

The Prudent Prescriber

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August 2017

Pharm Reps \neq Rational Prescribing

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AirDuo Re-visited: Great News

AirDuo Respiclick (fluticasone propionate/salmeterol) is a new brand name and authorized generic asthma inhaler containing the same components as Advair that was highlighted in last month's Prudent Prescriber.

The company claims similar efficacy compared to Advair Diskus at the following doses (all administered 1 puff BID):

AirDuo 55/14 → Advair 100/50 (low dose)

AirDuo 113/14 → Advair 250/50 (medium dose)

AirDuo 232/14 → Advair 500/50 (high dose)

Although in our last issue local allergist, Dr. David Scott, expressed concern regarding the lower mcg dosage of fluticasone and salmeterol in AirDuo, the manufacturer (Teva) has since provided reassuring data indicating a rationale for those lower doses. Their data suggest more efficient delivery of dry powdered medication with the Respiclick® device, allowing for similar fluticasone delivery to the lungs and similar changes in FEV1 as seen with Advair Diskus.

Based on this new data and the favorable cost, both Dr. Scotts (Bill and David) as well as the clinical pharmacists at RMHP, are recommending providers strongly consider substituting Advair and other brand name combination inhalers with less expensive AirDuo, when appropriate.

Antibiotics do NOT

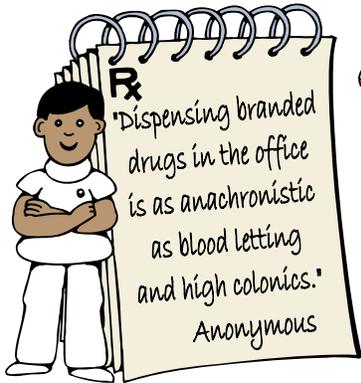


help acute bronchitis

β-blockers in post-MI save lives



Pill splitters save BIG



R
"Dispensing branded drugs in the office is as anachronistic as blood letting and high colonics."
Anonymous

CHE?

Think:

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



Avoid these expensive "me-too" drugs:



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

Treat patients > 60 years to 150/90



NOW AVAILABLE ON THE GENERIC MARQUEE

- Frova → frovatriptan
- Voltaren gel → diclofenac Na 1% gel
- Crestor → rosuvastatin
- Nuvigil → armodafinil
- Jalyn → dutasteride/tamsulosin
- Ortho Tri-Cyclen Lo → Tri-Lo-Marzia, Tri-Lo-Sprintec, & others

Given this new data and the lower cost on the healthcare system, insurance companies may be looking to change their formularies to reflect the benefits of this new drug. This generic inhaler offers a treatment that will ease the financial burden and potentially improve adherence for our asthmatic population that we can all strive for.

Three Low (No) Value Interventions

Lost in the recent Congressional debacle over decreasing healthcare costs was any discussion of the concept of low value interventions. Colorado Senators Gardner and Bennet and esteemed colleagues, here are three quick ways we can lower healthcare costs.

1) Self-monitoring doesn't improve control of type II diabetes

A 2012 Cochrane for Clinicians concluded, "self-monitoring of blood glucose does not improve health related quality of life, general well-being or patient satisfaction and did not result in lower hemoglobin A-1 C levels after 12 months in type II patients."

Now five years later, in a trial conducted in 15 primary care practices in North Carolina, Dr. Laura Young *et al* (JAMA Internal Medicine June 10, 2017) enrolled 450 patients with type II non-insulin treated diabetes with hemoglobin A-1 C levels between 6.5% and 9.5%. The patients were randomized to no self-monitoring, once daily self-monitoring or once daily self-monitoring with automated tailored patient feedback delivered via the glucose meter. One third of the participants were using sulfonylureas at baseline. After 12 months, there were no significant differences in hemoglobin A-1 C levels, health related quality of life, hypoglycemia frequency, healthcare utilization, or insulin initiation.

My Take:

Even my Certified Diabetes Educator wife has finally come around. We need to stop self-monitoring in non-insulin treated type IIs!

2) Abuse-deterrent formulations (ADFs) of opioids are not effective in deterring tampering.

Some of Pharma's big players (Purdue and Pfizer) as well as Inspiron Delivery Technologies, a specialty pharmaceutical company focused solely on the development of ADFs are now betting heavily on this technology.

⌘ The "in vivo" studies that brought these drugs to FDA approval challenge the heart and soul of evidence-based medicine. Here is the clinical trial that sold the FDA on Morphabond (my PharmD colleague Steve Nolan, "sounds like something you'd pickup on the adhesives and glue aisle at Home Depot").

Subjects: 25 volunteers, self-described recreational opioid users with a history of intranasal drug abuse.

Methods: Morphabond 60mg tablets were crushed and compared to crushed morphine sulfate ER tabs given intranasally.

Measures: Drug liking (100 point Visual Analog Scale), "Would take again" (100 point Visual Analog Scale)

Results: Crushed, intranasal Morphabond showed *statistically* lower scores in Drug Liking and Would Take Again vs. crushed intranasal morphine sulfate ER.

Drug liking: Crushed Morphabond, 71.7, morphine sulfate ER 85.3, placebo 54.3.

Take again: Crushed Morphabond, 66.4, morphine sulfate ER, 76.4.

Costs: A month's worth of Morphabond costs \$342-\$1800 for 15mg BID to 100mg BID, while Morphine sulfate ER 15mg BID to 100mg BID runs \$25-\$76/month.

⌘ Here's what the independent Institute for Clinical and Economic Review (ICER) that studies comparative effectiveness of drugs published in June 2017:

"There is uncertainty regarding their (ADFs) impact on abuse diversion and switching to other opioids. We found that use of ADFs instead of non-ADF opioids would result in an additional \$533 million of net health system spending per 100,000 patients over a five-year period. Calculations suggest that in order to be cost-

neutral, average prices of ADFs would need to be discounted by approximately 41%, or ADFs would need to maintain current levels of abuse reduction *and* lower rates of diversion by 35%.”

⌘ In June 2017, Endo Pharmaceuticals, at the request of the FDA, pulled their ADF product Opana ER (oxycodone hydrochloride) off the market after a FDA Advisory Panel voted 18-8 that risks exceeded benefits. Opana ER has been associated with outbreaks of HIV and Hepatitis C, as well as several cases of thrombotic microangiopathy, in part associated in a shift in this drug’s abuse from nasal to injection.

⌘ Finally, Santa Clara and Orange counties in California have filed a lawsuit against Endo Pharmaceuticals and Purdue Pharma, alleging these companies promoted opioid pain medications they said were resistant to tampering by drug abusers even though the companies knew these protections did not work. The lawsuit accuses the companies of creating “false impressions” among physicians about their abuse– deterrent features.

My Take:

The clinical study reported above utilizing 25 recreational drug users is Silly Science. “Mikey Likes It.” And a big part of the time, Mikeys liked placebo!

Recall that the most common route of opioid use abuse is swallowing more pills! The ICER reports evidence suggesting that ADF’s can lead those trying to abuse the drug to switch to other potentially more dangerous drugs, including heroin and fentanyl.

3) Zurampic (lesinurad), another “Z” drug run amok

Zurampic is the first new oral gout drug since Uloric (febuxostat) came out in 2009. Zurampic works similarly to probenecid, a uricosuric drug and must only be used with a xanthine oxidase inhibitor (allopurinol or febuxostat).

The largest trial included 1,213 participants with a serum uric acid >6.5 and 2 or more gout flares in the past year despite allopurinol use. The subjects were randomized to lesinurad 200mg or 400mg daily or placebo. The primary endpoint was a serum uric acid level <6 at 6 months. Lesinurad 400mg was no better than 200mg and had more side effects. The NNT to reduce the serum uric acid below 6 compared with placebo was 4.

None of the studies demonstrated a difference in gout flares or rate of tophus completion.

In monotherapy studies, lesinurad:

Resulted in renal failure in 9.3% percent of patients, 0% in the placebo group. NNH=11.

Resulted in nephrolithiasis in 0.9% of patients, 0% in the placebo group. NNH=111.

My Take:

Zurampic: a drug with significant renal sequelae that significantly lowers the serum uric acid in only 1 out of 4 gout patients (a disease oriented outcome), but has absolutely no effect on the number of flares of gout (the patient oriented outcome that we care most about).

GoodRx (accessed August 8, 2017) best price in Happy Valley \$366 for 30 of the 200mg tabs of Zurampic. Generic probenecid \$59 per month for maximum dose of 1500mg BID.

You may access previous issues at <https://www.rmhp.org/i-am-a-provider/provider-resources/publications-for-providers>

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