



A Partnership for Medical Excellence



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PHARMACY MONTHLY NEWSLETTER

NOVEMBER 1, 2008

TOPICS IN EVERY ISSUE:

In The News | Safety Updates | New Generic... | Emerging Therapies... | PharmD Monthly Q&A... | Disease State/Lit. Update | Formulary Updates

In The News:

• **NICE provides guidance on influenza prophylaxis (NON-injectibles).**

Tamiflu® (oseltamivir) and **Relenza®** (zanamivir) ARE recommended, within their marketing authorizations, for the post-exposure prophylaxis of influenza if ALL of the following apply:

- * National surveillance schemes have indicated that influenza virus is circulating
- * Person is in an at-risk group as defined in section 3 (of NICE guidance)
- * Able to begin prophylaxis within the timescale (<36 hrs for Relenza, <48 hrs for Tamiflu)
- * Person NOT effectively protected by vaccination as defined in section 5 (of NICE guidance)

Amantadine is NOT recommended for prophylaxis of influenza

NICE; Quick
reference guide
Rapaflor®
Astepro®
Vimpat®

• **Rapaflor®** (silodosin), FDA approved Rapaflor® 4mg and 8mg capsules for treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Silodosin is a selective **alpha-1a** receptor blocker compared with Flomax® (tamsulosin) which is a **alpha-1a and 1d** receptor blocker. Uroselectivity in canine subjects was 21 times greater with silodosin vs. tamsulosin in at least 1 trial. Adequate head-to-head human trials of these 2 alpha blockers are currently lacking.

Note: Rapaflor® is dosed TWICE daily versus Flomax® dosed ONCE daily

• **Astepro®** (azelastine HCL), FDA approved Astepro® 137mcg, an antihistamine nasal spray for treatment of seasonal allergic rhinitis. This product is a reformulation that apparently proved more tolerable than Astelin®. Product information not yet available, and no word on whether it will replace or join Astelin® in the marketplace. Stay tuned.

• **Vimpat®** (lacosamide), FDA approved Vimpat® 50, 100, 150, 200mg tablets and 200mg/20ml IV inj. for use as an add-on therapy for the treatment of partial-onset seizures in people w/ epilepsy who are 17 years and older. This anticonvulsant is NOT a “me-too” drug and represents a novel mechanism of action for treating seizure disorders. Mechanism of action is thought to be to reduce sodium channel over-activity by **prolonging the longer lasting resting state of the channel**, vs. current **sodium channel blocking** drugs (phenytoin, lamotrigine, oxcarbazepine, etc). Also shown to bind to collapsin response mediator protein-2 (CRMP-2), an important target that affects the way that nerves differentiate and grow.

Notes: FDA issue “not-approvable” letter for Vimpat for diabetic neuropathic pain in July 08.

- * FDA will classify this drug as a controlled substance, class TBD.
- * Roughly 20-30% of epileptics have either uncontrolled seizures or significant ADRs secondary to medication.

Safety Updates:

Submit ADR^s to MedWatch Online!

• **Children’s OTC cough and cold** labels will now state, “**Do Not Use in Children Under 4**” - The Consumer Healthcare Products Association (CHPA), represents MOST of the makers of nonprescription OTC cough and cold medicines in children, announced that its members will voluntarily update these product labels.

- Much of the concern stems from improper dosing and unawareness that combination OTC products often contain duplicate ingredients. When dosed properly these medicines have been used safely in very young children, however, debate still exists over effectiveness, especially with cough suppressants.

Children OTCs FDA
ETHEX Recall FDA
Spiriva/UPLIFT FDA

• ETHEX corp. voluntarily recalls three lots of **dextroamphetamine 5mg tablets** due to potential for oversized tablets. Oversized tablets may contain as much as TWICE labeled amount of drug. Lots: 77946, 81141, 81142.

Ask RPh to submit
ADR to Medwatch

• **Spiriva®** (tiotropium) - FDA reviewed preliminary data from UPLIFT trial and concluded that there was **NO increased risk of stroke with Spiriva® compared to placebo**. Full report is forthcoming. UPLIFT vs. placebo, other trials were Advair vs. Spiriva in COPD.

- Evidence suggests at least avoiding IACGs^{s/s} for COPD patients w/arrhythmias or history of stroke until prospective trials can clarify

New Generic Approvals*:

- First-time new generic approvals have been rather lacking in the past few months. In fact, NONE to report during October.
- Summary of First-time generic approvals since August 08 to present: (see previous newsletters for details)

- * Lamotrigine (Lamictal®),
- * Divalproex sodium delayed release (Depakote®),
- * Dronabinol (Marinol®),
- * Zalepon (Sonata®),
- * Epleronone (Inspra®),
- * and Galantamine (Razadyne®).

- Again, HFA inhaler transition time is fast approaching (by 2009). Help for patients to afford HFA inhalers is available.

Transition Now Help
Proventil HFA
ProAir HFA
RxAssist.org
InhalerTransition.org





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Emerging Therapies & the Drug Pipeline:

Coronary Artery Disease—A Japanese drug maker has submitted an NDA for Livalo® (pitavastatin) to the FDA for the treatment of primary hyperlipidemia and mixed dyslipidemia. This HMG CoA inhibitor was approved in Japan in 2003.

{ [Livalo®](#) }

- This “me-too” drug may offer a statin with fewer CYP-related drug interactions than available statins, undergoes glucuronidation (phase II process)
- Higher bioavailability than other statins (~60% vs. 5—<20%), and intermediate to long t_{1/2} of 11 hours
- More potent than other statins on a mg-to-mg basis, strengths submitted for approval are 1, 2 and 4mg
- Demonstrated greater propensity to increase HDL than either atorvastatin or pravastatin, comparison w/ rosuvastatin apparently lacking at present

Pharm.D. Monthly Q&A Review:

Incoming e-mail Question:

“For osteoporosis, from what I recall, Boniva has no data to significantly reduce hip fracture rate. I have a patient with osteoporosis of hip (not spine), c/o GERD with Fosamax and does not want to try weekly med but willing to try monthly med. Is there still benefit from Boniva?”

Outgoing e-mail Answer:

{ [Medscape article](#) }

- “It appears there’s new data.” *Excerpt from article:* “For the Evaluation of Ibandronate Efficacy (VIBE) study, n=7345 women, 45 yrs or older, who were newly prescribed once-monthly ibandronate, n=56,837 prescribed once-weekly alendronate or risedronate. Adherence required, and patients did not have cancer or Paget's disease. Regression analysis used to compare fracture rates between 2 groups, adjusting for potential confounding factors. Mean follow-up was ~7 months.”
- “The risk for **hip** fracture, nonvertebral fracture, and all fracture was **similar in both groups**, with an all-fracture rate of 1.5% with weekly bisphosphonate therapy and 1.4% with monthly ibandronate. Interestingly, vertebral fracture rates were actually a little bit lower with monthly ibandronate (0.11% vs 0.24%; P = .006).”

Disease State Or Literature Update:

The Prevention of Progression of Arterial Disease And Diabetes (POPADAD) trial.

{ [POPADAD in BMJ](#)

Trial Design, etc:

- Multicenter, randomized, double-blind, 2x2 factorial, placebo controlled trial
- n=1276 adults aged 40 or more w/ type 1 or 2 DM & an ankle brachial pressure index of ≤0.99 but NO symptomatic CV disease
- 4 groups—100mg aspirin (ASA) daily + antioxidant (AOX) capsule, vs. ASA+placebo, vs. AOX+placebo, vs. 2 placebos

Results:

- No evidence of interaction between ASA and antioxidant. Overall, 116/638 primary events occurred in the ASA groups compared with 117/638 in the no ASA groups (18.2% vs. 18.3%) - a total of 233 events overall.

Authors Conclusion:

- This trial does NOT provide evidence to support the use of aspirin or antioxidants in PRIMARY prevention of CV events and mortality in the population with diabetes studied

Pharm.D. Interpretation:

- The authors designed this study to recruit 1600 with 4 years of follow up for each patient to achieve a power of 90% power to detect a 25% relative reduction in a 4 year event rate of 28% (equaling 392 events during the trial). Study did NOT reach 1600 subjects (only n=1276) or required number of events (only n=233) and thus **Power of 90% NOT met**. Analysis was sufficient to show 73% power to detect 25% reduction. In other words, 27% change that the study would NOT find a difference if there WAS a difference.
- Under their intent-to-treat design, authors indicated that 50% of subjects withdrew from the study after 5 years.
- Interestingly, there were MORE GI events noted in NON-aspirin group vs. aspirin group, though difference found non-significant

Thus, this trial should NOT effect our adherence to national and international guidelines indicating ASA use.

Formulary Updates:

Additions:

Relistor® (methylnaltrexone bromide) added to Tier 2

{ [Link to IHA Formulary](#)

{ [Tablet Splitting Program](#)

Changes in PARs or Restrictions:

Valcyte® (valganciclovir) PAR changed, trimethoprim and **Opana® ER** (morphine ER) PAR removed, **Stattera®** (atemoxetine) Age restriction removed

Changes based on availability of generic products: ALL now Tier 3 w/ their respective generics now Tier 1

Yasmin®, Risperdal®, Dovonex®, Activella®, Efudex®, Precose®, Wellbutrin® XL 150mg, Lamictal®, Marinol®, Depakote® ER, Sonata®, Loprox®, Sular®, Cellcept®, Inspra®, Prilosec DR caps

Review by P&T but will remain non-preferred (3rd Tier):

Durazol® (difluprednate), **Magnacet®** (oxycodone/acetaminophen)

Independent Health.
Dedicated to
Making a Difference