

# The Prudent Prescriber

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What's New?

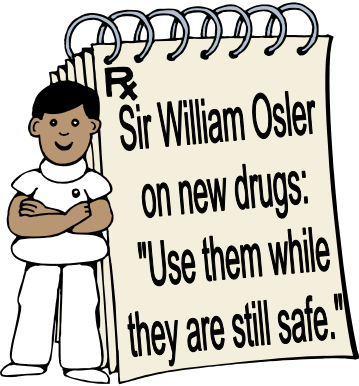


Pharm Reps ≠ Rational Prescribing

(PR)

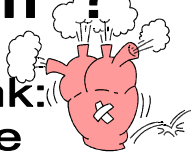


(RP)



## CHF?


Think:



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

**Avoid these expensive "me-too" drugs:**



-  Calomist
- Solodyn
- Soma 250
- AMrix XR
- Xyzal
- Veramyst
- Ultram ER
- Ambien CR

**Treat diabetics**  
**BP to 130/80**



- WelChol (colesevelam)**
- Now promoted for lowering glucose levels in type 2 diabetics.
  - Add onto metformin, sulfonylureas or insulin for an average of 0.5% decrease in HbA<sub>1C</sub> with HbA<sub>1C</sub>>8.
  - Not well studied in combination with glitazones.
  - Use will probably be limited by gastrointestinal side effects.
  - In usual doses of six 625mg tabs daily (6 at once or 3 BID), LDL drops by 20%.
  - Avoid in patients with a history of bowel obstruction or triglycerides >500mg/dl.
  - WelChol can reduce the gastrointestinal absorption of glyburide, levothyroxine and birth control pills containing norethindrone and ethinyl estradiol. There may be some warfarin interactions as well.
  - \$204/month.
  - My Take: Modest effect on HbA<sub>1C</sub> but may be a role in a patient close to HbA<sub>1C</sub> goal with an elevated LDL. Beware drug interactions!

### Two New Topical NSAIDs

- Voltaren Gel (diclofenac sodium 1%)
  - Flector Patch (diclofenac polamine 1.3%)
- have been approved by the FDA for osteoarthritis and acute pain, respectively.
- Dosing:
    - Voltaren Gel (100mg tube) with dosing card: 2-4gm/dose QID, not more than 32gm/day.
    - Flector Patch (\$170/month): one patch to most painful area twice a day.
  - Effects:
    - The average systemic exposure with Voltaren Gel is about 6% of that seen with oral diclofenac.
    - Drug concentrations in cartilage are 4-7 times as great as with oral administration.
    - These products are nearly as efficacious for osteoarthritis as oral NSAIDs, but the clinical effect appears to diminish after two weeks on topical products.

**Antibiotics do NOT**



**help acute bronchitis**

**β-blockers in post-MI save lives**



**Pill splitters save big**



Continued on page 2



**now available**  
on the  
**Generic Marquee**

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

## What's New: Two New Topical NSAIDs, continued...

- Although the available data suggest that topical NSAIDs are not likely to be associated with an increased risk of GI bleeding, the FDA labeling for both products includes the standard NSAID warnings.
- My Take: On the surface, these products seem like a great way to maximize local delivery and minimize systemic toxicity, but analgesia appears fleeting and cost is an issue. If you do prescribe, watch for all the side effects of oral NSAIDs, including elevation of BP, fluid retention and skin reactions.

## Uncomplicated Urinary Tract Infections in Women

- Three days of TMP/SMX remains the drug regimen of choice for uncomplicated cystitis in women in communities where E. coli resistance is less than 20%.
- At St. Mary's Hospital, Grand Junction for 2007, 82% of E. coli urinary isolates were susceptible to TMP/SMX. This percentage of susceptible organisms has remained stable at St. Mary's for the last three years. You should check your own local facility's antibiogram.
- Gupta, et.al. (Arch Int Med, Nov 12, 2007) compared three days of double strength TMP/SMX BID and five days of nitrofurantoin 100mg BID in 338 women aged 18–45 years with uncomplicated cystitis. Both groups had comparable clinical and microbiological cures, about 80%. Interestingly, 7 of 17 women (41%) with a TMP/SMX resistant isolate had a clinical cure with TMP/SMX.
- My Take: In locales where most (>80%) of the E. coli are sensitive to TMP/SMX (\$9 for 3 days), TMP/SMX remains the logical choice, but 5 days of macrodantin 100 BID \$23/5 days) will be equally effective.

## Tamper-Resistant Prescription



April Fool's Day is coming and it appears that this time it's for real:

- All Medicaid prescriptions must be written on a tamper-resistant pad that meets one of three tamper-resistant characteristics:
  - 1) Prevent copying of a blank form.
  - 2) Prevent erasure or modifications.
  - 3) Prevent use of a counterfeit form.
- On October 1, 2008, all Medicaid outpatient prescriptions must meet all three of the tamper-resistant characteristics.
- Excluded from the requirement:
  - 1) Medicaid prescriptions paid for by a managed care entity.
  - 2) Drugs provided in institutional settings, hospice, nursing facilities.
  - 3) E-prescriptions and prescriptions faxed or phoned to the pharmacy.



## The Drug "Doctor"

- Patients presenting for a primary care visit typically have about 3 concerns to address. Multiple studies suggest that many patients leave the office with concerns not addressed or even mentioned.
- Heritage, et.al. in J Gen Intern Med August 3, 2007 devised a cross-sectional comparison of two experimental questions with videotaping of office visits and pre- and post-visit surveys in offices of 20 family physicians involving 224 patients.
- Physicians were randomly assigned to solicit additional concerns by asking one of the following two questions after patients presented their chief complaint:
  - ✓ "Is there ANYthing else you want to address in the visit today?"
  - ✓ "Is there SOMETHing else you want to address in the visit today?"
- Results: Of patients (37%) who identified more than one concern on a pre-visit questionnaire – not shown to their physician – the use of the word "something" rather than "anything" increased the number of "yes" responses" (90.3% vs. 53.1% p=0.003).
- My Take: Fascinating! Small study and importantly did not increase the visit length (average = 11.4 minutes; standard deviation = 5 minutes). Unfortunately, the authors did not study patient satisfaction.

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