

May - June 2009

Clopidogrel & Proton Pump Inhibitors (PPIs)

Society for Cardiovascular Angiography and Interventions (SCAI) urges caution with use of PPIs and clopidogrel.

SCAI recommends the use of alternative medications for gastrointestinal symptoms in patients with stent when appropriate. An other treatment for heartburn & ulcers include histaminergic (H2) blockers such as famotidine or antacids.

In some patients the use of PPIs may still be warranted and patients should discuss the issue with their cardiologist, gastroenterologist or primary physician. Clopidogrel should not be stopped based on that interaction.

Recommendations:

- 1) Need to reassess use of clopidogrel and PPIs
- 2) If there is a need for heartburn treatment, consider famotidine, ranitidine...
- 3) Adjust dosage of H2 blockers according to creatinine clearance (administer 50% of dose when Clcr less than 50ml/min).
- 4) Keep in mind that a PPI may still be warranted.

Source: The Clopidogrel Medco Outcomes Study

Good News for Coverage of clopidogrel (Plavix) in Ontario May 2009:

Patients who qualify for limited use code 375 & 376 are now covered indefinitely. Patients with a section 8 are now covered indefinitely. This will mean less paper work for the physician and a seamless accessibility to the medication for the patient. This is a win-win situation for the patient and our healthcare system.

ePrescribing in the scope of the Minister of Health and Long-Term Care

At this time, ePrescribing is only being evaluated through a demonstration project where eHealth Ontario will examine workflow, change management requirements, regulation guidelines and the impact on physicians, nurse practitioners, pharmacists and patients. Two sites have been selected in Ontario. For more information : <http://www.ehealthontario.on.ca>.

If you have requests, suggestions or comments for future issues, your feedback may be directed to

suzie@medicalartsparmacy.ca

Suzie Pilon B.Sc.Pharm., Certified Geriatric Pharmacist

Medical Arts Pharmacy

173 Montreal Road & 30 13th Street East, Cornwall, Ontario

Phone: 613-932-6501 or 613-933-0670

CLOPIDOGREL (PLAVIX)

Class of medications:

Platelet aggregation inhibitors or antiplatelets

Indications:

Clopidogrel is indicated for :

- Prevention of vascular ischaemic events in patients with symptomatic atherosclerosis (prevent heart attacks and other circulation problems)
- Acute coronary syndrome without ST-segment elevation (NSTEMI) along with aspirin
- ST elevation MI (STEMI)
- Prevention of thrombosis after placement of intracoronary stent along with aspirin

Possible drug interactions:

- Proton Pump Inhibitors (PPIs) (esomeprazole, lansoprazole, omeprazole, rabeprazole) may possibly decrease the antiplatelet effect of clopidogrel
- Aspirin, NSAIDs increase risk of bleeding

Possible side effects

- At least 1% of people taking this medication
- constipation
- heartburn

Serious adverse drug reactions:

- Severe neutropenia (1/2 000)
- Thrombotic thrombocytopenia purpura (TTP) (4/1 000 000 patients treated)
- Hemorrhage:
 - 1) Gastro-intestinal hemorrhage (2.0%).Use on non-steroidal anti-inflammatory drugs (naproxen, diclofenac, ibuprofen...) may increase the risk of digestive tract hemorrhage. Celecoxib may be a better choice of anti-inflammatory drug.

Recommended dosage:

75mg once a day with or without food

Nurses implications:

Monitor patients for signs of bleeding, Blood pressure, pulse, signs of ?failure

Source: Geriatric Dosage Handbook 12th edition

Written by Suzie Pilon B.Sc.Pharm., Certified Geriatric Pharmacist
Reviewed by Josée Lemay B.Sc.Pharm., Certified Geriatric Pharmacist
M.Sc. Associated Clinician of the University of Montreal
and Harry Haramis B.Sc.Pharm.