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- New drug approved, maraviroc
- Fatal Kaletra overdose
- Rosiglitazone and heart failure, again x3
- Manuka honey is good
- More generics, less money
- Dog days of summer

NEW DRUGS, and other related stuff ...

New Drug ... (8/06/2007) The FDA has approved maraviroc (SelzentryTM by Pfizer). It is the first in a new class of antiretroviral drugs designed to slow the advancement of HIV. Maraviroc is approved for use in combination with other antiretroviral drugs for the treatment of adults with CCR5-tropic HIV-1, who have been treated with other HIV medications and who have evidence of elevated levels of HIV in their blood (viral load). Rather than fighting HIV inside white blood cells, maraviroc prevents the virus from entering uninfected cells by blocking the predominant route of entry, the CCR5 co-receptor. CCR5 is a protein on the surface of some types of immune cells. Among patients who have previously received HIV medications, approximately 50 to 60% have circulating CCR5-tropic HIV-1. The product label includes a boxed warning about liver toxicity and a statement in the Warnings/Precautions section about the possibility of heart attacks. The most common adverse events reported with maraviroc were cough, fever, upper respiratory tract infections, rash, musculoskeletal symptoms, abdominal pain, and dizziness. SelzentryTM is expected to be available in the U.S. by the middle of September.

FDA approves novel antiretroviral drug. FDA News. 2007 Aug 6.

http://www.fda.gov/bbs/topics/NEWS/2007/NEW01677.html

MedWatch ... (8/9/2007) The FDA issued an early communication about the ongoing review of new safety data for the proton pump inhibitors, Prilosec® (omeprazole) and Nexium® (esomeprazole). The new safety data was from two small long-term clinical studies in patients with severe GERD. In both studies, patients were randomly assigned to receive treatment with a drug (either omeprazole or esomeprazole) or to have surgery to control their gastroesophageal reflux disease (GERD). The results from the study of Prilosec® and analyses from an ongoing study of Nexium® raised concerns that long-term use of Prilosec® or Nexium® may have increased the risk of heart attacks, heart failure, and heart-related sudden death in those patients taking either one of the drugs compared to patients who received surgery. The FDA's preliminary conclusion is that collectively, these data do not suggest an increased risk of heart problems for patients treated with these two drugs. Healthcare providers should not change their prescribing practices and patients should not change their use of these products at this time. Read the complete 2007 Safety Summary, including a link to the FDA Early Communication About an Ongoing Safety Review document regarding this issue at: http://www.fda.gov/medwatch/safety/2007/safety07.htm#Omeprazole

MedWatch ... (8/10/2007) The FDA warns consumers and healthcare professionals to **avoid** using Red Yeast Rice and Red Yeast Rice/Policosonal Complex, sold by Swanson Healthcare Products, Inc. and manufactured by Nature's Value Inc. and Kabco Inc., respectively; and Cholestrix, sold by Sunburst Biorganics because the products may contain an unauthorized drug that could be harmful to their health. The products, promoted and sold over the internet as treatments for high cholesterol, contain lovastatin, the active pharmaceutical ingredient in Mevacor[®], a prescription drug approved for high cholesterol. Lovastatin can cause severe muscle problems leading to kidney impairment. The risk is greater in patients who take higher doses of lovastatin or who take lovastatin and other medicines that increase the risk of muscle adverse reactions such as nefazodone (an antidepressant), certain antibiotics, drugs used to treat fungal infections and HIV infections, and other cholesterol lowering agents. Consumers who use any red yeast rice products should consult their healthcare provider if they experience any problems that may be due to these products.

Read the complete MedWatch 2007 safety summary including a link to FDA News Release at: http://www.fda.gov/medwatch/safety/2007/safety07.htm#redyeast

MedWatch ... (8/14/2007) Abbott Laboratories disseminated a Dear Healthcare Provider Letter throughout the world to physicians and pharmacists that prescribe/distribute Kaletra[®] (lopinavir/ritonavir) Oral Solution. The letter informed healthcare professionals of an accidental overdose that occurred with a pediatric patient taking Kaletra[®] Oral Solution. The infant received a **significantly large dose of Kaletra[®] and subsequently died**. Healthcare professionals should pay special attention to accurate calculation of the dose of Kaletra[®], transcription of the med order, dispensing information and dosing instructions to minimize the risk for medication errors. Read the complete MedWatch 2007 safety summary including a link to the Manufacturer's Dear Healthcare Provider Letter and Prescribing Information regarding this issue at: http://www.fda.gov/medwatch/safety/2007/safety07.htm#kaletra

MedWatch ... (8/14/2007) After a review of postmarketing adverse event reports, the FDA determined that an updated label with a boxed warning on the risks of heart failure was needed for the entire thiazolidinedione class of antidiabetic drugs. Manufacturers of certain drugs have agreed to the upgraded warning. The strengthened warning advises healthcare professionals to observe patients carefully for the signs and symptoms of heart failure, including excessive, rapid weight gain, shortness of breath, and edema after starting drug therapy. Patients with these symptoms who then develop heart failure should receive appropriate management of the heart failure and use of the drug should be reconsidered. People who have questions should contact their healthcare providers to discuss alternative treatments.

Read the complete MedWatch 2007 safety summary including a link to FDA Press Release at: http://www.fda.gov/medwatch/safety/2007/safety07.htm#rosi_pio

FROM THE MEDICAL LITERATURE ...

Rosiglitazone reanalyzed ... Recently, a well-publicized meta-analysis of 42 clinical trials concluded that rosiglitazone was associated with an approximately 43% increased risk for myocardial infarction (MI) and an approximately 64% increased risk for cardiovascular death. These authors make the case that the meta-analysis was not based on a comprehensive search for all studies that might yield evidence about rosiglitazone's cardiovascular effects and that the studies were combined on the basis of a lack of statistical heterogeneity, despite substantial variability in study design and outcome assessment. Alternative meta-analytic approaches

showed lower odds ratios that are not statistically significant. Rosiglitazone contributing to MI and other cardiovascular risk may be much less certain than previously thought. Diamond GA, Bax L, Kaul S. Uncertain effects of rosiglitazone on the risk for myocardial infarction and cardiovascular death. *Ann Intern Med.* 2007 Oct 16;147(8):xxxx. Published online ahead of print 2007 Aug 7. **And analyzed again** ... The thiazolidinediones were analyzed by a teleoanalysis technique (combines all types of studies, grades of evidence and case reports for adverse reaction determination) to determine the incidence of heart failure. Three randomized, controlled trials and four observational studies showed an odds ratio of 2.1 and 1.55, respectively. These results were combined with a dose-time-susceptibility analysis of 28 reports and 214 case reports. Conclusions were that heart failure was more likely to occur after several months, without regard to dose, and not limited to the elderly. The NNH was approximately 50 over 2.2 years. Singh S, Loke YK, Furberg CD. Thiazolidinediones and heart failure: A teleo-analysis. *Diabetes Care*. 2007 Aug;30(8):2148-2153.

Reviews of Note ...

- McAdam-Marx C, LaFleur J, Kirkness C, Asche C. Postmenopausal osteoporosis: Current and future treatment options. *Pharm Ther*. 2007 Jul;32(7):392-402.
- Garwood CL, Potts LA. Emerging pharmacotherapies for smoking cessation. *Am J Health-Syst Pharm.* 2007 Aug 15;64:1693-1698.
- Cohen V, Jellinek SP, Teperididis L, Berkovits E, Goldman WM. Room-temperature storage of medications labeled for refrigeration. *Am J Health-Syst Pharm*. 2007 Aug 15:64:1711-1715.
- Aster RH, Bougie DW. Drug-induced immune thrombocytopenia. *N Engl J Med*. 2007 Aug 9;357(6):580-587.
- Prescott SL, Björkstén B. Probiotics for the prevention or treatment of allergic diseases. *J Allergy Clin Immunol*. 2007;120:255-262.
- Lautenschlager S, Wulf HC, Pittelkow MR. Photoprotection. *Lancet*. 2007 Aug 11;370:528-537.
- Drusano GL, Ambrose PG, Bhavnani SM, Bertino JS, Nafziger AN, Louie A. Back to the future: Using aminoglycosides again and how to dose them optimally. *Clin Infect Dis*. 2007 Sep 15;45:xxx.

FROM THE LAY LITERATURE about medicine ...

Manuka Honey ... Coming soon? Manuka honey is one of the latest natural products to test the medical establishment's resistance to traditional medicine. Honey has been used for centuries in

natural medicine and significantly as a topical agent. Manuka honey comes from bees that use the blossoms of the Manuka tree, a scrubby plant found in New Zealand. Its natural characteristics did not make it a desirable food. It eventually was discovered to have remarkable healing properties on various wounds and is now

widely used in Europe and Canada, and just a few months ago, cleared by the FDA for use in the U.S. There is much study to be done before granting the title of "miracle cure" but it is promising, particularly in the age of rapidly progressing bacterial resistance.

Trump EF. Sweet salve: Could honey, an ancient remedy, make a comeback in contemporary wound care? *Washington Post*. 2007 Aug 7; p. HE01. http://www.washingtonpost.com/wp-dyn/content/article/2007/08/03/AR2007080301651.html?wpisrc=newsletter

More generics, more savings ... Through a combination of extraordinary productivity in the 1980's and 1990's, comparatively less pharmaceutical innovation in the new century and the unrelenting march of time, many of today's blockbuster drugs (eg, Risperdal[®], Topamax[®], Fosamax[®], Lipitor[®], Prevacid[®]) have either recently lost their patent protection or will do so within the next couple of years. This is good news for everyone except the big pharmaceutical companies. This should decrease the rate of rise of the individual's and the nation's drug bill. A potential downside is that the new drugs that are approved may be even more expensive!

Saul S. More generics slow rise in drug prices. New York Times. 2007 Aug 8.

http://www.nytimes.com/2007/08/08/business/08generic.html?_r=1&ref=health&oref=slogin

NEW RESOURCES in the DILRC ...

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- Ruiz P, Strain, Langrod LG. *The Substance Abuse Handbook*. Baltimore: Lippincott William & Wilkins/Wolters Kluwer Health, 2007.
- Plumb DC. *Plumb's Veterinary Drug Handbook*. 5th ed. Ames, IA: Blackwell Publishing, 2005.
- McQueen CE. *Pharmaceutical Care with Dietary Supplements: Concepts and Common Sense*. Bethesda, MD: American Society of Health-System Pharmacists, 2007.
- Desai A, Lee M, eds. *Gibaldi's Drug Delivery Systems in Pharmaceutical Care*. Bethesda, MD: American Society of Health-System Pharmacists, 2007.

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The last "dose" ...



Dog Days



Dog Days of summer are the times of exceptionally hot and humid weather common in July, August, and into September in the northern temperate latitudes. The name came from the ancient Greeks, Romans, and Egyptians; they believed that Sirius, the dog star, which rises simultaneously with the Sunduring this time of the year, added its heat to the Sun's, thereby increasing the hot weather. Because people often become listless during this time, Sirius was believed to have detrimental effects on human activities.

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