

# The Prudent Prescriber

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Pharm Reps ≠ Rational Prescribing

(PR)



(RP)

### Medical Crisis: No More Free Pens



Look for your office overhead expenses to skyrocket beginning January 1, 2009 when the new Pharma marketing guidelines become effective.

The new Code on Interactions with Health Care Professionals stipulates:

☉ Items that "do not advance disease or treatment education, even if they are practice related items of minimal value (such as pens, pads, mugs or similar reminder items), should not be offered to health care providers or members of their staff. "

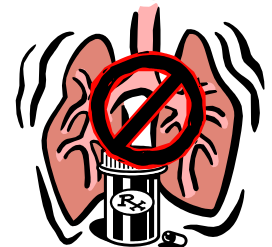
☉ The days of "dash and dine" will soon be over. Take-out meals or meals to be eaten without a company representative being present will be not allowed.

Goodbye to:

Hand sanitizers, pens, clocks, pads, back scratchers, jar openers, massage rollers, stress balls, tissue, stuffed bears, laser pointers, mouse pads, clipboards, calculators, tape dispensers, refrigerator magnets... and rightly so...

We physicians can afford to buy our own ballpoint pens... and extract ourselves from the appearance that we are in the pocket of the pharmaceutical industry.

### Antibiotics do NOT

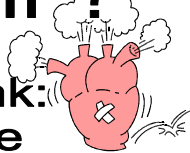


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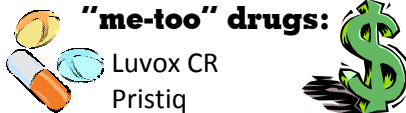
### acute bronchitis

## CHF?

Think:  
Ace  
Aldactone  
B-blocker  
Dig  
Diuretic



Avoid these expensive "me-too" drugs:



Luvox CR  
Pristiq  
Omnaris  
Soma 250  
Amrix  
Xyzal  
Veramyst  
Ambien CR

### What's the Best Blood Pressure Medication?

Recently, both beta-blockers and calcium channel blockers have had their effectiveness questioned. The Blood Pressure Treatment Trialist's Collaboration ([BMJ](#) 2008; 336:1121- 1123) looked at almost 200,000 patients in 31 studies. This meta-analysis studied all major groups of antihypertensives except alpha-blockers (doxazosin caused increased mortality in the ALLHAT study).

Results

- 1) All drug classes produced similar reductions in cardiovascular events in both older and younger patients.
- 2) More intensive control of blood pressure did not produce better CV outcomes than less intensive control.

My Take

\* This study was limited by the lack of head-to-head comparisons of more than two drugs in any one study.

\* I don't understand what to make of the finding that tighter blood pressure control did not result in better cardiovascular outcomes.

β-blockers in post-MI save lives



Pill splitters save big



Treat diabetics BP to 130/80



now available  
on the  
Generic Marquee

Fosamax → alendronate  
Altace → ramipril  
Norvasc → amlodipine  
Ambien → zolpidem  
Flonase → fluticasone nasal  
Zocor → simvastatin

## Cost of Inhaled Steroids



A tip of the hat to Dr. Bill Scott, allergist extraordinaire, for his ongoing efforts to educate physicians regarding the pharmacoeconomics of allergy care. Multiple studies have demonstrated that we physicians often do not know how much the prescriptions we write will cost our patients when they arrive at the pharmacy. Dr. Scott's table below reflects a July 2008 telephone survey to City Market Pharmacies in Grand Junction. The quoted prices apply to cash paying customers.

Drug name	Number of doses per unit	Cost per unit	Usual dose	Unit lasts:	Cost per day
Asmanex (peds) 110	30	\$125	1 HS	30days	\$4.15
Asmanex 220	60	\$143	1 HS	60 days	\$2.37
Asmanex 220	120	\$188	1 HS	120 days	\$1.56
Q-var 40 †	100	\$81	1 BID	50 days	\$1.63
Q-var 80 †	100	\$102	1 BID	50 days	\$2.04
Pulmicort 90	120	\$111	1-2 BID	30 days	\$1.65- \$3.70
Pulmicort 180	120	\$148	1-2 BID	30 days	\$2.47- \$4.94
Flovent 44	120	\$99	2 BID	30 days	\$3.28
Flovent 110	120	\$143	2 BID	30 days	\$4.75
Flovent 220	120	\$221	2 BID	30 days	\$4.64
Advair 100/50	60	\$193	1 BID	30 days	\$6.43
Advair 200/50	60	\$244	1 BID	30 days	\$8.13
Advair 500/50	60	\$327	1 BID	30 days	\$10.88
Symbicort 80/4.5	120	\$198	2 BID	30 days	\$6.60
Symbicort 160/4.5	120	\$226	2 BID	30 days	\$7.53

† All inhalers have counters except Q-var

### My Take:

- For cash paying adults, Asmanex in the 200 dose/unit canister and Q-var look like the best deal.
- For cash paying parents of kids, Flovent 44 is approved for kids ages 4-11 and is almost a dollar cheaper per day than Asmanex 110.
- Remember that patients with any coverage with a medical insurance company *MAY BE* eligible for their MAC price (Maximal Allowable Cost) which is often much lower than the prices quoted above.
- These medications are expensive, and yet are the heart and soul of asthma management. Titrate doses down when appropriate.

### Amy's Pearls



My daughter-in-law, Amy Mohler, M.D., is a board certified geriatrician and works as the Chief Medical Officer for Hospice & Palliative Care of the Grand Valley. Some pearls from a talk she gave in July 2008:

- ✘ Fentanyl transdermal patches are often overused! Think morphine (lots of dosing routes, relatively cheap) as your first choice for chronic pain management.
- ✘ Recall that fentanyl transdermal is not appropriate for:
  - the narcotic naïve patient (should be on the equivalent of 50 to 60 mg/day of oral morphine for at least one week)
  - post op patients or for acute pain
- ✘ Fentanyl patches may be a good choice in situations where the patient is unable to swallow, lives alone or there is concern for drug diversion.
- ✘ The conversion table in the package insert of the fentanyl patch is difficult to decipher. There are lots of ranges. Amy's recommendation is to use the following conversion:

$$\begin{array}{rcccl}
 \text{fentanyl} & & \text{morphine} & & \text{oxycodone} \\
 \text{patch} & = & \text{p.o.} & = & \text{p.o.} \\
 25\text{ug/hr} & & 50\text{mg/day} & & 50\text{mg/day}
 \end{array}$$

- ✘ Rescue: for patients on long acting narcotics, the rescue dose should be 10% of the total daily dose of the narcotic. For example, a patient getting 60 mg of long-acting morphine twice a day should have:

$$120 \text{ mg per day} \times 10\% = 12 \text{ mg morphine per dose for rescue.}$$

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