Content

- Editorial
- World Health Day-Universal Health Coverage: everyone, everywhere
- Indian regulators waive clinical trials for drugs approved elsewhere through recent notification
- Almost 40% of Canadians are not taking their medications properly
- USP Monograph reviews
- NPPA approves hike in price of cardiac stents
- Forthcoming Event
- Reader speaks............

Editorial

Warm Greetings on the eve of World Health Day!

It is my proud privilege to write the editorial of the first issue of the 13th year of the Drug Information Bulletin (DIB). This bulletin started its journey twelve years back on April 2007 under the Drug Information Centre (DIC), IPA Bengal Branch. Initially it started as a weekly bulletin and continued for eight years; thereafter this bulletin is being published on a weekly basis. Initially it was sent to the members of IPA Bengal Branch, but on request it expanded its horizon including IPA members of the entire country and now is available globally to anyone interested to receiving it. During the last five years it has been a joint publication of Drug Information Centre (DIC), IPA Bengal & Regulatory Affairs Division of IPA. It has earned several accolades to its credit from some international agencies like - Health Information for All, UK and Commonwealth Pharmaceutical Association (CPA).

On completion of each year we conduct a survey among the readers through a structured questionnaire regarding their opinion on its content regularity, its quality. We are happy we have always received encouraging results and inputs. The inputs we received have been implemented as far as possible.

The most satisfying fact is that a good number of electronic bulletins have been published during last couple of years by the individuals who were the readers of this bulletin. It has also been reported that a number of Group of Hospitals both in India and abroad are forwarding this bulletin amongst their doctors, pharmacists and nurses. Some of the pharmacy & medical colleges are keeping the printed copy of this bulletin in their library for archiving. Our reader base is growing day by day on request from health personnel and even lay persons from India and abroad.

We expect your inputs to serve you better.

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Indian regulators waive clinical trials for drugs approved elsewhere through recent notification

Indian drug regulators will waive clinical trials for drugs approved by regulators in the European Union, UK, Australia, Japan, Canada and US, as long as those entities' trials involved Indian patients. Other changes announced by the Ministry of Health and Family Welfare include the reduction of time for drug approvals to 30 days for those manufactured in India and 90 days for drugs coming from other countries.

Ref: LiveMint

Almost 40% of Canadians are not taking their medications properly

Nearly forty per cent (39%) of Canadians are not taking their prescription medications properly according to a new survey conducted by Insights West on behalf of London Drugs. This includes one in four (25%) who admit they take less than prescribed or don’t fill prescriptions given to them, one in five (21%) who say they stop taking medications before advised, and 19% who admit they make adjustments to prescription dosage, size, or frequency without consulting a healthcare professional.

“The significant number of Canadians who reportedly do not take their medications accurately is not limited to any particular age or gender demographic—it is rampant across the
“Either intentional or unwitting failure to take medications as prescribed decreases the effectiveness of treatment and endangers patient health,” says Michael Athanassakis, a Pharmacist at London Drugs. “There are several factors that contribute to the improper use of medications, including forgetfulness, inconvenience, and a lack of understanding about how to take medications properly.”

According to the poll, close to a quarter (23%) of Canadians attribute their non-adherence to forgetfulness, saying they have had trouble remembering when or if they have taken a medication. One in ten (9%) say they feel overwhelmed by the complexity of their medication regimen, and a further eight percent say they are unsure why they have been prescribed certain medications.

“It’s not uncommon for some patients – especially those who have chronic health conditions – to be prescribed multiple medications at a time. These drugs can interact with each other in unpleasant or even dangerous ways which makes it imperative that patients understand how to take them properly,” says Athanassakis.

Pharmacists are trained to help patients ensure the safe and effective use of prescriptions and identify a wide range of medication issues. While awareness about their expertise in this area is high, the poll revealed that Canadians aren’t getting — or asking for — as much help as they could be from pharmacists. For example, the vast majority (87%) of Canadians are aware that pharmacists offer counselling on the safe use of medications, but only about one in three (36%) say they use this service. Eight in ten (86%) say they are aware pharmacists can review current prescription medications to help minimize drug interactions and ensure maximum effectiveness, yet only four in ten (40%) say they have consulted a pharmacist on this topic. Just under half (47%) report asking pharmacists for advice for managing side effects and drug interactions.

“Medication reviews and pharmacist consultations are safeguards designed to make sure people take medications correctly. They also help patients understand the purpose and potential downsides of all meds to help them avoid serious drug side-effects, drug interactions, and even overdoses,” says Athanassakis.

Sometimes we determine that a patient’s medications may not be working together ideally, or they might even be working against each other slightly, or they could be redundant. Each person experiences different interactions and side-effects, which makes an individualized consultation even more important.”

The vast majority (88%) of Canadians agree that it is important to follow prescription instructions exactly, including 64 percent who strongly agree.

For more information about Medication Reviews at London Drugs or to book an appointment visit: https://pharmacy.londondrugs.com/PharmacyServices/Medication-Review

Ref.: London Drugs

**USP Monograph reviews**

**posted January 25, 2019**

- Atorvastatin Calcium Tablets
- Benzethonium Chloride
- Bupropion Hydrochloride Extended-Release Tablets
- Glucagon for Injection
- Lamotrigine Extended-Release Tablets
- Telmisartan and Amlodipine Tablets
- Triamcinolone Acetonide Nasal Spray

**posted March 29, 2019**

- <121> Insulin Assays (official May 1, 2019)
- Drospirenone and Ethinyl Estradiol Tablets (official April 1, 2019)
- Extended Insulin Zinc Suspension (official May 1, 2019)
- Insulin (official May 1, 2019)
- Insulin Zinc Suspension (official May 1, 2019)
- Isophane Insulin Suspension (official May 1, 2019)
- Prompt Insulin Suspension (official May 1, 2019)
- Quetiapine Extended-Release Tablets (official April 1, 2019)
- Rosuvastatin Tablets (official April 1, 2019)
NPPA approves hike in price of cardiac stents

Prices of cardiac stents will increase by 4.2% from April 1 as the drug regulator has allowed a hike in line with the wholesale price index (WPI) of the previous calendar year. A bare metal stent (BES) will now cost Rs 8261, whereas the price of drug eluting stent (DES) has been fixed at Rs 30,080, as per the new prices notified by the National Pharmaceutical Pricing Authority (NPPA).

The DES category includes metallic DES and biodegradable stents. In February last year, the pricing authority had marginally increased the price of BES from Rs 7,260 to Rs 7,660, and reduced prices of drug-eluting and biodegradable stents from Rs 29,600 to Rs 27,890. The revision was then based on revised analysis of data.

In 2017, NPPA slashed prices of stents by around 85% while bringing them under price control for the first time. Bare metal stents were sold for as much as ₹45,000 and drug-eluting stents cost ₹1.21 lakh prior to the imposition of the cap in February 2017.

The regulator had also capped trade margins of these products at 8% along the complete supply chain as the NPPA observed unethical mark-up in fixing the maximum retail price by manufacturers. NPPA used its extraordinary power of Para 19 of the Drug Price Control Order (DPCO) 2013 to cap the price of coronary stents. The NPPA had invoked the Section 3 (i) of the DPCO, restricting companies from bringing down manufacturing and import of stents to ensure there is no shortage of the device.

The authority has not broadened the categories of coronary stents, though there was industry demand for that. The order mentions only two categories of stents. While multinational firms have been upset with the way cap was imposed, domestic stent manufacturers feel the price made it unviable for them to sustain.

Following the price cap on coronary stents, the share of domestic stent makers has risen. Preliminary data suggests a 4 per cent shift in favour of domestic manufacturers, officials say.

Ref. Pharmabiz

Forthcoming Event
79th FIP World Congress of Pharmacy and Pharmaceutical Sciences

22 - 26 September 2019
Abu Dhabi, UAE
Theme:
New horizons for pharmacy – Navigating winds of change

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