

# The GeriJournal



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## Pradax Pricing

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Last month I wrote an article introducing Pradax as an alternative to warfarin. I mentioned that the high cost, (\$280 per month) would be a major stumbling block for those who don't have third party drug insurance.

With the extended indication for Pradax® has come a lower price. The monthly cost of a prescription has come down significantly and is now roughly \$115 per month. A more concise dosing recommendation has also been released. For those eighty years of age and above, 110 mg twice daily is recommended, unless renal function is severely impaired.

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## Vitamin D Testing Down But Not Out

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MOHLTC formally dropped coverage of serum vitamin D testing, as of the 1<sup>st</sup> of December. With vitamin D's emerging role in disease prevention, serum testing and costs have skyrocketed. This decision was based largely upon the high volume of tests performed on middle aged,

active adults with good vitamin D stores.

Unfortunately, the majority of LTC residents without adequate supplementation are either deficient or have suboptimal vitamin D levels. Without testing, it is not possible to determine an individual's vitamin D dosage requirement. Health Canada recommends all adults over fifty years of age supplement a good diet (200 IU of D) with an additional 400 IU. All LTC residents should receive at least this amount, with doses of 1,000 to 2,000 IU daily usually being recommended.

With this decision comes a partial reprieve. Patients with osteoporosis, osteopenia, malabsorption syndromes, renal disease and those taking medications affecting vitamin D metabolism (steroids, anticonvulsants, Questran® and gastric acid suppression therapy) will still have their tests covered. We should take advantage of this opportunity to find the correct vitamin D dosage for these residents. Aggressive titration will minimize testing and costs.

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## Staying Alive with Metformin and ASA

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Metformin and ASA are two of our most popular drugs, and with good reason. In addition to their proven benefits in treating diabetes and cardiovascular disease, recent

studies show tremendous mortality benefits in other areas.

A ten-year Dutch study showed an astounding 57% reduction in cancer mortality in Type 2 diabetics taking metformin vs. those on alternative therapy. This is particularly important, because cancer risk is increased in Type 2 diabetes.

We are often discouraged from using metformin, because of warnings related to its use in patients with congestive heart failure (CHF) or chronic kidney disease (CKD). A U.K. study published last month in *The Archives of Internal Medicine* offered further surprises. The mortality rate in the CHF group taking metformin was actually 31% lower than that of the group not taking metformin. Likewise, the patient subset with poor renal function (creatinine clearance 30 – 60 mL/min.) showed a 36% reduction in mortality in the metformin group.

A retrospective analysis of eight cardiovascular studies (>25,000 patients), showed that ASA reduced cancer death rate by 34% for all cancers and 54% for GI cancers. Success was independent of ASA dosage, and improved as the duration of ASA treatment increased. This is very exciting news, indeed!