



Drug Information Bulletin

Drug Information Centre (DIC)

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Regulatory Affairs Division (RAD), IPA

Volume: 11

Number: 08

15th July 2017

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Editorial

Irregular registration of unqualified person as Pharmacists as per Sec. 31 misusing the provision of prepare First Register under Registration Tribunal has ended for ever through a recent Judgment of Honourable Supreme Court of India.

Incident has started at Jharkhand due to bifurcation of Bihar State, when newly formed Jharkhand state appointed a Registration Tribunal and started registration as per Sec. 31 of the Pharmacy Act. A PIL has been registered at the Jharkhand High Court against this move and the Honourable High Court has given verdict against the formation of Jharkhand Registration Tribunal vide a judgment dated 18.06.2003. A vested interested group appealed against this judgment in the Honourable Supreme Court of India vide civil appeal No. 8121 of 2004. Proceedings were continued for more than 12 years and hearing before the Division Bench of Honourable the Chief Justice of the Supreme Court of India was conducted on 02.02.2017. The final Judgment was delivered on 03.07.2017 stating that no new state formed by bifurcation of any State can constitute Registration Tribunal under sec 30 of the Pharmacy Act or register on the basis of qualifications prescribed under sec. 31 of the Pharmacy Act 1948. The new State has to straight way constitute State Pharmacy Council and act according to the provisions of the Pharmacy Act 1948.

This has happened due to continued persuasion by our fellow professional supported by all concerned. Hope we will be successful in future in establishing our profession with similar consorted effort.



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New Drug: Prucalopride

Approved indication: constipation

Resotrans (Janssen-Cilag)

1 mg, 2 mg film-coated tablets

Australian Medicines Handbook section 12.4

Constipation sometimes does not respond to the usual treatments (see Managing constipation in adults, Aust Prescr 2010;33:116-9). Patients with an unsatisfactory response to laxatives can be considered for treatment with prucalopride. Prucalopride is an agonist of the serotonin 5HT₄ receptors. These receptors are found in the gut and stimulating them increases motility.

The drug is taken once a day. The tablets have a high oral bioavailability and can be taken with or without food. There is little metabolism of prucalopride. Most of the dose is excreted unchanged in the urine. A lower dose is recommended for elderly patients and those with severe renal or hepatic impairment. The half-life of prucalopride is one day.

The main double-blind clinical trials of prucalopride were carried out in the 1990s. Research into the product was temporarily suspended and the trials were not published until a decade later. The studies included three placebo-controlled trials with identical designs. They involved patients with a history of chronic constipation who had two or less bowel movements per week. These patients took prucalopride 2 mg or 4 mg, or placebo for 12 weeks. The primary efficacy endpoint in the trials was the proportion of patients who reported an average of three or more spontaneous bowel motions each week.^{1,2,3}

The results showed that more patients respond to prucalopride than to placebo, but the 4 mg dose is no better than the 2 mg dose. It is therefore the 2 mg dose which is approved for use in Australia.

During the trials the most frequent adverse effects seen with prucalopride were headache, nausea, abdominal pain and diarrhoea. Adverse events are more frequent

at the start of treatment. The proportions of patients discontinuing treatment following adverse events were 1.9–6.7% with placebo, 4–8.2% with prucalopride 2 mg, and 6–15.1% with prucalopride 4 mg.^{1,2,3} Adverse events also led to the withdrawal of 8% of the 1455 patients who continued to take (open-label) prucalopride after the main trials concluded.⁴ Cisapride and tegaserod were 5HT₄ agonists that were removed from the market because of concerns about serious cardiovascular adverse effects. At present prucalopride does not appear to affect the QTc interval on the ECG or cause significant ischaemia. However, the product information advises caution if prescribing prucalopride for patients taking drugs which prolong the QTc interval.

Prucalopride is contraindicated in patients with ileus, obstruction or inflammatory bowel disease. It should not be used following bowel surgery.

As 86.6–90.8% of the trial participants were female,^{1,2,3} the European regulatory agency approved prucalopride for use by women only. Women taking prucalopride must also use effective contraception as the drug is not recommended in pregnancy or breastfeeding. If prucalopride causes diarrhoea the efficacy of oral contraception may be reduced.

In Australia, prucalopride can be considered for adult men and women who have not responded to at least two laxatives for at least six months. Although some patients will respond to prucalopride, approximately 70% will not (Table). Consideration should be given to stopping prucalopride if it has not been effective after four weeks of treatment.

References

1. Camilleri M, Kerstens R, Ryck A, Vandeplassche L. A placebo-controlled trial of prucalopride for severe chronic constipation. *N Engl J Med* 2008;358:2344-54.
2. Tack J, van Outryve M, Beyens G, Kerstens R, Vandeplassche L. Prucalopride (Resolor) in the treatment of

severe chronic constipation in patients dissatisfied with laxatives. Gut 2009;58:357-65.

3. Quigley EM, Vandeplassche L, Kerstens R, Ausma J. Clinical trial: the efficacy, impact on quality of life, and safety and tolerability of prucalopride in severe chronic constipation – a 12-week, randomized, double-blind, placebo-controlled study. Aliment Pharmacol Ther 2009;29:315-28.
4. Camilleri M, Van Outryve MJ, Beyens G, Kerstens R, Robinson P, Vandeplassche L. Clinical trial: the efficacy of open-label prucalopride treatment in patients with chronic constipation – follow-up of patients from the pivotal studies. Aliment Pharmacol Ther 2010; 32:1113-23.

Status in India:

Prucalopride 1mg/2mg Tablet (Prucalopride Succinate) approved on 13.04.2017 by CDSCO, for the treatment of chronic idiopathic constipation in adults in whom laxatives fail to provide adequate relief

Safety News:

Dulaglutide: Anaphylaxis and angioedema

The PMDA has informed health professionals that cases of anaphylaxis have been reported in patients treated with dulaglutide (Trulicity®) outside Japan. Angioedema-related symptoms have been frequently observed in the cases associated with anaphylaxis, and independent cases of angioedema have also been reported. The product information in Japan will be updated to reflect the risk of these adverse events.

Ref. PMDA Summary of investigation results and MHLW Revision of precautions, 30 May 2017.

Darbepoetin alfa: Severe skin reactions

Health Canada has informed health professionals about international reports of severe blistering, mucosal ulceration, and exfoliation cutaneous reactions, including life-threatening Stevens-Johnson syndrome

and toxic epidermal necrolysis in patients treated with darbepoetin alfa in the post-marketing setting. No cases have been reported in Canada. Darbepoetin alfa is indicated for the treatment of anaemia associated with chronic kidney disease or anaemia in cancer patients receiving chemotherapy.

Ref. Health Canada Advisory, 5 May 2017.

Opioids: Updated prescribing guidance in Canada

The Government of Canada has announced the publication of an updated guideline on opioid prescribing to mitigate the impact of the current opioid crisis. The guideline recommends that patients with chronic non-cancer pain should first try non-opioid options to manage pain before considering a trial of opioid therapy. Patients starting opioid therapy should be given less than 90 morphine equivalents daily (MED) and the maximum prescribed dose should be restricted to less than 50 mg MED. Patients already on high doses of prescribed opioids (90 mg MED or more) should be encouraged to taper the doses gradually in collaboration with their prescribers, with multidisciplinary support offered to those who experience challenges. Health Canada and the Canadian Institutes of Health Research provided funding for the updating of the guideline and associated training tools for prescribers, as part of efforts to address problematic prescription drug use.

Ref. Government of Canada. News release, 8 May 2017.

FDA outlines plan to speed rare disease drug designation

The U.S. Food and Drug Administration plans to reorganize its drug review staff and create a SWAT team to eliminate a backlog of requests for rare disease drug designation, it said on Thursday.

The agency plans to deploy a team of senior reviewers with expertise in drugs to treat

diseases with 200,000 patients or fewer, known as orphan drugs.

The goal will be to eliminate a backlog of 200 orphan drug designation requests, starting with the oldest. The agency aims to clear the backlog by mid-September. Pharmaceutical companies have become increasingly interested in developing orphan drugs since they can command prices in the hundreds of thousands of dollars. Soliris, for example, a drug made by Alexion Pharmaceuticals Inc to treat paroxysmal nocturnal hemoglobinuria, a rare disease that destroys red blood cells, can cost up to \$440,000 a year. In 2016 the FDA received 568 new requests for orphan drug designation, more than double the number received in 2012. The agency is in a broad push to speed new drugs to the market, a mandate expressed in legislation passed last year known as the 21st Century Cures Act. Recently the FDA released a list of roughly 180 drugs that have lost patent protection but have no generic rivals, and said it will prioritize applications of generic competition for these drugs. The agency plans to respond to orphan drug applicants within 90 days of receiving an application and establish an Orphan Products Council to help ensure the FDA is applying a consistent approach to regulating and reviewing these products. Drugs that win orphan drug status are given a variety of incentives, including tax credits and eligibility for seven years of marketing exclusivity.

Source: Reuters

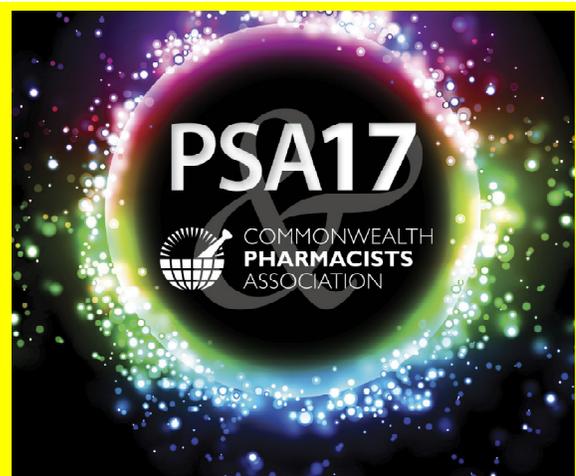
US lawmakers call for reconsideration of India's cardiac stent price cap

A group of 18 US lawmakers sent a letter to India's ambassador to Washington asking the country to reconsider its price cap on cardiac stents, because the policy could hamper citizens' access to innovative medical devices

and discourage medtech companies from releasing new products in India. "We are especially worried that comments by government officials signal the intention to double down on this dangerous policy and expand price cuts to other medical devices," the lawmakers wrote.

Ref. [Reuters](#)

Forthcoming Events:



Sydney
28-30th July 2017
Hyatt Regency
Sydney

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