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RPCC Pharmacy Forum

New Weight Loss Drugs

Three new drugs are now on the shelves to help with weight loss- the latest is Contrave (CON-trave). Contrave contains bupropion to suppress appetite plus naltrexone to decrease food cravings in an extended-release formulation. Contrave can cause seizures and must not be used in patients who have seizure disorders. The increase serotonin levels or risk of seizures is doserelated. Contrave can also raise blood pressure and heart rate and must not be used in patients with uncontrolled high blood pressure. The most common adverse reactions reported with Contrave include nausea, constipation, headache, vomiting, dizziness, insomnia, dry mouth, and diarrhea. Tell patients not to use Contrave with opioids because the naltrexone will block opioid effects. **Belvig** (bel-VEEK) has been out since June 2013. This drug contains lorcaserin and is a serotonin 2C agonist (5-HT₂cR). 5-HT₂cR is a

different receptor than the drug fenfluramine used that was pulled from the market dues to heart valve problems. *Belvig* seems to be the best tolerated of the three drugs. Treatment with Belviq may cause serious side effects, including serotonin syndrome, particularly when taken with certain medicines that activate serotonin receptors. Belvig is a controlled substance (CIV) due to a small incidence of euphoria, similar to zolpidem. Finally, there is Qsymia (kyoo-SIM-ee-uh). Qsymia contains phentermine and topiramate. Qsymia seems to work better than other weight loss drugs. Many patients will stop it due to dizziness, insomnia, tingling in hands/feet, impaired cognition, etc. Rarely, severe metabolic acidosis and coma have been reported after overdose of topiramate. *Qsymia* is also a schedule CIV drug.

Special Interest Articles:

- New Weight Loss Drugs
- Xartemis XR

Did you know?

FDA has lowered the recommended starting dose of the sleep drug Lunesta® (eszopiclone) from 2 mg to 1 mg. The dose change came after findings from a study of 91 healthy adults found associated with impairment to driving coordination for as long as 11 hours after the drug is taken, FDA notes.

Laura Read RPh, CSPI

"A person dies every 36 minutes from an opioid overdose in the U.S."



Evzio – New Treatment for Opioid Overdose

Evzio (EV-zee-oh), is the first naloxone auto-injector for treating a suspected opioid overdose. A person dies every 36 minutes from an opioid overdose in the U.S. Having naloxone readily available in the community reduces death. Evzio comes in a kit with two auto-injectors and one training device. Evzio is given in the thigh through clothing over 5 seconds and comes with voice instructions. *Evzio* is given and THEN 911 is called as there's no harm in giving naloxone to someone not using opioids. In opioiddependent individuals, caution must be exercised in that naloxone can trigger withdrawal symptoms such as sweating, increased heart rate, agitation, etc. The duration of most opioids is longer than that of naloxone, so emergency medical help must be summoned immediately after use, even if the patient wakes up. Evzio use may precipitate withdrawal in opioid-dependent patients. **Opioid withdrawal** symptoms include sweating, goose bumps,

achiness, shivering, GI symptoms, tachycardia, irritability, and increased blood pressure. Each **EVZIO** auto-injector delivers a single 0.4 mg dose of naloxone, which is a typical initial dose for patients known or suspected of an opioid overdose. If improvement in respiratory function is not evident in 2 to 3 minutes, or if symptoms return following the initial dose, caregivers should administer additional doses as needed until emergency medical assistance is available. Laws are being drafted and passed to protect bystanders or "Good Samaritans" who administer naloxone and prescribers who prescribe it. In 2001, New Mexico became the first state to amend its laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions. This is a rapidly evolving area. (Page 3 shows map of states with laws passed)

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Naloxone Laws in the United States



Xartemis XR May Reduce Opioid Abuse

Xartemis XR Extended-Release (CII) (ZAR-tem-iss, oxycodone 7.5 mg/acetaminophen 325 mg) was approved for the management of acute pain requiring opioid treatment. Xartemis XR has been specifically formulated to reduce abuse, according to the drug's manufacturer. As the first and only extended-release oral combination of 2 clinically proven pain medications—oxycodone and acetaminophen-its approval comes at a time when prescriptions for pain medication are soaring. Xartemis XR contains

a low amount of oxycodone in each tablet (7.5 mg), and the large tablet size includes inactive ingredients that make abuse by inhalation or injection more difficult. When dissolved in liquid, Xartemis XR transforms into an unpalatable, gelatinous mixture, making it far more challenging to draw the substance into a syringe for IV administration. A comparison study also showed that when used intact, recreational drug users preferred Percocet over Xartemis XR.