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## Biosimilars; great importance and future opportunities for Asia-Pacific countries

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There are currently more biosimilar drugs in development across the Asia-Pacific region than anywhere else in the world, leading to several great opportunities. Biosimilar producers in Asian countries share advantages over their competitors in EU & US markets. Biologics are greatly underused across the Asia-Pacific region. Their high cost and the limited reimbursement keep them out of reach for many patients. Biosimilars provide lower-cost alternatives, enabling important biological medicines to be affordable for much more patients. Substituting lower-cost biosimilars for branded biologics would greatly help to lower the governments' healthcare costs on one hand and also increase the patients' access to potentially life-saving drugs on the other hand. Both, governments and patients are counting on biosimilars. Biosimilars could revolutionize the future of drug development in Asian countries. This new drugs are expected to reach globally to \$25 billion by 2020. Biosimilars represent a great opportunity for emerging Asian economies to build up domestic biologics and biotechnology capabilities. Domestic and regional biosimilar manufacturers in Asian emerging markets can assume the global leadership role in the near future. This presentation will highlight biosimilars great importance, potential challenges, and huge opportunities for Asian countries and concluded by recommending strategies to help future success.

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## Warfarin-drug interactions: An emphasis on influence of polypharmacy and high doses of Amoxicillin/Clavulanate

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The objective of this study was to investigate the effect of polypharmacy and high doses of amoxicillin/clavulanate on warfarin response in hospitalized patients. This was a prospective cross-sectional observational study on 120 patients from July 2013 to January 2014. Potentially interacting drugs were classified according to their tendency of increasing international normalized ratio (INR) or bleeding risk. The 87.5% of patients prescribed high-dose amoxicillin/clavulanate (10-12 g daily) compared with 28.9% of patients prescribed a normal dose (up to 3.6 g daily) had INR values  $\geq 4$  during the hospital stay ( $P \leq .001$ ). Increased number of potentially interacting drugs that are known to increase INR was a significant predictor of having INR values  $\geq 4$  (OR, 2.5; 95% CI, 1.3-4.7), and increased number of potentially interacting drugs that are known to increase bleeding risk was a significant predictor of experiencing bleeding episodes (OR, 3.1; 95% CI, 1.3-7.3). High doses of amoxicillin/clavulanate were associated with a higher risk of over-anticoagulation when combined with warfarin than were normal doses. Increased risk of having INR  $\geq 4$  and bleeding events was associated with increased numbers of potentially interacting drugs prescribed, indicating that polypharmacy is a problem of concern. Frequent monitoring of warfarin therapy along with patients' medications is necessary to avoid complications.

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