Drug News
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Issue Number 190

This is a monthly digest of local and overseas drug safety news released by the Drug Office of the Department of Health in August 2025 with relevant information update before publish. For the latest news and information, please refer to public announcements or the website of the Drug Office of the Department of Health (http://www.drugoffice.gov.hk).

Safety Update

Canada: Health professional risk communication: Important safety information on CRYSVITA (burosumab) and the risk of severe hypercalcemia in patients with tertiary hyperparathyroidism

On 25 August 2025, Health Canada announced important safety information on CRYSVITA (burosumab) and the risk of severe hypercalcemia in patients with tertiary hyperparathyroidism, details as follows:

Affected products
CRYSVITA (burosumab) solution for subcutaneous injection: 10 mg/mL, 20 mg/mL and 30 mg/mL.

Issue
CRYSVITA (burosumab) may increase the risk of severe hypercalcemia in patients with underlying tertiary hyperparathyroidism and other risk factors, such as prolonged immobilization, dehydration, hypervitaminosis D, or renal impairment.

Audience
Healthcare professionals including pediatric and adult endocrinologists, and other specialists who are experienced in the diagnosis and management of rare metabolic bone diseases and who manage, or are likely to manage X-linked hypophosphatemia and FGF23-related hypophosphatemia in tumor-induced osteomalacia.

Key messages
- CRYSVITA (burosumab) may increase the risk of severe hypercalcemia in patients with underlying tertiary hyperparathyroidism and other risk factors.
- Healthcare professionals are advised that:
  - CRYSVITA should NOT be administered in patients with moderate to severe hypercalcemia until the condition has been adequately managed.
  - Serum calcium and parathyroid hormone levels should be monitored before and during treatment with CRYSVITA.
- The Canadian Product Monograph for CRYSVITA has been updated to include this information.

Background
CRYSVITA is indicated for the treatment of:
- X-linked hypophosphatemia in adult and pediatric patients 6 months of age and older.
- FGF23-related hypophosphatemia in tumor-induced osteomalacia associated with tumors that cannot be curatively resected or localized in adult patients.

Mild to moderate elevation of serum calcium levels have been reported in patients treated with CRYSVITA, including some cases occurring at treatment initiation. In several of these reports, a rise in parathyroid hormone levels after starting CRYSVITA was also noted.

In the post-market setting, severe hypercalcemia has been reported in patients with underlying tertiary hyperparathyroidism in association with other risk factors for hypercalcemia, such as prolonged immobilization, dehydration, hypervitaminosis D, or renal impairment.

CRYSVITA may affect calcium levels through the restoration of phosphate homeostasis. The effect on parathyroid hormone as a result of CRYSVITA inhibition of FGF23 remains unclear.

Information for consumers
CRYSVITA is used to treat X-linked hypophosphatemia (low levels of phosphate in the blood) in adults and children 6 months of age and older. CRYSVITA is also used to treat

hypophosphatemia in adults with tumor-induced osteomalacia (soft bones caused by a type of tumor).

CRYSVITA may cause hypercalcemia (high levels of calcium in the blood), especially in patients who already have a condition called tertiary hyperparathyroidism (persistently high levels of parathyroid hormone [a hormone that helps control blood calcium and phosphate levels] in the blood caused by other long-standing conditions) and other risk factors for hypercalcemia, including being immobile for a long time, not drinking enough fluids, taking too much vitamin D, or having kidney problems. CRYSVITA may also be associated with increases in parathyroid hormone.

To reduce these risks, healthcare professionals should check the calcium and parathyroid hormone levels in patients' blood before and during treatment. Mild to moderate hypercalcemia often causes few or no symptoms. When symptoms do occur, they may include constipation, nausea, vomiting, abdominal pain, loss of appetite and excessive urination. Long-term or severe hypercalcemia can result in kidney damage, abnormal heart rhythms and nervous system dysfunction.

Patients should discuss any questions or concerns about this information with their healthcare professional. Patients should inform their healthcare professional if they are experiencing any side effects while receiving CRYSVITA.

Information for healthcare professionals

Healthcare professionals are advised that:

- CRYSVITA should NOT be administered in patients with moderate to severe hypercalcemia until the condition has been adequately managed.
- Serum calcium and parathyroid hormone levels should be monitored before and during treatment with CRYSVITA.

Action taken by Health Canada

Health Canada, in collaboration with Kyowa Kirin, Inc., has updated the Canadian Product Monograph for CRYSVITA to include this new information.

In Hong Kong, Crysvita Solution For Injection 10 mg/1ml (HK-66641), Crysvita Solution For Injection 20 mg/1ml (HK-66642) and Crysvita Solution For Injection 30 mg/1ml (HK-66643) are pharmaceutical products containing burosumab registered by DKSH Hong Kong Limited. All products are prescription-only medicines. As of the end of August 2025, the Department of Health (DH) had not received any case of adverse drug reaction with regard to burosumab. In light of the above Health Canada's announcement, the DH issued letters to inform local healthcare professionals to draw their attention on 26 August 2025, and the matter will be discussed by the Registration Committee of the Pharmacy and Poisons Board of Hong Kong .

The United States: FDA to recommend additional, earlier MRI monitoring for patients with Alzheimer's disease taking Leqembi (lecanemab)

On 28 August 2025, the US Food and Drug Administration (FDA) announced that earlier monitoring can potentially help identify patients experiencing brain swelling or fluid buildup and help inform treatment decision-making.

What Safety Concern Is FDA Announcing?

The FDA is recommending an additional, earlier magnetic resonance imaging (MRI) monitoring prior to the 3rd infusion for patients with Alzheimer's disease taking Leqembi (lecanemab). The earlier monitoring can identify individuals with amyloid-related imaging abnormalities with edema (ARIA-E), which is characterized by brain swelling or fluid buildup. ARIA-E is usually asymptomatic, although serious and life-threatening events, including seizure and status epilepticus, can occur and there have been deaths.

The Alzheimer's disease community has been aware of ARIA-E associated with Leqembi, and current prescribing information recommends MRI imaging before the 5th, 7th, and 14th infusions. However, after an in-depth analysis of this safety issue, the Agency has determined that an additional monitoring MRI prior to the 3rd infusion can potentially help identify ARIA-E events earlier.

ARIA-E can progress after initial detection on MRI. Identifying patients with ARIA-E can lead healthcare professionals, patients, and their families to delay or discontinue Leqembi treatment to potentially mitigate these serious and, in some cases, fatal events.

What Is FDA Doing?

We are requiring the prescribing information of Leqembi (lecanemab) to include an earlier

monitoring MRI between the 2nd and 3rd infusion. This revised language will be in the monitoring schedule (Section 2.3) of the prescribing information. In the meantime, we want to bring public attention to this issue.

What Is Leqembi (lecanemab)?

Leqembi (lecanemab) is an amyloid beta-directed antibody that FDA approved in 2023 to slow the progression of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease. Leqembi is an antibody infusion that removes beta-amyloid from the brain. Beta-amyloid is a protein fragment that plays an important role in the development of Alzheimer's disease by forming deposits in the brain called plaques and disturbing brain functioning.

Symptoms of dementia include the loss of memory, problem-solving, and ability to think clearly which can interfere with daily life. Alzheimer's disease is the most common type of dementia. It is a progressive, irreversible disease that typically affects people aged 60 or older. In 2020, there were approximately 6.9 million people living with Alzheimer's disease in the United States, and it is the 7th leading cause of death among U.S. adults.

What Should Patients and Caregivers Do?

Patients who have recently started Leqembi treatment should ask their healthcare professional about MRI monitoring for ARIA-E between the 2nd and 3rd infusion. Patients should contact their healthcare professional or go to the nearest hospital emergency room right away if they experience symptoms of ARIA-E, including headache, confusion, dizziness, vision changes, nausea, difficulty walking, or seizures. If patients do not have the ability to reach out to their healthcare professionals, their caregivers should do so on their behalf.

What Should Health Professionals Do?

Healthcare professionals should be aware of the new recommendations and perform monitoring MRIs on patients between the 2nd and 3rd Leqembi infusions. Healthcare professionals should advise patients (or their caregivers) to immediately contact them if they experience ARIA-E symptoms, such as headache, confusion, dizziness, vision changes, nausea, aphasia, weakness or seizure. In this case, healthcare professionals should order urgent MRIs.

If ARIA-E is diagnosed, healthcare professionals should discuss with patients and caregivers the potential need to delay or discontinue Leqembi treatment. Please refer to dose suspension criteria in the approved USPI in Section 2.3 Table 1. ARIA-E, with or without symptoms, can progress after initial detection on MRI.

What Did FDA Find?

During routine pharmacovigilance, FDA identified six deaths early in treatment, which prompted an in-depth analysis of serious and fatal outcomes related to ARIA-E before the 5th Leqembi infusion.

In the analysis, FDA identified 101 cases of serious ARIA-E (see Data Summary). Of these case reports, two (2%) occurred between the 2nd and 3rd infusion, 22 (22%) occurred between the 3rd and 4th infusion, 41 (40%) occurred between the 4th and 5th infusion, and 36 (36%) occurred after the 5th infusion.

In total, 24 cases of serious ARIA-E occurred before the 4th infusion, all of whom showed symptoms prompting an earlier unscheduled MRI for clinical assessment. This case review did not capture asymptomatic ARIA-E patients who were not identified until a later timepoint during the regularly scheduled MRIs, potentially underestimating the rate of ARIA-E earlier in the course of treatment.

Patients with ARIA-E can have symptom or imaging progression after initial detection on MRI. As such, it is important to detect these patients early, both with clinical assessment and MRI imaging, to determine whose treatment may need to be delayed or discontinued.

Data Summary

During routine pharmacovigilance, FDA identified six fatal cases of amyloid related imaging abnormalities with edema (ARIA-E) early in treatment. These fatalities prompted an in-depth analysis of serious and fatal outcomes of ARIA-E occurring prior to the 5th infusion of Leqembi (lecanemab). This analysis included data from FDA Adverse Event Reporting System (FAERS) reports, literature, and information requested from the applicant.

In the in-depth analysis, FDA identified 101 cases of serious ARIA-E in FAERS. Of these case reports, two (2%) occurred between the 2nd and 3rd infusions, 22 (22%) occurred between the 3rd and 4th infusions, 41 (40%) occurred between the 4th and 5th infusions, and 36 (36%) occurred after

the 5th infusion.

In total, 24 cases of serious ARIA-E occurred before the 4th infusion. All 24 patients diagnosed with ARIA-E before the 4th infusion showed symptoms, which prompted an earlier unscheduled MRI for clinical assessment. This case review does not capture asymptomatic patients who may have had ARIA before the 3rd infusion but were not identified until a later timepoint during the regularly scheduled MRIs, potentially underestimating the rate of ARIA-E earlier in the course.

FDA also completed a review of the six fatal cases. Of the six fatalities identified in the original review, only one was initially asymptomatic and identified on the first monitoring MRI (i.e., prior to the 5th infusion). The remaining five developed symptoms within 0-8 days of their most recent infusion prompting urgent MRIs. Four of these cases developed symptoms after the 3rd infusion, and the last case developed symptoms after the 4th infusion. The four fatalities that occurred shortly following the 3rd infusion suggest a developing process that was likely already present at the time of the infusion, given the severity of symptoms and relatively rapid onset after the 3rd infusion. Earlier identification of ARIA-E may lead to a delay or discontinuation of Leqembi treatment to potentially mitigate serious and, in some cases, fatal events.

What Is My or My Loved One's Risk?

All medicines may have side effects even when used correctly as prescribed. Patients may be at higher risk of ARIA-E due to specific genetic factors or other underlying medical conditions. However, people respond differently to medicines. As a result, we cannot determine the exact likelihood of someone experiencing ARIA-E or other side effects from taking Leqembi. Talk to your healthcare professional(s) if you have questions or concerns about this medication's risks.

Facts about Leqembi

- Leqembi (lecanemab) is an amyloid beta-directed antibody that FDA approved in 2023 to slow disease progression in patients with Alzheimer's diseases. It is indicated for patients with mild cognitive impairment or mild dementia stage of disease.
- It is an antibody infusion that removes beta-amyloid from the brain.
- The recommended dosage is 10 mg/kg that must be diluted then administered as an intravenous infusion over approximately one hour, once every two weeks.
- The most common reactions include infusion-related reactions, ARIA-H, ARIA-E, and headache.
- Leqembi can lead to serious and potentially fatal symptoms of amyloid related imaging abnormalities with edema (ARIA-E) (i.e., brain swelling or fluid buildup).
- ARIA-E may present as headache, confusion, dizziness, vision changes, nausea, aphasia, weakness, or seizure. However, many patients do not have symptoms.
- To identify patients experiencing ARIA-E, FDA now recommends MRI imaging before the 3rd, 5th, 7th, and 14th infusions. Patients should also obtain a recent MRI (within one year before starting treatment) for a baseline comparison.

In Hong Kong, Leqembi Concentrate For Solution For Infusion 200mg/2ml (HK-68289) and Leqembi Concentrate For Solution For Infusion 500mg/5ml (HK-68290) are pharmaceutical products containing lecanemab registered by Eisai (Hong Kong) Company Limited. Both products are prescription-only medicines. As of the end of August 2025, the Department of Health (DH) had not received any case of adverse drug reaction with regard to lecanemab. In light of the above FDA's announcement, the DH issued letters to inform local healthcare professionals to draw their attention on 29 August 2025, and the matter will be discussed by the Registration Committee of the Pharmacy and Poisons Board of Hong Kong .

Drug Recall

Batch recall of Hydrocortisone Powder For Solution For Injection 100mg

On 11 August 2025, the Department of Health (DH) endorsed a licensed drug wholesaler, namely Chemillennium International (H.K.) Limited (Chemillennium) to recall one batch (batch number: 24100803) of Hydrocortisone Powder For Solution For Injection 100mg (Hong Kong Registration number: HK- 64623), from the market as a precautionary measure due to the potential quality issue.

The DH received notification from Chemillennium that the manufacturer in Mainland China of the product is recalling the above batch due to defect found in one glass vial of retention samples of the concerned batch during routine inspection. As a precautionary measure, Chemillennium voluntarily recalls the affected batch from the market.

The above product, containing Hydrocortisone, is a prescription medicine used for any condition in which rapid and intense corticosteroid effect is required. According to Chemillennium, the above batch of product has been imported into Hong Kong and supplied to the Hospital Authority, Department of Health, local private hospitals, private doctor and pharmacies.

As of the end of August 2025, the DH had not received any adverse reaction reports in connection with the products. A notice was posted in the Drug Office website on 11 August 2025 to alert the public of the product recall. The DH noted that the recall was completed.

A product containing any western drug ingredient must be registered under the Pharmacy and Poisons Ordinance before it can be sold in Hong Kong. Part 1 poisons should be sold at registered pharmacies under the supervision of registered pharmacists. Illegal sale or possession of Part 1 poisons and unregistered pharmaceutical products are offences under the Pharmacy and Poisons Ordinance (Cap. 138). The maximum penalty is a fine of $100,000 and two years' imprisonment for each offence. Antibiotics can only be supplied at registered pharmacies by registered pharmacists or under their supervision and upon a doctor's prescription. They should only be used under the advice of a doctor. Illegal sale or possession of antibiotics are offences under the Antibiotics Ordinance (Cap. 137) and the maximum penalty is a $50,000 fine and one year's imprisonment for each offence.

Under the Import and Export Ordinance (Cap. 60), pharmaceutical products must be imported or exported under and in accordance with an import or export licence issued under the Import and Export Ordinance. Illegal import or export of pharmaceutical products are offences under the Import and Export Ordinance (Cap. 60) and the maximum penalty is a fine of $500,000 and 2 years' imprisonment.

Update on Drug Office's website: You can now search the newly registered medicines in the past year at http://www.drugoffice.gov.hk/eps/drug/newsNRM60/en/healthcare_providers?pageNoRequested=1.
Details of ALL registered pharmaceutical products can still be found in the Drug Office website at http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/news_informations/reListRPP_index.html.

Useful Contact

Drug Complaint:

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Adverse Drug Reaction (ADR) Reporting:

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Link: http://www.drugoffice.gov.hk/adr.html
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The purpose of Drug News is to provide healthcare professionals with a summary of local and overseas drug safety news released. Healthcare professionals are advised to keep update with the information and provide corresponding advice or therapeutic measure to patients and public.