The GeriJournal

Volume 4, Number 5
May 2009
A publication of GeriatRx Pharmacy

Plavix Coverage New$

The day has finally come! Plavix® is *practically* covered. On May 20th, Plavix® will be listed in the Drug Benefit Formulary as a Limited Use (LU) product. Three different LU codes will cover it for the majority of its indications. Furthermore, all LU coverage will be indefinite.

Full LU information is listed in the table below. In a nutshell, Plavix® will be covered following MI or a diagnosis of unstable angina; before or after coronary interventions (such as CABG or stent placement); where ASA has failed to prevent a stroke or TIA or other vascular event; or where a resident has a severe ASA allergy.

Finally, anyone with existing Section 8 (EAP) coverage for Plavix® will have their coverage extended indefinitely. There will be no need to submit Section 8 renewals for Plavix®. Hurray!

Limited Use (LU) Code	Reason
375 Authorization Period: Indefinite	For patients immediately post-hospitalization for Acute Coronary Syndrome (ACS), in combination with ASA. ACS is defined as any myocardial infarction (MI) or unstable angina (UA)
376 Authorization Period: Indefinite	For patients immediately pre or post–percutaneous coronary intervention (PCI)* *Therapy may be initiated up to 10 days prior to PCI
411 Authorization Period: Indefinite	For patients who experience a stroke or transient ischemic attack (TIA) while taking Aggrenox (dipyridamole and ASA) or ASA alone; or For patients experiencing ongoing severe symptomatic peripheral vascular disease (PVD) (i.e. with Ankle Brachial Index <0.5) after a vascular event while on ASA. ASA should not be used concomitantly; or For patients requiring ASA with documented severe allergy to ASA, such as anaphylactic reaction or bronchospasm. Gastrointestinal events (GI), including GI bleeds, are excluded.

Actos and Avandia Take a Hit

Drug Benefit giveth, and Drug Benefit taketh away. While the news is good for Plavix®, for Actos® and Avandia® it is not. Cardiac, ophthalmic and orthopedic concerns have caused these drugs to be dropped from coverage.

The government recognizes that many patients in the province are benefiting from these drugs, so they will "grandfather" coverage for all ODB patients currently receiving them. After May 20th, coverage may only be obtained via the Section 8 (EAP) route.

Chronic Kidney Disease

New guidelines were released by the Canadian Society of Nephrology for the treatment of chronic kidney disease (CKD) at the end of 2008. Emphasis is placed on controlling hypertension and diabetes, as these are the two main contributors to CKD. Also, those with CKD usually die from events related to cardiac disease before succumbing to kidney failure.

Hypertension control is the main focus of the guidelines. The blood pressure target for those with CKD is 130/80. ACE inhibitors (ramipril, enalapril, etc.) or ARBs (Diovan®, Atacand®, etc.) are recommended for all diabetics with CKD and any individuals losing at least one gram of protein per day in their urine.

Hyperlipidemia contributes to atherosclerosis, which in turn increases blood pressure and coronary artery pathology. Patients with Stage 4 CKD (creatinine clearance 15 - 29 cc/min) have an aggressive LDL target of 2 mmol/l. Their cholesterol ratio should be less than 4. Statins are the first choice for lipid control. If HDL is low or triglycerides are high, Lopid® may be used instead. Lipidil® and Bezalip® are not recommended, as they are eliminated by the kidneys.

Other recommendations include reduction of sodium, protein and alcohol intake. Weight loss and treatment of anemia are also discussed.

Prepared by Randy Goodman Certified Geriatric Pharmacist