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# The perspective of generic drugs in chronic myeloid leukemia

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# Generic Imatinib

**The potential impact of different crystal forms of Imatinib used in Gleevec (beta) vs. Generic Imatinib (alpha)**

**Bioequivalence in children**

**Different absorption due to gastrectomy and change in gastric acidity in patients with GIST**

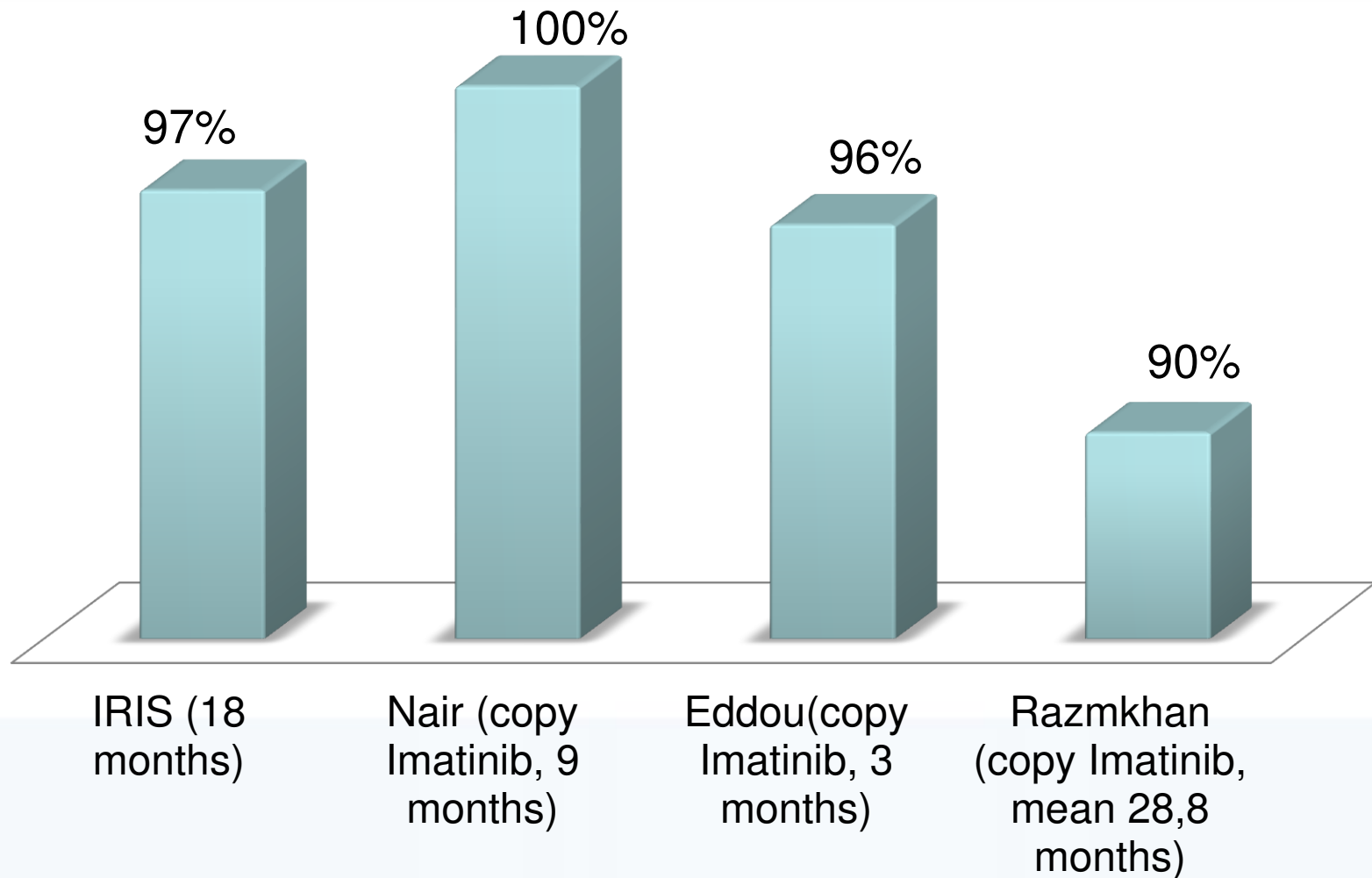
# Imatinib copy- clinical case reports

Case reports	Population	Details
Asfour, 2009	N-2, Egypt	CHR on Gleevec Hematologic relaps with copy version
Goubran, 2009	N-1, Egypt	CHR on Gleevec Hematologic relaps with IM-alpha crystal CHR resumed with Gleevec
Chouffal, 2010	N-1, Morocco	CHR on hydroxyurea+INF Hematologic relaps with IM-COPER CHR resumed with Gleevec+hydroxyurea
Mattar, 2010	N-1, Egypt	CHR on Gleevec Hematologic relaps with IM-alpha crystal CHR resumed with Gleevec

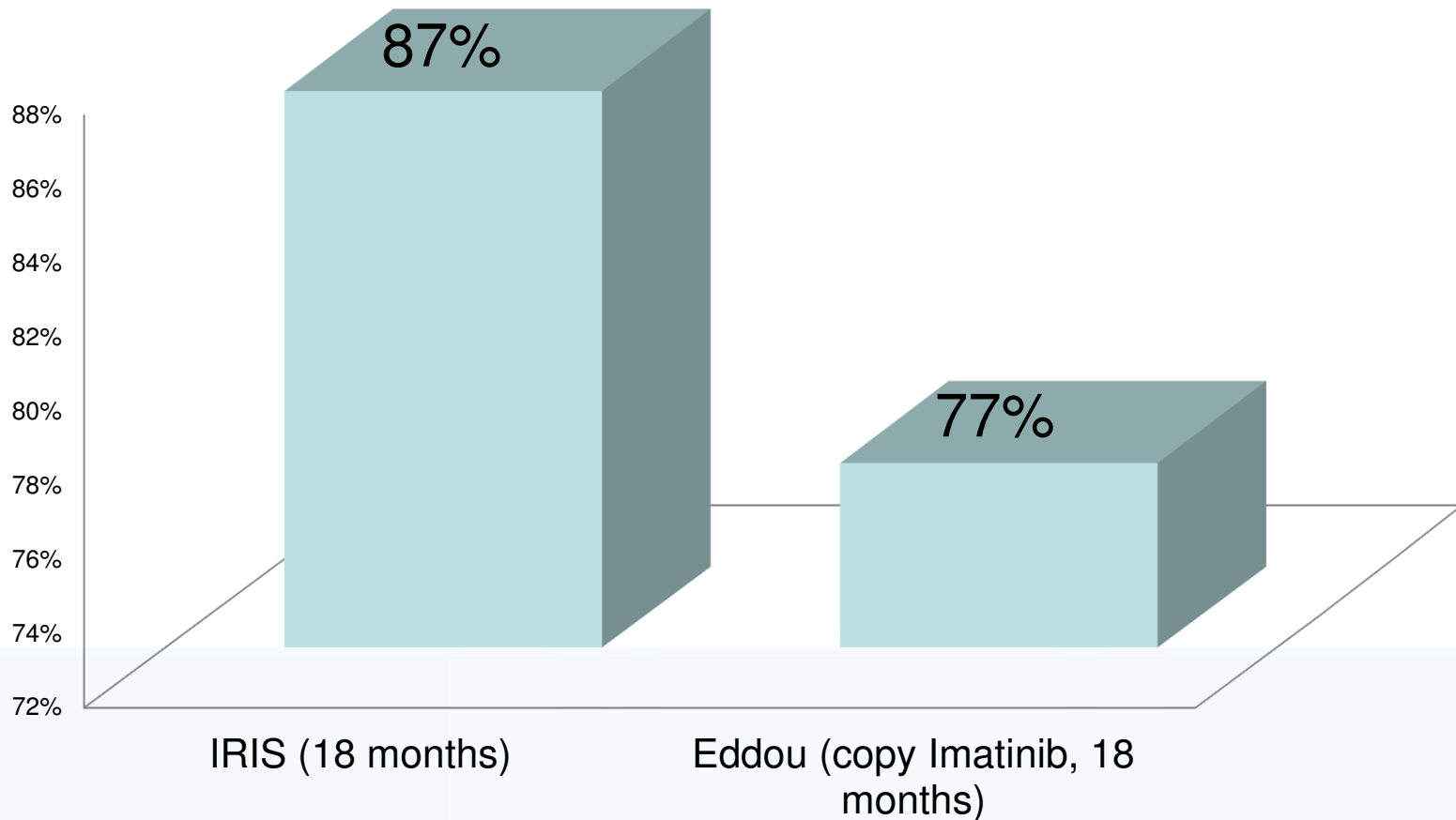
# Imatinib copy- observational study

Observational study	Populations	Details
Razmkhan 2009	N-30, Iran	90% CHR with Imatinib alpha crystal
Alwan et al 2011	N-126, Iraq	CHR on Gleevec 33% hematologic relapse with IM copy
Nair et al 2008	N-100, India	100% CHR at 9 months
Eddou et al 2011	N-26, Morocco	96% CHR at 3 months 77% MCgR at 18 months
Saavedra et all 2014	N-12, Colombia 8 switched 4 de novo	63% treatment failure (switched) 75% AE (switched) 100% resistance or suboptimal (de novo) 75% AE (de novo)

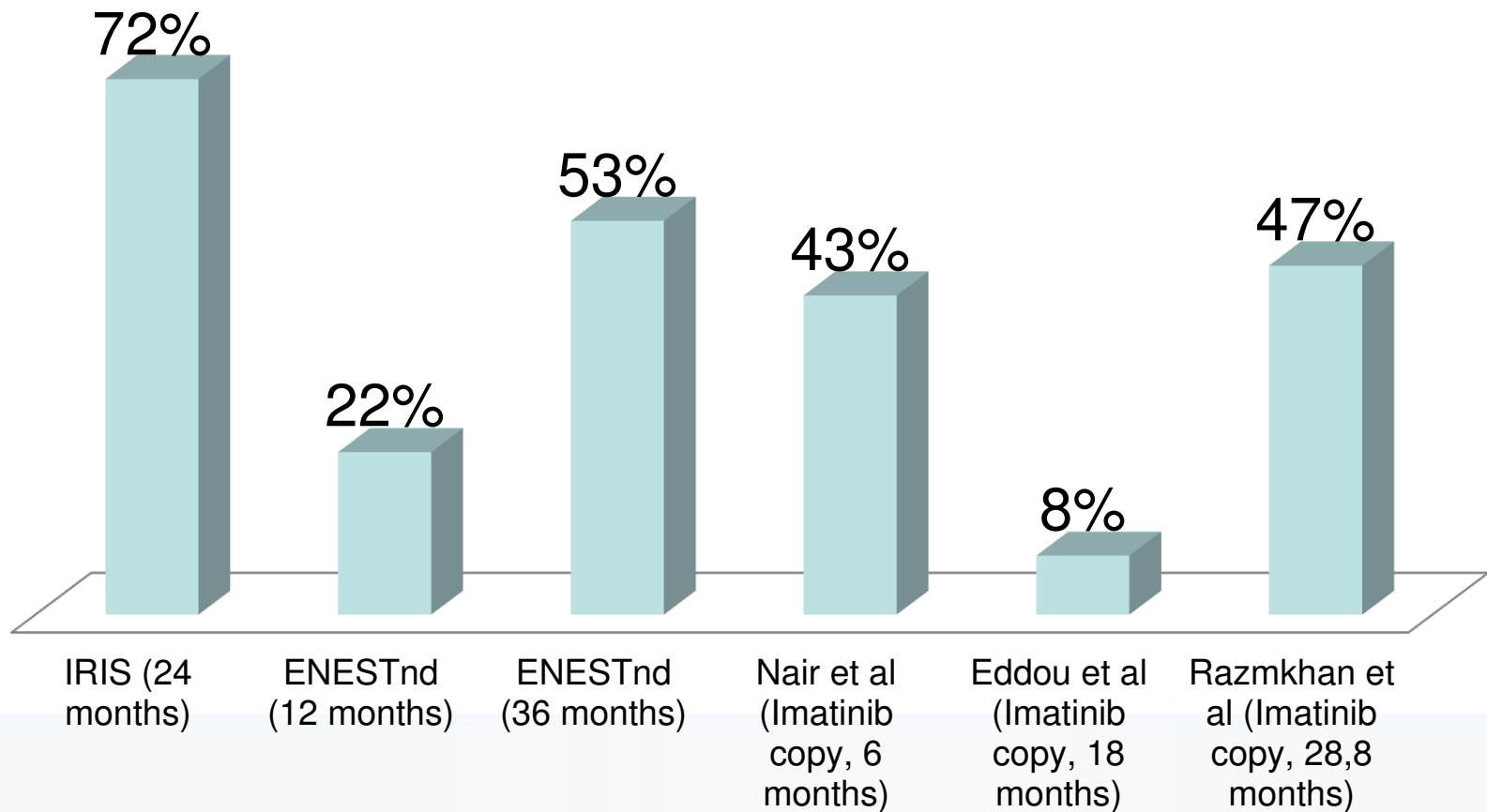
# Comparasion of CHR rates



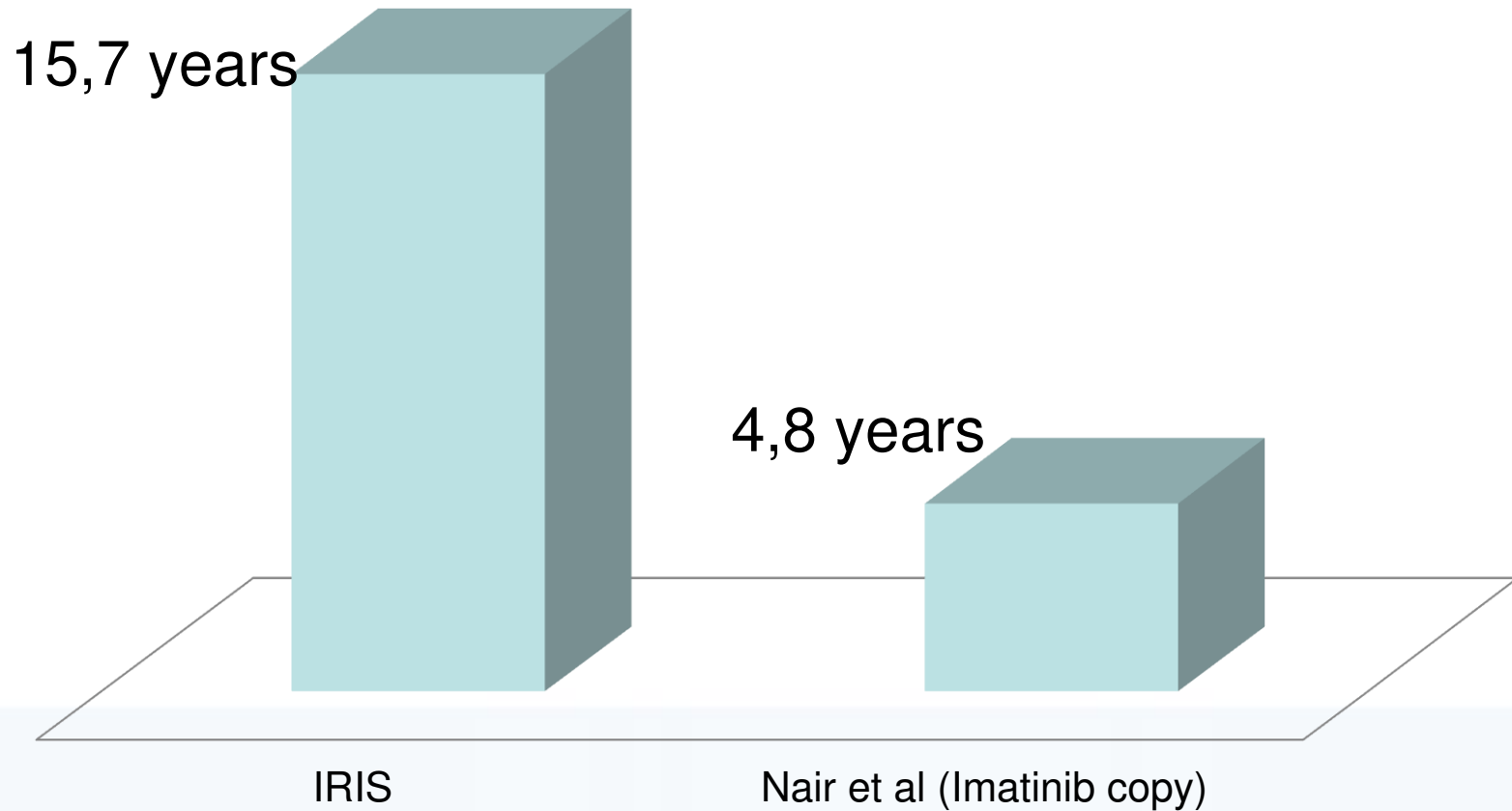
# Comparison of MCgR rates



# Comparison of MMR rates



# Comparison of mean projected survival





# What is the situation like in Serbia?

2001 Glivec



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graph LR; A[2001 Glivec] --> B[2006 allowed on Health insurance]; B --> C[January 2012 Generic Imatinib]; C --> D[July 2012 Generic Imatinib in the positive list];
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2006 allowed on  
Health insurance

January 2012  
Generic Imatinib

July 2012  
Generic Imatinib in  
the positive list

# What is the situation like in Serbia?

- The TKI drugs on the positive list in NHIF until June 2014:
  - Imatinib (Glivec, Anzovip, Imatinib Pharma Swiss, Alvotinib) as a 1<sup>st</sup> line therapy
  - Nilotinib (Tasigna) as a 2<sup>nd</sup> line therapy
- 220 patients were on Glivec until 2012 in Serbia
- 45 patients on Tasigna

# Experiences of our centre - Clinic of hemathology, Clinical centre Vojvodina

- During August and September 2012 all patients were switched from Glivec to Anzovip.
- These are the results of using Anzovip after 18 months.
- Two groups of patients were monitored:
- **55 CML patients on Glivec → Anzovip**
- **15 newly diagnosed CML patients**

# Results

- 55 patients treated with branded Imatinib were switched to generic Imatinib
- 10 patients **(18,1%)** had lost complete cytogenetics response they already had, but without signs of biological illness transformation → they were switched to 2<sup>nd</sup> line therapy nilotinib

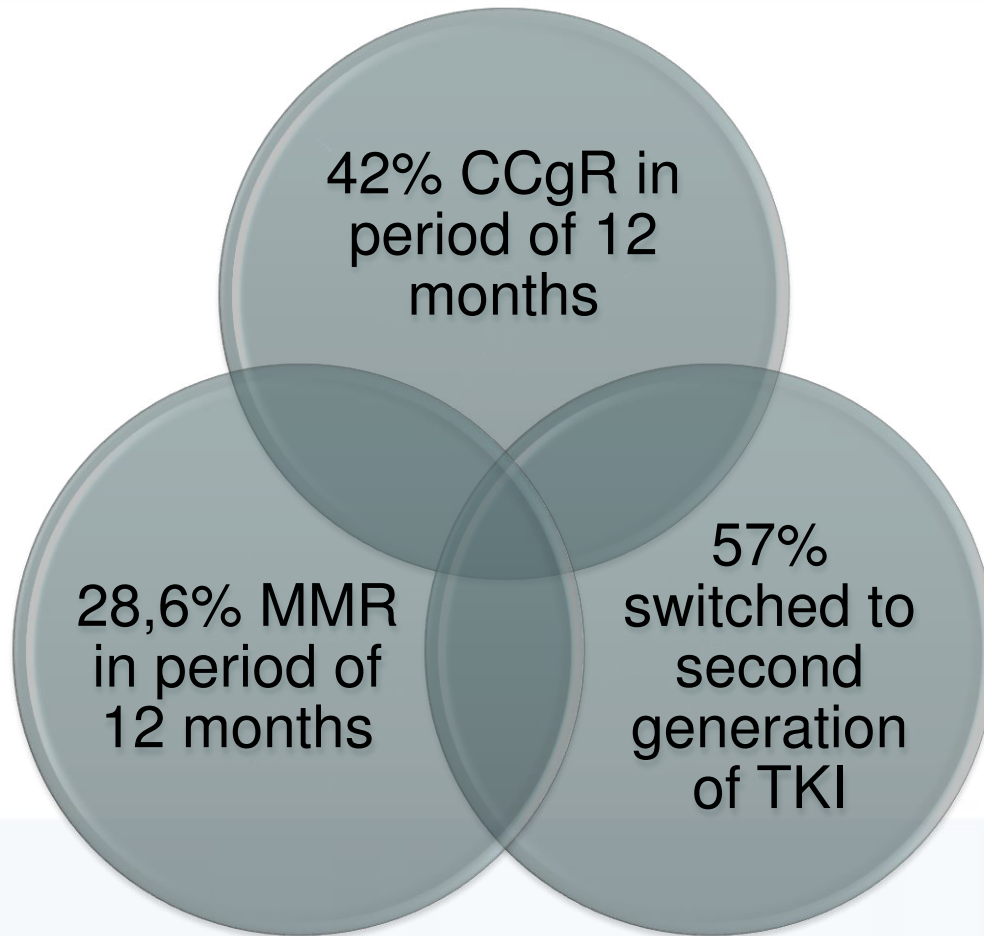
# Results- de novo CML patients

- 15 newly diagnosed pts from september 2012 to april 2014
- 7 patients – median follow up 12 months (9-18 months)
- Median age 27 (19-60)
- Median duration of Imatinib generic 12 months (9-18 months)
- The patients belonged to intermediate and high Sokal risk group.

# Patients characteristics

Patients	Sex	Age at diagnosis	Duration of Anzovip therapy (months)	Reason for switch to II line th	Details
1	F	59	18	-	PCgR at CCgR, escalated dose II at 800 after 9 months, CCgR at 18 months
2	F	25	12	-	PCgR at 6m CCgR at 12 months
3	M	19	11	failure	Minor CgR at 6 months, 19% bcr/abl transcript at 9 months
4	M	60	10	Failure	No CgR at 6 months
5	M	27	9	intolerancy	PCgR at 6 months
6	M	21	12	failure	PCgR at 12 months
7	F	56	12	-	CCgR at 12 months

# Results



# Instead of conclusion

- The safety and efficacy of the copy drug has not been established in randomized clinical trials
- It is unknown whether patients, who responded to branded Imatinib and then switched to its copy versions, will tolerate the copy drug and maintain the previous response
- Careful follow up of a selected patients several months after the switch to generic imatinib
- Despite of the small number of patients our results in term of hematologic and cytogenetic response were close to the international series.



# Thank You for Your attention!

