Drug Information Bulletin

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Content

Editorial

The long pending demand of pharmacy professionals for inclusion of Pharmacy subjects in the Indian Administrative Examination (IAS) has been ignored by the concerned authority, creating dissension amongst the pharmacy community.

In India most of the students pursuing professional courses like Medical, Engineering courses are getting an advantage in the examination to be qualified for IAS. Pharmacy students are not getting this advantage as Pharmacy subjects are not included in the said examination. Resolutions have been taken in this respect on several occasions by the IPCA in the past but result is yet to be positive.

Similar situation is prevailing in case of examination for selecting Patent Examiners in which Pharmacy subject is not included though thirteen subjects like Chemistry, Chemical Engineering, Electric Engineering have been included. It may be noted that patent application on Pharmaceuticals have a major share on the total number of patent application in India. This issue has been raised by a certain quarter before the concerned authority but no positive results are yet visible.

In India most of the decisions are taken and executed by the bureaucrats, where the opinions of the technocrats are mostly ignored, absence of bureaucrats with pharmaceutical background is a disadvantage in taking decision in the matter of Pharmaceuticals.

These are two issues amongst several such that are deterrent to the development of the profession in our country. Policy makers require to think over proper utilization of the huge manpower in pharmaceutical profession in India.

Therefore it is high time for taking up these issues by all of the pharmaceutical professional organizations.

Dr. Subhash C. Mandal
Editor

Restrictions imposed on the formulations containing Tramadol and Tapentadol as well as FDCs containing Tramadol in India

FDA Bhawan, Kotla Road
New Delhi-110002
Dated: 14 FEB 2014

es/UTs Drugs Controller

: **Restriction on use of formulations of Tramadol, Tapentadol as well as FDCs containing Tramadol-Regarding.**

'ormulaiton of Tramadol has been approved by this Directorate on 27.01.1993 for the of severe acute and chronic pain, diagnostic measures and surgical pain. Further, iton of Tapentadol has been approved by this Directorate on 18.04.2011 for relief of : to severe acute pain in adults 18 years of age or older.

IDAC (Analgesics, Anesthetics & Rheumatology) in its meeting held on 22.03.2013 ed that Tramadol as well as Tapentadol has high potential for respiratory depressions iction. The committee recommended that all preparations of Tramadol as well as dol should be used for severe acute pain only for a period not exceeding 5 days.

ou are therefore, requested to direct all the manufacturers manufacturing the on containing Tramadol or Tapentadol under your jurisdiction to comply with the indication. The labels, package insert and other promotional literature of such should be revised as above and submitted to this Directorate for further necessary

ction taken in this regard may be communicated by the manufacturers to this office in ie of time.

Yours faithfully,

(Dr. G. N. Singh)
Drugs Controller General (India)

'Sub Zonal offices of CDSCO

New Drug: Ivacaftor

Approved indication: cystic fibrosis
Kalydeco (Vertex)
150 mg film-coated tablets
Australian Medicines Handbook Appendix A

The prognosis of patients with cystic fibrosis has improved, but most treatments are dealing with the consequences of the disease. In contrast, ivacaftor is aimed at the cause of the disease.

Patients with cystic fibrosis have a mutation in a gene which codes for a specific protein called the cystic fibrosis transmembrane conductance regulator (CFTR). The mutation results in defective transport of water and chloride leading to thickened mucus and salty sweat. Ivacaftor enhances chloride transport by potentiating the action of the CFTR protein. Early research showed ivacaftor had its greatest effect on cells with a particular mutation identified as G551D. This is found in 4–5% of patients with cystic fibrosis.

A range of doses of ivacaftor were studied in 39 adults with the G551D mutation. Compared to placebo, there was a significant reduction in the sweat chloride concentration after 14 and 28 days of treatment. Ivacaftor also resulted in small improvements in lung function. The median increase from baseline in the forced expiratory volume in one second (FEV_1) after 28 days was 0.2 L with placebo and 0.25 L with ivacaftor 150 mg twice daily. 1 This dose was used in the later phase III trials of patients with the G551D mutation.

One trial enrolled patients aged 12 years or older (mean age 25.5 years) and randomised 161 to take ivacaftor or a placebo for 48 weeks. The primary end point of the study was the change in FEV_1 as a percentage of the predicted value at week 24. At that time the increase from baseline was 10.4% with ivacaftor versus a decrease of 0.2% in the placebo group. The mean increase in FEV_1 was 0.367 L with ivacaftor and 0.006 L with placebo. This statistically significant difference was maintained at the end of the study. At week 48, 67% of the ivacaftor group had not had a pulmonary exacerbation compared with 41% of the placebo group. The patients taking ivacaftor put on an average of 3.1 kg during the trial while the placebo group gained 0.4kg. 2

A similar trial randomised 52 children aged 6–11years. After 24 weeks the change from baseline in the percentage of predicted FEV_1 was 12.6% with ivacaftor and 0.1% with placebo. FEV_1 had increased by 0.303 L with ivacaftor and by 0.067 L with placebo. This difference was still statistically significant after 48 weeks. There was only a small number of exacerbations with no difference between the groups. The children taking ivacaftor gained 5.9 kg in weight over 48 weeks compared with a weight gain of 3.1 kg in the placebo group. 3

During the trials the common adverse events with ivacaftor included headache (24%), upper respiratory tract infections (23%), abdominal pain (16%), diarrhoea (13%), rash (13%) and dizziness (9%). Although some patients interrupted their treatment because of adverse events, more patients in the placebo group discontinued completely. 2,3 Some patients discontinued ivacaftor because of altered liver function, so liver function tests are recommended before treatment and then every three months during the first year of treatment.

Ivacaftor is metabolised mainly by cytochrome P4503A. Concentrations of ivacaftor will therefore be increased by enzyme inhibitors such as ketoconazole and grapefruit juice and decreased by enzyme inducers such as carbamazepine, phenytoin and St John's wort. Ivacaftor may also interact with digoxin and benzodiazepines. The terminal half-life of ivacaftor is 12 hours with most of the metabolites being excreted in the faeces. As fat increases the absorption of ivacaftor the tablets should be taken with fatty food.

Some of the patients in the clinical trials continued to take ivacaftor. The improvements in FEV_1 were maintained, but as cystic fibrosis is a lifelong disease ongoing evaluation is required. There is also a need to investigate whether starting treatment at the time of diagnosis will prevent organ damage. Although ivacaftor is an advance, most patients with cystic fibrosis will not benefit as they do not have the G551D mutation. A phase II trial involving patients with the most common mutation found that ivacaftor was no better than placebo. 4

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Ref. Australian Prescriber

Banning of Analgin has been revoked by the Govt. of India vide G.S.R. 86 (E). dtd. 13th February 2014

On the basis of the recommendations of the Drugs Technical Advisory Board, the Central
Government revokes the notification G.S.R. 378(E) dated 18th June, 2013 subject to the condition that manufacturers shall mention the following on their package insert and promotional literature of the drug:—
"The drug is indicated for Severe pain or pain due to tumor and also for bringing down temperature in refractory cases when other antipyretics fail to do so.".

Narcotic Drugs and Psychotropic Substances (Amendment) Bill, 2011, has been passed by both the houses

The Lok Sabha on Thursday passed the Narcotic Drugs and Psychotropic Substances (Amendment) Bill, 2011, simplifying the regulations for procuring and possessing narcotic drugs when used for medicinal purposes.

Rajya Sabha has also cleared the Bill on Friday, which bring relief to thousands of cancer patients in the country who use opioid for acute and chronic pain relief.

Use of morphine was under strict regulation under the NDPS Act, 1985, and lengthy bureaucratic procedures discouraged its manufacturing in the country and limited its availability at medical institutions that care for cancer patients.

The amendments will prescribe the forms and conditions of licence or permits for the manufacture, possession, transport, import inter-State, export inter-State, sale, purchase, consumption or use of essential narcotic drugs and charge a fee for that.