



A Partnership for Medical Excellence

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PHARMACY MONTHLY NEWSLETTER

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In The News:

H1N1 — FDA's FAQs for Tamiflu [[Link](#)]; Relenza [[Link](#)]
Immunization Schedule Update 2010—[[Link](#)]

Shattered Link Between MMR Vaccine and Autism?

- ✦ 1998 study published in the Lancet that suggested link between MMR vaccine and autism was retracted based on accusations that authors committed ethical violations.
- ✦ The authors are accused of falsifying data, including patient records and pathology reports, to show an association that was really only observed in one patient.
 - 5 out of the 12 patients were diagnosed with psychosocial problems prior to vaccination.
 - Abnormal intestinal pathology reports reported in subjects, (upon review of hospital pathology reports, no inflammation observed)

Angiotensin receptor blockers (ARBs) and risk of dementia in a primarily male population (98%): **prospective cohort analysis.** CV dysfunction and associated CV risk factors such as dyslipidemia, hypertension, and diabetes are strongly associated with the development of Alzheimer's-type and other forms of dementia later in life. Medications aimed at treating/controlling these diseases may lead to a decreased incidence of dementia. [[abstract](#)]

- ✦ This recent cohort study observed over 800,000 Veteran Affairs patients, aged 65 years or older. Patients taking (ARBs), lisinopril (ACE-Is), and those taking other CV drugs (excluding ARBs, ACE-Is, and statins), made up the 3 cohorts.
- ✦ **ARB** group **LOWER** incidence Alzheimer's disease & dementia (hazard ratio 0.76) vs. ACE-Is (HR 0.81) & other CV meds.
- ✦ ARBs also reduced progression of pre-existing Alzheimer's disease and other dementias
 - ⇒ This cohort study showed strong evidence for promise of a significant benefit of ARBs (ACEs to a lesser degree) on Alzheimer's disease and dementia, however, need to be validated through a prospective randomized placebo control study.

Chantix® (varenicline) and suicidal behavior: a cohort study based on data from the General Practice Research Database.

- ✦ Investigators found a slightly higher incidence of self-harm among those treated with varenicline (hazard ratio 1.12), as well as bupropion (HR 1.17) compared to nicotine.
- ✦ The authors conclude that there is no clear evidence of an increased risk of self harm, suicidal thoughts, or depression for those prescribed varenicline versus other smoking cessation products, however further investigation is still required.

Pharmacy—Clinical Sound Bytes:

- ✦ FDA approved **Victoza** (liraglutide), a once-daily inj to improve glycemic control in adult T2DM, adjunct to diet and exercise. [[Link](#)]
- ✦ FDA approved **Ampyra** (dalfampridine), an extended-release ORAL tablet to improve walking ability in patients with MS. [[Link](#)]
- ✦ FDA approved **Actemra** (tocilizumab), a monthly IV infusion to treat moderate to severe rheumatoid arthritis. [[Link](#)]

Safety Updates:

[Submit ADR^s to MedWatch Online!](#)

- ✦ FDA requires **Meridia (sibutramine)** to add a warning indicating increased risk of heart attack and stroke in patients with a history of cardiovascular disease. This warning was prompted by preliminary findings from the SCOUT (Sibutramine Cardiovascular Morbidity/Mortality Outcomes in Overweight or Obese Subjects at Risk of a Cardiovascular Event) trial, which enrolled over 10,000 patients. Interim data analysis indicated an occurrence of CV events in 11.4% of sibutramine-treated patients versus 10% using placebo (1.274 hazard ratio). Sibutramine is now contraindicated in patients with a history of cardiovascular disease, including history of CAD, stroke or TIA, heart arrhythmias, CHF, PAD, or uncontrolled HTN > 145/90 mmHg. [[Link](#)]
- ✦ FDA issued a nationwide recall of certain lots of **Exel/Exelint Huber** needles, infusion sets, & "Securetouch+" safety Huber infusion sets, manufactured by Nipro Medical Corporation. Units beginning with 07, 08, and 09 lot numbers are included in recall. Ports reportedly leaked after accessing w/ Huber needle, and upon further investigation, the "non-coring" needles produced cores in 60 to 72% of tests, due to faulty design and manufacturing processes. Adverse events have not been reported. [[Link](#)]

[Ask RPh to submit ADR to Medwatch](#)



- Link to ALL December 2009 (Jan 2010 not yet updated) labeling changes (i.e., post-marketing ADR updates) [[Link](#)]

* Example: Ortho Evra® (norelgestromin and ethinyl estradiol transdermal system) updated post-marketing adverse reactions section to include 'dysgeusia' and patient label to include 'abnormal taste'.

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New Generic Approvals*:

[Each have a Medicare exception from Tier changes until 1/1/2011]

- Donepezil hydrochloride ODT generic for (**Aricept® ODT**);
- Clindamycin/benzoyl peroxide 1% (**Benzaclin®**)
- ketorolac tromethamine ophthalmic solution (**Acular®**);
- Clonidine transdermal (**Catapres® TTS**)
- perindopril (**Aceon®**);
- lansoprazole (**Prevacid®**)

Click [here](#) for recently approved generics.

Emerging Therapies & the Drug Pipeline:

Pain - Naproxcinod – This medication is a nitric oxide-donating anti-inflammatory compound and first in the class of CINODs, or cyclooxygenase-inhibiting nitric oxide donator.

- ⊕ It is metabolized to naproxen and a nitric oxide donator.
- ⊕ The nitric oxide leads to vasodilation and platelet inhibition.
- ⊕ It is purported to have no detrimental effects on blood pressure or cause gastrointestinal problems.
- ⊕ This agent is being studied in osteoarthritis of the knee and hip, and has completed phase 3 clinical trials, and a new drug application (NDA) was filed in September 2009.

American Journal of Cardiology—Sept 2009, Naproxcinod vs. Naproxen [[Link](#)]
 Journal of Rheumatology—June 2009, Efficacy, safety and tolerability study [[Link](#)]

Pharm.D. Monthly Q&A Review:

[[Link 1](#)]

Incoming Question:

“A dermatologist advised that my patient w/ Psoriasis should receive treatment for high cholesterol, why?”

Excerpt of Outgoing e-mail Answer:

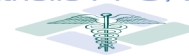
- ⊕ “Psoriasis is a skin disorder affecting approximately 2% of the general population. Psoriasis and cardiovascular diseases share many common features, including inflammatory cytokines such as TNF- α and IL-1. It is proposed that chronic inflammation due to psoriasis is associated with an increased risk of cardiovascular events.”
- ⊕ “In addition, commonly used medications for Psoriasis may worsen cholesterol parameters, TGs in particular.”
- ⊕ “In summary, patients with untreated, as well as treated, Psoriasis have had unfavorable CV risk observed.”
 - ⇒ Also, it’s possible upcoming cholesterol guideline updates may include this is a risk factor or even as a risk equivalent (similar to diabetes).

IHA Continues Value Initiative

- ⊕ IHA continues an initiative they are referring to as “**Value Prescribing**” which aims to help control the rising costs of prescription drugs by finding the best combination of quality (efficacy) & cost for various therapies.
- ⊕ The program will focus on statin therapy because despite many cost reduction programs they still represent the best opportunity to achieve ‘value prescribing’ and help reduce costs.

	Drug	Average Annual Co-pay (Patient)	Avg Annual Retail Cost of Drug (Payer)	Avg TOTAL Annual Cost of Drug (Health Care System)
Tier 1	Lovastatin	\$48	\$108	\$156
	Pravastatin			
	Simvastatin			
Tier 2	Crestor®	\$300	\$1290	\$1,596
Tier 3	Lipitor®	\$420	\$1440	\$1,860
	Vytorin®			

*All meds tier 1 unless otherwise specified; §ADR = Adverse Drug Reaction; PAR = Prior Auth Req'd;

**Disease State Or Literature Update:**[\[Link to Abstract\]](#)**Anti-depressant Use in Postmenopausal Women;****(Recently Published data from the Women's Health Initiative (WHI) Study)**

- ⊕ Depression is considered a risk factor for coronary heart disease (CHD), stroke, early death, and other adverse outcomes.
 - SSRIs: Celexa (citalopram), Lexapro (escitalopram), Prozac (fluoxetine), Paxil (paroxetine), Zoloft (sertraline)
 - Because they do NOT bind to histamine, acetylcholine, or norepinephrine (NE) receptors, they are thought to cause less sedative, CV, or anticholinergic effects than TCAs.
 - ⇒ However, they do possess negative inotropic effects and may affect cardiac conduction.
 - Impaired platelet function may occur due to platelet serotonin depletion, leading to an increased risk of bleeding.
- ⊕ TCAs: amitriptyline, doxepin, nortriptyline
 - TCAs appear to inhibit reuptake of both NE and serotonin, however, generally considered more potent inhibitors of NE
 - They possess strong anticholinergic effects and cause sedative and cardiac effects, including QT prolongation, arrhythmias, orthostatic hypotension, etc. (due to quinidine-like action)

Study Details: A prospective cohort study of 130,000+ post-menopausal women from the WHI observed CV morbidity and all-cause mortality in antidepressant users. Follow-up ~6 years. [4 groups – SSRIs, TCAs, other antidepressants, or none]

Results:

- ⊕ Neither SSRI or TCA use was associated with an increased risk of CHD.
- ⊕ SSRI vs. NO antidepressant use:
 - 40% increased risk of **stroke, especially hemorrhagic** (hazard ratio 2.04).
 - 32% higher relative risk of **all-cause mortality**
 - ⇒ TCA use increased risk of all-cause mortality similar to that of an SSRI.
- ⊕ **These results are in contrast to other studies**, which have suggested a protective effect of SSRIs on MI. Researchers found recent use of SSRIs and TCAs were associated with an increased risk of MI. Additionally, prior studies have NOT found an association between SSRI use and stroke risk, however this cohort showed a much greater risk, especially for hemorrhagic stroke.
- ⊕ Although this study observed an increased risk in all-cause mortality, depression itself is a risk factor for CHD, stroke, and early death. Patients treated with antidepressants commonly have other risk factors for cardiovascular disease and mortality.
 - ⇒ ***It is important to keep in mind the decrease in quality of life and impaired function caused by untreated depression before decisions are made to withhold treatment for a depressed patient.***
- ⊕ Further prospective controlled studies are needed to draw firm conclusions regarding antidepressant use in postmenopausal women.

Formulary Updates:[Link to IHA Formulary](#) **Additions:**

Acuvail® 0.45% added to Tier 2 w/PAR

Sabril® added to Tier 2—Available via specialty pharmacy only

Embeda® added to Tier 2

Omeprazole 40 mg added to Tier 1 (STEP therapy applies) - Previously only 20 mg generic was Tier 1.

Pentasa® added to Tier 2

Renvela® powder added to Tier 2

Tier Changes based upon the availability of new first-time GENERIC products:

Alphagan® 0.15% moved to Tier 3, brimonidine added to Tier 1

Optivar® moved to Tier 3, azelastine 0.05% added to Tier 1

Benzaclin® moved to Tier 3, clindamycin/benzoyl peroxide 1% added to Tier 1

Aggrenox® moved to Tier 3, aspirin/dipyridamole ER added to Tier 1

Catapres® TTS moved to Tier 3, clonidine transdermal added to Tier 1

Ovide® moved to Tier 3, malathion added to Tier 3 (remains non-preferred)

Adderal® moved to Tier 3, amphetamine/dextroamphetamine added to Tier 1

Starlix® moved to Tier 3, nateglinide added to Tier 1

Reviewed by P&T Committee but will remain non-preferred Tier 3 at present:

Onglyza, Bepreve, Saphris (PA except Psych), Valtorna (STEP ACE/ARB), Extavia (PA, specialty pharmacy only), Intuniv, Zipsor, Aloquin, Alcantin, Colcrys, Avinza SR 45/75 mg, Onsolis (PA except oncology), Plan B One Step, Metozolv ODT (PA), HP Acthar (PA)