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Thyroid Generic!

It's always a surprise when a popular drug is genericized. In some cases, it's a shock. Drugs like Dilantin® (phenytoin), Coumadin® (warfarin), and Lanoxin® (digoxin) are in that category. Could generic companies match brand company precision? Poor absorption of these fastidious drugs could mean seizures, strokes, or arrhythmias. Excess absorption could yield intolerable or hazardous side effects. Despite these concerns, safe and effective generic versions of these challenging drugs have been treating patients for years.

Now it's time for levothyroxine, the ultimate, unreproducible drug, to join the list. Two brand companies, Glaxo (Eltroxin®) and Knoll (Synthroid®), have had an odd monopoly over different strengths of this medication. On April 30th, Apotex will become the sole producer of levothyroxine with full ODB coverage. The Apotex product submission shows the absorption of their product and Synthroid® match nicely. I have Apotex's approval to share this

information with our prescribers. Let me know if you're interested. I expect there will be extra TSH testing after the changeover. It takes 6 – 8 weeks to establish a steady state TSH after a dosage change, so early July would be ideal for lab verification.

Floppy Drugs

One of our most amusing diagnostic names is Floppy Iris Syndrome (FIS). The name is amusing, but the condition is not. In FIS, the iris (the coloured part of the eye) loses its structural integrity and begins to collapse. Control of the pupil is compromised, and glare becomes a challenge. More importantly, FIS complicates cataract surgery.

What causes FIS? Drugs are a major culprit. The most established cause is the alpha₁-blocker, tamsulosin (Flomax®). Men with urinary retention due to prostatic enlargement (BPH) should use a different alpha₁-blocker, alfuzosin (Xatral®). It is less likely to cause FIS. Alfuzosin does have one shortcoming, though. It cannot be crushed.

Researchers reviewed 20 years of data from the FDA Adverse Event Reporting System to see what other drugs may be associated with FIS. Imipramine, an old tricyclic antidepressant, had an even stronger connection to FIS than tamsulosin. Brinzolamide

(Azopt®), a carbonic anhydrase inhibiting eyedrop used to treat glaucoma, also outdid tamsulosin. Dorzolamide (Trusopt®) may be a better choice. Other drug classes more loosely linked to FIS are steroids, beta-blockers, 5-ARIs (finasteride, dutasteride), and salbutamol. Cataract removal is commonplace in older individuals. Selecting drugs less likely to cause FIS is critical.

Hydroxychloroquine

Hydroxychloroquine (HCQ) had its moment in the sun five years ago. It was a star in COVID's early days before names like Moderna and Pfizer were part of everyday lingo. Our favourite president, Mr. MAGA, took the drug as a COVID prophylactic. We quickly learned it didn't work, and Paxlovid brought HCQ back to relative obscurity.

HCQ is an important treatment for rheumatoid arthritis in our elderly. Permanent retinal damage is an adverse effect of concern. Extended treatment increases risk. The American Ophthalmology Association recommends retinal screening before starting to rule out pre-existing macular disease. UK and American guidelines recommend screening at five years. Doses greater than 5mg/kg (400mg vs 200mg/day) warrant earlier and more frequent observation. Renal and cardiac toxicity may also be seen at higher doses.

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