

Unbranded Colchicine Getting Hard to Find

BY M. ALEXANDER OTTO

As URL Pharma Inc. and other drug companies battle in court over access to the U.S. colchicine market, the supply of unapproved colchicine is beginning to decline, and patients in at least one small town are scrambling to find what's left.

"It's harder to get," Dr. Christopher Morris, a rheumatologist in Kingsport, Tenn., said in an interview. "Some [patients] have had to go to two or three different pharmacies to find it. Some are going online to find it. Some pharmacies only have Colcris available," he added.

The situation started last summer when the Food and Drug Administration approved URL's colchicine (Colcris) for gout and familial Mediterranean fever.

URL was the first company to submit colchicine for approval and, under FDA regulations, the company was granted multiyear marketing exclusivity.

After the approval, URL went to court to end its competitors' sales on the grounds that by marketing their colchicine, they falsely imply that it is FDA approved. Instead, unapproved colchicine was grandfathered into the marketplace by the Food, Drug, and Cosmetic Act of 1938.

Two manufacturers of unbranded colchicine, Vision Pharma and Excellium

Pharmaceuticals, were no longer supplying the U.S. market at the end of April, according to the American Society of Health System Pharmacists' drug shortage Web site. A third, West-Ward Pharmaceutical Corp., was still doing so, according to the Web site.

The unapproved colchicine business had been growing until now; 1.2 million retail prescriptions were written for it in the first 4 months of this year, compared with 1.1 million for the same period last year and 1 million during the first 4 months of 2008, according to SDI Health, a health care market insight and analytics firm.

Meanwhile, the price of unbranded colchicine has gone from a nationwide average of 19 cents per pill in 2008 to 44 cents, according to SDI.

West-Ward, Vision, and Excellium declined to comment for this story, citing ongoing litigation.

Several physicians said in interviews that although patients are complaining about the higher cost, they can still get the pills. But some physicians are writing larger-than-usual prescriptions to help patients stock up, while others say they will refer patients to the Internet and Canadian pharmacies if they run into trouble.

Two companies, Euro-Pharm International Canada and Odan Laboratories, sell colchicine in Canada, according to

Gary Holub, a Health Canada spokesman.

Colcris sells for about \$5 per pill, according to DestinationRx.com. But URL has both a patient assistance program and a copay coupon program to help eligible patients. In this way, the company has taken steps to "ensure everyone in need of Colcris therapy can get it regardless of income level," a spokesperson said. A 30-day supply of Colcris is free for households with an annual income of up to three times the federal poverty level (\$66,150 per year for a family of four), a URL spokesperson said. Assistance is available for households up to six times the federal poverty level (\$132,000 per year for a four-member family). Under the coupon program, the cost is no more than \$25 for a prescription of 30 pills or more, the spokesperson said.

Doctors have said that their patients have safely used unapproved colchicine for decades, and that the higher price of Colcris will limit patient access and drain public health programs (N. Engl. J. Med. 2010 April 21 [doi:10.1056/NEJMp1003126]).

There have also been calls for the FDA to tighten its marketing exclusivity regulations, and concern that the agency will remove unapproved colchicine from the market as part of its goal to ensure that drugs sold in the United States are tested for safety and efficacy.

In response, URL asserts that the marketing of unbranded colchicine is illegal.

The company also points to a March letter from Dr. Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, to the American College of Rheumatology. The letter stated that Colcris approval studies generated important new information about how to safely use colchicine, and that the safety, purity, and efficacy of unapproved drugs cannot be guaranteed.

Because of the latter reason, unbranded colchicine was pulled from Medicare part D formularies this year and was replaced by Colcris.

Whatever the outcome of the court battles, the situation isn't permanent.

URL's marketing exclusivity for Colcris's gout indications expires July 30, 2012. The familial Mediterranean fever indication expires July 29, 2016, according to the FDA's Web site.

Disclosures: Dr. Morris disclosed that he is on the speakers' bureau for Takeda, Eli Lilly, and Forest Pharmaceuticals.

Information about URL's Colcris patient assistance program and copayment coupons are available by visiting Colcris.com or by calling 888-811-8423. Copayment coupons can be downloaded at the Web site.

Pericardial Disease Still Common in Rheumatoid Arthritis

BY SARA FREEMAN

FROM THE ANNUAL MEETING OF THE
BRITISH SOCIETY FOR RHEUMATOLOGY

BIRMINGHAM, ENGLAND — Pericardial disease remains a common cardiovascular complication of rheumatoid arthritis, judging from findings from a recent study.

Findings from the case-control study showed that 20% of patients with RA had pericardial disease at the time of their death, compared with 9.5% of controls. Patients who were rheumatoid factor positive were more likely than RF-negative cases to have pericardial disease.

"This rate is lower than that reported in previous autopsy studies. And it may reflect more recent and more effective disease suppression of rheumatoid arthritis," said Dr. Nicola J. Goodson, a clinical research fellow at the Arthritis Research U.K. Epidemiology Unit of the University of Manchester (England).

Previous research has found that at the time of their death, 50% of RA patients had pericardial disease (Arch. Intern. Med. 1969;124:714-9). However, the population of patients studied was diagnosed in the 1950s, rather than in the 1980-1990s as in the current review, Dr. Goodson said.

Dr. Goodson reported the results of a study that looked at the presence of cardiovascular disease detected at autopsy in patients with RA who were part of an inception cohort. Of 1,010 RA patients recruited between 1981 and 1996, 565 (56%) had died, and 145 of those had postmortem examinations. Of these, 84 autopsy records were obtained and compared with 84 postmortem reports from the general population that were matched for age, sex, and date of autopsy.

The mean age of the cohort at the time of death was 73.3 years for both cases and controls, and 71% were

VITALS

Major Finding: This study showed that 20% of RA cases had pericardial disease at the time of death, compared with 9.5% of controls.

Data Source: Case-control study of 84 patients with RA diagnosed in 1981-1996.

Disclosures: Dr. Goodson had no conflicts of interest. The study was funded by a Clinical Fellowship awarded by the Devonshire Royal Hospital Endowment Fund.

female. The median duration of arthritis was 8 years, and 80% of patients were RF positive.

According to the death certificates, two-thirds of cases and two-thirds of controls had most likely died as a result of cardiovascular disease. Similar proportions of cases and controls had died as a result of respiratory, malignant, traumatic, or gastrointestinal causes.

Similar cardiovascular causes of death were identified on the death certificates in both cases and controls, with ischemic heart disease, MI, and atherosclerotic disease noted as the most common findings.

RA was listed as a possible contributing cause of death in only 8 (9.5%) of the 84 RA death certificates, although it was cited in the history or examination sections of the autopsy reports in 49 cases.

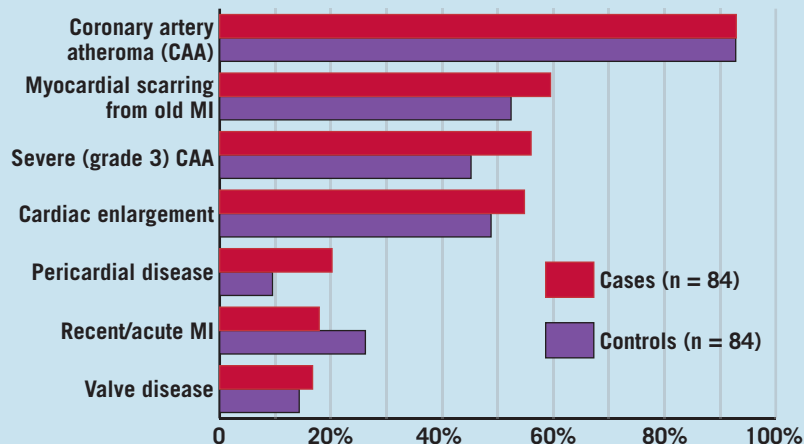
A consultant histopathologist reviewed the autopsy reports and identified a similar rate of cardiovascular diseases in cases and controls, with the exception of pericardial disease.

Pericardial disease occurred in 22% of patients who were RF positive and in 11% of those who were RF negative.

"Pericardial thickening was the predominant finding," Dr. Goodson observed, adding that the presence of pericardial disease did not appear to contribute to the overall cause of death.

Because the study was conducted in a contemporary RA population, perhaps a similar prevalence of atherosclerosis in cases and controls was due to the improved overall treatment of RA and cardiovascular risk factors in recent years, she said.

Cardiovascular Disease Detected at Autopsy



Note: Some subjects had more than one type of cardiovascular disease.
Source: Dr. Goodson