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

Volume: 07 ***Number: 05*** ***12th May 2013***

Content

Editorial

India accounts for 26 % of the total global TB burden i.e. 2.0-2.5 million new cases annually joining to the existing masses. Like the rest of the world Drug resistance TB cases are also rising in India. Presently 2.1 % of TB cases are MDR TB cases in India. Resistance are developing due to several reasons, one of them irrational prescribing of antitubercular medicines. One of the studies by Mishra G et al published recently in NJIRM may be an eye opener for the prescribers and the health policy makers of India.

Tuberculosis prescription practices in private and public sector in India

Gyanshankar Mishra*, Jasmin Mulani**
*Government Medical College, Nagpur; **Public Health Department, Maharashtra

Abstract:
Introduction: India has the highest burden of tuberculosis in world, accounting for 20% of global incidence of TB (Tuberculosis). TB treatment is available both in private and public sector in India.
Aim & objectives: The current study was carried out to study and compare the prescribing practices of anti-tuberculosis medications by private practitioners and healthcare providers in public sector (under RNTCP-Revised National Tuberculosis Control Programme).
Material and Methods: 105 anti TB prescriptions of private practitioners and 105 RNTCP (Revised National Tuberculosis Programme) treatment cards were analysed. Results: 9.52% prescriptions by private practitioners and 4.76 % RNTCP prescriptions were correct. Factors for drug resistance were present in 67.62 % of prescriptions by private practitioners and 28.57 % of RNTCP prescriptions whereas overdosing was present in 53.33 % of prescriptions by private practitioners and 68.57 % of RNTCP prescriptions.

Conclusion: The anti TB treatment offered in private and public sector in India is not satisfactory at present and needs to be improved.
Source: Mishra G et al NJIRM 2013; 4(2) : 71-78

Per capita Rx spending fell for first time in 2012

Americans' per capita spending on prescription drugs fell last year for the first time on record, according to a report released Thursday by the IMS Institute For Healthcare Informatics firm headquartered in Danbury, Conn., which tracks pharmaceutical sales and other health care data.
The report titled, "Declining Medicine Use and Costs: For Better or Worse?" found that in real dollars, total spending on prescription drugs fell by 3.5 percent per capita in 2012, while use of health care services, including visits to doctors, declined for the second consecutive year.
"The largest driver of this slowdown has been an unprecedented cluster of very popular and effective medicines losing patent protection and facing generic competition at the same time," said Michael Kleinrock, a lead author and the company's director of research development.
Total U.S. spending on medications last year was close to $326 billion – or $898 on a per capita basis, down $33 from 2011. Although the number of prescriptions filled in 2012 went up by 1.2 percent, that represented a 0.1 percent decline on a per capita basis, the report said.
The decrease was the first since the company began tracking such data 58 years ago, Kleinrock said. "The rate of growth for spending on prescription medicine has never been below zero," he said.
The findings had been anticipated because of the scheduled patent expirations of blockbuster medications, such as the anti-cholesterol drug Lipitor, and the antipsychotic Zyprexa, he said.
According to the report, the patent expirations of common prescriptions resulted in a $28.9 billion reduction in spending. The increased availability of lower-cost generic drugs, which made up 84 percent of medications dispensed last year, smaller price increases and reduced spending on newer brands of medications were also factors contributing to the spending decline. The less severe cold and flu season in 2012 may also have contributed.
The report suggested there were some downsides to the reduced spending. "People are staying away from health care and not using preventive services as much," Kleinrock said. "Many of these choices are being based on finances, and that may not be in the patient's long-term health interest."
Source: Kaiser Health News

Nation plans crackdown on antiobiotics overuse

China's top health authority is set to further strengthen nationwide surveillance over clinical use of antibiotics and related drug-resistance cases to avert potential antibiotic overuse.
The National Health and Family Planning Commission issued an online notice on May 7 that ordered health administrations and hospitals across the mainland to strictly regulate antibiotic uses, which is crucial to help ensure clinical safety and prevent antibiotic resistance.
According to the notice, top-level hospitals, graded AAA, could have 50 types of antibiotics, while those at the second level are allowed only 35 different kinds. It also set standards for antibiotic prescriptions.
On average, less than 60 percent of inpatients at hospitals are permitted to have antibiotics, and no more than 20

percent of outpatients are allowed an antibiotic prescription, it said.
Hospitals at level two and above are required to carry out relative trainings and evaluations on proper antibiotic usage, it said. Evaluation results will be linked to doctor promotions and payments, it said. Those caught overprescribing antibiotics will be punished.
Previous estimations from the commission showed an average of 138 grams of antibiotics were used by each person each year on the mainland, about 10 times that of the United States.

Govt. should direct state drug depts to adopt need based licensing to pharmacy stores: Uday Bhaskar

The state and central governments should amend the pharmacy policy and direct the drug authorities to allow only need based licensing to pharmacy stores and shun indiscriminate permission to traders who come to establish medical stores, says Dr Uday Bhaskar, deputy director and general secretary of AIDCOC.
Because of indiscriminate permission given to wealthy traders and non professionals to establish pharmacy stores across the country, the real B. Pharm and D. Pharm professionals are denied a chance to establish their own stores as they may not compete with the rich traders and large groups in the businesses.
Today opening a pharmacy store has become a lucrative business. Many pharmacists are registering at the Pharmacy Council and renting their certificates to traders to open medical stores on their behalf which is an unethical practice prevailing since long in India. With money and influence, large groups and wealthy traders are obtaining licenses from the drug controllers and establishing the drug stores and earning huge amounts of profits. “Every year huge number new pharmacy stores are being given permission. This kind of indiscriminate licensing system is making the medical shop owners to earn more profit. That is why they are resorting to go on strike creating inconvenience to the patients, which is unprofessional and unethical,” says Bhaskar.

In view of this, the AIDCOC general secretary suggests that the government, the DCA, the pharmacists and the traders should come together and bring in new reforms and policy changes so that only need based licenses should be given to only professionals to open pharmacy stores and as per the requirement of a particular area or a hospital.
If pharmacy profession is to be protected and its dignity is to be maintained the government should begin the reform right at the licensing point. This would encourage real professionals to come forward to establish their own medical stores and wean out untrained and unqualified persons to dispense drugs at the drug stores. In this way the government should take necessary steps to create more jobs and more business opportunities for the B. Pharm and D. Pharm candidates in the country.

Every year thousands of students are passing out B. Pharm courses and roaming around due to lack of job opportunities. As in America the Indian government should also bring in new pharmacy policy where in the candidates should be registered only after a certain period of professional experience or training. This will not only improve the quality of the professionals but also inculcate the habit of doing research and think innovative to give something different to the society, opined Dr Bhaskar.
Source: Pharmabiz.com

UK drug pricing plans damage drug access - report

The UK Government's plans to change medicines pricing "could make it harder for sick people to get treatment" according to a health think-tank.

The 2020health right-leaning think-tank has published a review from a patient's perspective of the plans to change the way medicines are priced from the PPRS scheme to a Value-Based Pricing system.

VBP looks to change the way drugs are priced in the UK by giving new definitions of value to new drugs from 2014, with discussion for the plans – details of which remain vague – are on-going between the government and the ABPI.

The report urges the government to consider solutions including allowing drug companies to fix their own prices for individual drugs with new controls operating at the higher level of the entire cost of each company's drugs to the NHS – something that will be removed under VBP as the price will essentially be set by the government. The current PPRS achieves this aim mainly by enforcing a 30% profit cap, but the same objective could be achieved in other ways: e.g. a revenue cap, a trading margin cap, and so on, according to the think-tank.

It said that companies could also commit to enabling access to their products under the NHS except in extreme cases by adjusting their prices appropriately, for example by lowering the price of older drugs by enough to accommodate high enough prices for new products.

2020health is also concerned about the ending of patient access schemes – a deal with the Department of Health, pharma and NICE that allows a secret discount on new medicines to make them cost effective. It fears these may be lost under VBP and urges the government to keep these in place for the benefit of patients.

Julia Manning, chief executive of 2020health, who has never been a supporter of the proposed new system, said: "Patients are usually blissfully unaware of pricing negotiations but the Government's new plans for pricing will politicise a formerly non-contentious issue."

"This report entitled "Value-based pricing: the wrong medicine for the nation?" takes the approach of asking what concerns would the public have if a new system of 'value-based pricing' were introduced. Despite the intensive negotiations and new promises to include patients further in deliberations this is an idea it seems was flawed from the start.

"Our primary concern is to ensure that sick people have as rapid access as possible to new medicines in the UK, and to give the UK the best possible environment to continue to attract research and development across all life sciences."

Barbara Arzymanow, main author of the report said: "The public have been told that politicians are staying out of the NHS, so this change could seem like hypocritical interference. Patients could mistake value-based pricing for a commitment to make more medicines available, which is not the case. One product can have many uses and dosage regimes which are of different 'value' to different people.

The ABPI's president Deepak Khanna recently told *PharmaTimes* UK news in an interview that he was looking to make sure that the PPRS would remain as the dominant force in drug pricing for the UK, with elements of VBP wedded to the old system. The 'big-bang' date for the new scheme is set for 1 January 2014, although this could be held back if negotiations break down before then.

Source: Pharma Times, U.K