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Xarelto DVT Coverage

Until now, Fragmin®, Innohep® and other injectable products have been the only ODB covered options for deep vein thrombosis (DVT) treatment. On June 27th that will change, as Xarelto® (rivaroxaban), an oral anticoagulant, will be added to the Formulary for that indication.

DVT occurs when a blood clot blocks the flow of blood through a vein. Immobility following major surgery, cancer and past DVT are some principle risk factors for DVT development. The lower leg, below the calf (distal) is the usual site of the blockage, although the blockage can occur or extend to the veins of the upper leg (proximal) or develop elsewhere. Local swelling and discomfort associated with the blockage are problematic, but the main concern is that part of the clot will break off and become lodged in the lungs (pulmonary embolism – PE). This can be a life threatening event and requires emergency treatment. Proximal DVT carries a particularly high risk of triggering PE.

The DVT dosage for Xarelto® is higher than the dose used for atrial fibrillation. For three weeks following the diagnosis, Xarelto® 15mg is given twice daily, followed by 20mg daily. Xarelto is contraindicated in the presence of severe renal impairment (GFR < 30ml/min). Coverage can be granted for up to six months (LU 444) and is available only in the absence of PE symptoms. For longer treatment periods, heparin or warfarin are recommended, as Xarelto® is quite costly.

Alzheimer's Meds - Lifesavers?

An observational study of more than 7,000 people on the Swedish Dementia Registry showed that cholinesterase inhibitors (Aricept®, Exelon® and Remenyl®) reduce risk of MI and death by about 35%. The study compared patients who received these drugs to a group who did not. Age, gender, MMSE score, drugs, living conditions, etc. were factored into the final analysis.

Higher doses conferred greater benefit than lower doses. Memantine was also evaluated, but had no protective effect. This made the results with cholinesterase inhibitors more intriguing. The authors believe this benefit may be related to the slowing of the heart rate associated with these drugs. This reduction decreases cardiac oxygen demand and improves function, much akin to the cardiac effect of β-blockers. A randomized prospective study would be required to confirm this data.

Kidneys and Thyroids

When circulating thyroid hormone levels (T_3 & T_4) are low, the pituitary gland is activated and releases thyroid stimulating hormone (TSH) into the bloodstream. TSH causes the thyroid to produce and release more thyroid hormone. If the thyroid gland is not functioning well (hypothyroidism), excessive amounts of TSH are released in an effort to push out sufficient hormone from the gland. Ultimately, Eltroxin® or Synthroid® must be given.

Many elderly have subclinical hypothyroidism (SHT), where TSH levels are only modestly elevated. Treatment may bring some improvement in lipid levels, anxiety, cognition, cardiac function, etc., but overtreatment can have consequences as well. A new study in *Thyroid* looked at the rate of decline in kidney function in SHT patients. When thyroid hormone was given to those with Stage 2-4 CKD, decline in renal function slowed significantly. Hormone therapy should be considered for those with renal deficiency.

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