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# THE RX QUARTERLY

## Topics in this Issue:

- NSAID, COX-2 Use Discouraged for Geriatric Pain
- FDA Approves Sale of OTC Prevacid
- New Antipsychotic Drug Approved for Schizophrenia
- Guide to Biostatistics

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*A Pharmacy Department communication for the pharmacists, physicians, nurses, and administrators at PharmaSource Healthcare associated facilities.*

## NSAID, COX-2 Use Discouraged for Geriatric Pain

The American Geriatric Society has updated their recommendations to treat pain in patients 75 years of age and older. In the past the Society has recommended NSAID's and COX-2 inhibitors as first line treatment for pain before the use of opioids. They now consider the cardiovascular risk and gastrointestinal toxicity to outweigh the benefits of using them.

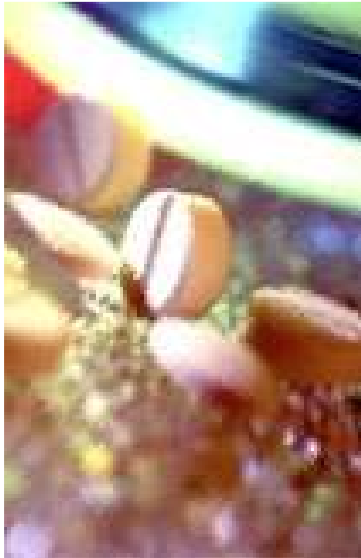
They consider opioids to be a safer therapy in patients with moderate-severe or quality-of-life-impacting pain. Acetaminophen should be considered first line therapy (except in hepatic disease). The use of NSAID's and COX-2 inhibitors should be used only rarely and with extreme caution in highly selected individuals. The AGS guideline revision was

based on a review of the literature since 2002, the last time the guidelines were updated. The guidelines also include recommendations for breakthrough pain and those patients with recalcitrant pain and those taking other adjuvant pain relief medications. Those interested in the complete guidelines can find it in the J Am Geriatr Soc 2009.

## FDA Approves Sale of OTC Prevacid

Novartis released information reporting that it has received FDA approval to market Prevacid over-the-counter. The pharmaceutical has been approved in it's prescription strength formulation and will be marketed as Prevacid 24HR for once daily dosing to treat frequent heartburn. This is first OTC approval of a PPI since 2003. At this time there is no pricing available and Norvatis expects to have the OTC version available sometime later this year.

## New Antipsychotic drug approved for Schizophrenia



Iloperidone (Fanapt), Vanda Pharmaceuticals, has received approval for marketing as a therapy for adult schizophrenia. Iloperidone is a mixed dopamine D2/serotonin 5-HT<sub>2A</sub> receptor antagonist and belongs to the atypical antipsychotic drug class. Iloperidone was dropped from development about 10 years ago, due to the lack of efficacy compared to haloperidol and risperidone. However, in a new trial comparing it to ziprasidone, iloperidone matched ziprasidone in improving scores on the Positive and Negative Syndrome Scale (PANSS) and was better than placebo. The recommended target dosage range is 12 to 24mg per day. Adverse reactions include dizziness, dry mouth, fatigue, nasal congestion, orthostatic hypotension, drowsiness, tachycardia and an increase in weight. It also may affect the QTc interval so it is recommended that a baseline EKG be obtained prior to prescribing iloperidone and to monitor closely. Vanda hopes to market the drug sometime later this year.

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## Guide to Biostatistics

For those of you interested, who may want a short intro to Biostatistics or those who may want a short refresher of Biostatistics, Medpage Today has a guide available on its website ([www.medpagetoday.com](http://www.medpagetoday.com)) under Medpage Tools. The Guide goes through basic Biostatistics nomenclature such as Study Design, Terminology, Descriptive Statistics and other important concepts and gives a pretty good overview of the terms used. For a more detailed description of the topics there is a reference list at the end of the Guide. If nothing else it is a good reference to use when reviewing current studies published in the medical literature. You can also print it out for future reference. In order to access it you just have to register with Medpage and it is a free registration.

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