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Happy New Year from the VPA!

Vermont News

DVHA to Lift Restriction on Dispensing of Several Generics

The DVHA will be lifting its current restriction on the following generics effective 01/14/2014. As such, all active prescriptions for brand-name products below and any new prescriptions issued for either the generic or brand below for a DVHA member should be filled with a generic product beginning 01/14/2014. Effective 01/14/2014, any prescriptions for the branded products will require prior authorization.

Generic Product (Preferred before Brand as of 01/14/2014 – may still require PA)	Branded Product (PA required as of 01/14/2014)
Donepezil Tablets	Aricept® Tablets
Escitalopram Tablets	Lexapro® Tablets
Irbesartan and Irbesartan/Hydrochlorothiazide Tablets	Avapro® and Avapro HCT® Tablets
Lansoprazole Capsules	Prevacid® Capsules
Montelukast Granules	Singulair® Granules
Nateglinide Tablets	Starlix® Tablets
Olanzapine Tablets and Olanzapine ODT	Zyprexa® Tablets and Zyprexa Zydis®
Pioglitazone Tablets	Actos® Tablets
Risperidone ODT	Risperdal M® Tablets
Rizatriptan Tablets and Rizatriptan ODT	Maxalt® Tablets and Maxalt MLT®
Valsartan/hydrochlorothiazide Tablets	Diovan HCT® Tablets
Zolpidem CR 12.5 mg Tablets	Ambien® CR 12.5 mg Tablets

Upcoming Board of Pharmacy Meeting

The next scheduled meeting for the Vermont Board of Pharmacy is January 22nd at 9:00 AM. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

National Pharmacy News

Monthly Pharmacy Visits Improve Adherence

Patients with chronic conditions whose medications were synchronized to be refilled on the same day each month and met regularly with a pharmacist were more likely to take medications as prescribed. Patients using Thrifty White Pharmacies in rural areas of Midwestern states and taking ACE inhibitors, beta blockers, dihydropyridine calcium channel blockers, thiazide diuretics, metformin, or statins were contacted by the pharmacy about the program. Those that decided to participate had their medication use monitored from June 2011 to October 2012. Patients met with a pharmacist to determine a monthly refill date, review the patient's medications, calculate an estimated prescription cost, and schedule a monthly call to review medications and identify any necessary changes. The pharmacist also answered questions and identified any patient-specific issues with adherence. Outcomes of the program showed that participating patients had higher adherence rates, compared to control patients that did not participate in the program. A combination of medication synchronization and interaction with a pharmacist led to the increased adherence of these patients according to the authors of the study.

Risk of Hyperthyroidism tied to OTC Thyroid Medications

A recent study published in *Thyroid* highlighted the importance of knowing about a patient's use of supplements in ensuring optimal healthcare. This study found that 9 of 10 thyroid supplements analyzed contained detectable levels of thyroid hormones which were not included on the product label. When taken at the recommended daily dose the supplements could cause a patient to have elevated levels of thyroid hormones, leading to health problems associated with hyperthyroidism. Of the supplements analyzed, 5 contained thyroxine (T4) and 9 contained triiodothyronine (T3); neither were included on the product labels. High iodine levels in these supplements also pose a health risk. Thyroid supplements may be used by women looking to counteract symptoms like fatigue and weight gain associated with hypothyroidism, however it is estimated that only 6 to 8% of women are actually hypothyroid and require thyroid hormone therapy. Asking patients about supplement use can counter the danger of taking unnecessary supplements, which are subject to little regulation by the FDA.

Morphine and Clopidogrel Interactions May Lower Efficacy

A randomized, crossover trial that included 24 healthy individuals found that when morphine and clopidogrel were administered together, reabsorption of clopidogrel was delayed and its antiplatelet effects were impaired. All individuals were given 600 mg of clopidogrel, followed by placebo or 5 mg morphine. This may explain the observed association between morphine administration and increased mortality in patients with NSTEMI, and the researchers recommend that the two drugs not be administered together. The researchers also suggest that other P2Y12 inhibitors may have greater efficacy than clopidogrel when morphine is administered, but this should be evaluated in subsequent trials.

Viagra Generic Available in 2017

Pfizer and Teva have settled patent litigation, allowing Teva to launch a Viagra generic (sildenafil) in December 2017, or possibly earlier. The terms of settlement that were released by the companies include only that Teva will pay Pfizer a royalty in order to manufacture the generic before the Viagra patent expires in April 2020. This agreement follows a US court ruling that Teva could not produce a generic until October 2019, with this date extended to 2020 when Pfizer received a 6 month extension on the patent.

Sofosbuvir Approved by FDA for Hepatitis C Treatment

FDA approval of sofosbuvir (Sovaldi) provides the first all-oral combination therapy for some patients infected with the hepatitis C virus (HCV). In combination with ribavirin, sofosbuvir was efficacious in clinical trials over shorter periods of treatment time than the current standard treatment for HCV (a protease inhibitor, interferon, and ribavirin). The sofosbuvir/ribavirin combination is expected to make treatment for HCV shorter at a minimum of 3 months oral therapy and with less unpleasant side effects than the traditional, nearly year long therapy that requires injection of interferon. The CDC estimates that 2 million Americans born between 1945 and 1965 are infected with HCV and are unaware they are infected. The sofosbuvir and ribavirin combination is indicated for 3 to 6 months of treatment for patients with HCV genotypes 2 or 3. For patients with HCV genotypes 1 or 4, sofosbuvir is indicated for use in combination with interferon and ribavirin for 3 months, as opposed to the year-long treatment for older treatment combinations.

FDA Approves New Drug for COPD

The FDA has approved umeclidinium and vilanterol inhalation powder (Anoro Ellipta, GlaxoSmithKline) for once-daily use in treating airflow obstruction in patients with COPD. Safety and efficacy were evaluated in 2,400 patients with COPD, which showed improved lung function compared to patients receiving placebo. The most common adverse effects reported included sore throat, sinus infection, lower respiratory tract infection, constipation, diarrhea, pain in extremities, muscle spasms, and neck and chest pain. Possible serious adverse effects included narrowing and obstruction of the respiratory tract, cardiovascular effects, acute narrow-angle glaucoma, and worsening urinary retention.

Updated Labeling May Be Required for Emergency Contraceptives

The FDA is reviewing whether to require labeling changes for levonorgestrel-containing emergency contraceptives, such as Plan B and Plan B One-Step, after reports of ineffectiveness in women weighing more than 176 pounds and reduced efficacy in women weighing more than 165 pounds. Original approval of levonorgestrel-based emergency contraceptives did not assess efficacy based on weight. The FDA has stated it will review scientific data, and update the labeling if necessary.

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