

The RxFiles - Drug Comparison Charts - 6th Edition

ASTHMA PHARMACOTHERAPY 2-3

CARDIOVASCULAR See CVD Risk Tool page 55

ANTIHYPERTENSIVES:

Summary/Guidelines 4

ACE Inhibitors / ARBs 6

Beta Blockers 7

Calcium Channel Blockers 8

Diuretics & Misc. Antihypertensives 9

Lipid Lowering Agents & Landmark Trials 10

Oral Antiplatelet & Antithrombotic 12

New Post MI 14

New QT Interval -list of interacting drugs 15

DIABETES

Hypoglycemics 16

Insulins 18

FILES for PALM HANDHELD (PDAs) 19

GASTROINTESTINAL

Acid Suppression 20

H. pylori Eradication Regimens 21

HORMONAL & HUMAN REPRODUCTION

Contraceptives - Oral combinations 22

New - Options 24

New Erectile dysfunction 25

Postmenopausal –Herbal Options 26

Postmenopausal Therapy 27

Sexuality: Hypersexuality Treatment 28

Testosterone Replacement -Androgens 29

The RxFiles Academic Detailing Program

Objective comparisons for optimal drug therapy. For more information check our website - www.RxFiles.ca or, contact Loren Regier BSP, BA The RxFiles, c/o , Saskatoon City Hospital 701 Queen Street Saskatoon, SK S7K 0M7 Canada; Ph (306) 655-8505, Fax (306) 655-7980

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INFECTIOUS DISEASE

Anti-infectives, Oral 30

Antivirals: Drugs for Influenza 32

Pneumonia, Community Acquired 33

Urinary Tract Infections-Adult 34

PAIN

Back Pain 35

Migraine-Acute & Prophylaxis 36

NSAIDs & Other Analgesics 38

Opioids 39

Rheumatoid Arthritis: DMARDs 40

PSYCHOTROPICS

Antidepressants Drug Interactions 41

Antidepressants 42

Antipsychotics 44

Antianxiety Agents 46

Benzodiazepines 47

Mood Stabilizers (Bipolar) 48

Sedatives (Insomnia) 50

XTRAS

Antiepileptics 52

Corticosteroids - Topical 54

Cardiovascular (CVD) Risk Tool 55

Dementia / Alzheimer's (Flow chart page 58) 56-58

Glaucoma, Topical Treatment 59

Herbal - Drug Interactions 60-61

Intranasal Corticosteroids 62

OTC (Over The Counter) Medications 63-66

(Congestion; Cough; Cold; Allergy; GI: Dyspepsia, Constipation, Diarrhea; Pain relief; Acne; Fungal; Dermatitis; Plantar warts; Head lice & Vitamins)

New Essential Tremor & Restless Leg Syndrome 67

New Parkinson's Treatment 68-69

INDEXES: 70-75

1) Newsletters 2) Q&A's 3) Drug 4) Abbreviations & Symbols



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Drugs in Pregnancy Risk Classification ^{1,2,3,4}

The following are the codes that appear on some of our charts. This table explains the rating system used.

RISK FACTOR	CLASSIFICATION	COMMENTS *
A	SAFE	No risk. Considered safe in all trimesters. No evidence of fetal risk in controlled studies in humans.
B	LIKELY SAFE	Minimal risk. Either no evidence of risk in animals or risk found in animal studies not reproduced in humans.
B/D		With higher dose, longer duration of drug exposure or near term the risk becomes D
C	CAUTION	Potential risk. Risk evident from studies in animals and/ or no human studies available. Use only if benefit outweighs risk. May be more or less safe depending on trimester.
C/D		With higher dose, longer duration of drug exposure or near term the risk becomes D
D	EXTREME CAUTION	Positive evidence of risk. Use only if benefit outweighs risk.
X	CONTRAINDICATED	++ Positive evidence of risk. Avoid in women who are or may become pregnant as risk of use outweighs any benefit.
U	UNKNOWN	Risk unknown or untested. Information unavailable / inadequate at this time.

* Rating system has limitations eg. antidepressant frequently used like fluoxetine has a C rating; yet maprotiline (B rating) has less clinical experience

1. Drugs in Pregnancy and Lactation, 7th ed. Briggs GE, Freeman RK, Yaffe SJ, editors. Williams and Wilkins; Baltimore, MD: 2005.

2. Drug Information Handbook, 13th ed. Lacy CF, Armstrong LL, Goldman MP and Lance LL, editors. Lexi-Comp Inc; Hudson, Ohio: 2005-2006.

3. Individual Drug Product Monographs. 4. Micromedex 2005

Common RxFiles ABREVIATIONS & SYMBOLS –most of our charts have footnotes to explain unique abbreviations.

=Exception Drug Status (EDS) in Saskatchewan (1-800-667-2549)

X =non-formulary in Saskatchewan

\$ Retail *Cost to Consumer* based on acquisition cost, markup & dispensing fee in Saskatchewan. Lowest generic price used where available

BP =blood pressure **Bz** =benzodiazepine **CI** =contraindication

ç =indicates strength of tablet is scored ☺ = tastes good

=↓ dose required for **Renal** dysfunction ¹ if 1) ≥ 75% renal excretion

2) toxic if accumulates 3) an active metabolite requiring dose adjustment. [CrCl <60ml/min shows impaired renal function]

CrCl ml/min **Male**={ (140-age) x **ABW** weight in Kg } / {serum creatinine in umol/l x 0.814}

Female= 0.85 x CrCl male

Adjusted body weight in kg (**ABW**) = {Ideal body weight (**IBW**) + 0.4 (Actual body weight-**IBW**)}

IBW (Males)= 50kg + 0.906 (Height in cm - 152.4cm); **IBW** (Females)= 45kg + 0.906 (Height in cm - 152.4cm)

Newsletters, Charts, PDA versions of charts & References are available online at www.RxFiles.ca

∅ =prior approval required by **NIHB** (Non-Insured Health Benefits) coverage for eligible **First Nations & Inuit** 1-800-580-0950

⊗ =not covered by NIHB http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med_bull-lebull

▼ =covered by NIHB for the **OTC charts** p63-66 & identified **ONLY** for those drugs which have **Sask.** Formulary restrictions such as **EDS or non formulary status**

DI =drug interaction **g**=generic avail. **M** =Monitoring **Ⓢ** =a concern if given **Pre-Op** **SE** =side effects **Sz** =seizure

= **CDN** (We are **Canadian**)

=Avoid → soybean & peanut allergy **LFT**=Liver Function tests

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ⁱ Vidal L, Shavit M, Fraser A, et al.. Systematic comparison of four sources of drug information regarding adjustment of dose for renal function. *BMJ*. 2005 Jul 30;331(7511):263. Epub 2005 May 19.