Hepatitis C Treatment with Generics: Some Updates

September 12, 2015 By Greg Jefferys

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A bit of housekeeping first.

The Mesochem API issue.

As mentioned last week, until Friday the 4th of September, it was a very easy process to get APIs from Mesochem. You sent Rachel an email and then the payment and you had the API in your hands within 7 days.

That changed and for a few days there were no deliveries. Then we figured out that the requirements demanded by Mesochem to get the APIs had changed and now one had to be either a drug manufacturer or a person taking part in a research program.

So now when people write to Mesochem to purchase and API they write words to the effect of this:

"I am aware that the Daclatasvir is an API and a concentrate. My treatment will be supervised by a doctor and the API will be made into doses by a qualified pharmacist. I am using this API as a part of a research program."

For the moment this is working and people are again getting their Daclatasvir etc.

What is an API?

API stands for Active Pharmaceutical Ingredient. The pharmaceutical world is divided into companies that make consumable tablets or capsules in dose amounts and companies who make APIs which they sell to the companies that make the consumables. For example it is my understanding that the API for Sovaldi (Sofosbuvir) is made by a manufacturer in Jordon and tabletised in Ireland. So I have been told.

Mesochem and Chinese APIs

China makes a large amount of the world's APIs and these are sold to many major international drug companies around the world. Mesochem is a well established manufacturer and supplies APIs to many medical tablet makers in the USA and Europe.

Mesochem's Daclatasvir has been tested twice by Australian doctors and found to be 99% pure and is about to be tested again by one of Australia's leading liver experts.

The ongoing debacle of doctors refusing to prescribe Indian Generics.

In Australia now about 30% of doctors and about half of the liver clinics will either prescribe Indian generics or support patients who are using them. When a patient has been battling with this disease for decades and have failed Interferon treatment they are elated when they get support from their doctor or clinic for using the Indian generic treatment for their Hep C.

Conversely when they have been battling for years, feeling sick and even feeling their liver dying within their body while being offered no support or viable options of Hep C treatment other than being told to wait and see if they might possibly qualify for treatment next year, then patients get angry or depressed, even suicidal. Doctors are supposed to care foremost about their patients' health and well being and be informed of the latest treatments.

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