

**Network Council**

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**The Network's** mission is to promote rational use of medication and essential drugs concept in Pakistan in order to optimize the usefulness of drugs and help bring equity in their access.

## Drug prices: need for strong control

Drug prices have been on the increase since the government surrendered its control in 1993 in the name of market economy and deregulation. The drugs at that time were categorized into essential and non-essential drugs. The vast majority were put in the non-essential category on which price control was lifted. The result was obvious. The prices took a quantum jump. Prices of many drugs went up by more than 300 percent.

Since then there is no respite in the rise in drug prices. Now if we compare, the situation with other countries in the region we find that the prices there are some times 10% of the prices in Pakistan. For this neither the government nor the pharma industry has any plausible explanation.

One result of this disparity is that drug smuggling has become a lucrative business and large amount of all kinds of medicines are being smuggled into the country. Another outcome of this policy is that counterfeit drugs have flooded the market playing havoc with public health.

At the time of lifting the control on the drug prices MoH claimed that the price decontrol will lead to lowering of the prices by increasing the competition in the market. Unfortunately it did not happen and drugs became dearer.

Lastly, a very serious side effect of deregulating the drug prices have been the non-availability of some of the essential drugs in market. As the industry has no interest in making cheap but essential drugs inspite of the fact that according to the Drug Act of 1976 it is the responsibility of the industry to make all registered drugs available.

In the final analysis, the policy of deregulation and decontrol of drug prices has been disastrous for the public health, and it needs an urgent review to keep essential drugs within reach of the common man.



## IFPMA's Ponstan ruling: "Unsurpassed" dishonesty

Parke Davis promotes Ponstan in Pakistan saying it "provides unsurpassed efficacy compared with acetaminophen [paracetamol] in fever control" and "better tolerance". The claim was challenged by The Network and MaLAM (Medical Lobby for Appropriate Marketing) in August last year. Parke Davis responded by promising to withdraw the "better-tolerance" claim. The company, however, continued to endorse its claim about superior efficacy to paracetamol, stating that a randomized single blind trial in 50 children showed that "At two hours and at six hours after dosing, the temperature in patients given Ponstan was significantly lower than for those given acetaminophen. On the second day there was no significant difference." Parke Davis provided neither a reference to the study nor the report.

MaLAM then decided to send a complaint to the International Federation of Pharmaceutical Manufacturers Associations

(IFPMA). "We had strong reservations as regards the whole effectiveness of the IFPMA Code, we wanted to test the new code and to know what level of scientific evidence is required by the IFPMA to support promotional claims," says the July/August issue of MaLAM newsletter.

In his response to MaLAM, Dr Richard Arnold, Executive Vice President of the IFPMA stated that Parke-Davis' claim about Ponstan was not judged to be a breach of its Code. He enclosed the IFPMA rulings which stated: "The company points out that the phrase "Unsurpassed efficacy compared to acetaminophen" does not mean superiority, it means equivalence (i.e. acetaminophen is not more efficacious). On the basis of the evidence cited in the advertisement, the statement is technically correct and does not constitute a formal breach of the Code. The phrase "unsurpassed efficacy" is however, normally used to indicate superior efficacy and the company has been reminded of its obligations, under section 1.22 of the Code that "every effort should be made to avoid ambiguity".

These rulings are even more unsupportable when the claim is viewed in the context of the whole advertisement. The advertisement asserts strongly that Ponstan is superior to paracetamol. The main claim "unsurpassed efficacy" is accompanied by clear statements such as "faster antipyretic action compared to acetaminophen", "additional benefits to pediatrics patients", "prolonged duration of action" and two graphs showing better results for Ponstan. It is also amazing that the IFPMA accepts a single non-blind study in 50 children with inappropriate statistical analysis as conclusive evidence to support a promotional claim. Furthermore, this study was never sent to MaLAM by Parke-Davis despite several requests. This clearly breaches the IFPMA Code which requires that scientific data to support the claims should be made available on request but this breach has been ignored.

Mefenamic acid is a NSAID which is not licensed for children less than 14 years old in many countries including USA, Canada, Australia and in most European countries. The US Product Information states that "safety and effectiveness in children below the age of 14 have not been established".



