

The Prudent Prescriber

Phil Mohler, M.D. • pmohler@pcpgj.com

3150 N. 12th Street • P.O. Box 10700 • Grand Junction, CO 81502-5517 • 245-1220

August/September 2009

Pharm Reps ≠ Rational Prescribing



Dear Readers,

The Prudent Prescriber is now available electronically only. The last 5 years of the Prudent Prescriber are online at www.prudentprescriber.com.

Please send an email to prudent.prescriber@rmhp.org if you would like to continue your free lifetime subscription via email.

Your email address will be protected and not shared.

Phil Mohler, M.D.

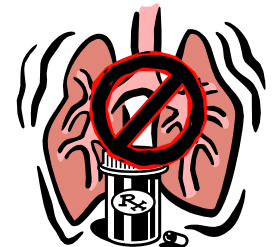
What's New?



- Paying for headache medications just became less of a headache: The price of **sumatriptan** (Imitrex) has fallen from \$15 per to \$3 per tablet! 25mg, 50mg and 100mg tabs are flat-priced.
- Something strange is going on with **otic and ophthalmic** branded and generic products. Call before you prescribe.
 - VOLSOL HS price has increased to \$126/10cc
 - Sharp price increase in Corticosporin ophth ointment
 - Auralgan ~\$150: Write for A/B Otic at \$12.99/15cc
- **Nuvigil** (armodafinil) approved in 2007, but just launched now as Provigil, is going generic. Worst kind of "Me Too": same half-life, indications, efficacy and side effect profile as Provigil. Flat priced at \$11.23 per tablet - a little lower than Provigil, whose price increased by 30% in 2008!
- **Nucynta**:
 - New analgesic, C-II (requires a new written Rx for each refill), for moderate to severe pain, opioid agonist & norepinephrine reuptake inhibitor, similar mechanism as Tramadol.
 - Nucynta 50-100mg works about as well as oxycodone 10-15mg for acute pain with less nausea and less constipation.
 - A theoretical risk of serotonin syndrome. Watch for possible problems if Nucynta is combined with an SSRI or a triptan. Causes as much drowsiness and dizziness as oxycodone.

My Take: Expensive like other branded opioids (\$2-3/tab): Limit use to patients who need a stronger opioid like oxycodone, but can't tolerate the GI side effects.

Antibiotics do NOT



help acute bronchitis

β-blockers in post-MI save lives



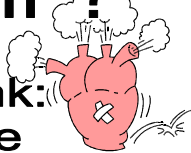
Pill splitters save big



CHF?

Think:

Ace
Aldactone
B-blocker
Dig
Diuretic



Avoid these expensive "me-too" drugs:

- Nuvigil
- Kapidex
- Pristiq
- Omnaris
- Soma 250
- AMrix XR
- Xyzal
- Ambien CR



Treat diabetics BP to 130/80



Continued page two



now available
on the
Generic Marquee

Razadyne → galantamine
Sonata → zaleplon
Fosamax → alendronate
Norvasc → amlodipine
Ambien → zolpidem
Flonase → fluticasone nasal

Insulin Analogues: A Marketing Success Story: Have We Been Sold a Bill of Goods?

- Insulin analogues differ structurally from human insulin by either an amino acid substitution or other modification of the insulin molecule.
- Rapid acting analogs (lispro, aspart and glulisine) have more rapid and consistent subcutaneous absorption profiles and a shorter duration of action.
- Long-acting analogs (glargine and detimer) have slower, more consistent subcutaneous absorption profiles.

What is the Evidence?

- ✓ A Cochrane Review in 2006 compared the rapid acting analogue glulisine with short acting human insulin. There were no differences in glycemic control or episodes of hypoglycemia in these type I diabetics.
- ✓ A similar Cochrane review in 2007 compared the same two drugs in type II diabetics and found no differences in glycemic control or episodes of hypoglycemia.
- ✓ In February 2009, Singh et al. in the Canadian Medical Association Journal identified 68 randomized controlled trials of rapid-acting insulin analogues and 49 randomized controlled trials of long-acting insulin analogues. The studies were of short duration (four weeks to 30 months) and of low on a methodological quality (open label).

Results:

- ☼ With the rapid acting insulin analogues: HbA1c was 0.1% better than with regular insulin in type I diabetics and less than 0.01% better in type II diabetics.
- ☼ With the longer-acting analogues, there were no significant differences in HbA1cs in either type I or II diabetics.
- ☼ With respect to hypoglycemia, there were no consistent differences with either a short or long acting insulin analogues compared with human insulins in both type 1 and type 2 diabetics.
- ☼ Two open label studies revealed an advantage, patient preference-wise, in terms of satisfaction with injection times with the analogues.

My Take:

- ☒ Unfortunately, there are no significant data comparing patient oriented outcomes: microvascular or macrovascular complications or death.
- ☒ In the meantime, it is a reasonable, effective alternative to prescribe human insulins at half the cost of the insulin analogues.



Chlorthalidone Revisited

- Chlorthalidone (Hygroton) has raised its head as a diuretic of choice in managing hypertension.
- The current JNC hypertension guidelines suggest that a thiazide is first line therapy for hypertension, but does not specify which one.
- Chlorthalidone is 1.5 to 2 times as potent as HCTZ and is longer acting. Some experts argue that it is therefore better at lowering blood pressure.
- No significant increase in hypokalemia in doses of chlorthalidone of 25 mg or less.

➤ 4 RCTs, 1964-1980:

	HCTZ <u>50mg/d</u>	Chlorthalidone <u>25mg/d</u>
Mean change in SBP/DBP	-11/5	-21/13

➤ RCT, 2006

	HCTZ <u>50mg/d</u>	Chlorthalidone <u>25mg/d</u>
Change in SBP	-7	-21 (in a 24 hr monitoring)

Carter et al. in Hypertension, January 2004 reviewed clinical trials from 1966 to 2003 that used chlorthalidone and hydrochlorothiazide in the management of hypertension.

- Both HCTZ and chlorthalidone have demonstrated risk reduction in clinical trials.
- However, the largest trials, including the Hypertension Detection and Follow-up Program (HDFP), MRFIT, Systolic Hypertension in the Elderly Program (SHEP) and ALLHAT primarily used chlorthalidone as the initial therapy and more consistently showed reductions in cardiovascular events than did studies that primarily used HCTZ.

Dosing Chlorthalidone:

- Starting dose: 6.25 mg in the elderly
12.5 mg in younger pts
- Maximum dose: 25 mg/day
- Cost: pennies/day

My Take: I would not take a patient off of hydrochlorothiazide if she is doing well; the evidence does suggest that chlorthalidone may be a better choice for new diuretic starts in hypertensive patients.

DISCLAIMER: The information and statements contained in "The Prudent Prescriber" constitute the opinions of its author, unless otherwise noted. Nothing contained in "The Prudent Prescriber" is intended to demonstrate, indicate or suggest that any person or company is incompetent or unfit. Likewise, nothing contained in "The Prudent Prescriber" is intended to damage the business, business relationships, business dealings or reputation of any person or company.