Drug Information Bulletin

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Content

Editorial

One important feature of the newly notified Drug Price Control Order-2013 is that the price of "new drugs" will be fixed on the basis of "Pharmacoeconomic" principle. This is the first time "Pharmacoeconimics" has been mentioned in an official document in India.
Though several countries in the world including some Asian countries like- Tiwan, Thailand China etc. have their Pharmacoeconomic guideline, India has no such guidelines. ISPOR-India Chapter is on the process of developing such a guideline.
This branch of science is not much taught or practiced in India, though several countries are utilizing these scientific tools to make healthcare system more efficient. Teaching of this subject in Medical, Pharmacy, Nursing and other health care courses will make our health care system more efficient.

New Drug: Fidaxomicin

Approved indication: *Clostridium difficile* infection
Dificid (Specialised Therapeutics)
200 mg tablets
Australian Medicines Handbook section 5.1

Clostridium difficile infection usually responds to metronidazole or vancomycin,[1] however up to a third of patients have recurrent infection. Fidaxomicin is a narrow spectrum macrocyclic antibiotic with bactericidal activity against *C. difficile,* staphylococci and enterococci, but not Gram negative bacteria. It works by blocking bacterial RNA polymerase and inhibiting protein synthesis.

Fidaxomicin has been compared to vancomycin in two randomised controlled trials.[2,3] Patients with life-threatening or fulminant infection, toxic megacolon or a history of recurrent infection (more than one episode in past 3 months) were excluded, as were those with inflammatory bowel disease.

In the trials, patients with a positive stool toxin test were randomised to oral fidaxomicin 200 mg twice a day or vancomycin 125 mg four times a day for 10 days. Clinical cure rates for fidaxomicin were non-inferior to vancomycin in the intention-to-treat populations and rates of recurrence were significantly lower with fidaxomicin than with vancomycin (see Table).2,3

In the combined phase III trial data, the most common adverse events in the fidaxomicin groups included nausea (11%), vomiting (7.3%), headache (6.6%), abdominal pain (5.9%), diarrhoea (5%) and constipation (4.4%). Hypersensitivity has been reported and is a contraindication to fidaxomicin use.

After oral administration, there is minimal systemic absorption of fidaxomicin. It is hydrolysed to the active metabolite, OP-1118, and most of the dose is excreted in the faeces. Co-administration with P-glycoprotein inhibitors such as cyclosporin, ketoconazole or verapamil may increase systemic fidaxomicin, however dose adjustments are not recommended. Inhibition of cytochrome P450 2C9 and 3A4/5 could potentially occur in the gastrointestinal tract and may affect the bioavailability of other drugs.

Due to lack of data, fidaxomicin should be used with caution in patients with hepatic or renal impairment. Fidaxomicin is a pregnancy category B1 drug with little data in humans. It is also not known if it is excreted in breast milk so caution is urged in pregnant and breastfeeding women.

Fidaxomicin appears to be a safe and effective alternative to vancomycin for diarrhoea caused by *C. difficile*. It is not yet known how it will compare to metronidazole which is recommended for mild to moderate disease managed in the community.1 There is limited evidence for fidaxomicin's use in severe infections as these patients were excluded from the trials. Repeated courses of fidaxomicin have not been studied, however recurrence was less common with fidaxomicin than with vancomycin. The safety and efficacy of fidaxomicin in children has not been established.

References:

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2. Louie TJ, Miller MA, Mullane KM, Weiss K, Lentnek A, Golan Y, et al. Fidaxomicin versus vancomycin for Clostridium difficile infection. N Engl J Med 2011;364:422-31.
3. Cornely OA, Crook DW, Esposito R, Poirier A, Somero MS, Weiss K, et al. Fidaxomicin versus vancomycin for infection with Clostridium difficile in Europe, Canada, and the USA: a double-blind, non-inferiority, randomised controlled trial. Lancet Infect Dis 2012;12:281-9.

BMJ: Drug companies agree to cut price of HPV vaccine to developing countries to increase accessibility

More girls in developing countries will have access to vaccination against human papillomavirus (HPV), the infection responsible for most forms of cervical cancer, after drug companies agreed to supply the vaccine at a much lower price. The Global Alliance for Vaccines and Immunisation (GAVI Alliance), a public-private partnership whose aim is to increase access to vaccines in developing countries, has negotiated with the

companies Merck and GlaxoSmithKline for vaccines to be priced at $4.50 (2.90; EUR3.40) and $4.60 a dose, respectively. The previous lowest price for developing countries was around $13 a dose.

GAVI hopes that by 2020 around 30 million girls in 40 countries will have access to the vaccine and that the cost of the vaccine will reduce further as demand for it rises.

Of 15 countries that have applied for access to the vaccine, GAVI has approved pilot projects in just eight: Kenya, Ghana, Laos, Madagascar, Malawi, Niger, Sierra Leone, and Tanzania. Rwanda will be the first country in Africa to roll out the HPV programme nationally to girls aged 9-13 years after a pilot project that began there in 2011. A third of adolescent girls in Uganda also have access to the vaccine in a pilot project supported by GAVI and other partners.1

Seth Berkley, chief executive of GAVI, said that the HPV vaccine programme was transformative, as 85% of the 275,000 women who died from cervical cancer every year were in developing countries.

He said that developing countries faced a triple whammy in terms of cervical cancer: They have a higher incidence of the disease, there is a lack of screening programmes, and [there are] very poor treatment programmes. This is a disease that kills women in the prime of their lives, and its a slow and terrible death. Thats why there is so much demand for this vaccine.

One of the challenges faced by countries is how to reach the target population. Most countries will do the vaccination through the schools, but how do you get out to those who arent at school and are most at risk? Berkley asked.

Countries have been asked to do pilot projects in urban and rural districts to prove that they could reach all groups, said Berkley. If the pilot projects succeeded, countries would then be able to scale up the programme nationally. However, he accepted that there may be delays in implementing the programmes nationally because the group to be vaccinated had not been targeted specifically before.

Berkley said that countries could use the vaccination programme as an opportunity to talk to girls about sexual and reproductive health but that the programme was primarily about preventing disease. We want people to understand that even in countries which have conservative views this is an anti-cervical cancer vaccine which will protect girls, he said.

The charity Medecins Sans Frontieres said that the price of the vaccine was still too high for developing countries, as the required three doses would add up to nearly $14. Kate Elder, vaccines policy adviser at the charity, said, Its really disappointing that pharmaceutical companies havent offered GAVI a much better deal on the HPV vaccine. This vaccine is critical for millions of girls in developing countries, where cervical cancer is the main cause of cancer deaths among women. The price is unjustifiably high and will add to the already spiraling vaccination costs faced by low income countries.

References:

Gulland A. Uganda launches HPV vaccination programme to fight its commonest cancer. BMJ 2012; 345: e6055.

Source: BMJ 2013; 346 doi: http://dx.doi.org/10.1136/bmj.f3025
(Published 10 May 2013)

Only two out six new NIPERS get land for building campuses from state govts

Land trouble continues to fox the development of own and new buildings for the new six NIPERs with the State Governments yet to allocate the lands required, in four places and thus leading to the lapse of funds.

So far the lands were given only at Guwahati and Gandhinagar where the construction works were awarded to the agencies while the Centre was still in talks with the State Governments to release lands in other four places – Hyderabad, Kolkata, Rae Bareli and Hajipur.

In 2007, Cabinet granted in-principle approval to the setting up of six new NIPERs and commencement of classes with the help of mentor Institutes. In 2011, Cabinet finally approved establishment of six new NIPERs and the classes had already started. The only condition that was put by the Cabinet was that the land for new NIPERs had to be given by the State Governments free of cost.Following approval of the Steering Committee, the work relating to construction of NIPER Campus at Guwahati and Gandhinagar has since been awarded to PSUs viz Engineering Projects (India) Ltd (EPIL) and Hindustan Steelworks Construction Ltd (HSCL) respectively. MoUs with EPIL and HSCL have also been signed sometime back for construction of new campuses.

"For NIPERs Hyderabad, Kolkata, Rae Bareli & Hajipur, the matter is being pursued with the respective State Government for early allotment of land for NIPER campus," sources in the Department of Pharmaceuticals (DoP) said.

"Finance Division has concurred for release of Rs.1.57 crore and Rs.2.22 crore for NIPER, Ahmedabad and NIPER Guwahati respectively. Before commencing construction, HSCL will have to undertake soil and geo-technical investigation, clearances from local authorities, apart from preparing drawings and designs for approval by the competent authority. The time frame for completion of the project would be decided at the time design of the project is approved," sources said.

"Andhra Pradesh has agreed to allot 50 acres of land for NIPER Hyderabad. Matter is being finalized. Issue of allocation of land has been vigorously pursued with State Government of West Bengal, Bihar and Uttar Pradesh. A number of letters have been written at the level of Secretary and also from the Minister (Chemicals and Fertilizers). Secretary also discussed with Chief Secretary of Bihar and West Bangal in this regard," DoP sources said.Because of this delay in getting the land, the Department could not utilize the allocated amount for the purpose last financial year. This year, the Department hopes to spend at least some portion of allocation for the purpose.

Source: Pharmabiz.com

Lecture on
"Clinical Trial -What and Why"
By Dr Srirupa Pal
8th June Saturday at 6pm
in IPA Auditorium