

The Prudent Prescriber

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January 2014

Pharm Reps ≠ Rational Prescribing

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Tamiflu



- Roche initially published only 3 studies that suggested that Tamiflu prevented complications: pneumonia, sinusitis and otitis media, prevented hospitalizations and shortened the course of the illness by 30 hours.
- Recall that after 9/11 the federal and state governments stockpiled Tamiflu awaiting germ warfare. Britain spent almost 20% of its medical budget one year doing the same.
- Along came some tenacious researchers who pushed and shoved Roche into releasing the other eight studies.
- Mark Ebell, a family doc and epidemiologist at the University of Georgia did a meta-analysis of all 11 studies that Roche performed. (Family Practice 2013;30:125-133)
- Five of the trials were so called failed trials, where Roche was not able to recruit adequate subjects, but the other three “hidden” studies were well done. They, like the published trials, were well designed randomized, placebo controlled studies with large numbers of patients. (Five of the six authors were employees or paid consultants of Roche.)
- One of the unpublished trials studied only patients with significant heart and/or lung disease.
 - Results: No prevention of complications or hospitalizations and no shortening of the course of the illness.

Antibiotics do **NOT**

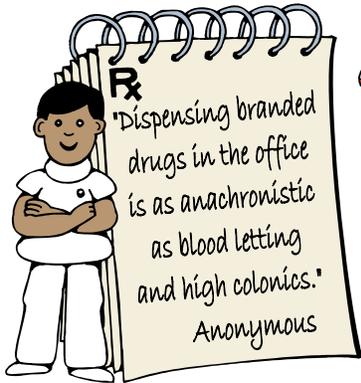


help acute bronchitis

β-blockers in post-MI save lives



Pill splitters save BIG



CHE?

Think:

- Ace
- Aldactone
- B-blocker
- Dig
- Diuretic



Avoid these expensive “me-too” drugs:

- Intermezzo
- Vimovo
- Livalo
- Pristiq
- Viibryd
- Edarbi
- Daliresp



Treat diabetics BP to 130/80



NOW AVAILABLE ON THE GENERIC MARQUEE

- Plavix → clopidogrel
- Avapro → irbesartan
- Tricor → fenofibrate micronized
- Arthrotec → diclofenac/misoprostol
- Diovan HCT → valsartan/HCTZ
- Atacand HCT → candesartan/HCTZ
- Maxalt → rizatriptan

- A second of the unpublished trials studied only old people.
 - Results: No prevention of complications or hospitalizations and no shortening of the course of the illness.
- The third unpublished study included over 1500 patients and looked at how well Tamiflu worked to decrease the duration of flu symptoms.
 - Results: If Tamiflu was given in the first 24 hours of illness, symptoms went away 30 hours sooner. If the drug was given in the 24-36 hour window, patients got well 14 hours sooner. If the drug was given more than 36 hours after the onset of illness, the benefit was nil.

Can you use Roche and ethics in the same sentence?

- Nope - we were duped!
- The operating concept that this drug is going to keep chronically ill and old people out of the hospital or prevent pneumonias was false and Roche knew it.
- Roche also advertised an effective decrease in symptoms if given within 48-72 hours, but their own data suggest that it is ineffective if started after 36 hours of illness.
- Remember that 10% of Tamiflu takers will develop significant vomiting.
- The 30 mg, 45 mg and 75 mg capsules are conveniently and avariciously flat priced at \$11 a pill.

Emergency Contraception (EC) in Obese Women

Two studies compared Plan B (levonorgestrel) and Ella (ulipristal) for effectiveness in preventing pregnancy. One study used a cut off at 72 hours after intercourse, the other used 120 hours.

Results:

- Obese women were 4x more likely to get pregnant than normal weight women.
- Women with BMI > 26 should be offered Ella or a copper IUD for contraception.
- Ella not effective if BMI > 35
- Ella works better than Plan B during the 72- 120 hour period after last intercourse.
- Women who have unprotected intercourse after EC are 4X as likely to get pregnant as those that don't.
- Women who have unprotected sex the day before ovulation had a 4 fold risk of conception in spite of EC.

Contraception, 2011;84:363-7 & Contraception, 2012;86:673-680

What's New?

‡ CYMBALTA: NOW AVAILABLE AS GENERIC DULOXETINE

‡ NASOCORT AQ: NOW AVAILABLE OTC

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