MEDICAL PHARMACIES TABLET

Drug information and news for health care providers

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ACTONEL DR® - INTERACTIONS WITH H-2 BLOCKERS, PPIS, ANTACIDS & CALCIUM

Actonel DR 35 mg is an enteric-coated delayed release form of risedronate sodium formulated to be released in the small intestine instead of the stomach. It should be swallowed whole with breakfast and at least 120 mL of a liquid (e.g. water, juice, coffee, tea, milk, etc.). Patients should remain upright for at least 30 minutes following administration. When it's taken on an empty stomach, Actonel DR results in a higher incidence of upper abdominal pain, and therefore should not be substituted for Actonel® film-coated tablets (to be taken at least 30 minutes before the first food of the day). Actonel DR 35 mg is indicated only for the once weekly treatment of osteoporosis in postmenopausal women.

No specific drug interactions studies have been done by the Canadian manufacturer. Consequently clinicians are left to form their own conclusions and clinical decisions when Actonel DR is added to a drug regimen that includes antacids containing polyvalent cations (e.g. calcium, magnesium, aluminum and iron), calcium supplements, H-2 blockers (e.g. ranitidine) and/or proton pump inhibitors. The Canadian product monograph provides the following information regarding established or predicted drug interactions:

- ***Antacids and calcium supplements which contain polyvalent cations (e.g. calcium, magnesium, aluminum and iron)*** - Coadministration of these products has been shown to interfere with the absorption of Actonel and Actonel DR. The Canadian information states these medications should be administered at a different time of day but no guidelines are specified.

Interestingly, the U.S. consumer information for Atelvia® (confirmed by the Pharmacist's Letter as being identical to Actonel DR) states that an interval of at least 30 minutes after taking Atelvia is recommended before taking other medicines, including antacids, calcium, other supplements and vitamins. Unfortunately, the Canadian information does not include this recommendation.

- ***H-2 blockers (ranitidine) and proton pump inhibitors (PPIs)*** - These drugs raise stomach pH and therefore may affect the enteric coating on Actonel DR tablets, reducing their bioavailablity. The manufacturer has not evaluated the effects of concomitant administration of these products with Actonel DR and recommends they not be given concomitantly. Theoretically these agents, by increasing gastric pH, may result in a reduction of the bioavailability of Actonel DR. It is not known if separating the administration of the PPI from Actonel DR is a sufficient course of action or whether patients taking PPIs should not take Actonel DR.

The product monograph states: "Patients in clinical trials were exposed to a wide variety of concomitant medications (including H-2 blockers, proton pump inhibitors and antacids) without evidence of clinically relevant interactions". MPT

STRATEGIES FOR HANDLING STATIN MUSCLE PAIN

Muscle pain, cramps or weakness are common complaints in up to 30% of patients taking a statin drug. Muscle discomfort is most often felt in the large muscles (e.g. thigh) and may be severe enough in some patients to require discontinuation of the statin. Creatine kinase levels should be checked in patients with muscle pain. The following measures may help to reduce and/or minimize discomfort:

- Reducing the statin dose.
- Changing to a different statin. Fluvastatin, pravastatin and low-dose rosuvastatin have fewer drug interactions.
- Alternate day dosing may reduce symptoms but may not improve cardiovascular outcomes. Rosuvastatin or atorvastatin may be appropriate for alternate day dosing due to their longer duration of action.
- If lowering the statin dose does not achieve the LDL goal, try adding another LDL-lowering drug such as a bile acid sequestrant, ezetimibe or niacin.
- Low vitamin D or hypothyroidism may be implicated in muscle pain. Correcting these imbalances may help.
- Taking 100—200 mg per day of a co-enzyme Q10 supplement may help but this has not been proven. MPT

Saphris® (asenapine) 5 mg & 10 mg sublingual tablets
Lundbeck (not currently a benefit of ODB)

Saphris is a second-generation atypical antipsychotic indicated in adults for the treatment of schizophrenia and the acute treatment of manic or mixed episodes associated with bipolar disorder. Sublingual administration is an advantage for patients with swallowing difficulties.

***Warnings & Precautions**—Saphris is associated with:*

- an increased risk of death in elderly dementia patients; Saphris has been added to the Beers list as inappropriate for the elderly
- hypersensitivity reactions (e.g. anaphylaxis, angioedema)
- QTc prolongation. Avoid use with other drugs and conditions known to prolong the QTc interval or increase the risk of QTc prolongation (e.g. the antiarrhythmics- quinidine, procainamide, amiodarone, sotalol; the antipsychotics- ziprasidone, chlorpromazine, thioridazine; the antibiotics– gatifloxacin, moxifloxacin; conditions known to prolong QTc- a history of cardiac arrhythmia, bradycardia, hypokalemia, hypomagnesemia and/or congenital prolongation of the QTc interval)
- orthostatic hypotension and syncope, particularly in the elderly
- venous thromboembolism, including fatal pulmonary embolism
- hyperglycemia or exacerbation of pre-existing diabetes
- increased prolactin levels
- leukopenia, neutropenia and agranulocytosis. Monitoring the white blood count is advised in susceptible patients.
- neuroleptic malignant syndrome
- tardive dyskinesia (risk highest in elderly women)
- seizures- caution in patients with history of seizures
- esophageal dysmotility and aspiration– caution in people at risk for aspiration pneumonia (e.g. Alzheimer's)
- an anti-emetic effect which may mask signs of toxicity from a drug overdose or symptoms of other diseases (e.g. brain tumour or intestinal obstruction).
- severe constipation

Saphris should be used with caution in patients:

- at risk of dehydration, taking concomitant anti-cholinergic drugs or in patients engaging in strenuous exercise or who are exposed to extreme heat due to the risk of body temperature dysregulation
- with known cardiovascular disease

Saphris is not recommended in severe hepatic impairment.

Drug Interactions:

- When coadministered with fluvoxamine, Saphris blood levels may be significantly increased.
- The effect of some antihypertensives may be enhanced.
- The risk of QTc prolongation is increased when Saphris is used in combination with QTc prolonging drugs.
- Sedative effects may be increased when Saphris is combined with alcohol and/or other centrally acting drugs.

Adverse Effects: Most commonly reported effects include akathisia, a temporary numbness in the mouth after dosing, sedation/somnolence, dizziness, extrapyramidal symptoms and a slight increase in weight.

Dose, Administration & Storage:

To ensure optimal absorption the tablet should be placed under the tongue with dry fingers and allowed to dissolve completely in the saliva (usually in 10 seconds). The tablets should not be crushed, chewed or swallowed. Patients should not drink or eat for 10 minutes after administration to allow for complete sublingual absorption. Saphris should be stored in the original packaging (at room temperature) and removed from the blister immediately before use by peeling back the coloured tab. If other tablets are being taken by mouth concomitantly, Saphris should be taken last.

Dose for schizophrenia: 5 mg twice daily

Dose for bipolar disorder: 5 to 10 mg twice daily

Cotherapy with lithium or divalproex sodium: 5 mg twice daily increasing to 10 mg twice daily if needed. DN

(Refer to the product monograph for complete information)

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References on Request