

# Drug Selection Factors

R e g e n c e R X

 Regence  
BlueCross BlueShield  
of Utah  
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## Use Ambien Cautiously in the Elderly

Zolpidem (Ambien) was believed to be safer for use in the elderly than benzodiazepines and other sedative/hypnotic types of drugs. Recent studies have shown that rather than being innocuous, Ambien use in patients over the age of 65 causes impaired cognition and falls. In one case study, Ambien use was associated with a significant increased risk of hip fracture (95% confidence interval (CI) = 1.09-3.51). Other medication classes with significantly increased risks included benzodiazepines (95% CI = 1.21-1.76), antipsychotics (95% CI = 1.29-2.01), and antidepressants (95% CI = 1.22-1.75).<sup>1</sup> This can be serious due to the fact that many physicians believe that Ambien lacks cognitive impairment and tend to prescribe it for those patients already at risk for falls. In addition, therapeutic combinations of the above classes are frequent.

As the use of Ambien increases in the older population, its widespread use is showing the under-recognized hazards. With this new understanding, it would be prudent to use restraint when prescribing this medication to the elderly, particularly those at risk for hip fractures. Please remember that Ambien use is indicated for the short-term treatment of insomnia. It is not recommended for any age group for longer than 30 days and should be re-evaluated at two to three weeks of use.<sup>2</sup>

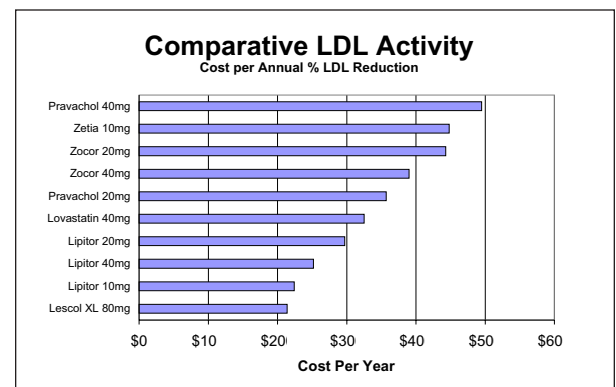
1. *J Am Geriatr Soc* 2001 Dec;49(12):1685-90
2. Searle Prescribing information for Ambien® 2000

## Cost Effective Reduction of LDL Cholesterol

LDL cholesterol reduction continues to be the benchmark of prevention of heart disease by lipid reduction therapy. This has been reiterated again as recently as the cholesterol arm of the ALLHAT study.

Mevacor (lovastatin) recently became available as a generic. Lovastatin provides up to 31% LDL reduction. Generic medications are available to your patients at lower co-pays and have lower overall costs compared with name brand products. For LDL reduction greater than 37%, the two formulary brands, Lescol XL and Lipitor, provide the greatest LDL reduction for the dollar. The graph compares the cost of LDL reduction of various therapies.

Please prescribe the cholesterol reducing agents that provide the greatest reduction per dollar: generic Mevacor, Lescol XL, or Lipitor. Utilization of these agents provides the highest LDL reduction for each prescription dollar spent.



Regence BlueCross BlueShield of Utah Data (Q-1 2003)

It is our goal to provide you with credible information that is researched and objective as possible. We appreciate your comments and suggestions regarding the contents of this newsletter. Please feel free to e-mail us at: [pharmacy\\_department@regence.com](mailto:pharmacy_department@regence.com).

## The Economic Elements of the ALLHAT Study and JNC-VII Findings

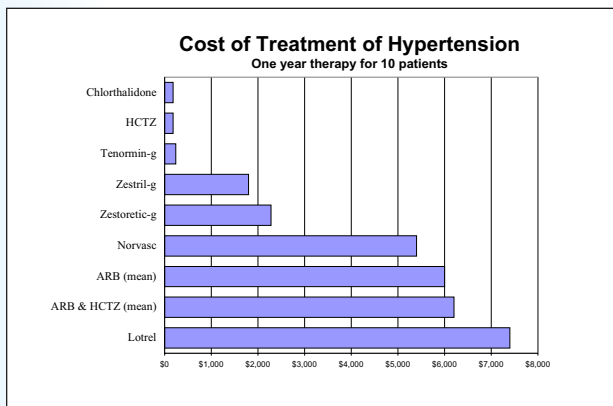
### Lower Cost Drugs Produce Superior Outcome

The treatment of hypertension has been the focus of two significant publications in the past nine months. The ALLHAT study investigated, among other issues, the ability of several drugs to prevent adverse outcomes due to hypertension. A primary finding regarding hypertension was that the diuretic utilized provided the most protection against the development of heart failure and death.

Over 33,000 patients were enrolled in the trial, which compared a diuretic (chlorthalidone), an angiotensin converting enzyme (ACE) inhibitor (lisinopril), a calcium channel blocker (amlodipine) and an alpha blocker (doxazosin). Mean follow-up was almost five years. While the results are extensively discussed elsewhere, a significant finding was that chlorthalidone showed superiority in several secondary endpoints (all-cause mortality, fatal and nonfatal stroke, combined CHD and combined cardiovascular disease).

Soon after the publication of the ALLHAT results, the 7th Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure was released. The recommendations in this report reinforced the selection of diuretics as first line therapy. This was summarized by the statement in the report, "Thiazide-type diuretic should be used as initial therapy for most patients with hypertension, either alone or in combination..."

Even if diuretics and beta-blockers were considered equal in terms of outcome, they would still provide the greatest value for treatment of hypertension, as opposed to calcium channel blockers and angiotensin receptor blockers (ARBs). However, generic drugs, which can cost 30 times less than brands, are found to provide equal or superior outcomes



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*“Thiazide-type diuretic should be used as initial therapy for most patients with hypertension, either alone or in combination...”*

ALLHAT Study results, 2003

and are recommended primary therapy. When an ACE inhibitor is required due to side effects or co-morbidity (such as kidney disease), generic Zestril is available at a very low cost (\$15 per month), as is the combination with diuretic, Zestoretic.

- Diuretics are recommended as “initial drug choices” in both publications.
- Combination products with diuretic are available as generics (Ziac: beta-blocker + diuretic, Zestoretic: ACE inhibitor +diuretic).
- In the ALLHAT study, heart failure occurred at the highest rate with calcium channel blockers, achieving clinical significance compared with the diuretic chlorthalidone.
- Chronic kidney disease was the only co-morbidity where the use of either a diuretic or beta-blocker was not recommended as first line therapy by JNC-VI.
- The ALLHAT investigators suggested conversion of existing non-diuretic treatment of hypertension to diuretics, unless there was a contraindication. Contraindications to the use of diuretics are not common.
- There appears to be no recommendation backing initial therapy with the current most commonly prescribed anti-hypertensive brands: ARBs and calcium channel blockers.

With drug costs continuing to rise, low cost generics providing the best quality of care should be utilized to the fullest. Results of a very large clinical trial and recommendations of a national advisory committee emphasize that generic drugs provide such an opportunity in the treatment of hypertension.

An entire analysis of the ALLHAT study is available at <http://allhat.sph.uth.tmc.edu>.

The JNC-VII recommendations are available at [www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm](http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm).