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New and Emerging Agents

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Johnson:
Hello, this is CME on ReachMD, and I'm Dr. Dave Johnson.

Let's talk about the new and emerging agents for colonoscopy preparation. As you've heard in several of these segments, the preparation is the entry point, right? So if they don't have a good preparation, we can't do our jobs. So let's talk about some of the new and emerging preps as it relates to bowel prep and what's going to work for your patients. Let's start with some of the new ones. So particularly, Sutab and Suflave. Suflave is the latest, the third agent that's been approved in the PEG arena for low-volume prep. So if I subset preps for you, it would be PEG-based preps, as it relates to the standard GoLytely, the MoviPrep, the Plenvu, and now Suflave; and certainly the sodium sulfate-based preps – this would be Suprep and Sutab; the sodium phosphate regimens, which would be OsmoPrep; and then the sodium picosulfate prep, which would be Clenpiq. I think the sports drink prep as relates to MoviPrep is the other one that is an over-the-counter preparation, and that would be something that would be available without a prescription.

So what drives the efficacy of these? It's really what is the patient tolerance, and what do you predict for the best outcome? So as I talk to my patients, I look at what do they like? What have they, perhaps, taken before? If they've taken a prep that's not done well, I'm going to obviously use something around that or understand better why they didn't have a good preparation. I am critically emphasizing the point that if you take the prep, the split prep can be separated. I don't care when you take the prep the day before, to be honest with you. In the efficacy of this. That day before is just to get the solid stool out. So in patients that say I don't want to be up at night, I tell them take it at noon, take it at 2 o'clock, you'll be done. You have a normal night's sleep, and you get up and take the next dose, depending on when your preparation is, 4-6 hours before, and then you're done. But again, don't interrupt sleep, because that creates part of the paradigm of what do they remember about the prep?

The prep itself is what is available when they go to their pharmacy, and some pharmacies are restrictive. Some of the government agencies, in particular, are related to this, and so you have to be aware that the prep may be not available to everybody if you just send them to their local pharmacy.

The out-of-pocket cost is really important. So when you start to talk about cost, I tell my patients it's an investment. So most third-party insurance companies have a relationship with almost all of these companies that give a coupon that allows them, through the individual pharmaceutical companies, to get a max cost of 50 dollars or so. Even Medicare D allows these pharmaceutical companies to attribute a coupon that allows them to get the cost at 50 to 60 dollars. So cost is really not that important. Even if you go to an over-the-counter prep, it's maybe 20 to 30 dollars more, but I tell my patients it's an investment. You've got to invest, and this is the right thing for you.

Don't take, quote, the cheapest. Let's get the best prep for you. And the right prep and individualizing is, in particular, important to getting the best outcome. So I tell my patients, if there is an issue, look at the individual companies. Look at what is available. We can make this prep affordable. Even if patients don't have insurance, most of these, in particular, even some of the newer preparations, like

Suflave, have prescription availability for noninsured that minimize the potential implications of cost. I tell my patients it's a partnership. I tell them it's your responsibility to be part of that partnership with me, but it's my responsibility, and I promise to do the best I can if you do your part first.

I'm Dr. David Johnson. Thanks for listening.

Announcer:
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