COMPARATIVE ANALYSIS OF REGISTRATION OF ANTITUBERCULOSIS DRUGS

Nemchenko A.S., Korzh Yu.V., Podgaina M.V.

National University of Pharmacy, Kharkiv, Ukraine

economica@ukr.net

Tuberculosis (TB) remains one of the world's deadliest communicable diseases. According to the World Health Organization' (WHO) Global Tuberculosis Report 2014, in 2013, an estimated 9.0 million people developed TB and 1.5 million died from the disease. TB is slowly declining each year and it is estimated that 37 million lives were saved between 2000 and 2013 through effective diagnosis and treatment. However, given that most deaths from TB are preventable, the death toll from the disease is still unacceptably high and efforts to combat it must be accelerated if 2015 global targets, set within the context of the Millennium Development Goals developed by WHO, are to be met. Tuberculosis profile including the number of patients in general and on ART (anti-resistance therapy) has increased since 2012 in Ukraine. WHO reports that an average annual expenditure per patient treated for TB consist of 2600-2700 US$. Given the urgency and the social aspect of the disease study of pharmaceutical market of registered drugs for TB treatment in Ukraine in retrospective was conducted by the authors. Official data of the State register of medicines as of January 2011 and January 2014 we used for the analysis.

Thus the authors defined dynamic of structural change in the range of drugs for TB treatment represented in the domestic pharmaceutical market over the past five years. Analysis was conducted on the parameters "total number of registered drug", "the number of presented pharmacotherapeutical groups" and the proportion of each group in total, "the number of drugs under international non-patent names", "the share of domestically produced drugs" and "country- producer of drug". It is founded, according to the Ukrainian State Register of drugs as of January 2014 the number of registered drugs for TB treatment consists of 250 trade names (including dosages) for

24 INN (including combined) from 15 countries. A comparative analysis of registered drugs for TB treatment by trade names allowed to establish that compared to 2011 the number of registered drugs in 2014 almost unchanged, with the exception of several drugs, such as isoniazid, sodium aminosalitsylat, teryzydon, klofazymin, ofloxacin. It is founded that analyzed drugs were presented by six pharmacotherapeutical groups according to anatomical therapeutical chemical classification (ATC): anti-tuberculosis drugs, ATC code - J04A, anti-leprosis drugs, J04B, Antibacterial agents for system-based administration, OTHER beta-lactam antibiotics, J01D, and aminoglycosides, J01G, quinolone antibacterials, J01M, and combined antibacterials, J01R.

Analysis of the registered drugs for TB treatment allows to establish the share of domestic production drugs. It is defined, as of January 2014 value of trade name of drugs for TB treatment domestically is 34% and foreign production - 66%. Consequently, the share of imported ATBD in 2014 was significant. The vast majority of sample meet India production drugs (122 drug names) and second place was taken by Ukraine (85 drugs).

Summarizing, it can be concluded:

1. According to the State Register of drugs its as of January 2014 250 trade names of drugs for TB treatment (including dosages forms) for 24 INN (including combined) from manufacturers from 15 countries were registered in Ukraine.

2. As for analysis of the data of the State registration of drugs it was shown that the largest share had imported drugs, which in 2014 up 66.8%. Value of domestically drugs for TB treatment by trade names was 33.2% respectively.

3. Analysis of registered drugs for TB treatment revealed that during the study period the number of reported anti-TB drug almost unchanged with the exception of several drugs such as isoniazid, sodium aminosalitsylat, teryzydon, klofazymin, ofloxacin.

4. Received data may be used for improving of pharmaceutical providing of privilege category of patients with TB that is an actual problem especially in the condition of social medical insurance implementation.