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Accountable Health Partners
Pharmacy Pearls

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Meet Your New Clinical Pharmacists!

Jenny Radcliffe, PharmD is originally from the Rochester area, received her PharmD from Northeastern University in Boston, and completed a PGY1 ambulatory care-focused residency at The Ohio State University. Her most recent position was at Atrius Health in Massachusetts, but she is excited to be back home in New York and to share her expertise with network providers. Jenny has experience providing pharmacotherapy consults and chronic disease management to patients with diabetes, hypertension, and hyperlipidemia. She has also worked with care teams and patients to help improve medication adherence and access.

Erica Dobson, PharmD, BCPS AQ-ID, AAHIVP is the new Pharmacy Manager for AHP. She worked at Strong Memorial Hospital (SMH) as an Infectious Diseases (ID) Clinical Pharmacy Specialist in the ID Clinic for 10 years and most recently as a Clinical Informatics Pharmacist at SMH. In this capacity, she has had direct responsibility for developing and implementing a number of innovative pharmacist-run clinical programs and in building and implementing clinical decision support tools into the electronic medical record. Through these experiences she has gained experience and expertise in providing pharmacist education, as well as project management and implementation in the ambulatory setting. Erica earned her PharmD from Butler University and subsequently completed her PGY1 pharmacy and PGY2 ID pharmacy residency and at SMH.

We look forward to partnering with YOU to promote evidence-based and cost-effective medication use, as well as improve patient education, medication access, and adherence!

Weight Loss Agents: What's there to lose?

In New York state 34.5% of adults are overweight and 25% fall into the obese category, many of these patients have difficulty losing the weight necessary to improve health outcomes with lifestyle interventions alone.

- **When can pharmacotherapy for obesity management be considered?**
  - The Endocrine Society Clinical Practice Guidelines for Pharmacological Management of Obesity recommend weight loss pharmacotherapy for patients with a body mass index (BMI) of ≥30 kg/m^2 or ≥27 kg/m^2 with at least one weight-related comorbidity present (e.g. HTN, DM, CVD, etc.) as an adjunct to behavioral modification, reduced food intake, and increased physical activity
- **How can providers evaluate the available weight loss agents if one is being considered for obesity management?**
  - Population: The majority of patients in clinical trials were Caucasian women in their 40s-50s. Interventions in the trials often include intense diet and exercise guidance as well as behavioral modification – these medications are not "magic bullets"
  - Efficacy: National guidelines and FDA Guidance suggest to evaluate therapy at 12 weeks – discontinue therapy if lack of response (i.e. a loss of ≥5% of baseline weight)
  - Safety: There are ongoing safety concerns with certain agents – carefully evaluate results of pivotal trials and post-marketing trials when available

Medications approved for long-term obesity treatment can lead to greater mean weight loss relative to placebo when combined with lifestyle intervention. These medications also produce improvements in many cardiometabolic risk factors, but none of them has been shown to reduce cardiovascular morbidity or mortality. Discontinuing medications in patients who do not respond with weight loss of ≥5% limits patients' exposure to risks and costs of treatment when there is little expected long-term benefit.

See attached chart with the currently approved long-term weight loss medications

Costs of Combination Oral Contraceptives

Cost discrepancies among combination oral contraceptive is astonishing:

- Beyaz vs. Gianvi: Beyaz ($220) is Gianvi ($70) plus folic acid. Thus, the charge is $150 more per month for folic acid to be used by women actively trying to prevent pregnancy
- Minastrin 24 FE or Mibelas 24 FE vs. Larin 24 FE: $80-$95 per month premium for a chewable spearmint tablet

High Cost Formulation	Cost†	Lower Cost Alternative(s)††	Cost†
Beyaz	$220	Gianvi	$70
Minastrin 24 Fe (chewable) Mibelas 24 Fe (chewable)	$185 $170	Larin 24 Fe Larin Fe 1/20*	$90 $30
Femcon Fe (chewable)	$180	Wymzya FE (chewable) Balziva	$70 $45
Generess Fe (chewable) *Contains 25 mcg EE/0.8 mg NE*	$170	Junel Fe 24 Junel Fe 1/20* *Contain 20 mcg EE/1 mg NE*	$89 $30

†Cost represents average wholesale price (AWP) for one monthly pack
††Unless otherwise noted, lower cost alternatives represent equivalent estrogen and progesterone formulations and doses
*"Fe 1/20" products have 21 active tablets and 7 iron tablets, "24 Fe" products have 24 active tablets and 4 iron tablets

	Alli, Xenical (orlistat)	Belviq (lorcaserin)	Qsymia (phentermine/topiramate)	Contrave (bupropion/naltrexone)	Saxenda liraglutide
Weight Loss Outcomes					
% weight lost at 1 year	4.6-10.2%*	3-3.6%	8-10%	3.7-8.1%	4.9-7.4%
% of patients with ≥5% weight loss after 1 year	35-72.8%*	37.5-47.5%	60-70%	36-57%	44.2-62.3%
Cost per Pound Lost**	$1100 per pound	$480 per pound	$145 per pound	$390 per pound	$1700 per pound
Prescribing Considerations					
Contraindications & Precautions	Decreased absorption of lipophilic drugs and vitamins	• Small increase in development of valvulopathy; long-term effect unknown	• Increases resting HR, monitor closely • Use caution in patients with history of nephrolithiasis	• Contraindicated in seizure disorders • Not for use in major depression, increased risk of suicidal ideation similar to all other antidepressants	• Risk of pancreatitis • Black Box Warning for with personal/ familial history of medullary thyroid cancer
Safety	• Substantial weight loss can increase risk of cholelithiasis • Case reports of hepatotoxicity	• Theoretical risk of serotonin syndrome – SSRIs, SNRIs, bupropion, TCAs, and MAOIs were excluded from Belviq trials so safety has not been established • Results of CV outcomes trial anticipated in 2018	• Results of CV outcomes trial anticipated in 2020	CV outcomes trial was stopped due to accidental early disclosure of potentially favorable interim results, CV outcomes data from alternative trial expected by 2022	• Drug available through REMS program due to unknown risk of thyroid cancer • CV benefit seen with liraglutide 1.8 mg (Victoza), unclear if these results can be applied to 3 mg dose (Saxenda)
Adverse Effects	Nausea, fecal incontinence, flatulence	Nausea, diarrhea, headache, fatigue, dizziness, hypoglycemia in diabetic patients	Dizziness, insomnia, anxiety, distorted taste, constipation, dry mouth, tachycardia, hypokalemia, psychiatric events/suicidal ideation	Nausea, constipation, dizziness, dry mouth, 2 cases of cholecystitis reported (attributed to large weight loss)	Nausea, diarrhea, vomiting, decreased appetite, hypoglycemia when combined with sulfonylurea, tachycardia
Administration	• TID dosing with food • Multivitamin supplementation recommended (separate by at least 2 hours)	• IR: BID dosing • XR: Daily dosing • Renal dosing required Note: Moderate CYP2D6 inhibitor	• Daily dosing, must be titrated weekly • Must taper to discontinue • Renal dosing required • REMS requirement due to teratogenicity risk – prescribers required to complete training program	• BID dosing, must be titrated weekly • Renal dosing required	• SubQ daily dosing, must be titrated weekly
Controlled Substance	N/A	Schedule IV	Schedule IV	N/A	N/A

*Pooled data for both OTC and Rx dosing
** AWP/mean weight lost in trials