MEDICAL PHARMACIES TABLET

Drug information and news for health care providers

March 2013

SHINGLES VACCINE MAY REQUIRE BOOSTER DOSES

Shingles (herpes zoster) most commonly occurs in the elderly and immunocompromised people when the dormant varicella zoster virus (chickenpox virus) is activated. The varicella virus is present in a dormant state in the dorsal root and cranial nerve ganglia. A healthy immune system keeps the virus in check but as we age our immune defences tend to weaken. Thus shingles is more common in older individuals.

Although antivirals, when started within 72 hours of the onset of the rash, are available to treat shingles, prevention, through vaccination, is the preferred option. The shingles vaccine, "Zostavax®, appears to be effective in the 60 plus age group for at least five years, although benefit decreases after about 3 years". The vaccine is not 100% effective in preventing shingles, however, the risk of having a shingles infection is reduced by at least 50% in vaccinated individuals. If shingles occurs in vaccinated individuals, it tends to be less severe. According to a recent Cochrane review, the vaccine does not significantly lower the risk of post-herpetic neuralgia in vaccinated patients with shingles.

Shingles infection can recur, therefore patients who have had shingles are still likely to benefit from the vaccine. The vaccine may be administered as soon as the shingles rash has resolved. Immunocompetent patients generally have residual immunity for 12-18 months after a shingles episode.

No data is available regarding the long-term efficacy of Zostavax. It was first introduced in the United States in 2006. Follow-up of patients has demonstrated that 5 years following vaccination there appears to be an increase in the incidence of infection. It seems eventually a booster dose of vaccine will likely be needed. Long-term studies are currently underway. No recommendation for booster doses has been made to date. **MPT**

PRADAX® - NEW CONTRAINDICATION AND NAME CHANGE ANNOUNCED

Boehringer Ingelheim, the manufacturer of Pradax, in consultation with Health Canada has directed that "Pradax is now contraindicated for use in patients with prosthetic heart valves requiring anticoagulant treatment due to their valvular status". This change was based on a 12-week trial comparing Pradax (dabigatran etexilate) with warfarin in patients with recent mechanical heart valve replacement. The trial was discontinued when an interim analysis showed that "more thromboembolic events (mainly strokes and symptomatic/ asymptomatic prosthetic valve thrombosis) and bleeding events were observed with dabigatran etexilate".

The manufacturer has also stated that early in 2013 the name of Pradax in Canada will be changed to Pradaxa® to be consistent with the brand name used in other countries. The name change is expected to reduce confusion and potential errors between Pradax and the look-alike sound-alike drug, Plavix® (clopidogrel). **MPT**

LIP CANCER RISK WITH SOME ANTIHYPERTENSIVES

Some commonly prescribed antihypertensives have been associated with "a two to four fold increased risk of lip cancer when taken for five years or longer. The risk increased with duration of use and could not be explained by cigarette smoking". The photosenitizing antihypertensive drugs identified with an increased risk for lip cancer are hydrochlorothiazide, hydrochlorothiazide-triamterene, nifedipine and lisinopril.

Lip cancer is rare, however patients taking these drugs are advised to use lip protection such as a lip balm with a sunscreen. The risk is higher in fair skin individuals and with long-term sun exposure. Generally, the benefits of using these drugs outweighs the risk of developing lip cancer. **MPT**

DRUG NEWS

Dificid® (fidaxomicin) 200 mg tablets Optimer Pharmaceuticals Canada

(not currently a benefit of ODB)

Dificid is the latest oral drug approved for the treatment of C. difficile (Clostridium difficile)-associated diarrhea in patients 18 years of age and older. Due to its narrow spectrum of activity and minimal absorption, it should not be used for systemic infections. Dificid, a bactericidal agent, acts by inhibiting RNA synthesis, C. difficile sporulation and toxin production. Sporulation is a defence mechanism of some organisms whereby a spore is produced that preserves the genetic material for an indefinite period of time. Sporulation may occur when survival conditions are not favourable. Once more favourable conditions are present, the bacterial spores can actively grow and replicate.

Dificid generally does not alter normal fecal flora. It appears to be as effective in achieving a clinical cure as vancomycin, the current treatment for C. difficile infection, for the initial and first recurrence of infection; however, Dificid is "superior to vancomycin in preventing a second recurrence within 28 days". This is likely due to a demonstrated prolonged action against C. difficile compared to vancomycin and metronidazole. It also is superior to vancomycin in patients with C. difficile diarrhea who are taking concomitant antibiotics to treat another type of infection.

Dificid has no benefit over vancomycin when treating the more virulent strains of C. difficile. Its major drawback is its high cost. A 10-day course of treatment is currently over $2,300.

Contraindications & Precautions: Dificid is contraindicated in patients hypersensitive to the drug or any of its constituents. It's not likely to benefit patients infected with organisms other than C. difficile. Use of Dificid in such circumstances increases the risk of developing drug resistance.

No studies were done in patients with inflammatory bowel disease or severe hepatic or renal insufficiency. Dificid should be used with caution in these patients. Similarly, administration in pregnant and nursing women should be limited to situations where the benefit outweighs the risk.

Drug Interactions: No significant drug interactions have been reported to date.

Adverse Effects: The most commonly reported adverse effects in trials included: nausea (2.7%), constipation (1.2%) and vomiting (1.2%). Self-limiting episodes of rash or pruritis that resolved with antihistamine treatment were reported in 2.8% of patients in trials.

Dose & Administration: The recommended dose in patients 18 years of age and older is 200 mg (1 tablet) orally, twice daily for 10 days, without regard to meals. No dose adjustment is necessary based on renal function or hepatic impairment.

Availability & Storage: The white to off-white 200 mg film-coated tablets are available in bottles of 20 and 60 tablets and blister packages of 10 tablets. Store between 20°C-25°C. **DN**

Luxiq® (betamethasone valerate) 0.12% foam...Stiefel

(not currently a benefit of ODB)

Luxiq is a medium-potency topical corticosteroid indicated in adults to relieve the inflammation and itchiness associated with moderate to severe scalp psoriasis. The recommended dose is the application of a thin layer of foam to the affected area(s) twice daily for a maximum of 4-weeks. Before use the can should be shaken, and while inverting the can, a small amount of foam the size of a golf ball should be placed on a cool surface (e.g. a saucer). Small amounts of the foam should then be picked up by the fingers and gently massaged into the affected area until the foam disappears. Avoid occlusive dressings and contact with the eyes. Available in 100 g cans. **DN**

(Refer to the product monographs for complete information)

Editor; Nancy Addington, R.Ph., B.Sc.Phm
Medical Pharmacy
References on Request

Congratulations to Medical Pharmacies Clinical and Quality Professional Lead Clinical Consultant Pharmacist **Sue Burns**, R.Ph., B.Sc.Phm., CRE, CGP for recently being awarded the **2012 Teva Canada Award of Excellence in Senior Care Pharmacy**.