



EnhanceMed™ Quarterly Clinical Update

*Highlighting Current Research and Market Updates Affecting
Behavioral Health Medical Practitioners*



News of Note

July 9, 2010: A review of four meta-analyses of FDA trials, “Efficacy and Effectiveness of Antidepressants: Current Status of Research,” suggests that “antidepressants are only marginally efficacious compared to placebos.”

This article notes that there is significant publication bias from drug companies in their new drug application studies. Those with favorable outcomes were more likely to be published than those with unfavorable results, indicating significant publication bias to inflate the efficacy of new drugs. Also, positive results from a secondary outcome might become the focus of the study as though it was their primary measure of interest. The review’s authors suggest a reappraisal of the current recommended standard of care for depression.

Pigott HE. Efficacy and Effectiveness of Antidepressants: Current Status of Research. *Psychother Psychosom*; 2010;79(5):267-79.

August 8, 2010: “FDA Warns of Aseptic Meningitis Risk with Lamotrigine.”

Although it is rare, aseptic meningitis is a serious side effect of lamotrigine use, according to Dr. Russell Katz, director of the Division of Neurology Products in the FDA’s Center for Drug Evaluation and Research. Based on the FDA’s review of 40 cases of adverse events reported between December 1994 and December 2009 in both pediatric and adult patients taking the drug, the FDA has decided to revise the Warnings and Precautions section of the drug label and the patient Medication Guide to include information about the risk.

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm222212.htm>. Retrieved from the World Wide Web, Oct. 1, 2010.

August 13, 2010: “Anticholinergic use in children and adolescents after initiation of antipsychotic therapy” is a retrospective evaluation of pediatric patients 5 to 18 years of age at a Midwest academic medical center comparing the usage of anticholinergics across children and adolescents receiving aripiprazole, risperidone and quetiapine, all currently approved by the FDA for pediatric use.

This study reveals that the frequency of anticholinergic prescribing far exceeds the actual documented incidents of EPS (21% compared to 8% respectively). Centrally-acting anticholinergics (benztropine, diphenhydramine and trihexyphenidyl) are commonly used to alleviate EPS in both adults and pediatric patients. These agents, however, also are associated with cognitive impairment, which could blunt learning skills in the pediatric population.

Hong IS. Anticholinergic use in children and adolescents after initiation of antipsychotic therapy. *Ann Pharmacother*. 2010 Jul-Aug;44(7-8):1171-80

September 22, 2010: “Antipsychotic drugs may be a risk for venous thrombo-embolism (VTE)” suggests a newly published study.

Researchers note that atypical antipsychotic usage is associated with an increase in the risk for VTE. The data from the study revealed that new users had a two-fold risk increase compared to patients who have been on the medications for two or more years (56% vs. 32%). In addition, the risk of VTE was higher when antipsychotics were injected. Among atypical antipsychotics, quetiapine use was associated with a nearly four-fold adjusted increase in risk among the study population.

Parker C. Antipsychotic drugs may be a risk for venous thromboembolism: nested case-control study. *BMJ* 2010 Sep 21; 341:c4245

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Venlafaxine ER tablet is the formulary product to use for Effexor XR

If you are receiving calls from pharmacies regarding prescriptions that you have written for Effexor XR, there is a new generic on the market for the product. The new medication is *substitutable* for Effexor XR and it is *not covered* on the Magellan formulary. The venlafaxine product that is on the Magellan formulary has the acronym of VERT, for Venlafaxine ER tablet. You must write this name on the prescription (including the word “tablet”) for it to be covered for the member filling it under the Magellan prescription benefit.

Quetiapine is currently approved by the FDA for treatment of bipolar depression, bipolar mania and schizophrenia

It is, however, not approved for the treatment of insomnia, anxiety, dementia-related agitation, autism, Tourette’s syndrome or post-traumatic stress disorder. Current medical literature provides little evidence that the use of quetiapine at doses lower than 150 mg daily are effective and, in fact, this type of prescribing pattern has been recognized as a quality concern. Side effects associated with quetiapine, including weight gain, hyperglycemia, hyperlipidemia and QTc prolongation have been reported independent of dose. Moreover, quetiapine also increases the risk of suicidal thinking and behavior in children, adolescents and young adults compared to a placebo.