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What's Inside…

FDA NEWS

FDA Warns of Stolen Advair Diskus Inhalers

The Food and Drug Administration (FDA) is warning the public of the possible hazards of using certain **Advair Diskus** inhalers that were stolen from a GlaxoSmithKline warehouse in August of 2009. The agency has stated that the stolen products may be harmful because they may have been stored at the wrong temperature or humidity or other improper conditions, may degrade or lose potency, become contaminated, or may have been tampered with or handled improperly while outside of the legitimate supply chain. The lot numbers of the stolen inhalers were:

Advair 250/50:
NDC 00173-0696-00
Lot # 9ZP2255

Advair 500/50:
NDC 00173-0697-00
Lot # 9PZ3325

Patients who have any of these products should stop using them, call GlaxoSmithKline at **888-825-5249**, and follow up with their physician or pharmacist. Pharmacists who find any of the stolen products on their shelves should contact the FDA's Office of Criminal Investigations at **800-551-3989**.

……RX NEWS……RX NEWS……RX NEWS……RX NEWS……

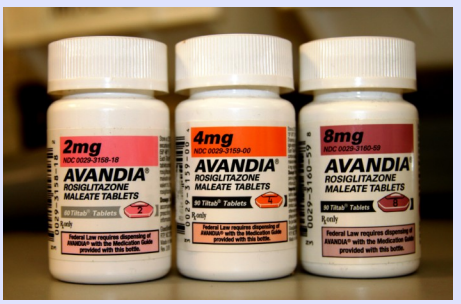
New Opioid Patch: Purdue Pharma, L.P. has been granted FDA approval to market **Butrans** (buprenorphine) transdermal system for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time. Butrans contains a mu opioid partial agonist and is a Schedule III controlled substance. Butrans is *not* indicated for the management of post-operative pain, or for acute pain or in patients who require opioid analgesia for a short period of time. In clinical trials, the most common adverse reactions were nausea, headache, application site pruritis, dizziness, constipation, somnolence, vomiting, application site erythema, dry mouth, and application site rash. Each Butrans patch is intended to be worn for 7 days. In opioid-naïve patients, the initial dose should always be 5 mcg/hour. The dose of Butrans should not be increased until the patient has been exposed continually to the previous dose for 72 hours. After removal, wait a minimum of 3 weeks before applying to the same site. When Butrans is no longer required by the patient, taper the dose as part of a comprehensive treatment plan. The Butrans patch should be applied to clean skin of the upper chest, upper back, upper outer arm, or the side of the chest. Do not use the patch if it is cut or damaged, and do not expose to direct heat, such as heating pads, electric blankets, tanning lamps, saunas, heated water beds, hot tubs, heaters, hot baths, or sunbathing. Butrans transdermal systems will be available in 5 mcg/hour, 10 mcg/hour, and 20 mcg/hour strengths.

New PDE5 Formulation: The FDA has approved a new formulation of vardenafil, the active ingredient in **Levitra**. The new product, marketed by GlaxoSmithKline and Merck under the brand name **Staxyn**, is an orally disintegrating tablet indicated for the treatment of erectile dysfunction (ED). As with other PDE5 inhibitors, Staxyn should not be used with nitrates, and in patients taking alpha blockers, vardenafil therapy should not be initiated with Staxyn. In case of sudden loss of vision or hearing, patients should be advised to stop taking Staxyn and seek medical attention. The most common adverse reactions seen with Staxyn are headache, flushing, nasal congestion, dyspepsia, dizziness, and back pain. Staxyn is not interchangeable with Levitra 10 mg tablets; Staxyn provides higher systemic exposure. Staxyn is taken as needed, approximately 60 minutes before sexual activity. Staxyn should be placed on the tongue where it will disintegrate; it should be taken without liquid.

New Ondansetron Formulation: Strativa Pharmaceuticals has announced approval of **Zuplenz** (ondansetron) oral soluble film for the prevention of postoperative, chemotherapy-induced, and radiotherapy-induced nausea and vomiting. Zuplenz is the first oral soluble film approved by the FDA as a prescription medication. Approval was based on clinical study data comparing the bioequivalence of Zuplenz 8 mg to **Zofran ODT** 8 mg. Zuplenz dissolves rapidly on the tongue without the need for water, which can cause additional discomfort for some patients suffering from nausea and vomiting.

Avandia on the Ropes Again; FDA to Decide Fate

A Food and Drug Administration (FDA) advisory panel has voted to either withdraw **Avandia** from the market, or severely restrict access to the drug. The vote, taken on July 14, broke down as follows: of the 33 panel members, 12 voted to withdraw Avandia altogether, 10 voted to restrict sales and strengthen label warnings, 7 voted only to strengthen label warnings, 3 voted to allow the drug to continue to be sold without additional warnings, and 1 abstained. This is not the first time the FDA has looked into the safety of the GlaxoSmithKline antidiabetic agent; in 2007, the agency appointed an advisory committee to study the drug after Cleveland Clinic cardiologist Dr. Steve Nissen published a study which found Avandia increased the risk of heart attacks. That committee agreed with the finding but allowed the drug to remain on the market. Just a day before the new panel met, the New York Times published documents that seemed to indicate that the company had actually been aware of the cardiovascular risks of Avandia since 1999.[1] The FDA will consider the advisory panel's report when deciding the fate of the one-time blockbuster drug.



MEDICAID UPDATE

Information Regarding the New York State Medicaid Program

Diagnosis Code Required on DMEPOS Claims

New York State Medicaid policy requires that a diagnosis code appear on all fiscal orders for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Starting in September, 2010, New York Medicaid will implement claims editing to validate that the diagnosis code submitted is appropriate for the DMEPOS item reported. For example, claims for blood glucose test strips must include the prescriber's diagnosis of diabetes.

Use of Electronic Records

Effective immediately, pharmacies are no longer required to generate and keep a hard copy of electronic prescriptions and fiscal orders. Original orders received in electronic format may be stored electronically. This brings Medicaid policy into agreement with the new provisions in state pharmacy law regarding electronic prescriptions (see the September, 2009 edition of ***PRN***). General record keeping guidelines for Medicaid prescriptions include the following:

- **Pharmacies must retain signed prescriptions and fiscal orders for 6 years from the date of payment**
- **Telephone orders must be reduced to writing, either through written communication or electronic record, indicating the time of the call and the initials of the pharmacist**
- **Where original records are required (e.g., fiscal orders for supplies or durable medical equipment), providers may store them off-site and maintain copies (paper or electronically imaged) on-site.**
- **Electronic imaging of prescriptions and fiscal orders must result in an exact reproduction of the original order**

LAW REVIEW

Regulatory Issues Affecting Pharmacy in New York State

The Combat Methamphetamine Act of 2005

On March 9. 2006, The Combat Methamphetamine Act of 2005 (CMEA) was signed into law. The purpose of CMEA is to curtail the illegal production of methamphetamine and amphetamine from the precursors ephedrine, pseudoephedrine, and phenylpropanolamine. This legislation is of particular interest to the community pharmacist since many of the regulations pertain to the sale of popular over-the-counter cold products dispensed in retail pharmacies.

Products Affected and Storage Requirements

Since phenylpropanolamine was banned by the FDA due to risk of hemorrhagic stroke in women, the remaining retail products covered by CMEA are those containing pseudoephedrine and ephedrine. Any product containing either of these ingredients must be stored where customers will not have direct access to them, either behind the counter or in a locked cabinet.

Logbook Requirement

Pharmacies must maintain a logbook, either written or electronic, documenting the sales of products containing pseudoephedrine or ephedrine. For each sale, the entry must contain the name and quantity of the product sold, the name, address, and signature of the customer, and the date and time of the sale. The only exemption from providing I.D. and signing the logbook is when a customer purchases a single package containing not more than 60 mg of pseudoephedrine (one 60 mg tablet or two 30 mg tablets). Logbooks must be kept for a minimum of 2 years after date of sale.

Identification Requirements

CEMA states that purchasers of pseudoephedrine and ephedrine products must provide a photo identification issued by the state or federal government, such as a driver's license or U.S. passport. However, there are also a number of alternative forms of identification which may be accepted. Alternative forms of I.D. include the following:

- An unexpired foreign passport that contains a temporary I-551 stamp
- Alien Registration Receipt Card or Permanent Resident Card
- Driver's license issued by a Canadian government authority
- U.S. military card or draft record
- Native American tribal documents
- Identification card issued by federal, state, or local government agencies or entities. If the identification card does not contain a photograph, identifying information shall be included, such as: name, date of birth, sex, height, color of eyes, and address

Retail Sales Limits for Pseudoephedrine HCL as Set by CEMA

Time Limit (Daily/Monthly)	Amount Limit (Grams)	Amount Limit (Tablets)
DAILY retail sales limit of Pseudoephedrine HCL	3.6 grams	120 mg = 36 tablets 60 mg = 73 tablets 30 mg = 146 tablets
30 DAY retail sales limit of Pseudoephedrine HCL	9 grams	120 mg = 91 tablets 60 mg = 183 tablets 30 mg = 366 tablets

Feature Article..

REVIEW OF THE PHARMACOTHERAPY OF BPH

Benign Prostatic Hyperplasia, or BPH, affects approximately half of all men over the age of 50, and nearly 90 percent of men by age 80. The symptoms of BPH, which include increased urinary urgency and frequency, decreased or intermittent force of stream, and nocturia, result from pressure placed on the bladder and urethra by the enlarging prostate gland. The mainstays of the medical treatment of BPH are alpha-1 adrenergic antagonists and 5-alpha-reductase inhibitors, which are discussed below.

Alpha-1 Adrenergic Blockers

Alpha blockers improve the symptoms of BPH by relaxing smooth muscle in both the prostate and bladder neck, leading to improved urine flow. A class effect of these drugs is "***first dose hypotension***," which may occur within 4 to 8 hours of the initial dose. Patients should be counseled to avoid hazardous tasks when initiating or changing therapy with alpha blockers.

5-Alpha-Reductase Inhibitors

These agents inhibit the enzyme 5-alpha-reductase, which is responsible for the conversion of testosterone to dihydrotestosterone, the androgen implicated in enlargement of the prostate gland. Since these drugs may interfere with fetal development, specifically with male fetus genitalia, they should not be handled by women who are pregnant or who may become pregnant.

Combination Therapy

The FDA approved the combined use of dutasteride and tamsulosin in response to the two year results of the Combination of Avodart and Tamsulosin (CombAT) trial, a 4-year, multicenter, randomized, double-blind study which has demonstrated a significant benefit of combination therapy when compared with monotherapy with either agent alone.

Alpha-1 Adrenergic Blockers

Drug (brand name, strengths available)	Starting Dose	MDD	Timing With Meals	Adverse Effects
Alfuzosin (Uroxatral, 10 mg)	10 mg QD	10 mg	Take immediately after same meal each day	Dizziness, URI, headache fatigue
Doxazosin (Cardura, 1, 2, 4, 8 mg)	1 mg QD	8 mg	Take without regard to meals	Dizziness, headache fatigue, URI
Doxazosin Extended Release (Cardura XL, 4, 8 mg)	4 mg QD	8 mg	Take with breakfast	Dizziness, headache, fatigue, URI
Silodosin (Rapaflo, 4, 8 mg)	8 mg QD	8 mg	Take with a meal	Retrograde ejaculation, dizzyness, diarrhea, headache
Tamsulosin (Flomax, 0.4 mg)	0.4 mg QD	0.8 mg	Take 30 minutes after same meal each day	Headache, dizziness, fatigue, abnormal ejaculation
Terazosin (Hytrin, 1, 2, 5, 10 mg)	1 mg HS	20 mg	Take without regard to meals	Dizziness, fatigue

5-Alpha-Reductase Inhibitors

Drug (brand name, strengths available)	Starting Dose	MDD	Timing With Meals	Adverse Effects
Dutasteride (Avodart, 0.5 mg)	0.5 mg QD	0.5 mg	Take without regard to meals	Impotence, decreased libido, breast disorders, ejaculation disorders
Finasteride (Proscar, 5 mg)	5 mg QD	5 mg	Take without regard to meals	Impotence, decreased libido breast disorders, ejaculation disorders

Combination Agent

Drug (brand name, strengths available)	Starting Dose	MDD	Timing With Meals	Adverse Effects
Dutasteride/Tamsulosin (Jalyn, 0.5/0.4 mg)	0.5/0.4 mg QD	0.5/0.4 mg	Take 30 minutes after same meal each day	Ejaculation disorders, impotence, decreased libido, dizziness, and breast disorders

MDD = Maximum Daily Dose

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Founder and Editor:
James Murphy, RPh

Associate Editor:
Margaret McDonald, PharmD

Contributors:
Loriann Irving, PharmD
Mila Sakhnovsky, PharmD
Giacomo Colarullo, CPhT

Medical Liaison:
Deborah Blenner, MD

Administrative Assistant:
Regina Singh

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ASK PRN...

There has been some confusion lately regarding the status of generic Effexor XR. There is now both a capsule and a tablet formulation of venlafaxine extended release available. Are they interchangeable?

No. For the purposes of generic substitution, New York is an Orange Book state, meaning that only AB-rated generics may be substituted for brand-name drugs which are appear in the Orange Book. Since tablets and capsules are different dosage forms, they can not be AB-rated to each other. In fact, the new venlafaxine extended release tablet, made by Osmotica Pharmaceutical, is considered a *brand-name* drug, since it appears in the Orange Book with no substitution and is the reference listed drug (RLD) for the tablet formulation. Therefore, in New York, a prescription written for Effexor XR in which the 'DAW' box is left empty must be filled with venlafaxine extended release *capsules* and can not be filled with ER tablets.

Product Name	AB-Rated?	Strengths Available
Effexor XR Capsules (Wyeth)	**YES**	**37.5 mg** **75 mg** **150 mg**
Venlafaxine ER Capsules (Teva)	**YES**	**37.5 mg** **75 mg** **150 mg**
Venlafaxine ER Tablets (Osmotica)	**NO**	**37.5 mg** **75 mg** **150 mg** **225 mg**

GOT QUESTIONS? WE HAVE ANSWERS!
Send your questions to us at:
askprn@prnnewsletter.com

PRN welcomes your questions on any topics relating to the practice of pharmacy. All answers are researched by our staff and, when necessary, discussed with the appropriate regulatory agencies. The information provided is not intended as legal advice, nor is it a substitute for professional judgment in clinical practice.

DID YOU KNOW?

DID YOU KNOW that the Nobel Prize winning scientist responsible for the production of the first antibiotic actually gave the first dose to his own daughter to save her life? In 1932, Gerhard Domagk discovered that a dye, known as Prontosil, protected mice against lethal doses of staphylococci and strepotococci. Before it could be tested in humans, however, his daughter became seriously ill from a streptococcal infection. In desperation, Domagk gave her a dose of Prontosil, and she made a full recovery. Prontosil, a prodrug of sulfanilamide, became the first commercially available antibiotic.

PHARMACY FUN

It's rebus time again here at Pharmacy Fun. Each puzzle below represents the name of a brand-name cardiovascular drug. The first reader to submit the correct answers to *puzzle@prnnewsletter.com* will receive a custom-printed *PRN* binder.

1.  + 

2.  + a + 

3.  +  + 

Answers to last month's ***PHARMACY FUN***:
1. Nexium 2. Premarin 0.625 mg 3. Viagra 4. Plavix

References:
1. Gardiner Harris, "Diabetes Drug Maker Hid Test Data, Files Indicate," *New York Times*, July 12, 2010.