pleural effusion, changes such as pleural fibrosis, or pulmonary fibrosis, pleuritic pericarditis: Pleural effusion may occur. Furthermore, if this drug is administered in a patient previously treated with this drug over the long term or an ergot preparation possessing dopamine receptor stimulating action, pleural fibrosis, pulmonary fibrosis, or pericarditis may occur. If oedema or respiratory symptoms etc. occur during the administration, chest X-ray examination should be immediately conducted. If abnormalities are observed, discontinue administration and take appropriate measures.

Cardiac valvulopathy: If there is onset or aggravation of cardiac murmurs, chest X-ray or echocardiography tests etc. should be immediately conducted and if valve abnormalities are observed, discontinue administration and take appropriate measures.

[Reference Information] Company report

2. Antiarrhythmic agents

Nifekalant Hydrochloride
[Brand Name] Shinbit Injection (Nihon Schering K.K.)

[Precautions of Dosage and Administration] As this drug may induce compatibility through its concomitant use with another drug or due to preparation conditions, extra caution should be exercised in selecting drugs and preparation conditions, etc.

[Reference Information] Company report

3. Hyperlipidaemia agents

Pitavastatin Calcium
[Brand Name] Livalo Tablets 1 mg and 2 mg (Kowa Company, Ltd.)

[Adverse Reactions (clinically significant adverse reactions)] Platelets decreased: Platelets decreased may occur. Patients should be carefully monitored through blood tests etc. If abnormalities are observed, discontinue administration and take appropriate measures.

[Reference Information] Company report
4 Limaprost Alfadex

[Brand Name] Opalomon Tablets (Ono Pharmaceutical Co., Ltd.), Prorenal Tablets (Dainippon Pharmaceutical Co., Ltd.), and others

[Adverse Reactions (clinically significant adverse reactions)] Hepatic function disorder or jaundice: Hepatic function disorder or jaundice with significant elevations of AST (GOT)·ALT (GPT) may occur. Patients should be carefully monitored. If abnormalities are observed, appropriate therapeutic measures such as discontinuing the administration should be taken.

<Reference Information> Company report

5 Dextromethorphan Hydrobromide, Dextromethorphan Hydrobromide/Potassium Cresolsulphonate

[Brand Name] Medicon Powder, Medicon Tablets 15 mg, Medicon Syrup (Shionogi & Co., Ltd.), and others

[Adverse Reactions (clinically significant adverse reactions)] Anaphylactoid symptoms: Anaphylactoid symptoms (dyspnoea, urticaria, angioedema etc.) may occur. Patients should be carefully monitored and if abnormalities are observed, discontinue administration and take appropriate measures.

<Reference Information> Company report

6 Vardenafil Hydrochloride Hydrate

[Brand Name] Levitra Tablets 5 mg and 10 mg (Bayer Yakuhin, Ltd.)

[Contraindications] Patients under treatment with ritonavir, indinavir, atazanavir, saquinavir, saquinavir mesilate, fosamprenavir, lopinavir/ritonavir

[Interactions (contraindications for concomitant use)] Atazanavir, saquinavir, saquinavir mesilate, fosamprenavir, lopinavir/ritonavir

<Reference Information> Company report

7 Zoledronic Acid Hydrate

[Brand Name] Zometa Injection 4 mg (Novartis Pharma K.K.)

[Important Precautions] Osteonecrosis of the jaw and osteomyelitis may occur in cancer patients with a medical history of dental procedures such as tooth extraction etc. and who are concurrently receiving chemotherapy or corticosteroid therapy. If this drug is administered to patients with risk factors (malignant tumor, chemotherapy, corticosteroid therapy, poor oral hygiene, a medical history of dental procedures etc.), patients should be first received an appropriate dental examination. Patients should avoid invasive dental procedures as much as possible during treatment with this drug.

<Reference Information> Company report
8 <Allergic agents-Miscellaneous>

Ramatroban

[Brand Name] Baynas Tablets 50 mg and 75 mg (Bayer Yakuhin, Ltd.)

[Adverse Reactions (clinically significant adverse reactions)] 

- Hepatitis, hepatic function disorder, jaundice: Hepatitis, hepatic function disorder with significant elevations of AST (GOT), ALT (GPT), Al-P, γ-GTP, and LDH levels, etc. and jaundice may occur. Patients should be carefully monitored and if abnormalities are observed, discontinue administration and take appropriate measures.

<Reference Information> Company report

9 <Synthetic antibacterials>

Tosufloxacin Tosilate

[Brand Name] Ozex Tablets 75 and 150 (Toyama Chemical Co., Ltd.), Tosuxacin Tablets 75 mg and 150 mg (Abbott Japan Co., Ltd.), and others

[Adverse Reactions (clinically significant adverse reactions)]

- Serious nephropathy such as acute renal failure or interstitial nephritis may develop. The patients should be carefully monitored through periodic renal function test etc. If abnormalities are observed, administration should be discontinued and appropriate measures should be taken.
- Hypoglycemia may develop (especially for elderly patients, patients with renal dysfunction, and patients with diabetes mellitus). The patients should be carefully monitored. If abnormalities are observed, administration should be discontinued and appropriate measures should be taken.

<Reference Information> Company report

10 <Antivirals>

Atazanavir Sulfate

[Brand Name] Reyataz Capsules 150 mg and 200 mg (Bristol Myers K.K)

[Important Precautions] 

- Body fat redistribution/accumulation may occur following the use of anti-HIV drugs. If abnormalities are observed, appropriate measures should be taken.
- Immune reconstructive syndrome has been reported in patients under anti-HIV multidrug therapy including this drug. After the start of treatment, inflammatory reactions not only to symptomatic but also to asymptomatic opportunistic infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and Pneumocystis) may develop following restoration of immune function. These inflammatory reactions, therefore, should be appraised and, as deemed necessary, appropriate therapy should be considered.

<Reference Information> Company report

11 <Antivirals>

Abacavir Sulfate, Amprenavir, Indinavir Sulfate Ethanolate, Efavirenz, Sanilvudine, Zalcitabine, Didanosine, Zidovudine, Delavirdine Mesilate, Nevirapine, Nelfinavir Mesilate, Ritonavir

[Brand Name] Ziagen Tablets (GlaxoSmithKline K.K.), Prozei Capsules (Kissei Pharmaceutical Co., Ltd.), Crixivan Capsules (Banyu Pharmaceutical Co., Ltd.), Stocrin Capsules 200 (Banyu Pharmaceutical Co., Ltd.), Zerit Capsules 15 and 20 (Bristol Myers K.K.), Hivid Tablets 0.375 (Chugai Pharmaceutical Co., Ltd.), Videx Chewable/Dispensable Buffered Tablets 25, 50, and 100, Videx EC Capsules Enteric-Coated Beadlets 125 and 200 (Bristol Myers K.K.), Retrovir Capsules (GlaxoSmithKline K.K.), Rescriptor Tablets 200 mg (Pfizer Japan Inc.), Viramune Tablets 200 (Nippon Boehringer Ingelheim Co., Ltd.), Viracept Tab. (Japan Tobacco Inc.), Norvir Soft Capsules 100 mg, Norvir-Liquid (Abbott Japan Co., Ltd.)

[Important Precautions] 

- Body fat redistribution/accumulation may occur following the use of anti-HIV
drugs. If abnormalities are observed, appropriate measures should be taken.
Immune reconstructive syndrome has been reported in patients under anti-HIV 
multidrug therapy including this drug. After the start of treatment, inflammatory 
reactions not only to symptomatic but also to asymptomatic opportunistic 
infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and 
Pneumocystis) may develop following restoration of immune function. These 
inflammatory reactions, therefore, should be appraised and, as deemed necessary, 
appropriate therapy should be considered.

<Reference Information> Company report

12 <Antivirals> Saquinavir, Saquinavir Mesilate

[Brand Name] Fortovase Caps., Invirase Capsules (Chugai Pharmaceutical Co., Ltd.)

[Contraindications] Patients under treatment with terfenadine, astemizole, cisapride, pimozide, 
amiodarone, bepridil, ergotamine preparation, or vardenafil

[Important Precautions] Body fat redistribution/accumulation may occur following the use of anti-HIV 
drugs. If abnormalities are observed, appropriate measures should be taken.
Immune reconstructive syndrome has been reported in patients under anti-HIV 
multidrug therapy including this drug. After the start of treatment, inflammatory 
reactions not only to symptomatic but also to asymptomatic opportunistic 
infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and 
Pneumocystis) may develop following restoration of immune function. These 
inflammatory reactions, therefore, should be appraised and, as deemed necessary, 
appropriate therapy should be considered.

[Interactions (contraindications 
for concomitant use)] Vardenafil

<Reference Information> Company report

13 <Antivirals> Zidovudine/Lamivudine

[Brand Name] Combivir Tablets (GlaxoSmithKline K.K.)

[Warning] WARNING
Recurrent chronic hepatitis B may occur in patients with concomitant chronic 
hepatitis B on discontinuation of lamivudine. Extra caution should be exercised 
when discontinuing administration of this drug, especially for when dealing with 
decompensated patients as the disease may become serious.

[Important Precautions] “Recurrent chronic hepatitis B may occur in patients with concomitant chronic 
hepatitis B on discontinuation of lamivudine. Extra caution should be exercised 
when discontinuing administration of this drug.” was omitted.
Body fat redistribution/accumulation may occur following the use of anti-HIV 
drugs. If abnormalities are observed, appropriate measures should be taken.
Immune reconstructive syndrome has been reported in patients under anti-HIV 
multidrug therapy including this drug. After the start of treatment, inflammatory 
reactions not only to symptomatic but also to asymptomatic opportunistic 
infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and 
Pneumocystis) may develop following restoration of immune function. These 
inflammatory reactions, therefore, should be appraised and, as deemed necessary, 
appropriate therapy should be considered.

<Reference Information> Company report
14  <Antivirals>

**Fosamprenavir Calcium Hydrate**

**[Brand Name]**
Lexiva Tablets 700 (GlaxoSmithKline K.K.)

**[Contraindications]**
Patients under treatment with vardenafil hydrochloride hydrate

**[Important Precautions]**
Body fat redistribution/accumulation may occur following the use of anti-HIV drugs. If abnormalities are observed, appropriate measures should be taken. Immune reconstructive syndrome has been reported in patients under anti-HIV multidrug therapy including this drug. After the start of treatment, inflammatory reactions not only to symptomatic but also to asymptomatic opportunistic infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and Pneumocystis) may develop following restoration of immune function. These inflammatory reactions, therefore, should be appraised and, as deemed necessary, appropriate therapy should be considered.

**[Interactions (contraindications for concomitant use)]**
Vardenafil hydrochloride hydrate

**<Reference Information>**
Company report

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15  <Antivirals>

**Lamivudine (150 mg, 300 mg)**

**[Brand Name]**
Epivir Tablets 150 and 300 (GlaxoSmithKline K.K.)

**[Warning]**
**WARNING**
Recurrent chronic hepatitis B may occur in patients with concomitant chronic hepatitis B on discontinuation of this drug. Extra caution should be exercised when discontinuing administration of this drug, especially for when dealing with decompensated patients as the disease may become serious.

**[Important Precautions]**
“Recurrent chronic hepatitis B may occur in patients with concomitant chronic hepatitis B on discontinuation of this drug. Extra caution should be exercised when discontinuing administration of this drug.” was omitted.

Body fat redistribution/accumulation may occur following the use of anti-HIV drugs. If abnormalities are observed, appropriate measures should be taken. Immune reconstructive syndrome has been reported in patients under anti-HIV multidrug therapy including this drug. After the start of treatment, inflammatory reactions not only to symptomatic but also to asymptomatic opportunistic infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and Pneumocystis) may develop following restoration of immune function. These inflammatory reactions, therefore, should be appraised and, as deemed necessary, appropriate therapy should be considered.

**<Reference Information>**
Company report

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16  <Antivirals>

**Lamivudine/Abacavir Sulfate**

**[Brand Name]**
Epzicom Tablets (GlaxoSmithKline K.K.)

**[Warning]**
**WARNING**
Recurrent chronic hepatitis B may occur in patients with concomitant chronic hepatitis B on discontinuation of lamivudine. Extra caution should be exercised when discontinuing administration of this drug, especially for when dealing with decompensated patients as the disease may become serious.
[Important Precautions] “Recurrent chronic hepatitis B may occur in patients with concomitant chronic hepatitis B on discontinuation of lamivudine. Extra caution should be exercised when discontinuing administration of this drug, especially for when dealing with decompensated patients as the disease may become serious.” was omitted.

Body fat redistribution/accumulation may occur following the use of anti-HIV drugs. If abnormalities are observed, appropriate measures should be taken.

Immune reconstructive syndrome has been reported in patients under anti-HIV multidrug therapy including this drug. After the start of treatment, inflammatory reactions not only to symptomatic but also to asymptomatic opportunistic infections (e.g., caused by Mycobacterium avium complex, cytomegalovirus, and Pneumocystis) may develop following restoration of immune function. These inflammatory reactions, therefore, should be appraised and, as deemed necessary, appropriate therapy should be considered.

<Reference Information> Company report
### List of products subject to Early Post-marketing Phase Vigilance

(As of June 1, 2005)

<table>
<thead>
<tr>
<th>Nonproprietary name</th>
<th>Brand name</th>
<th>Name of the marketing authorisation holder</th>
<th>Date of EPPV initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adefovir Pivoxil</td>
<td>Hepsera Tablets 10</td>
<td>GlaxoSmithKline K.K.</td>
<td>December 8, 2004</td>
</tr>
<tr>
<td>Arsenic Trioxide</td>
<td>Trisenox Injection 10 mg</td>
<td>Nippon Shinyaku Co., Ltd.</td>
<td>December 8, 2004</td>
</tr>
<tr>
<td>Peginterferon Alfa-2b (Genetical recombination)</td>
<td>Pegintron Sterile Powder for Injection 50 µg, 100 µg, and 150 µg</td>
<td>Schering-Plough K.K.</td>
<td>December 8, 2004</td>
</tr>
<tr>
<td>Lamivudine</td>
<td>Zefix Tablets 100*</td>
<td>GlaxoSmithKline K.K.</td>
<td>December 8, 2004</td>
</tr>
<tr>
<td>Ribavirin</td>
<td>Rebetol Capsules 200 mg*</td>
<td>Schering-Plough K.K.</td>
<td>December 8, 2004</td>
</tr>
<tr>
<td>Tiotropium Bromide Hydrate</td>
<td>Spiriva Inhalation Capsules 18 µg</td>
<td>Nippon Boehringer Ingelheim Co., Ltd.</td>
<td>December 10, 2004</td>
</tr>
<tr>
<td>Fosamprenavir Calcium Hydrate</td>
<td>Lexiva Tablets 700</td>
<td>GlaxoSmithKline K.K.</td>
<td>January 7, 2005</td>
</tr>
<tr>
<td>Beclometasone Dipropionate</td>
<td>Qvar Aerosol 50 and 100*</td>
<td>Daiinippon Pharmaceutical Co., Ltd.</td>
<td>January 19, 2005</td>
</tr>
<tr>
<td>Zoledronic Acid Hydrate</td>
<td>Zometa Injection 4 mg</td>
<td>Nihon Ciba-Geigy K.K.</td>
<td>January 21, 2005</td>
</tr>
<tr>
<td>Pralmorelin Hydrochloride</td>
<td>Ghrp Kaken 100 for Injection</td>
<td>Kaken Pharmaceutical Co., Ltd.</td>
<td>February 25, 2005</td>
</tr>
<tr>
<td>Aluminum Potassium Sulfate/Tannic Acid</td>
<td>Zione Injection/Lidocaine; Zione Injection</td>
<td>Mitsubishi Pharma Corporation</td>
<td>March 15, 2005</td>
</tr>
<tr>
<td>Epinastine Hydrochloride</td>
<td>Alesion Dry Syrup 1%</td>
<td>Nippon Boehringer Ingelheim Co., Ltd.</td>
<td>March 23, 2005</td>
</tr>
<tr>
<td>Etanercept (Genetical recombination)</td>
<td>Enbrel 25 mg for s.c. Injection</td>
<td>Wyeth K.K.</td>
<td>March 30, 2005</td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>Elplat for Injection 100 mg</td>
<td>Yakult Honsha Co., Ltd.</td>
<td>April 6, 2005</td>
</tr>
<tr>
<td>Tacrolimus Hydrate</td>
<td>Prograf 0.5 mg and 1 mg*</td>
<td>Astellas Pharma Inc.</td>
<td>April 11, 2005</td>
</tr>
<tr>
<td>Emtricitabine</td>
<td>Emitriva Capsules 200 mg</td>
<td>Japan Tobacco Inc.</td>
<td>April 19, 2005</td>
</tr>
<tr>
<td>Emtricitabine/Tenofovir Disoproxil Fumarate</td>
<td>Truvada Tablets</td>
<td>Japan Tobacco Inc.</td>
<td>April 19, 2005</td>
</tr>
<tr>
<td>Rosuvastatin Calcium</td>
<td>Crestor Tablets 2.5 mg and 5 mg</td>
<td>AstraZeneca K.K.</td>
<td>April 27, 2005</td>
</tr>
</tbody>
</table>
Note) Subject to additional indication etc.

*1: An additional indication for “in case of concurrent use with adefovir pivosil”

*2: An additional indication for “improvement of viraemia in the following chronic hepatitis C cases through concomitant use with peginterferon alfa-2b (Genetical recombination)”

*3: Additional indications of pediatric dosage "In children, 50 µg of the drug is generally inhaled into the mouth twice a day. Moreover, although the dosage may be increased/decreased as needed according to age and symptoms, the maximum daily dosage is 800 µg in adults and 200 µg in children. (underlined parts are additions)"

*4: An additional indication for “Rheumatoid arthritis (only for cases which are not adequately responsive to conventional therapies)”