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Current Status of ADR Relief System in Korea

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Current Status of ADR Relief System in Korea,
With a Suggestion to Prevent the Top ADR events of the relief system

The purpose of this presentation is to analyze the ADR relief cases in Korea and to show the statistics of the cumulative cases.
The paid cases, conducted by ADR relief investigation, expert committee consultation and then deliberate committee result, were analyzed.
The leading causative medicine were antiepileptic agents, accounting for 16.7%, antibiotics for 16.3%, antigout agent for 12.8%, and nonsteroidal anti-inflammatory drug for 10.6%. The leading individual ingredient was allopurinol, accounting for 12.8%, carbamazepine for 7.4%, lamotrigine for 2.5%, ethambutol for 2.5% and ceftriaxone for 2.1%. The top individual ingredient, allopurinol which is the antigout agent, was analyzed that allopurinol is unable to be excluded as the causative factor of the severe cutaneous adverse reactions. Under the use of allopurinol, Drug Reaction with Eosinophilia and Systemic Symptoms, called DRESS, were 18 cases. Toxic Epidermal Necrolysis were 14 cases. 4 cases of Stevens-Johnson syndrome were reported.
Allopurinol is a xanthine oxidase inhibitor, lowering uric acid formation and inhibiting serum uric acid elevation. On the other hand, Febuxostat, the substitute medicine of allopurinol, lowers uric acid and a xanthine oxidase inhibitor, though it has different chemical structure with allopurinol. Experts has predicted that due to the different structure of these medicine, no cross reaction would occur between these two antigout agents. However, the possibility of the cross reactivity between Allopurinol and Febuxostat has been recently described. And MFDS announced that Febuxostat is a risky medicine which can cause the cardiovascular disease. In this regard, it is questionable if the substitute medicine would be an alternative choice to lower the ADR caused by Allopurinol.
To predict the ADR occurrence, screening the genotyping would be important. HLA-B5801 typing has been covered by National Health Insurance when patients with renal impairment are prescribed for the first time. However, the ADR relief case says that severe cutaneous adverse reaction cases can be occurred in patients with normal renal function either. Expanding the coverage would be necessary to minimize the severe adverse events from this medicine. Also, ongoing education and publicity activity are essential to the healthcare providers and patients.
Finally, to minimize ADR from Allopurinol, the most frequent causative medicine, on ADR relief system, not only careful monitoring by the healthcare providers but also political support to expand the insurance coverage are essential.