

Pharmacy Benefit News

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Specialty Spotlight

FDA Targets Severe Joint Pain Due to Specific Class of Diabetes Drugs

“FDA warned Friday that DPP-4 inhibitors, used to treat type 2 diabetes, could cause severe and disabling joint pain. The agency has added a new warning and precaution about this risk to the labels of all drugs in this class, which includes sitagliptin (Januvia), saxagliptin (Onglyza), linagliptin (Tradjenta), and alogliptin (Nesina). If patients experience severe and persistent joint pain, they are being cautioned not to stop taking the drugs but to contact their health care provider immediately. Health care professionals should be alert to DPP-4 inhibitors as a potential cause of severe joint pain and have the patient discontinue the drug, if appropriate.”

Source: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm460238.htm>

Commentary:

Drug induced disease is a common and serious problem. It is the first consideration in new symptoms exhibited by elderly patients. The DPP-4 inhibitors in question are used to treat Diabetes Mellitus usually as second-line agents after metformin. The category is one of the alternatives to sulfonylureas, e.g., Glipizide, advocated by the American Diabetic Association as part of the Metformin-Sulfonylurea-Insulin treatment option for Diabetes Type II. As such, there are alternatives if patients develop this severe joint pain.

[Find out more](#)

Is Psoriasis linked to Abnormal Heart Rhythms?

Distance from Oncology Providers Can Affect Treatment

“Taiwanese researchers analyzed records of patients with and without psoriasis and found that those with the disease had a higher risk of developing arrhythmia. The increased risk was found in all subgroups of patients with psoriasis, including those who had severe and mild types of the disease and those with and without psoriatic arthritis. The findings were published in *The Journal of the American Academy of Dermatology*.”

Source: <http://www.eblue.org/article/S0190-9622%2815%2901768-5/fulltext>

Commentary:

How do we validate results of overseas studies? What is interesting is that more international data is being taken more seriously. There is a significant need for more accurate information about health care outcomes, associations between symptoms and disease and finding enough patients to study with given conditions and new medication regimens. The volume of patients in India, China, and Asia has lead researchers to expand studies of new medications for approval and comparative effectiveness to run these studies outside of the US. The result is a greater appreciation of the data provided by international studies. The major caveat is that the rules of scientific research must be obeyed. Differences of opinion are part of science, but rigorous application of standard research protocols are crucial to ensure that the results are useful. Being wrong is a risk, but being dishonest is a crime.

“A new study has found that people treated for colon cancer are less likely to get chemotherapy if they have to travel far for their appointments. The study, published in the *Journal of Clinical Oncology*, looked at about 35,000 patients with stage III colon cancer, 75% of whom received chemotherapy within 90 days of surgery. Patients who had to travel more than 250 miles were significantly less likely to get chemotherapy than those who had to travel less than 12.5 miles. Oncologist density in the vicinity of a patient's home had no association with chemotherapy adherence, but patients with no insurance and those with public insurance were far less likely to get chemotherapy if they lived in an area without many oncologists.”

Source: <http://jco.ascopubs.org/content/early/2015/08/21/JCO.2015.61.1558.abstract>

Commentary:

While the health care debate frequently focuses on the cost of medications, we cannot be blind to the fact that other factors are crucially important. Patient cost-share, patient access and attitudes to care are equally important. Technology has the greatest chance of providing care across wide geography, but it cannot provide medications at a distance. It will be left to those that identify distribution networks that can provide safe modes of chemotherapy in a local physicians' office or at home to provide a better solution to patient access to medications.

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For more information:

Carol Stern, CEO
(888) 701-5438
carol.stern@propharmaconsultants.com

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Pro Pharma Pharmaceutical Consultants, Inc.

P.O. Box 280130
Northridge, CA 91328-0130
Phone No. 888.701.5438 | www.propharmaconsultants.com

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This message was sent to corp.office@propharmaconsultants.com from:

Dr. Craig Stern | Dr.Craig.Stern@ProPharmaConsultants.com | Pro Pharma Pharmaceutical Consultants, Inc. | P.O. Box 280130 |
Northridge, CA 91328-0130