

Help! My Patient Doesn't have Much Money:

## **Cost Effective Prescribing to Treat Common Illnesses**

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Lafayette, LA

President, APEA

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**Speaker has no  
relationship to disclose.**

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## **Objectives**

- Describe cost effective strategies to manage common chronic illnesses (40 mins)
- Develop cost effective strategies to manage common acute illnesses using OTCs and generic medications (15 mins)
- Develop strategies to increase cost effectiveness of current medication regimen (20 mins)

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## Driving Principles

- Get the most “bang for the buck” with good med selection!
- Insure that we avoid drug-drug and drug-disease interactions that decrease the effectiveness of meds the patient takes!

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One way to be a cost-effective  
Prescriber...

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**\$4 Generic Medications**

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# Hypertension

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## Lifestyle Modifications

- **Maximize Non-pharm Management**
- Institute lifestyle modifications (change in diet, increase physical activity, weight loss)

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## Hypertension

### *Lifestyle Modifications*

- DASH eating plan (8-14mm Hg)
- Weight loss (5-20 mm Hg/ 10kg)
- Exercise: 30 min most days (4-9mm Hg)
- Sodium restriction (2-8 mm Hg)
- EtOH in moderation (<2 drinks/d): (2-4mm Hg)
- Eliminate other CV risk factors

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## Anti-Hypertensives

How do I pick one?

Multiple \$4 Generics Available

- Thiazide diuretics
- ACE inhibitors
- ARBs
- Alpha blockers and BB
- CCBs

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## Diuretics:

How do I pick one?

Multiple \$4 Generics Available

- HCTZ
- Potassium sparing
- Indapamide
- Loop diuretics

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## Hydrochlorothiazide

Most commonly prescribed diuretic  
for HTN *in the world!*

- Mild antihypertensive agents
- Half life 6-12 hours
- Best used as synergists, unless  
minimal decrease in BP needed

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## Take Home Point!

- Limit HCTZ to 25 mg per day of HCTZ

### WHY?

And, make sure there is adequate potassium on board!

### WHY?

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## Indapamide (Lozol)

### *Thiazide diuretic*

- Half life is about 14 hours
- Indications: HTN, salt and fluid retention associated with HF
- Disadvantage: Not found in combo with other BP meds
- Cheap! (\$4 drug)

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## Indapamide

### *Thiazide diuretic*

- 1.25 mg daily; if not at BP goal after 4 weeks, increase to 2.5 mg daily
- 2.5, 5, 10 mg tabs demonstrated equal efficacy

Consider changing plan if goal BP not achieved by 8 weeks

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## Thiazide Diuretics

*HCTZ, indapamide, chlorthalidone*

- Systolic reduction: 5-16.4 mmHg
- Diastolic reduction: 2-9.3 mmHg
- Minimal decreases in potassium (consider checking potassium levels after 2 weeks of therapy)
- *Keep  $K^+$  at least 4 meq/L*

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## Take Home Point! Need a thiazide?

- Consider indapamide
- More evidence for improving cardiovascular outcomes than HCTZ

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## Potassium-Sparing Diuretics

- Weak antihypertensive agents
- Advantage: They spare potassium!!!!
- Good in combo with thiazide or a loop for K sparing ability

Examples: Triamterene, spironolactone, eplerenone

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## Loop Diuretics

- **POTENT!**
- Do not decrease BP as much as thiazides; cause excretion of more Na than thiazides
- For HTN, stay away from the loops!

Examples: Furosemide, bumetanide, ethacrynic acid, torsemide

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## ACE Inhibitors:

### How do I pick one?

Multiple \$4 Generics Available

- Lisinopril on all lists
- Benazepril
- Enalapril

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Are all the

**ACE  
INHIBITORS**

created equally?

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## Comparison of ACE I

| Drug name    | Frequency of dose | Half-life in hours |
|--------------|-------------------|--------------------|
| Benazepril   | Daily             | 10-11              |
| Captopril    | 2-3 times         | 1-2                |
| Enalapril    | 1-2 times         | 13                 |
| Fosinopril   | 1-2 times         | 12                 |
| Lisinopril   | Daily             | 12                 |
| Moexipril    | 1-2 times         | 2-9                |
| Perindopril  | 1-2 times         | 8-10               |
| Quinapril    | 1-2 times         | 2-3                |
| Ramipril     | 1-2 times         | 12-17              |
| Trandolapril | Daily             | 16-24              |

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## ACE-I Once Daily?

- These drugs *may need* to be dosed BID
- A lot of patients get more punch out of 20 mg BID vs 40 mg once daily

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## Rx Case 1:

Patient takes

**lisinopril 10/HCTZ 12.5**

- Lisinopril 10/HCTZ 12.5 mg tab
- Lisinopril 20/HCTZ 25 mg tab

**Can you split a Lisinopril 20/HCTZ 25 mg tab to get two doses?**

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## Pill Splitting

*Don't split if tablet contains more than ONE active ingredient*

- Lisinopril/HCTZ
- Combo antihypertensive medications

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## Pill Splitting Clues

*The tablet is scored*

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## Pill Splitting Clues

*Don't split if enteric coated, sublingual, or buccal, some extended release tablets*

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## Anti-Hypertensives

### ARBs *(not \$4)*

- Not on \$4 lists generally
- Consider transitioning to an ACE inhibitor
- Losartan, irbesartan, valsartan, candesartan are generic *(not \$4)*

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## ARBs

| ARB         | Usual Daily Dose in mg | Daily Frequency |
|-------------|------------------------|-----------------|
| Azilsartan  | 40-80                  | 1               |
| Candesartan | 8-32                   | 1               |
| Eprosartan  | 600-800                | 1 or 2          |
| Irbesartan  | 150-300                | 1               |
| Losartan    | 50-100                 | 1 or 2          |
| Olmesartan  | 20-40                  | 1               |
| Telmisartan | 20-80                  | 1               |
| Valsartan   | 80-320                 | 1               |

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## Angiotensin II Blockers Specific Agents

- Candesartan
  - Losartan
  - Irbesartan
  - Valsartan
  - Telmisartan (Micardis®)
  - Eprosartan (Teveten®)
  - Olmesartan (Benicar®)
- \* All are coupled with HCTZ

*Repeated data supports renoprotective effects in this class of drugs*

Losartan is oldest and most studied

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**Rx Case 2:**

Patient takes  
lisinopril 10/HCTZ 12.5

- Developed an ACE cough

He really needs RAAS inhibition.

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**Generic ARBs**

- Irbesartan <\$12 (300 mg daily)
- Losartan <\$10 (100 mg daily)
- Olmesartan <\$15 (40 mg daily)
- Valsartan <\$20 (320 mg daily)
- Candesartan <\$42 (32 mg daily)

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**Internet Search**

Many instances of  
generic ARBs  
(\$9/month)  
Needs a savvy patient!

- Apps (GoodRx.com)
- Coupons
- Blinkhealth.com
- Canadian pharmacies

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## Win-Win!

- One medication that helps 2 problems
- Example: HTN, gout

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## Angiotensin II Blockers

What about gout?

- Losartan indicated in gout (inhibits urate ion transport and decreases uric acid levels)
- Uric acid indicated as possible CV risk factor

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## Take Home Point!

ARBs are less effective if a beta blocker is on board since BB reduce renin secretion and less AT I, II is formed.

Same is true for an ACE!

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## Beta-Blockers

### Indications

- *No longer recommended first line for uncomplicated hypertension*
- Post MI, HF, asymptomatic LV dysfunction
- CAD, angina, a-fib
- Tachyarrhythmias
- Migraine headaches *plus* HTN
- Symptomatic hyperthyroidism

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## Beta Blockers:

### How do I pick one?

Multiple \$4 Generics Available

Atenolol

Carvedilol

Metoprolol tartrate

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## Beta Blockers:

### Migraine Prophylaxis

Atenolol BID

**NOT CARVEDILOL!!!**

Metoprolol tartrate BID

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## Beta Blockers

*HTN, HF, Angina, others*

- Metoprolol tartrate (twice daily): \$4 med
- Make sure they are BID!!!!

•Metoprolol succinate (once daily) but  
not USUALLY on \$4 list

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## Calcium Channel Blockers:

### How do I pick one?

Multiple \$4 Generics Available

Verapamil

Diltiazem

NOT AMLODIPINE usually

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## Ca Channel Blockers

*2 Groups of calcium channel  
blockers:*

1. Dihydropyridines  
(DHPs)
2. Non-Dihydropyridines  
(non-DHPs)

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## Ca Channel Blockers

### Types of Agents

#### DHPs

**Decrease BP, not HR**

amlodipine  
felodipine (Plendil®)  
nicardipine (Cardene®)  
nifedipine (Procardia®)  
nisoldipine (Sular®)

#### Non-DHPs

**Decrease HR**

**DILTIAZEM:**  
(Cardizem®, Dilacor®,  
Tiazac®)

**VERAPAMIL:**  
(Isoptin®,  
Calan®, Covera® HS,  
Verelan®)

## Ca Channel Blockers

### Indications

- Isolated Systolic Hypertension (DHP)
- Angina (non-DHP, DHP)
- Atrial tach and a-fib (non-DHP)
- DM with proteinuria (non-DHP)  
ACE preferred
- Migraine (non-DHP)

## Ca Channel Blockers

### \$4 Generics

- Diltiazem (non-DHP)
- Verapamil (non-DNP)

Amlodipine: \$4 Walmart, Sam's, others

**Take these at nighttime  
for better punch!!!**

## Internet Search

Many instances of  
generic amlodipine  
(\$9/month)

Needs a savvy patient!

- Apps (GoodRx.com)
- Coupons
- Blinkhealth.com
- Canadian pharmacies

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## Dyslipidemia

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## Lipid Lowering Meds

\$4 generics

Lovastatin

Pravastatin

Simvastatin

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## Statin Cost v. Efficacy

| Statin Name         | % LDL lowering | Cost   |
|---------------------|----------------|--|
| <b>Atorvastatin</b> | 35-60%         | 10-80 mg: \$4-10 (generic)                     |
| <b>Rosuvastatin</b> | 45-63%         | 5-40 mg: \$14 regardless of dosage             |
| <b>Simvastatin</b>  | 26-41%         | 20 mg: \$<4 (generic)/<br>\$20.26 (generic)    |
| <b>Pitavastatin</b> | 29-45%         | 2 mg: \$150                                    |
| <b>Pravastatin</b>  | 22-37%         | 40 mg: \$18.82 (generic)/<br>\$18.65 (generic) |
| <b>Lovastatin</b>   | 21-42%         | 40 mg: \$<5 (generic)/<br>\$29.11 (generic)    |

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## CYP 450 Effect

|                       | Atorvastatin      | Simvastatin        | Lovastatin         |
|-----------------------|-------------------|--------------------|--------------------|
| <b>LDL Decrease</b>   | 35-43%<br>10-20mg | 29-41%<br>10-40 mg | 24-42%<br>20-80 mg |
| <b>CYP 450 Effect</b> | 3A4               | Strong 3A4,<br>3A5 | 3A4                |

|                       | Pitavastatin        | Pravastatin                                    | Rosuvastatin      |
|-----------------------|---------------------|--|-------------------|
| <b>LDL Decrease</b>   | 36-45%<br>2-4 mg    | 29-37%<br>20-80 mg                             | 45-49%<br>5-10 mg |
| <b>CYP 450 Effect</b> | 2C9, limited<br>2C8 | Not significantly<br>metabolized by<br>CYP 450 | Limited 2C9       |

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## Pill Splitting

*Price comparable despite tablet strength*

| Statin Name         | % LDL lowering | Cost                               |
|---------------------|----------------|------------------------------------|
| <b>Atorvastatin</b> | 35-60%         | 10-80 mg: \$4-10 (generic)         |
| <b>Rosuvastatin</b> | 45-63%         | 5-40 mg: \$14 regardless of dosage |

Pill splitter is about \$5 at most pharmacies

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## Making the Most

of the \$4 generics

**Can you take (two) 40 mg tabs  
= (one) 80 mg tab? (\$8)**

- Pravastatin 80 mg (30 tabs)
- Price range: \$18.99- \$119.99 (without shipping)

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## Statin Tolerability

- Muscle aches!!!
- Most common complaint reported by statin users
- >70% are able to tolerate statin
- Statin intolerance app:  
<http://www.acc.org/statinintolerance>  
App

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## General Complaints

- **Consider other illnesses:**  
hypothyroidism, vitamin D deficiency, rheumatologic or musculoskeletal disease, exercise, steroid myopathy, antipsychotics, immunosuppressants, bisphosphonates, EtOH or drug abuse, drug or food interactions (fibrates, macrolides, protease inhibitors, etc.)
- If illness found to be the cause, treat, restart the statin at the same dose

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## Statin Myalgias

- Inhibition of Coenzyme Q10 production?
- Decreased cholesterol content in muscle cell membranes?

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## Coenzyme Q-10

- Made by humans every day
- Cofactor in several metabolic pathways
- Ingested in fish, meats, soybean oil
- Expensive anti-oxidant
- Statins impair your ability to make Coenzyme Q-10

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## Coenzyme Q-10

- Placebo controlled crossover rechallenge, CoQ10 600 mg daily did not affect pain, strength, or aerobic performance vs placebo
- Evidence Level B; lower quality RCT

Mancini GB, Tashakkor AY, Baker S, et al. Diagnosis, prevention, and management of statin adverse effects and intolerance: Canadian Working Group Consensus update. Can J Cardiol 2013; 29:1553-68.

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## Coenzyme Q-10

- Anecdotally, some patients say it helps
- Some swear by it!

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## Myalgias/Costs: Other thoughts

- Consider rosuvastatin or atorvastatin M-W-F or Tues or Thurs
- Can reduce LDL by 30%
- Once weekly: LDL reduction 10%
- Check lipids on M-W-F if statin 3 times weekly
- No CV mortality data on this regimen!

Mancini GB, Tashakkor AY, Baker S, et al. Diagnosis, prevention, and management of statin adverse effects and intolerance: Canadian Working Group Consensus update. Can J Cardiol 2013; 29:1553-68.

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## Why Rosuvastatin? Why Atorvastatin?

- Rosuvastatin: long half-life, favorable drug interaction profile
- Atorvastatin: long half-life, less favorable profile
- LDL reduction: Atorvastatin 20 mg daily=atorvastatin 3x weekly
- No CV mortality data on this regimen!

Pramanik S, Das AK, Chakrabarty M, et al. Efficacy of alternate day versus everyday dosing of atorvastatin. Indian J Pharmacol 2012;44:362-5.

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## GERD

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### GERD Meds

**\$4 generics**

- No PPIs
- Ranitidine 150 mg, 300 mg
- Lifestyle modifications definitely beneficial!

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### Question to ask NP!

**Is your patient on a calcium channel blocker?**

**If yes, that might be a drug-disease interaction.**

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## Ca Channel Blocker: Mechanism of Action

Can you change the  
antihypertensive med?

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## H2 Blockers

| H2 Blocker | Generic    | How Metabolized  |
|------------|------------|--|
| Tagamet    | Cimetidine | Multiple enzymes inhibited and used for metabolism (3A4) |
| Pepcid     | Famotidine | Min CYP 450 involvement                                  |
| Axid       | Nizatadine | Min CYP 450 involvement                                  |
| Zantac     | Ranitidine | Min CYP 450 involvement                                  |

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## Timing based on Mechanism of Action

**H2 blockers:** decrease acid  
production; OK to take at  
bedtime

**PPI:** inhibit the gastric parietal  
cell H/K pump (take before  
meals)

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**Take Home Point!**  
**Don't waste a PPI at**  
**bedtime!!!**

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## GERD Meds

### OTC PPIs

| PPI                            | Price/30 days |
|--------------------------------|---------------|
| Omeprazole 20-40 mg (Prilosec) | \$4-9         |
| Pantoprazole (Protonix)        | \$4-9         |
| Lansoprazole (Prevacid)        | \$13-18       |

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## Proton Pump Inhibitors

### 7 Different ones on the Market

- No clinically significant difference for esophagitis healing, symptom relief, prevention of GERD relapse
- None clinically significant for treating ulcers, NSAID induced ulcers, duodenal ulcers or *H. pylori*
- No difference in side effects

Gastroenterology, 2008; 135:1392-1413

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## Proton Pump Inhibitors

### Drug Interactions

| PPI                    | How Metabolized   |
|------------------------|---|
| Dexlansoprazole        | 2C19, 3A4   |
| Lansoprazole           | 2C19, 3A4, induces 1A2, inhibits 2C19                       |
| Omeprazole             | 2C19, 2C9, 3A4; inhibits 2C19, 2C9; induces or inhibits 1A2 |
| Esomeprazole           | 2C19, 3A4, inhibits 2C19                                    |
| Omeprazole + Na bicarb | 2C19, 2C9, 3A4; inhibits 2C19, 2C9, induces or inhibits 1A2 |
| Pantaprazole           | 2C19, 3A4; inhibits 2C19                                    |
| Rabeprazole            | 2C19, 3A4; inhibits 2C19                                    |

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## H2 Blockers

All inexpensive

All OTC

All generic

Onset of action 1-2 hours

Duration: 6-12 hours for most

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## Thyroid Disease: Hypothyroidism

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## 2018 TOP 20 Prescribed Rx's

| Medication                   | Medication        |
|------------------------------|-------------------|
| 1. Lisinopril                | 11. HCTZ          |
| 2. Levothyroxine             | 12. Losartan      |
| 3. Atorvastatin              | 13. Gabapentin    |
| 4. Metformin                 | 14. Sertraline    |
| 5. Simvastatin               | 15. Furosemide    |
| 6. Omeprazole                | 16. Acetaminophen |
| 7. Amlodipine                | 17. Atenolol      |
| 8. Metoprolol                | 18. Pravastatin   |
| 9. Acetaminophen/hydrocodone | 19. Amoxicillin   |
| 10. Albuterol                | 20. Fluoxetine    |

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6025009/figure/pharmacy-06-00043-f001/>. Accessed: jan, 2019.

### Quiz:

How do you manage  
*generic levothyroxine*  
for a patient who has  
hypothyroidism?

### Generic Levothyroxine

#### *Minimizing Fluctuations*

##### ***Patient should:***

- Get a large supply – consider 6 months
- Keep in a cool place-degrades easily
- Use same pharmacy, same generic manuf when possible!
- Monitor symptoms when manufacturer changes

## Many Medications Effect TSH *Minimizing Fluctuations*

### *Provider should ask about:*

- H2 Blockers, PPIs, simethicone, sucralfate
- Ca, Fe, Mag, Al
- Bisphosphonates
- Statins: decrease of 0.17 mU/L
- Others

Irving SA, Vaidveloo T, Leese GP. Drugs that interact with levothyroxine: an observational study from the Thyroid Epidemiology, Audit and Research Study (TEARS). *Clin Endocrinol* 2015;82:136-41.

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**Finally,.....**

***Please do NOT split your  
Brand OR Generic thyroid  
supplement!***

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## Narrow Therapeutic Agents

Warfarin

Levothyroxine

Digoxin

Lithium

Phenytoin

Theophylline

(Toxic dose may be slightly above therapeutic dose)

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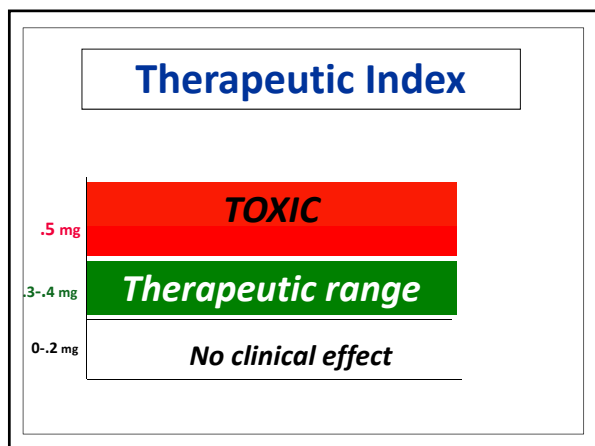
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**Take Home Point!**

*Don't split if medication is a narrow therapeutic agent*

- Warfarin
- Levothyroxine
- Anti-seizure medications
- Others

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**Pain:  
NSAIDs**

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## What \$4 NSAIDs?

### COX-1

- Ibuprofen 400-800 mg
- Diclofenac 75 mg
- Indomethacin 25 mg
- Naproxen 375, 500 mg

### COX-2

- None

### COX-1.5

- Meloxicam

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## Cardiovascular Risks

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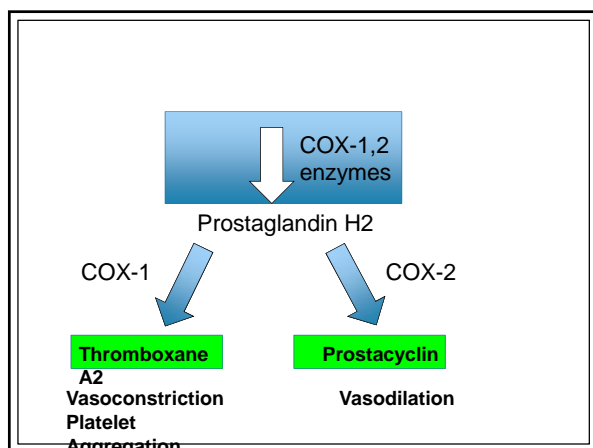
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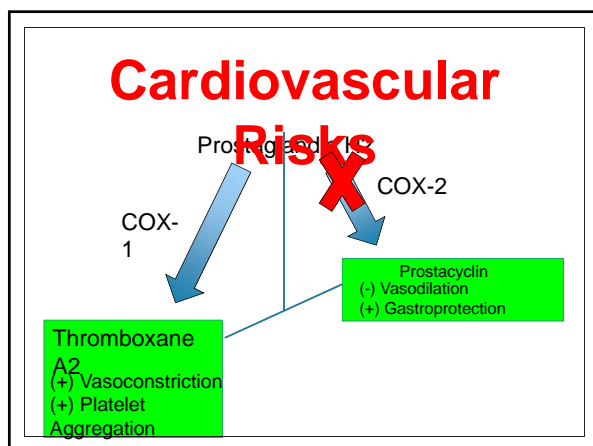
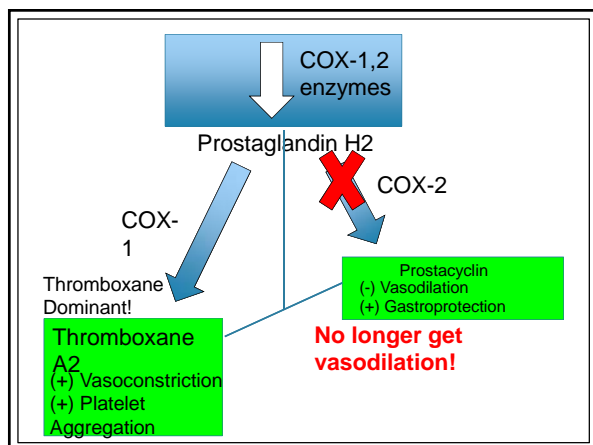
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## Cardiovascular Risks

COX-2 (less GI risk, greater CV risk)

- Celecoxib
- Meloxicam
- Rofecoxib (Vioxx)
- Valdecoxib (Bextra)



## Minimizing CV Effects

### Consider

- Shortest acting NSAID for shortest duration
- Naproxen in cardiac risk patients (if not aspirin)

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## Renal Risks

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## NSAIDs and Renal Prostaglandins

| Prostaglandin Effect                 | NSAID on Board   |
|--------------------------------------|--|
| Maintain renal blood flow and GFR    | Acute renal failure                                      |
| Antagonize systemic vasoconstriction | BP rises! Cardiac output worsens in HF                   |
| Renin secretion is increased         | Hyperkalemia develops if underlying renal insufficiency  |
| Increase sodium excretion            | Intense sodium retention; impaired response to diuretics |

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## Strategies to Prevent Renal Complications

*with Long-Term NSAID Use*

- Monitor blood pressure
- Keep the kidney well hydrated!
- Lowest dose for shortest period of time

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## Depression

- Most meds are similarly effective!
- None more effective than another
- Choose one based on side effects (or lack of them!)

American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (3rd Edition). October 2010. <http://www.psych.org/guidelines/mdd2010>. (Accessed January 18, 2019).

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## Depression

### **SSRIs**

- Citalopram
- Fluoxetine
- Paroxetine
- Sertraline

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## Depression

### *Depression with insomnia*

- Consider paroxetine (\$4 generic med)
- Consider a sedating TCA (\$4 generic med)
- Mirtazapine (Remeron) generic; some \$4 lists
- TCA and mirtazapine associated with weight gain

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## Depression

### *Depression with fatigue, sleepiness*

- Consider bupropion SR (BID, not on all \$4 lists)
- Consider a less sedating SSRI: fluoxetine

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## Depression

### *Depression with fatigue, sleepiness*

- Generic but not \$4:
- Venlafaxine ER: 37.5-150 mg (\$9.10-11)
- Bupropion XL: 150-300 mg (\$9-21.66)
- \*\*\*Less weight gain, fewer sexual side effects
- \*\*\* Hypertension with bupropion, venlafaxine

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## Depression

*Depression with chronic pain, migraine prophylaxis*

- **Amitriptyline (10, 25, 50, 75, 100 mg tabs)**
- **Nortriptyline (10, 25 mg tabs)**
- **NOT A BETA BLOCKER!**

\*\*\*Migraine prophylaxis

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## Depression

**SSRIs** (if no response, try a different one)

- **Citalopram**
- **Fluoxetine**
- **Paroxetine**
- **Sertraline**

McGrath PJ, Stewart JW, Fava M, et al. Tranylcypromine versus venlafaxine plus mirtazapine following three failed antidepressant medications trials for depression: a STAR\*D report. *Am J Psychiatry* 2006;163:1531-41.

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## Asthma, COPD: Exacerbations

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## Lower Airway Meds

### Generics

- Prednisone 2.5, 5 mg tabs (\$4)
- Ipratropium neb solution (\$4)
- Albuterol neb solution (\$11)
- Albuterol inhaler (\$9)

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## Comparison of Steroids

|                    | Dose (mg) | Relative Anti-inflammatory Activity | Duration of Action Hours |
|--------------------|-----------|-------------------------------------|--------------------------|
| Cortisol           | 20        | 1                                   | 8-12                     |
| Prednisone         | 5         | 4                                   | 12-36                    |
| Prednisolone       | 5         | 4                                   | 12-36                    |
| Methylprednisolone | 4         | 5                                   | 12-36                    |
| Dexamethasone      | 0.75      | 30                                  | 36-72                    |

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## Good Steroid Choices

- **Asthma:** prednisone or prednisolone (less mineralocorticoid activity)
- **COPD:** Methylprednisolone, prednisone (mentioned in GOLD guidelines)
- **Connective tissue disorders** (lupus, rheumatoid arthritis): Prednisone, methylprednisolone, prednisolone (well absorbed, single AM dose mimics physiologic cortisol secretion and minimizes HPA suppression)

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## Allergic rhinitis, Dermatitis

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## Allergic Rhinitis

- No non-sedating antihistamines are on \$4 lists but 3 are available OTC
- Best prices are found by buying 365 tablets

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## Anti-Histamines

### Cost

1<sup>st</sup> gens cheaper/dose

| 2 <sup>nd</sup> Gen Anti-Histamine | Cost per Dose        |
|------------------------------------|----------------------|
| Cetirizine                         | .05/10 mg (generic)  |
| Loratadine                         | .04/10 mg (generic)  |
| Fexofenadine                       | .20/180 mg (generic) |

Cetirizine: sedating, take at nighttime

Loratadine: 2D6, 3A4 substrate

Fexofenadine: non-sedating, little hepatic metabolism

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## Topical Nasal Steroids

- Fluticasone Rx generic: about \$19/120 actuations
- Fluticasone OTC: \$5/120 actuations

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## Internet Search

Many instances of generic fluticasone (\$5-\$9/month)

Needs a savvy patient!

- Apps (GoodRx.com)
- Coupons
- Blinkhealth.com

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## Dermatitis

**\$4 topical steroids**

- Hydrocortisone 1%, 5% cream
- Triamcinolone .025%, 0.1%, 0.5% creams/ointments

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## Topical Steroids

- Atopic dermatitis
- Contact dermatitis
- Psoriasis
- Insect bites/stings
- Many other pruritic conditions

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## Drug Potency?

Based on the vehicle:

Lotion < Cream < Gel < Ointment

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## Top Steroids Vehicle Matters!

- Use creams on thin skin, in infants, older adults
- Use *Ointment* to get more punch!!!

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## Top Steroids

### Vehicle Matters!

Triamcinolone 0.1% (80g tube)

- Use for chronic skin conditions
- Eczema, dermatitis

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## Top Steroids

### Vehicle Matters!

Triamcinolone 0.5% (15g tube)

- Use for acute, itchy conditions

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## Infections

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## Free Antibiotics

- Amoxicillin
- Ampicillin
- Cephalexin
- Ciprofloxacin
- Doxycycline, Tetracycline
- Erythromycin
- Pen VK
- SMZ/TMP DS

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Don't overlook the Obvious!

7 Obvious Strategies

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## Making the Most

of the \$4 generics

### 1. *Not all lists are the same*

- And the lists change periodically
- End of the quarter---contracts change!
- Example: Benazepril/HCTZ available at Walgreen's but not Wal-mart

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## Making the Most

of the \$4 generics

### 2. Not all generics are on the \$4 list!

- Example: amlodipine, fluticasone nasal spray, losartan, many more!

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## Making the Most

of the \$4 generics

### 3. Some *doses* of generics are NOT on the list

- Example: Pravastatin 10, 20, 40 mg

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### 4. Order 90 Day supply instead of 30 Days

- Larger quantities (90 day supply usually cheaper than 3-30 day supplies)

*Annualized savings:*

- 1 script: \$8 (12 months: \$48 vs. \$40)
- 5 scripts: \$40
- 10 scripts: \$80

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**5. Free Delivery is Free!!!**

Let someone else pay for  
Gasoline!

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**6. Always consider \$4 plan**

**\$4 Plan may be cheaper  
than with ins co-pay**

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**Making the Most  
of the \$4 generics****7. Look for ways to  
combine meds**

- Example: HCTZ 12.5 mg daily (\$4/30 tabs)
- Lisinopril 10 mg daily (\$4/30 tabs)

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**Finally,.....**

***Please do NOT split your  
Birth Control pills!!!!***

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### **Amelie's Favorite Site!**

- **Free** for iPhone, iPod Touch, and iPad
- Online: [www.goodrx.com](http://www.goodrx.com)
- Finds lowest price drug in stores AND online
- Taps into generic discount plans
- Gives access to manuf coupons when there is no generic
- Finds prices of generic "equivalents"

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### **3 Other Sites for Coupons**

- Lowest Med
- Mobile Rx Card
- Pocket Doctor

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**Thank you!**

**For questions or to contact me:**

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Lafayette, LA***

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