# Drug Information Bulletin

*Drug Information Centre (DIC)*
*Indian Pharmaceutical Association*
*Bengal Branch*
*Tele fax: 033 24612776,* E-mail: ipabengal.dic@gmail.com
*Web Site: http://www.ipabengal.org*
*Contact: 09830136291*
*&*
***Regulatory Affairs Division (RAD), IPA***

***Volume: 10*** ***Number: 03*** ***8th May 2016***


## Content


- **Editorial**
- **Prescribing Information for Nintedanib Capsule (OFEV)**
- **Furosemide Risk of interstitial pneumonia**
- **Nicorandil Now second-line treatment for anginarisk of ulcer complications**
- **Rivaroxaban Benefit-risk balance of rivaroxaban: unchanged**
- **Forthcoming Event**


## Editorial

It is my pleasure to write this editorial on the auspicious day i.e. birth day of Rabindranath Tagore –the great poet & Philosopher on a mile stone of Pharmaceutical Profession in India.

The Pharmacy Council of India (PCI) has instituted an Award named "PCI-IPCA" Award for the Pharmacist for their excellent service to the society in the line of DR. B.C. Roy National Award instituted by Medical Council of India (MCI) since 1962. Initially an endowment fund of Rs. 1 crore has been created for this purpose which is expected to grow with time.

The Award will be given every year on Pharmacist's Day (25th September). As per the sources awardees will be selected in the categories of Industrial Pharmacy, Education, Regulatory Affairs, Community and Hospital Pharmacy by a high level committee. Though it takes too much time to start an award to recognize Pharmacy professionals, the move has drawn wide appreciation.

Hope this is a stepping stone for creating an award given by the Government of India like "Florence Nightingale Award"


***Dr. Subhash C. Mandal***
***Editor***
***E mail: subhash.mandaldr@gmail.com***
***Mob. 9830136291***

## Prescribing Information for Nintedanib Capsule (OFEV)

Approval in US: 2014

INDICATIONS AND USAGE: OFEV is a kinase inhibitor indicated for the treatment of idiopathic pulmonary fibrosis (IPF). (1)

DOSAGE AND ADMINISTRATION: • Recommended dosage: 150 mg twice daily approximately 12 hours apart taken with food. (2.2) • Consider temporary dose reduction to 100 mg, treatment interruption, or discontinuation for management of adverse reactions. (2.3, 5.1, 5.2, 6) • Prior to treatment, conduct liver function tests. (2.1, 5.1)

DOSAGE FORMS AND STRENGTHS: Capsules: 150 mg and 100 mg (3)

CONTRAINDICATIONS: None

WARNINGS AND PRECAUTIONS: • Elevated liver enzymes: ALT, AST, and bilirubin elevations have occurred with OFEV. Monitor ALT, AST, and bilirubin before and during treatment. Temporary dosage reductions or discontinuations may be required. (2.1, 5.1) • Gastrointestinal disorders: Diarrhea, nausea, and vomiting have occurred with OFEV. Treat patients at first signs with adequate hydration and antidiarrheal medicine (e.g., loperamide) or anti-emetics. Discontinue OFEV if severe diarrhea, nausea, or vomiting persists despite symptomatic treatment. (5.2) • Embryofetal toxicity: Women of childbearing potential should be advised of the potential hazard to the fetus and to avoid becoming pregnant. (5.3) • Arterial thromboembolic events have been reported. Use caution when treating patients at higher cardiovascular risk including known coronary artery disease. (5.4) Bleeding events have been reported. Use OFEV in patients with known bleeding risk only if anticipated benefit outweighs the potential risk. (5.5) • Gastrointestinal perforation has been reported. Use OFEV with caution when treating patients with recent abdominal surgery. Discontinue OFEV in patients who develop gastrointestinal perforation. Only use OFEV in patients with known risk of gastrointestinal perforation if the anticipated benefit outweighs the potential risk. (5.6)

ADVERSE REACTIONS: Most common adverse reactions (≥5%) are: diarrhea, nausea, abdominal pain, vomiting, liver enzyme elevation, decreased appetite, headache, weight decreased, and hypertension. (6.1) To report SUSPECTED ADVERSE REACTIONS, contact Boehringer Ingelheim Pharmaceuticals, Inc. at (800) 542-6257 or (800) 459-9906 TTY or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS: • Coadministration of P-gp and CYP3A4 inhibitors may increase nintedanib exposure. Monitor patients closely for tolerability of OFEV. (7.1)

USE IN SPECIFIC POPULATIONS • Nursing mothers: Discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. (8.3) • Hepatic impairment: Monitor for adverse reactions and consider dose modification or discontinuation of OFEV as needed for patients with mild hepatic impairment. OFEV is not recommended for use in patients with moderate or severe hepatic impairment. (8.6, 12.3) • Renal impairment: The safety and efficacy of OFEV have not been studied in patients with severe renal impairment and end-stage renal disease. (8.7, 12.3) • Smokers: Decreased exposure has been noted in smokers which may alter the efficacy profile of OFEV.

Status in India:

***Nintedanib soft Gelatin Capsule 100/150mg has been approved by CDSCO for the treatment of Idiopathic Pulmonary Fibrosis (IPF) on 11.03.2016.***

For details:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/205832s000lbl.pdf

## Furosemide Risk of interstitial pneumonia

The MHLW and the PMDA have requested that the risk of interstitial pneumonia is added as a clinically significant adverse reaction to the package insert for furosemide (Lasix® and Eutensin®) as a clinically significant adverse reaction. Furosemide is used for treatment of several diseases and symptoms such as hypertension, oedema, premenstrual tension, stimulating excretion of urinary calculus, and oliguria due to acute or chronic renal failure. Cases of interstitial pneumonia have been reported in patients treated with furosemide in Japan. In the last three fiscal years in Japan, a total of six cases associated with interstitial pneumonia have been reported (including two cases for which a causal relationship to the product could not be ruled out).
Reference: www.pmda.go.jp/english/

## Nicorandil Now second-line treatment for anginarisk of ulcer complications

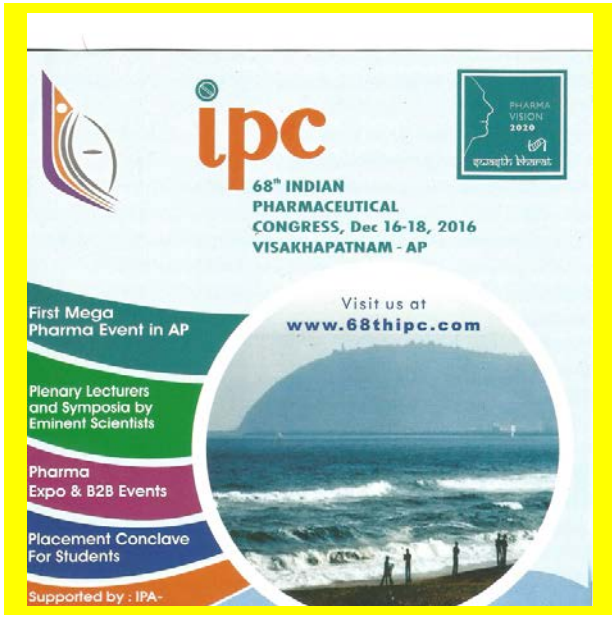
The MHRA has updated the advice to health-care professionals for the use of nicorandil, following a review on nicorandil-induced ulceration. Nicorandil is indicated in adults for the symptomatic treatment of patients with stable angina pectoris who are inadequately controlled or have a contraindication or intolerance to first-line anti-anginal therapies (e.g. beta-blockers or calcium antagonists). Nicorandil can cause serious skin, mucosal, and eye ulceration, including gastrointestinal ulcers which may progress to perforation, haemorrhage, fistula, or abscess. Almost two-thirds of reported gastrointestinal ulcerations are serious. Ulcers caused by nicorandil do not respond to conventional treatment, including surgery. The MHRA advises health-care professionals to stop nicorandil treatment if ulceration occurs, and consider the need for alternative treatment or specialist advice if angina symptoms worsen. In addition the use of nicorandil for treatment of stable angina should only be in: patients whose angina is inadequately controlled by first line antianginal therapies, or who have a contraindication or intolerance to first line antianginal therapies such as betablockers or calcium antagonists.
Reference: www.gov.uk/mhra

## Rivaroxaban Benefit-risk balance of rivaroxaban: unchanged

The EMA has announced that the overall safety or benefit-risk balance of rivaroxaban (Xarelto®) has not changed, following recent knowledge of a defect in the international normalised ratio (INR) device used in the ROCKET study. Rivaroxaban, co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. The ROCKET study was the main clinical trial underpinning the use of this anticlotting medicine in patients with nonvalvular atrial fibrillation (irregular heartbeat). In the study, which compared rivaroxaban with warfarin, the INR device was used to measure blood clotting in patients taking warfarin. Because of the defect, there were concerns that the INR device could have provided lower INR values in some of the warfarin group patients. The lower values could in turn have led investigators to give too high a dose, increasing their risk of bleeding and so giving a false impression of the comparative safety of rivaroxaban. After further analyses of the ROCKET study data taking into account the defect in the INR device, EMA's CHMP concluded that any incorrect

measurements obtained with the defective device would have had only a marginal effect on the study results, and the safety of rivaroxaban remains unchanged. In addition, data from other large studies confirmed the comparative safety of the medicine and showed similar rates of bleeding in their warfarin groups. The CHMP therefore considered that the benefit-risk balance of rivaroxaban in patients with non-valvular atrial fibrillation remains unchanged. (See WHO Pharmaceuticals Newsletters No.6, 2013: Risk of serious haemorrhage - clarified contraindications apply to Apixaban, dabigatran and rivaroxaban in the United Kingdom)

Reference: www.ema.europa.eu




## Forthcoming Events