Hot Topics August 2017

Prescribing....

- Prescribers are reminded again of the MHRA advice on valproate and drugs related to it and the risk of abnormal pregnancy outcomes.
- A study published in *JAMA* found that restricting sales rep visits cut promoted drug use and significantly reduced cost in American Hospitals.
- Venlafaxine MR capsules 75mg & 150mg are now off patent and are considerably cheaper than MR tablets.

Valproate treatment

The MHRA advised in 2015 that valproate is associated with a dose-dependent risk of abnormal pregnancy outcomes, whether taken alone or in combination with other drugs. These include congenital abnormalities , developmental delay, intellectual difficulties , autistic spectrum disorder and ADHD. The risk may be greater when valproate is taken for epilepsy with other drugs , than if it taken alone. All valproate containing products may cause these problems. It is not possible to establish a threshold dose below which no risk of developmental disorders exist. Folate supplementation does not appear to prevent the birth defects or malformations due to valproate exposure.

Children exposed to valproate in utero are at a high risk of serious developmental disorders (in up to 30 to 40% of cases) and/or congenital malformations (in approximately 10% of cases). Therefore valproate should not be prescribed to female children , female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or are not tolearted. Valproate treatment must be started and supervised by a doctor experienced in managing epilepsy or bioplar disorder.

The MHRA further advises that the benefits should be "carefully balanced" against the risks for the first time and at routine treatment reviews when a female child reaches puberty and when a woman plans a pregnancy or become pregnant. All female patients must be informed of and understand the

- Risks associated with valproate during pregnancy
- Need to use effective contraception
- Need for regular review of treatment
- The need to rapidly consult if she is planning a pregnancy or becomes pregnant.

Drug company sales reps' visits

Implementation of policies at academic medical centers that restricted pharmaceutical "detailing" (pharmaceutical representative sales visits to physicians) was associated with modest but significant reductions in prescribing of detailed drugs across six of eight major drug classes. However, changes were not seen in all of the academic medical centers that enacted policies, according to a study published by JAMA in a theme issue on conflict of interest.

The background is that in an effort to regulate physician conflicts of interest, a number of academic medical centers (AMCs) in America enacted policies between 2006 and 2012 restricting sales visits from pharmaceutical representatives to their practicing physicians, by far the most common form of interaction between physicians and the pharmaceutical industry. Little is known about the effect of these policies on physician prescribing. Ian Larkin, Ph.D., of the University of California, Los Angeles, and colleagues compared

changes in prescribing by physicians 10 to 36 months before and 12 to 36 months after implementation of detailing policies at AMCs in five states (California, Illinois, Massachusetts, Pennsylvania and New York; intervention group) with changes in prescribing by a matched control group of similar physicians not subject to a detailing policy.

The analysis included 16,121,483 prescriptions written between January 2006 and June 2012 by 2,126 attending physicians at 19 intervention group AMCs and by 24,593 matched control group physicians. The researchers found that enactment of detailing restrictions at AMCs was associated with a decrease in the prescribing of detailed drugs of 1.67 percentage points of market share, and an increase in prescribing of nondetailed drugs of 0.84 percentage points. The average detailed drug had a market share of **19.3** percent and the average nondetailed drug had a market share of **14.2** percent.

Associations were statistically significant for six of eight study drug classes for detailed drugs (lipid-lowering drugs, gastroesophageal reflux disease drugs, antihypertensive drugs, sleep aids, attention-deficit/hyperactivity disorder drugs, and antidepressant drugs) and for nine of the 19 AMCs that implemented policies. Across AMCs and drug classes, prescriptions shifted away from detailed drugs and toward generic drugs following the introduction of policies restricting pharmaceutical detailing.

Eleven of the 19 AMCs regulated salesperson gifts to physicians, restricted salesperson access to facilities, and incorporated explicit enforcement mechanisms. For eight of these 11 AMCs, there was a significant change in prescribing. In contrast, there was a significant change at only one of eight AMCs that did not enact policies in all three areas.

The authors note study limitations, including that the observational design precludes proving causal relationships because other changes may have occurred that could have influenced the study results.

The researchers write that the reduction in the prescribing of detailed drugs and the increase in the prescribing of nondetailed drugs potentially represents a large reduction in costs. "In 2010, pharmaceutical companies earned more than $60 billion in revenues for detailed drugs included in the study, and generic drugs are on average 80 percent to 85 percent less expensive than brand-name drugs. A 1-percentage point change in market share could represent approximately a 5 percent relative change in revenue for the average detailed drug, suggesting that the observed changes in prescribing could have important economic implications".

Venlafaxine

Patent expiry on 75mg and 150mg i.e.the most commonly-prescribed strengths of venlafaxine MR capsules has resulted in lower cost prices than MR tablets. The Drug Tarif price is for example £3.90 for 28 X 150 mg MR capsules compared with £18.70 for 28 X 150mg MR tablets. There is a message and a switch on Scriptswitch to this effect.

If all of the MR venlafaxine tablets are prescribed as capsules in the next twelve months, over £30,000 per year will remain in the Health Fund and will be available to provide islanders with other treatments and services. It is obviously very important that patients being started on once daily venlafaxine are prescribed MR capsules. However please consider a switch to MR capsules for patients on MR tablets when they are next reviewed.

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