Greetings from Drug Information Bulletin!

2nd ISIUM Conference was held during 28-30 October 2023 at Chiang Mai, Thailand, where about 150 experts from 25 countries discussed and deliberated on improving Rational Use of Medicines (RUM). During this programme participants explored old and new issues and our response to them around the world.

Access to essential medicines is a grave problem throughout the world, specially in the developing and under developed countries. India is not an exception and it varies from state to state, despite India being the third largest producer of medicines and is exporting to about 250 countries. Out-of-pocket (OOP) expenditure for health care and medicines account for about 70 percent of expenses of households in India and also in developed countries, due to spiraling medicine costs. This is also causing about 63 million populations to sink below poverty line, and this vicious cycle is not allowing them to surface again. In fact increased spending on health is putting its fangs on the budgets of families, forcing them to cut down on nutrition, and tragically even on medicines, leading to a grave socio-economically compromised system and a burden of sick individuals. Health care experts have identified a plethora of complex factors behind this scenario. One major reason for this situation is irrational use of medicines. So promoting concept of Rational Use of Medicines (RUM) could be an effective strategy. Three effective tools of implementing RUM are-Essential medicines list (EML), Standard Treatment Guidelines (STG), and Drug Formulary. The last tool is a concise book containing dose, dosage form, indication, contraindication, adverse drug reaction for ready reference for the prescriber and pharmacist. Every healthcare set up should have its own formulary so that authentic information is available to the prescribers and the pharmacists, but unfortunately all health care facility does not have such a book.
New drug: Finerenone for chronic kidney disease associated with type 2 diabetes with albuminuria

Approved indication: chronic kidney disease associated with type 2 diabetes with albuminuria

**Kerendia (Bayer)**

10 mg and 20 mg film-coated tablets

Diabetes is a leading cause of chronic kidney disease. Both diabetes and diabetic kidney disease increase the risk of cardiovascular disease. Slowing the progression of chronic kidney disease and addressing cardiovascular disease risk are important components of diabetes management. Overactivation of mineralocorticoid receptors has been implicated in cardiorenal diseases. Steroidal mineralocorticoid-receptor antagonists (MRAs), such as spironolactone, may preserve kidney function, but are associated with increased risk of hyperkalaemia. Finerenone is a novel nonsteroidal MRA that is associated with a lower risk of hyperkalaemia than steroidal MRAs.

Finnenone’s approved indication is to delay progressive decline of kidney function in adults with chronic kidney disease (with albuminuria) associated with type 2 diabetes who are already taking the maximum tolerated dose of an angiotensin converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB).

Two randomised controlled trials—FIDELIO-DKD and FIGARO-DKD—compared finerenone to placebo in adults with type 2 diabetes and diabetic kidney disease. Patients had persistent, moderate or severe albuminuria and were receiving a maximum tolerated dose of ACEI or ARB therapy. A pre-specified pooled analysis of individual patient data from these trials (FIDELITY) reported outcomes for 13,026 patients across a broad spectrum of chronic kidney disease with a median follow-up of 3 years. The composite kidney outcome occurred in 360 (5.5%) patients receiving finerenone and 465 (7.1%) receiving placebo (hazard ratio [HR] 0.77; 95% confidence interval [CI] 0.67–0.88). The composite cardiovascular outcome occurred in 825 (12.7%) patients receiving finerenone and 939 (14.4%) receiving placebo (HR 0.86; 95% CI 0.78–0.90).

About 14% of patients were receiving a sodium-glucose co-transporter 2 (SGLT2) inhibitor or a glucagon-like peptide-1 (GLP-1) receptor agonist at the start of the trial. As these drugs also have kidney and cardiovascular benefits and are used as part of the management of diabetic nephropathy, subgroup analyses were conducted to explore the effect of finerenone in patients with and without these drugs. These analyses suggest the kidney and cardiovascular benefits of finerenone are observed regardless of the use of SGLT2 inhibitors or GLP-1 receptor agonists, however, further studies are needed.

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**Price revision of 9 drugs by NPPA vide S.O. 4886(E) dtd 10th November 2023**

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to understand the potential benefits and harms of these combinations.
The most common adverse effect of finerenone was hyperkalaemia, which occurred in 14.0% of patients in the finerenone group compared with 6.9% in the placebo group. Hospitalisation for hyperkalaemia occurred in 0.9% of the finerenone-treated patients and 0.2% of the placebo-treated patients, and permanent treatment discontinuation due to hyperkalaemia occurred in 1.7% and 0.6% of patients respectively. Other less common adverse effects were hypotension, hyponatraemia and initial decline of estimated glomerular filtration rate (eGFR). The frequency of gynaecomastia was low, and similar to placebo.

Serum potassium concentration and eGFR should be measured before starting finerenone. If serum potassium concentration is more than 5.0 mmol/L, or eGFR is less than 25 mL/min/1.73 m², starting finerenone is not recommended. The recommended initial finerenone dose is 20 mg orally daily. In people with an eGFR less than 60 mL/min/1.73 m² but greater than or equal to 25 mL/min/1.73 m², the starting dose is reduced to 10 mg orally daily.

Serum potassium concentration and eGFR should be repeated 4 weeks after starting or increasing the dose of finerenone. The product information provides details for dose adjustment based on serum potassium concentration and eGFR. Once treatment is established, serum potassium concentration should be remeasured periodically, and finerenone withheld if serum potassium concentration exceeds 5.5 mmol/L. Concomitant use of finerenone with potassium-sparing diuretics should be avoided. When used with trimethoprim, temporary discontinuation of finerenone may be required, or serum potassium concentrations monitored.

Finerenone is almost completely metabolised to inactive compounds by cytochrome P450 (CYP) 3A4 and, to a lesser extent, by CYP2C8. Finerenone should be avoided in patients with severe hepatic impairment. Co-administration with strong CYP3A4 inhibitors (e.g. itraconazole, clarithromycin) is contraindicated. Co-administration with grapefruit or grapefruit juice should also be avoided.

Finerenone is Therapeutic Goods Administration pregnancy Category D. Adverse effects on embryofetal development, including teratogenicity, were observed in animals, but there are no human data.

Finerenone provides an additional treatment option to delay progressive decline of kidney function in people with type 2 diabetes and moderate-to-severe albuminuria who are already receiving an optimal dose of an ACEI or ARB, with or without the use of an SGLT2 inhibitor or GLP-1 receptor agonist.

The manufacturer provided additional useful information. The Transparency Score is explained in New drugs: transparency, Vol 37 No 1, Aust Prescr 2014;37:27.

At the time the comment was prepared, information about this drug was available on the websites of the Food and Drug Administration in the USA, the European Medicines Agency and the Therapeutic Goods Administration.

* Composite kidney outcome: time to first onset of kidney failure, a decrease in estimated glomerular filtration rate from baseline of at least 57% for a period of at least 4 weeks, or death from renal causes. Composite cardiovascular outcome: time to cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, or hospitalisation for heart failure.

References


Source: Australian Prescriber

Healthcare ads are most violative sector in advertising: ASCI

Healthcare emerged as the most violative sector within advertisements, constituting 21 per cent of all processed ads by the Advertising Standards Council of India (ASCI), according to its half-yearly complaints report. Healthcare was followed by classical education (18 per cent) and personal care (16 per cent). The surge is attributed to a high volume of drug and medicine advertisements on digital platforms.

The ASCI observed an increase in ads directly violating the Drug and Magic Remedies Act of 1954, leading to the issuance of intimations for withdrawal or modification. ASCI referred 565 ads to the Ministry of AYUSH in six months, compared to 464 ads referred in the previous financial year. The Advertising Standards Council of India (ASCI) has released its half-yearly complaints report covering April to September 2023. The self-regulatory body of the Indian advertising agency looks into issues surrounding dishonest or misleading ads, indecent or offensive ads, harmful ads, and ads that are unfair in competition. ASCI’s "Half Yearly Complaints Report" looks into emerging trends and insights on advertising standards.

In the first half of the financial year, the ASCI report found a 34 per cent increase in processed complaints (4,491) and a corresponding 27 per cent rise in the number of ads handled (3,501). Of the processed ads, 16 per cent (564) were identified as potential legal violations, reflecting a 22 per cent increase from the previous year. Notably, 35 per cent of ads faced no contest and were promptly withdrawn or modified, while 47 per cent were found violative of the ASCI code, leading to recommendations for withdrawal or modification. Only two per cent of complaints were dismissed.

Ref. Business Standard

High-dose COVID-19 treatment less effective in India than Europe: Lancet study

A higher dose of the steroid drug, Dexamethasone, may have less beneficial effects for COVID-19 patients in India as compared with those in Europe, according to a study published in *The Lancet Regional Health - Southeast Asia* journal.

The study looked at how well a strong dose of Dexamethasone worked for COVID-19 patients. It considered factors like patient differences and health systems.

The team, including researchers from Copenhagen University Hospital - Rigshospitalet, Denmark found that bigger dose of Dexamethasone (12 mg) did not seem to be as good as the usual dose (6 mg) for COVID-19 patients in India.

This was seen through survival rates and how well people were doing after 90 and 180 days, they said.

“Our analysis suggests higher dose Dexamethasone may have less beneficial effects for patients in India as compared with those in Europe; however, the evidence is weak, and this could represent a chance finding,” the authors of the study noted.

The researchers also looked at safety, finding no major issues for Indian patients.

The study emphasises that where patients are from can affect how well treatments work. It pointed out that in lower-middle-income
countries like India, there are unique challenges that might make the treatment not work as well. However, the good news is that the bigger dose didn't cause more problems for Indian patients, which is important for their safety, the researchers said. They said this is just one study, and more research is needed to be sure of the findings. The study also reminds us that treatments might work differently in different parts of the world, according to the researchers. The team also included researchers from Apollo Hospitals, Chennai, Homi Bhabha National Institute, Mumbai, the George Institute for Global Health, New Delhi, and the University of New South Wales, Australia. Ref. PTI

Recently PvPI reported that Eosinophilia and Systemic Symptoms (DRESS) Syndrome related with Mefenamic Acid

Mefenamic Acid used for the treatment of rheumatoid arthritis, osteoarthritis, dysmenorrhoea, mild to moderate pain, inflammation, fever, dental pain have Adverse Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) Syndrome. PvPI said that the Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADR associated with the use of above suspected drug. If, such reaction is encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (http://www.ipc.gov.in), through Android Mobile App “ADR PvPI” and PvPI Helpline No. 1800-180-3024.