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Clinical Pathway

The Point of Care Clinical Pathway for Possible or Confirmed Eating Disorders in BC Children and Youth has been developed to support providers in caring for children and youth with possible or confirmed eating disorders in their practice.

At this time, we are looking to pilot the “Point of Care” Pathway with physicians (family or specialist physicians) and nurse practitioners across the province to identify existing strengths of the pathway and opportunities for improvement. Those who choose to be a part of this pilot will receive an honoraria.

For more information and/or to participate, please visit:
<https://surveys.reichertandassociates.ca/f/I/ClinicalPathwaySignup>

Pharmacare Formulary Updates

Medication	Approved Indications
Lurasidone	For the management of schizophrenia in patients with treatment failure or intolerance to at least one anti-psychotic agent
	For the management of bipolar I disorder, as monotherapy in patients: <ul style="list-style-type: none"> • Aged 13 years or older <p>AND</p> <ul style="list-style-type: none"> • Who have experienced or are experiencing a major depressive episode
	For the management of bipolar I disorder, as adjunct therapy with lithium or valproate in patients: <ul style="list-style-type: none"> • Aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Who have experienced or are experiencing a major depressive episode <p>AND</p> <ul style="list-style-type: none"> • Who have an inadequate response or intolerance with lithium or divalproex sodium



Drug Shortage Updates

Product	Notes
Cholestyramine and other bile acid resins	<p>Powder remains unavailable with an earliest estimated availability of July 2024.</p> <p>Colestipol remains unavailable with indeterminant availability.</p> <p>Colesevelam 625 mg tablets are now available. A US-labelled supply has been imported and added to the PharmaCare formulary. -Usual dosing for bile acid diarrhea is 3 tablets PO BID</p>
Dextroamphetamine SR	<p>All brands (including Dexedrine Spansules) are currently shorted with estimated availability of May 2024.</p> <p>Short-acting products remain unaffected</p> <p>Vyvanse® was temporarily made a regular benefit by PharmaCare until dextroamphetamine SR is back in regular stock</p>
Estring®	<p>Currently unavailable with earliest availability estimated as May 2024.</p> <p>Vaginal estrogen creams (eg. Premarin®) and tablets (eg. Vagifem®) remain unaffected.</p>
Tamsulosin	<p>All brands are currently shorted with estimated earliest availability being mid-May 2024.</p> <p>Alternative uroselective alpha-blockers include: afluzosin and silodosin -Note that there have been supply issues with other uroselective alpha-blockers as well Alternative non-selective alpha-blockers include: doxazosin and terazosin</p> <p>BC PharmaCare does NOT cover afluzosin and silodosin but Special Authority may be approved given the current shortage of tamsulosin. To submit via E-Forms, select “Other” as the medication to submit a generic request and use “Drug Shortage” as rationale.</p> <p>Doxazosin and terazosin do not require Special Authority but may be more prone to hypotension and other adverse effects.</p>

Spotlight

So You’ve Already Tried Fibre? Where To “Go” Next with IBS

April is Irritable bowel syndrome (IBS) awareness month!

IBS is one of the most common gastrointestinal conditions with an estimated prevalence of 12% in North America. It is characterized by an alteration in bowel habits that is accompanied by recurrent abdominal pain and often bloating. Soluble fibre is considered a first line intervention for all forms of IBS given its safety profile and relatively low cost. There is evidence that soluble fibre (ie. psyllium) helps to improve overall symptoms of IBS as well as bowel patterns (both constipation and diarrhea), whereas insoluble fibre (eg. bran) has not shown such benefits.

Given the subtyping of IBS (constipation-predominant, diarrhea-predominant, or mixed), a lack of familiarity with newer products, and cost/coverage concerns it can be challenging to determine “next steps” for patients who are still symptomatic despite a trial of soluble fibre. Guidelines recommend against treating patients with laxatives or antidiarrheal medications alone given the lack of benefit with these medications for global IBS symptoms.

The following table summarizes medication options for the management of IBS as outlined in the Canadian Association of Gastroenterology 2019 Guidelines.

Medication	Mechanism of Action
Consider for all patients	
Peppermint oil	Blockade of Ca channels by L-menthol result in smooth muscle relaxation. May also have effects on visceral sensation, antimicrobial and anti-inflammatory effects <i>Available information suggests using a dosage of 0.2 mL (180-225 mg peppermint oil) 1-2 capsules BID – QID based on response. Cost is variable based off of manufacturer, “Now®” brand costs around \$35/mo, but some products (eg. IBGard®) are as expensive as \$140/mo.</i>
Antispasmodics	Smooth muscle relaxation via either Ca channel blockade (pinaverium) or anticholinergic activity (dicyclomine, hyoscine) <i>Note: Only effective if pain is a significant symptom of patient’s IBS. Otherwise turn to other agents.</i>
Diarrhea-predominant IBS	
1st Line: Probiotics	Alterations of the intestinal microbiome. <i>Given the lack of strong data with probiotics and the wide range of products that have been studied, Canadian Guidelines recommend a limited therapeutic trial (eg. 1 month) of probiotics and discontinuation if there is no perceived benefit.</i>
2nd Line: Tricyclic antidepressants	Possible mechanisms include: increasing gut transit time, effects of central and peripheral pain sites, anti-inflammatory effects, and analgesic properties.
3rd Line: Eluxadoline	Synthetic opioid receptor modulator with a high affinity for the μ and δ opioid receptors of the GI tract only. It acts as an agonist at the μ receptor and an antagonist at the δ receptor which results in decreased propulsive motility and decreased salt/electrolyte secretion. <i>Not a PharmaCare benefit. Cost is approximately \$170/month. As of Sept 2022, eluxadoline is experiencing difficulties with the manufacture of the drug. There is currently no Canadian supply available.</i>
Constipation-predominant IBS	
1st Line: Linaclotide	Guanylate cyclase-C agonist that leads to increased fluid secretion and colonic transit. It may also help to reduce visceral pain by reducing pain-sensing nerve activity. <i>Not a PharmaCare benefit. Cost is approximately \$140-\$220/month.</i>
2nd Line: SSRIs	Possible mechanisms include: decreasing gut transit time, effects of central and peripheral pain sites, anti-inflammatory effects, and analgesic properties.
Mixed IBS	
1st Line: Probiotics	Alterations of the intestinal microbiome. <i>Given the lack of strong data with probiotics and the wide range of products that have been studied, Canadian Guidelines recommend a limited therapeutic trial (eg. 1 month) of probiotics and discontinuation if there is no perceived benefit.</i>
2nd Line: TCAs	Possible mechanisms include: increasing gut transit time, effects of central and peripheral pain sites, anti-inflammatory effects, and analgesic properties.

NOTE: Lubiprostone is listed in the 2019 Guidelines from the Canadian Association of Gastroenterology as an option for IBS-C management, but it is no longer available in Canada.