

# The GeriJournal



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## **Pradox Has Company**

Xarelto® (rivaroxaban) has joined Pradox® in the ODB Formulary. It now provides another p.o. option to warfarin for stroke prevention in those with atrial fibrillation.

As with Pradox®, the LU coverage criteria for Xarelto® are very restrictive. Residents must either be poorly controlled on warfarin (i.e. out of INR range at least 35% of the time after a minimum of two months of therapy) or they must not have ready access to testing facilities. A refusal to allow blood testing has been interpreted by some as satisfying this second requirement. The LU code is 435 vs. 431 for Pradox.

Xarelto® is also covered for short term clotting prevention after hip or knee replacement surgery (LU 433 – knee; LU 434 – hip). The dose is 10 mg p.o. daily for this indication and some studies (e.g. *N Engl J Med.* 2008;358(26):2776-2786) suggest that it may offer superior protection to injectable low molecular weight heparin products, such as Lovenox®.

Atrial fibrillation dosing varies based on renal function. If creatinine clearance (GFR) is 30 – 49 ml/min the dose is 15 mg daily. If GFR is greater than 50 ml/min, the dose is 20 mg daily. Xarelto® should not be started until the INR (for those being switched from warfarin) is at or below 2.5.

Although Xarelto® has been used successfully for DVT prevention it is not covered by ODB for that indication. While daily administration gives it an advantage over Pradox® (a BID drug), Xarelto® is more likely to interact (particularly with anticonvulsants) than its competitor.

## **Zuacta**

Drug reps have been making the rounds lately. They are flogging a new Rx cream called Zuacta® (zucapsaicin) for use in the treatment of knee pain caused by osteoarthritis.

Zucapsaicin is related to capsaicin (Zostrix and Zostrix HP®). Capsaicin is the chemical in cayenne pepper that heats up your mouth when you eat it. It also depletes a chemical called Substance P from nerves in the skin, diminishing the sensation of pain from the surface or joints and muscles below.

Zuacta® is indicated only for severe osteoarthritis of the knee in patients who are also

taking NSAIDs, such as Celebrex®, ibuprofen and naproxen. There is no evidence from clinical studies that it has any benefit when used alone or when applied to any other parts of the body.

Both Zuacta® and Zostrix® can cause burning at the site of application over the first few days of use, although the manufacturer reports that Zuacta® is less problematic in this regard. Zostrix® has been used to effectively treat arthritis in the hands and feet, in addition to back pain and diabetic neuropathy of the feet. It is less expensive and has the greater weight of evidence behind it, so it may be a better first option when choosing between the two products.

## **Liver Injury & Antibiotics**

A ten year study of the ODB database (*CMAJ* Aug. 2012) suggests that Avelox® and Levaquin® can cause serious liver injury. The risk is twice that of Biaxin®, while Cipro® and Ceftin® did not increase risk. In the period, 144 patients were admitted to hospital within 30 days of taking one of the five popular antibiotics. There were 88 deaths. *Health Canada* has issued a warning about this risk. Antibiotics should be used judiciously, with the most appropriate agent carefully selected, in light of this and other adverse event data.