

THE BOSWELL BULLETIN

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Part of a family owned business of three pharmacies and an automated closed-door institutional pharmacy located in Western, PA. Boswell Pharmacy Services has been providing pharmacy services for 40 years.

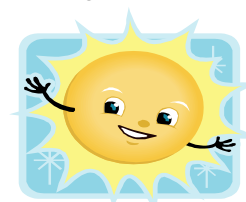
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Summer Has Arrived!

Although this is a great time of year, we have to remember to protect ourselves from the sun. Sunscreens should be used to protect against both UV-A and UV-B rays. An example of a sunscreen that protects against both types of rays is one that contains avobenzone. Another example is zinc oxide, which is a

physical sunscreen that blocks both types of UV radiation. Sunscreens should be applied liberally a half-hour before exposure to the sun. Also sunscreen should be reapplied after swimming or sweating heavily. The eyes also have to be protected from the sun. Sunglasses that provide 100%

protection from UV radiation should be worn. Enjoy your summer but remember to protect yourself from the sun all year long.



Drug News and New Drugs

Avandia® A recent study has suggested that Avandia® may increase the risk of heart attacks. However, the FDA is still gathering information to see if this theory is completely accurate. Avandia® (rosiglitazone) is in a class of drugs called the thiazolidinediones, which are used to treat type 2 diabetes. Actos® (pioglitazone) is another drug in this class but it has shown a decrease in the risk of heart attacks and strokes. Both Avandia® and Actos® can worsen symptoms of heart failure such as fluid retention, breathing difficulties, or sudden weight gain. Patients should not stop taking Avandia® before talking with their physicians. Other medications that contain Avandia® are Avandamet® (rosiglitazone/metformin) and Avandaryl® (rosiglitazone/ glimepiride). The FDA is not taking action against Avandia® until all of the data is reviewed; however, they want health care providers and patients to be aware of all available information.

Peg-Intron® now formulary preferred:

As of July 1st, Peg-Intron® (peginterferon alfa-2b) will be formulary preferred over Pegasys® (peginterferon alfa-2a). The recommended dose for Peg-Intron® used as monotherapy is 1mcg/kg/week. The recommended dose when used in combination

with ribavirin is 1.5mcg/kg/week. This medication should be given subcutaneously once a week. The Peg-Intron® vials are supplied in a kit. The kits are available in the following strengths, 50mcg/0.5ml, 80mcg/0.5ml, 120mcg/0.5ml, and 150mcg/0.5ml. The kits also contain syringes for reconstitution and administration as well as sterile water for injection, which is used for reconstitution. Once the vial is reconstituted, it should be used immediately. The reconstituted solution should not be stored for more than 24 hours in the refrigerator. These vials are single use only and should not be reused. The unused portion should be discarded.

HFA Inhalers: Starting in 2008, all albuterol inhalers containing the propellant chlorofluorocarbon (CFC) will be prohibited. This change comes from the concern of the possible damage that CFC has on the ozone layers. The CFC propellant will be replaced with a hydrofluoroalkane (HFA) propellant. The HFA inhalers are 3 times more expensive than the CFC inhalers but they are thought to be more environmentally safe. There are currently 3 albuterol HFA inhalers available, Proventil HFA®, Ventolin HFA®, and ProAir HFA®. The generic versions of these inhalers are not

expected to be on the market until after 2012.

New antihypertensive class

Tekturna® (aliskiren) is the first drug approved in the new antihypertensive drug class known as direct renin inhibitors. This medication works by blocking the first step in the renin-angiotensin-aldosterone system. Tekturna® may be used alone or with other antihypertensives. It is taken once daily with or without food, however it should not be taken with high fat meals as this can reduce its absorption. Tekturna® may be an option for patients who are intolerant to ACE inhibitors. It is available in 150mg and 300mg strengths. Diarrhea is the most common side effect of Tekturna®. Other side effects include cough and angioedema. This medication should be avoided during pregnancy.

Depakote ER®: (divalproex sodium) manufactured by Abbott is indicated for the treatment of acute manic or mixed episodes associated with bipolar disorder with or without psychotic features. This medication produces steady blood levels as it is dosed once daily. The initial recommended dose is 25mg/kg/day and the maximum recom-

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Drug News and New Drugs

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mended dose is 60mg/kg/day. The initial dose for elderly patients should be lower and titrated slower. Depakote ER® can be taken without regard to meals and should not be crushed or chewed.

Sleep aids given new warnings

The FDA wants patients and prescribers to be aware of possible sleep-related behaviors that may occur while taking a sedative-hypnotic. Examples of these medications include Ambien® (zolpidem), Lunesta® (eszopiclone) and Rozerem® (ramelteon) just to name a few. One particular sleep-related behavior to be concerned about is sleep-driving, defined as driving while not completely awake and then having no recollection of doing it. The FDA wants this warning to be included in medication guides accompanying the patient's prescription. Patients should be reminded not to consume alcohol or other sedating drugs when taking a sleep aid.

Antidepressant warning update

In the February 2007 issue, we wrote of a possible update contained in the antidepressants warnings. The FDA has now asked the manufacturers of antidepressants to include young adults aged 18-24 in their suicidal warning. The increase in risk of suicide appears to be in the beginning of treatment around the first 1 to 2 months. This warning is not trying to discourage the use of antidepressants but to make patients and prescribers more aware and monitor for this side effect.

New Medications

Seroquel XR® (quetiapine) has been approved for the treatment of schizophrenia. This extended release tablet is given as a convenient once daily dose. The advantage of the XR formulation is that patients may achieve their recommended dosage range as early as their second treatment day. Some side effects of this atypical antipsychotic are

hyperglycemia, tardive dyskinesia, sedation, constipation, dry mouth, and dizziness. Seroquel XR® is not approved for the treatment of dementia-related psychosis in elderly patients. This is because there is an increased risk of death compared to placebo in elderly patients who are taking an atypical antipsychotic. Seroquel XR® is currently available in 200mg.

Opana® and Opana ER® (oxycodone) are both a semisynthetic opioid analgesic used for moderate to severe pain. The usual starting dose for Opana® in opioid naïve patients is 10-20mg every 4-6 hours depending on the patient's pain severity. The usual starting dose for Opana ER® in opioid naïve patients is 5mg every 12 hours. Opana® is available in 5mg and 10mg strengths. Opana ER® is available in 5mg, 10mg, 20mg, and 40mg strengths.

Prezista® (darunavir) is a new protease inhibitor (PI), which can be an alternative for patients with HIV resistant to other PIs. The recommended dose is 600mg twice daily with meals. Prezista® should also be co-administered with ritonavir 100mg twice daily. Use caution with Prezista® in patients who have a sulfa allergy.

New Generic Medications

Ambien® (zolpidem) is now generic. This sleep-aid is available in 5mg and 10mg strengths. Ambien CR® is not available as a generic product at this time.

Toprol XL® (metoprolol succinate ER) is now available generically. This extended release beta-blocker is currently available in a 25mg tablet.

RX to OTC

Miralax® (polyethylene glycol) is going to be switched from a prescription medication to over-the-counter (OTC). OTC Miralax® is approved for occasional constipation in patients aged 17 or older and is the same as the RX version. Miralax® may be better tolerated than other laxatives but it will probably cost more (~\$10 a bottle for 14

doses). When recommending products for constipation, a stool softener (ex. Docusate) or bulking agent (ex. Psyllium) should be tried first. Miralax® or other osmotic laxatives (ex. Milk of Magnesia) should be tried if the first recommendation is not working. Stimulants (ex. Bisacodyl) should then be tried if Miralax® is ineffective.

Alli® (orlistat) is the OTC version of Xenical®. Alli® is half the strength of the RX version but the efficacy and side effects are expected to be similar. This OTC weight loss aid is claiming to help patients lose, on average, 3 to 5 pounds in 6 months. Alli® works by preventing the absorption of fat from food. However, this causes the side effects of oily stool, urgency, and spotting. Patients are recommended to take a multivitamin at bedtime as Alli® can decrease the absorption of fat-soluble vitamins such as vitamin A, D, E, K, and beta-carotene. Also, patients should be reminded that better weight loss results depend on lifestyle changes consisting of diet and exercise.

Medication Error Prevention:

Abbreviations

A common misinterpreted abbreviation is "QD", which is used to indicate once daily. "QD" can very easily be misread as "QID", which is used to indicate four times daily. This can be significant if "QD" is misread as "QID" and four times the intended dose is administered to the patient. The best and safest way to indicate once daily is to spell out "DAILY" and not use "QD" at all.

Another common misinterpreted abbreviation is "u" which is used to indicate units. This abbreviation could very easily be mistaken for a "0" when written after a number. For example, if the order is written as "Inject 35u HS" this could be misread as "350". Great harm could occur to the patient if this incorrect increased dose was administered.

Sound-alike/Look-alike Drugs

Always be on the alert for drugs that either sound or look-alike. This can be a common cause for medication errors. Similarity between drug names, either brand or generic, can cause confusion and lead to errors.

Examples:

- Avandia® / Avandamet®
- Miralax® / Mirapex®
- Lunesta® / Neulasta®
- Seroquel® / Sertraline

Ask The Pharmacists

Question: Can patients be automatically switched from Pegasys® to Peg-Intron®?

Answer: No. The physician must write new orders. Note: The dosing of these two medications is different as Peg-Intron® is dosed depending on the patient's weight.

Question: Should patients stop taking their Avandia® immediately?

Answer: No. Patients should discuss options with their physician first. The prescriber and patient can monitor for side effects. Patients could be switched to Actos® if necessary. The FDA is currently researching all data before they make a conclusion on how to handle the findings of this current study.