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Pradax

If there was a drug that did a better job of reducing stroke than warfarin, didn't require blood monitoring and had virtually no drug interactions, it would be very valuable indeed. While that's not the entire story, Pradax® (dabigatran) is that drug.

Pradax® has been indicated for short term clot prevention following knee and hip replacement surgery for the past two years. Now, after a global three-year study of more than 18,000 subjects, "reduction of stroke or embolism risk in patients with non-valvular atrial fibrillation (AF)", has been added as an indication. Since AF is a principal cause of stroke, this is a very exciting development.

Pradax® works by inhibiting the last step in the clotting cascade, the conversion of fibrinogen to fibrin. At a dose of 150 mg twice daily, it reduced the incidence of stroke by 34%, when compared to patients well controlled on warfarin. Bleeding risk was similar in the two groups. When the dose was reduced to

110 mg twice daily, stroke risk was similar to that of warfarin, but bleeding risk was significantly lower. If renal function is poor (creatinine clearance < 30 mL/min), a dose of 75 mg twice daily is recommended. Forty percent of the study participants were over 75 years old, so RE-LY has considerable relevance in our patient population.

Pradax® has some tremendous advantages over warfarin. INR monitoring is not required and only one significant drug interaction (rifampin) has been identified to this point. Dosage adjustments are not necessary and therapeutic effects are seen just two hours after the first dose is given.

With the advantages come some important disadvantages, however. Pradax® must be given twice daily, with missed doses representing a potential hazard. While vitamin K can reverse warfarin toxicity, there is no specific antidote for Pradax® associated bleeding. The main drawback to using this agent is the cost (just over \$280 per month).

Crushing or breaking Pradax® increases its absorption significantly, so it can only be given to residents who can swallow their medications intact. Side effects include GI irritation and GI ulceration. Increased bleeding and a small increase in MI risk were noted

in the older subjects, so close monitoring is imperative. For residents with third party coverage, unpredictable INRs and frequent dose changes, Pradax® may be an excellent alternative to warfarin.

Ontario Drug News

A number of drugs have been hard to come by over the past couple of years. Raw material shortages, product recalls and price grievances with government insurance providers have left us all searching for alternatives.

Cephalexin (Keflex®) was the latest drug to go "missing in action" a few months ago. It has been available sporadically, but now it seems to be back for good.

Another bit of good news is the ODB status change of gabapentin (Neurontin®). In the past, coverage was granted only on an LU basis for the treatment of seizures. Recognizing the broad value of this medication, Drug Benefit has removed all restrictions from its coverage.

B12 for Alzheimers

A study published in *Neurology* last month suggested that low vitamin B12 levels and Alzheimers Disease are linked. We may have another reason, beyond neuropathy and anemia, to pay attention to this vitamin.

