Trends-in-Medicine

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Quick Pulse

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THE FAMILY MEDICINE PERSPECTIVE

Family medicine doctors often write more prescriptions for particular medicines than their specialist counterparts, so understanding their attitudes toward a variety of topics and their clinical practices are very important in determining the outlook for new drugs and devices as well as expanded labels for existing products. At the American Academy of Family Practice (AAFP) annual meeting in Orlando FL from October 13-17, 2004, 21 primary care doctors were questioned on a variety of topics, from antidepressants and diet drugs to medications to treat hyperlipidemia, diabetes, and excessive daytime sleepiness.

ANTIDEPRESSANTS

Antidepressants Most Commonly Prescribed by These Sources

Brand	Generic	Manufacturer
Prozac	Fluoxetine	Lilly – brand Numerous generics
Zoloft	Sertraline	Pfizer
Celexa	Citalopram	Forest Laboratories
Lexapro	Escitalopram	Forest Laboratories
Paxil	Paroxetine	GlaxoSmithKline
Wellbutrin	Bupropion	GlaxoSmithKline
Effexor	Venlafaxine	Wyeth
Cymbalta	Duloxetine	Lilly

These doctors most commonly prescribe Lilly's Prozac or generic fluoxetine, but all of the major antidepressants are used – with the choice generally dictated by formularies. However, none reported any recent formulary changes or major shifts in prescribing patterns, and none expect any change in their usage patterns over the next six months. A Florida physician said, "We use generic Prozac because it is inexpensive. I used to use Zoloft, but stopped when it was dropped from our formulary." Another doctor said, "I use generic SSRIs if I feel the patient needs a real energy boost, but whatever I prescribe is restricted by formulary." A Virginia doctor said, "It depends on the patient's symptoms. I usually prescribe Wellbutrin and drugs in the Prozac class – SSRIs – because they tend to be safer." A Minnesota doctor said, "I use generic Prozac – that's it. Generally, I refer these patients – adults and adolescents – to psychiatrists for treatment."

Only one source plans to cut back on prescribing antidepressants to children. However, several doctors said they have rarely prescribed antidepressants for children, preferring to refer them out.

Two-thirds of sources commenting said they expect generic citalopram to affect their use of brand Celexa – because of the cost savings. A Tennessee physician commented, "I would prefer to use a generic, especially in chronic patients." A Florida doctor said, "Any off-patent drug is cheap, and so it is a better option." A Michigan doctor said, "For patients already on Celexa, I may change to the generic. But if they report any complaints, any change, or get worse, I'll switch back to the brand." A Virginia doctor said, "This means that more patients will be able to afford the drug. Affordable drugs are always good."

Only one doctor plans to prescribe brand Celexa when generic citalopram is available. He said, "Celexa is a good medication, so I plan to continue using it." Another doctor is thinking of switching from Celexa to Lexapro instead of generic citalopram, and he explained, "I am leaning towards Lexapro because it is known to have fewer side effects."

Doctors had no real idea why Celexa is still being used so broadly since there are no longer samples, and Celexa is priced higher than Lexapro – but they like Celexa and how it works, so that may be the answer. A Midwest doctor said, "Celexa has fewer bad side effects, and it is easier to initiate in an emergent situation."

Only two sources had already prescribed Lilly's Cymbalta, but all the others commenting plan to try it, and sources generally believe it is likely to become a first-line agent – but more for pain than for depression. A Minnesota doctor said, "I haven't used this yet, but I plan to do so. I have a large pain practice. The research looks like this will be very effective in pain patients because it appears to target some neuropathic pain…I think it will compete with Zoloft." A Florida doctor said, "I'm still waiting to make sure it's a viable drug…but in select pain patients who suffer depression, I think it may be a first-line drug."

Payers are starting to cover Cymbalta. One doctor said, BlueCross/BlueShield and United Health are covering Cymbalta. However, most doctors said they weren't sure about coverage yet. A New Hampshire doctor said, "Right now I'm only giving out samples, but I would suspect payers are not covering it yet."

CHOLESTEROL

Less than half the doctors questioned currently prescribe AstraZeneca's Crestor (rosuvastatin) for patients with high cholesterol. A North Carolina doctor said, "I've used Crestor a good bit. I would say I have a good opinion of Crestor." Another doctor said, "I think Crestor may have some advantages (over other statins) because it really does what you want it to do." A New York doctor added, "Crestor isn't on any of our formularies." A Florida doctor added, "I haven't used Crestor, but I've just heard about it (on the AAFP exhibit floor), and I'm impressed. But I think it is too expensive."

In March 2004, Public Citizen, a consumer watchdog organization, filed a petition with the FDA asking the agency to remove Crestor from the market, charging that there have been post-marketing cases of life-threatening rhabdomyolysis, kidney damage, and kidney failure at even the lowest approved doses. The FDA was supposed to respond within six months (September 2004), but Dr. Sidney Wolfe, head of Public Citizen's Health Research Group, said the FDA had not replied as of the end of October 2004 except to acknowledge the petition and say they "are still looking at the data."

On October 29, 2004, Public Citizen sent the FDA a supplement to its petition. That supplement reported on a new analysis of the FDA's adverse drug reaction database (AERS) which found that the rate of acute renal failure reports to the FDA is approximately 75 times higher than the rate for all other statins combined.

No family practice doctors questioned have stopped using Crestor or cut back their use of Crestor over concerns about the liver and renal safety of the drug, but those issues have kept some doctors from starting to prescribe it. A Pennsylvania doctor said, "I'm not using Crestor. I tend to stick with the evidence. I use Pravachol (Novartis, pravastatin). I do have safety concerns about this drug (Crestor). I think if you try three or four other drugs with no success, it could be the drug of last resort." A Florida doctor said, "I am concerned with Crestor based on the lack of research, which is why I'm only using it in a minority of patients. I usually just stay with the tried and true drugs." A Minnesota physician said, "I stick with Lipitor and Zocor. I know a little about Crestor, but I'm not really using it yet."

FDA AERS Reports of Renal Failure and Renal Insufficiency with Statins in U.S. Patients

Drug	Adverse cases	Total prescriptions	Rate per million prescriptions
Renal Failure and Renal Insufficiency			
AstraZeneca's Crestor (rosuvastatin)	18 cases of acute renal failure, 11 cases of renal insufficiency	4.5 million prescriptions between September 2003 and August 2004	6.4
Merck's Zocor (simvastatin)	N/A	N/A	0.26
Combined statins: Pfizer's Lipitor (atorvastatin), Novartis's Pravachol (pravastatin), Novartis's Lescol (fluvastatin), and Merck's Mevacor (lovastatin)	27 cases of acute renal failure or renal insufficiency	316 million prescriptions between January 2001 and September 2003	0.085
Rhabdomyolysis			
Crestor	65 reports	4.5 million	14.4
Bayer's Baycol (cerivastatin)	42 reports	2.8 million	15

Sources were not very knowledgeable about Merck/Schering-Plough's Vytorin – the combination of Zocor (simvastatin) and Zetia (ezetimibe) – which inhibits cholesterol production in the liver and blocks cholesterol absorption in the intestine. Thus, they couldn't offer any opinions on how Vytorin compares to Crestor or predict what percent of their hyperlipidemia patients are likely to be on Vytorin in 12 or 24 months. A Florida physician said, "I haven't used this. I hadn't heard about it until now. I've used Zetia and found that to be effective, so I think the combination would be very effective. I like combination drugs, and I think that any time you can get a combination, it's better than a single agent pill."

DIABETES

Type 2 Diabetes Medications

Brand	Generic	Manufacturer
Avandia	Rosiglitazone	GlaxoSmithKline
Actos	Pioglitazone	Lilly
Lantus	Insulin glargine	Sanofi-Aventis

Half the doctors questioned split their use equally between Actos and Avandia, one divides her use equally among all three, and the rest prescribe Avandia most often. Only one doctor prescribes Lantus frequently for Type 2 diabetics. A Tennessee physician said, "Most of my patients are Hispanic and 90% of them have Type 2 diabetes. I use Avandia for most patients. I have a few patients using Actos, mostly Type 1 patients. And I'm prescribing Lantus for many patients." An Illinois doctor said, "About 10% of my patients are on Avandia, Actos, or Lantus, with most on Avandia." A Pennsylvania doctor said, "It depends on the indications, but I probably use Avandia more than the others." A Maryland doctor said, "Fifty percent are taking Avandia, and 50% are taking Actos. Who gets which is really a function of which drug the patient's formulary will cover. Right now it's about half and half." A Virginia physician said, "Of my diabetic patients, 90%-95% are Type 2 diabetics. I use all three drugs in equal proportions for them."

Doctors are enthusiastic about inhaled insulin, and every doctor questioned expressed interest in inhaled insulin (Nektar Therapeutics' Exubera), but none knew anything at all about Amylin's exenatide – a subcutaneous, twice-daily injectable therapy in development to treat Type 2 diabetes. An Iowa doctor said, "I haven't used inhaled insulin, but it sounds like a good idea." A Kentucky physician said, "I have no experience with it, but I think it could be a great help for many patients." A Virginia doctor said, "This would be a wonderful thing for patients who are afraid of needles, but we could run into problems with proper dosage. Also, there is a concern about nasal irritation and nasal congestion. Nonetheless, I believe this could be a very good product." A North Carolina doctor said, "I'm interested in this. I believe my patients would love it." Another doctor added, "If this works, it can be very helpful since many people fear needles."

DIET AND SMOKING

Sanofi-Aventis's Acomplia (rimonabant) is being developed as both a diet drug and a smoking cessation therapy, and the Phase III data looked very good for both indications. Acomplia is the first in a new class of drugs – endocannabinoids or selective cannabinoid type 1 (CB_1) blockers. Acomplia was a hot topic at the American College of Cardiology meeting in March 2004 and the European Society of Cardiology meeting in August 2004. However, only one of the family practice doctors interviewed had heard of it yet. That Midwest doctor said, "Anything for smoking will be helpful. I'm using the patch, but, depending on its effect, this new drug could be very useful."

EXCESSIVE DAYTIME SLEEPINESS

Few of these doctors are currently prescribing Cephalon's Provigil (modafinil), and most do not expect use to increase, despite the January 2004 FDA decision to expand the label to include sleepy shift workers or people with obstructive sleep apnea as well as the previously approved treatment for excessive sleepiness due to narcolepsy.

Half the doctors interviewed said they prescribe Provigil to a small percentage of their patients – on average, fewer than 5%. Two were not familiar with the drug at all. A Midwest doctor said, "Fewer than 5% of my patients are on Provigil. Use is flat since not many people take the drug right now." A Pennsylvania physician said, "I have a few narcolepsy patients on it because they were put on it by another doctor." A New Hampshire doctor said, "I have about 5% of my patients on Provigil for narcolepsy...In my practice, as long as a patient on a drug is doing well, I can consider placing more patients on the same drug."

Very few doctors had any opinion about the use of Provigil for ADHD patients, and none were aware of Nuvigil (armodafinil), a once daily isomer of Provigil that is in development. A Kentucky doctor said, "About 10% of my ADHD patients are on Provigil. A few who weren't doing well on other agents switched to Provigil." Another said, "Fewer than 1% of my patients on Provigil are on it for ADHD…Maybe about 5% of the (ADHD) patients on other drugs will switch to Provigil."

Two doctors expressed concerns about prescribing Provigil for children. A Kentucky doctor said, "There are always concerns when writing prescriptions for children." A North Carolina doctor said, "It is a dependency issue. If Provigil can be used without creating a dependency for the drug, then I'm all for it."

MISCELLANEOUS

Doctors offered some general comments that are interesting on a variety of topics. These included:

- **Other medications that have affected practice in the past year.** An Illinois doctor said, "The Vioxx (Merck, rofecoxib) withdrawal has caused a lot of problems in my practice – handling phone calls from patients, changing prescriptions, etc." Another doctor reported an increase this year in the use of glucosamine for diabetics.

- **Generics and samples.** Given the choice, family practice doctors will go for the cheaper generic almost every time. A Minnesota doctor said, "There has been a trend toward more use of generics as more generics become available." The only thing that changes this is the "sample closet." Every doctor mentioned samples. One commented, "I love samples." Another said, "If I get samples, that's what I'm going to use and then prescribe."

- **Combination pills.** Family practice doctors like the idea of combination pills. A Kentucky doctor said, "I like it when I can take two pill prescriptions and condense them to one. I prefer to prescribe one pill at a time." An Illinois doctor said, "I'm in favor of combination pills because I think they increase compliance." Another Midwest doctor said, "I'm very positive about this trend (toward combinations), especially for treatment of hypertension."

- **Formularies.** Two-thirds of doctors said their choice of drug to prescribe is limited by formularies.

- **PPOs.** Doctors said their relationship with PPOs is satisfactory; none had any real complaints. A Tennessee doctor said, "I have no real complaints, but I don't have to deal with many PPOs. I have more Medicare and Medicaid patients." A Michigan doctor said, "We are still 'dealing' with them. We make sure that we explain to the patients who are in a plan with a deductible that they have a deducible so that if they can't afford the payments, they will know up front and won't waste their time." An Iowa doctor said, "I'm in a rural area without a lot of problems with PPOs." A New Hampshire doctor said, "I'm currently part of a PPO…It is somewhat protective to my patients and myself. There is no extra paperwork, and they tend to focus on patient care."

- **Terminally ill.** A Tennessee doctor noted a trend for primary care doctors to become coordinators of care for the terminally ill, "In terms of individual patients and the health system, I see us becoming the conductors of the orchestra, directing and guiding patient care." A North Carolina doctor agreed, "I would hope that some family physicians would be able to take the lead in that situation." A Midwest doctor added, "PCPs are increasingly becoming providers to terminally ill patients."

- **Managed care.** Family doctors continue to feel pressured by managed care. A doctor said, "I find more demands for access to information and, at the same time, patients want to pay less. So, there is a squeeze from both sides." A Kentucky doctor said, "There are always pressures with managed care. Overhead costs increase because there are more administrative costs associated with managed care." A Midwest doctor said, "The pressure of working with managed care providers is increasing, and I expect it will continue. But the development of the electronic health record – which I am doing in my practice – should relieve some of the paperwork."

- **Erectile dysfunction (ED).** Doctors reported that the advertising campaigns for Lilly's Cialis (tadalafil) and GlaxoSmithKline's Levitra (vardenafil) have increased interest in all impotence drugs. A Minnesota doctor said, "People see the commercials on TV, and they want these drugs. Since people want what they see, they have no idea what they actually need, so this can create problems." A New England doctor said, "Lots of samples are asked for, but men don't really need them. Only a very small percent of my patients who ask for these drugs really need them. I'd say only 3% (of those who ask) if that much. However, the commercials do what they are supposed to do." A Tennessee doctor said, "The ad campaigns do help patients be aware that there is a treatment available. My concern, however, is that when people 're-discover' sex, they may be taking part in unprotected sex. This increases the risk of STDs, which we don't normally consider a risk in the older community." An Illinois doctor said, "Most patients recognize the Viagra (Pfizer, sildenafil) brand, but they are satisfied with a prescription or samples for any of the ED drugs."