

HEALING HEARTS

An Evening with your Pharmacists

SARA JOHNSON, PHARM D

- Cardiology Pharmacy Resident

ANTICOAGULANTS

- Commonly referred to as “blood thinners”
- Used for 2 primary reasons:
 1. Prevent a new clot from forming
 - Atrial Fibrillation
 - Other high risk states
 2. Treat an existing clot
 - Pulmonary Embolism (PE)
 - Deep Vein Thrombosis (DVT)

WARFARIN (COUMADIN®)

- Drug of choice for more than 50 years
- Requires monitoring of PT/INR
 - Reflects level of anticoagulation
 - Allows for daily dose to be adjusted
- Effect can be reversed with Vitamin K
- Diet can effect control
 - Key is consistency, not avoidance

THE NEW ANTICOAGULANTS

- Dabigatran (Pradaxa®)
 - Must be taken twice daily
 - Must be stored in original packaging
- Rivaroxaban (Xarelto®)
 - Once daily dosing
 - Should be taken with the evening meal
- Apixaban (Eliquis®)

TIPS FOR ALL ANTICOAGULANTS

- Take as directed
- Alert healthcare workers you are taking
 - Have a plan for invasive procedures
 - Screen for drug interactions
 - Safety in emergent situations
- Be mindful of signs of bleeding
 - Blood in urine, stool
 - Seek medical attention for persistent bleeding

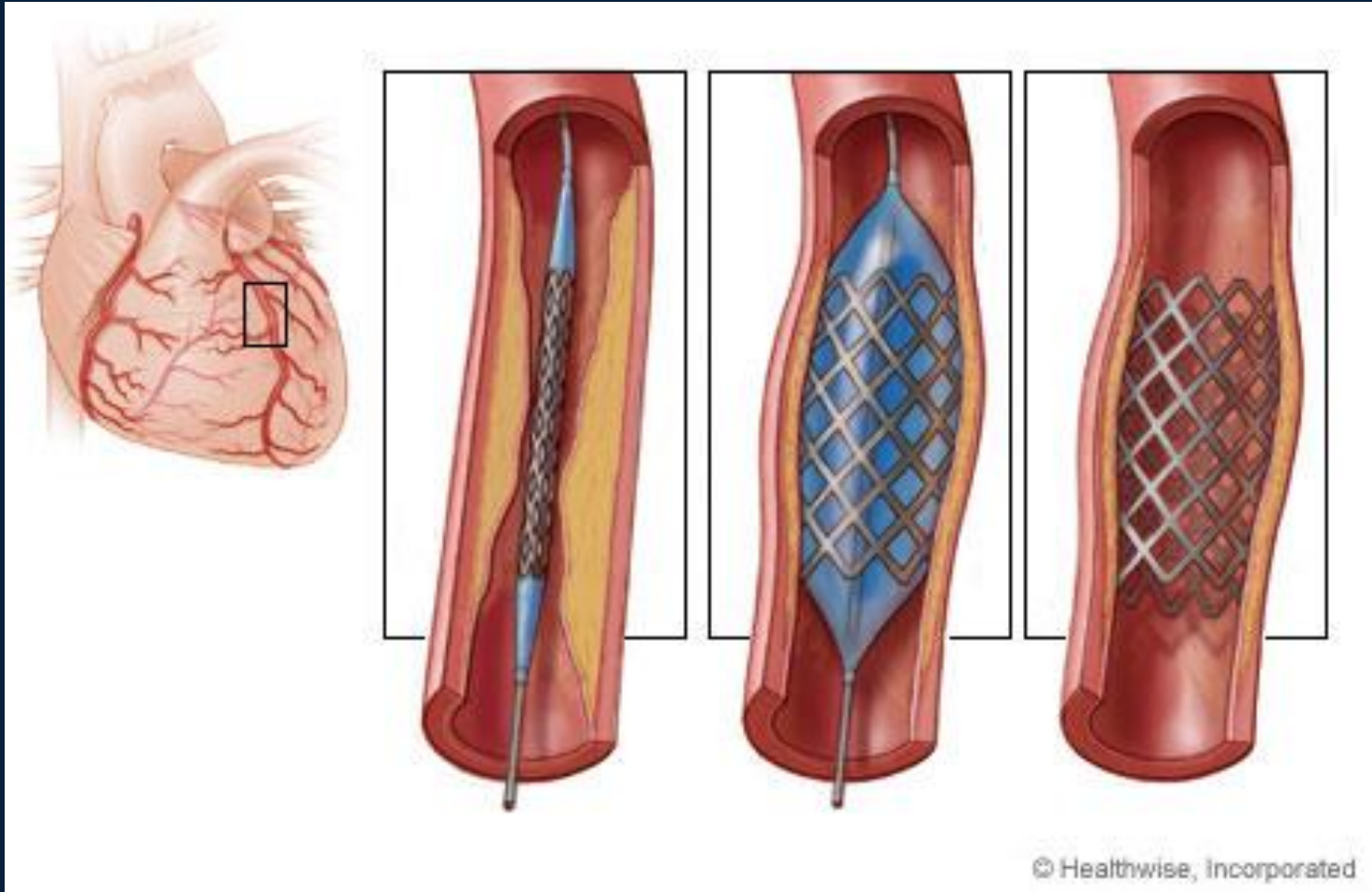
DANIELLE BLAIS, PHARM D

- Specialty Practice Pharmacist
- Acute Coronary Syndromes

CORONARY ARTERY DISEASE

- Leading cause of death in both men and women
- Risk factors
 - Age
 - Smoking
 - Diabetes
 - High blood pressure
 - High cholesterol

CORONARY ARTERY DISEASE



PROTECT YOUR STENT

- To keep your Stent open
 - Aspirin 81 mg daily
 - FOR LIFE
 - Clopidogrel, Prasugrel, or Ticagrelor
 - For recommended duration - depends on the type of stent and reason for the stent
- Side effects - bleeding
- Take your medication every day
- Do not stop taking unless directed by your Cardiologist

MARIA PRUCHNICKI, PHARM D

- Specialty Practice Pharmacist

NEW CHOLESTEROL MEDICATIONS

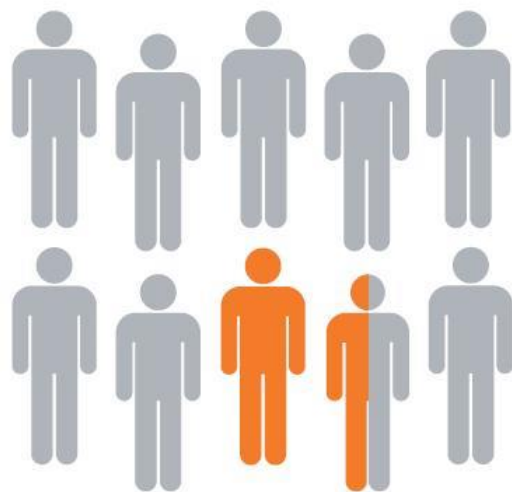
- New class of “cholesterol busters”
 - PCSK9 Inhibitors
- Monoclonal antibodies (MABs)
 - Biologic or “specialty” medication
- Two available agents
 - Praluent® (alirocumab) – July 2015
 - Repatha® (evolocumab) – August 2015

WHAT YOU NEED TO KNOW

- Can reduce LDL-C by 30-60%
 - Injectable, once every other week (usually)
- Approved for patients with 2 primary conditions:
 1. Familial hypercholesterolemia
 2. History of heart attack or stroke
- Main side effects:
 - Injection reactions, flu-like symptoms, malaise
- Major limitations:
 - Risks and benefits not fully known
 - Cost (\$\$\$)

WHAT IS THE IMPACT?

Who may need PCSK9 Inhibitors?



71 Million

Americans have high cholesterol¹

- Statin intolerant
- Genetic disorder (FH)
- Uncontrolled on statins

11 Million

Americans uncontrolled on cholesterol therapy may be targeted¹

1-2 Million²

Potential Targeted PCSK9 inhibitor population in U.S.

Sources: 1. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. February 4, 2011.

2. Forbes. The New Cholesterol Drugs From Amgen And Regeneron Could Still Be Blockbusters. June 10, 2015.

THE BOTTOM LINE

Statins are Current Treatment of Choice for High Cholesterol

Lower
LDL by
30% to
60%*

Up to
30%
fewer
heart
attacks**

Up to
20%
fewer
strokes#

* Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2014;129:S1-45.

** LaRosa JC, He J, Vupputuri S. Effect of statins on risk of coronary disease: a meta-analysis of randomized controlled trials. JAMA. 1999;282:2340-6.

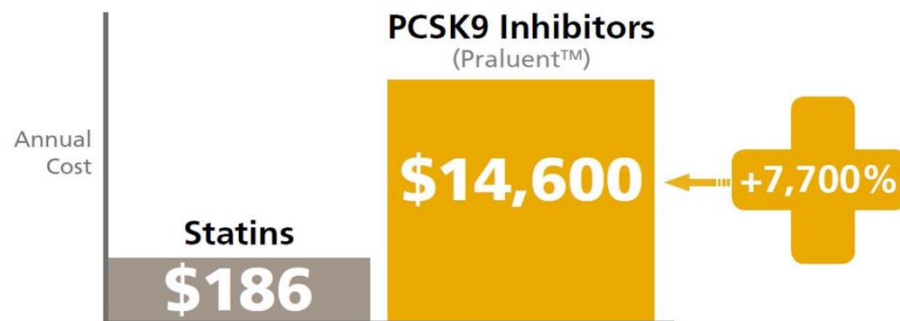
Amarenco P, Labreuche J. Lipid management in the prevention of stroke: review and updated meta-analysis of statins for stroke prevention. Lancet Neurol.

WHAT IS THE IMPACT?

Who may need PCSK9 Inhibitors?

Average Annual Cost of Therapy

Costs could soar with widespread use of PCSK9 Inhibitors



Statin cost: WAC drug costs for atorvastatin. OptumRx Q2-2015 utilization data.
Reuters. New heart drugs come in more expensive than expected. Jul 27, 2015.

- Statin intolerant
- Genetic disorder (FH)
- Uncontrolled on statins

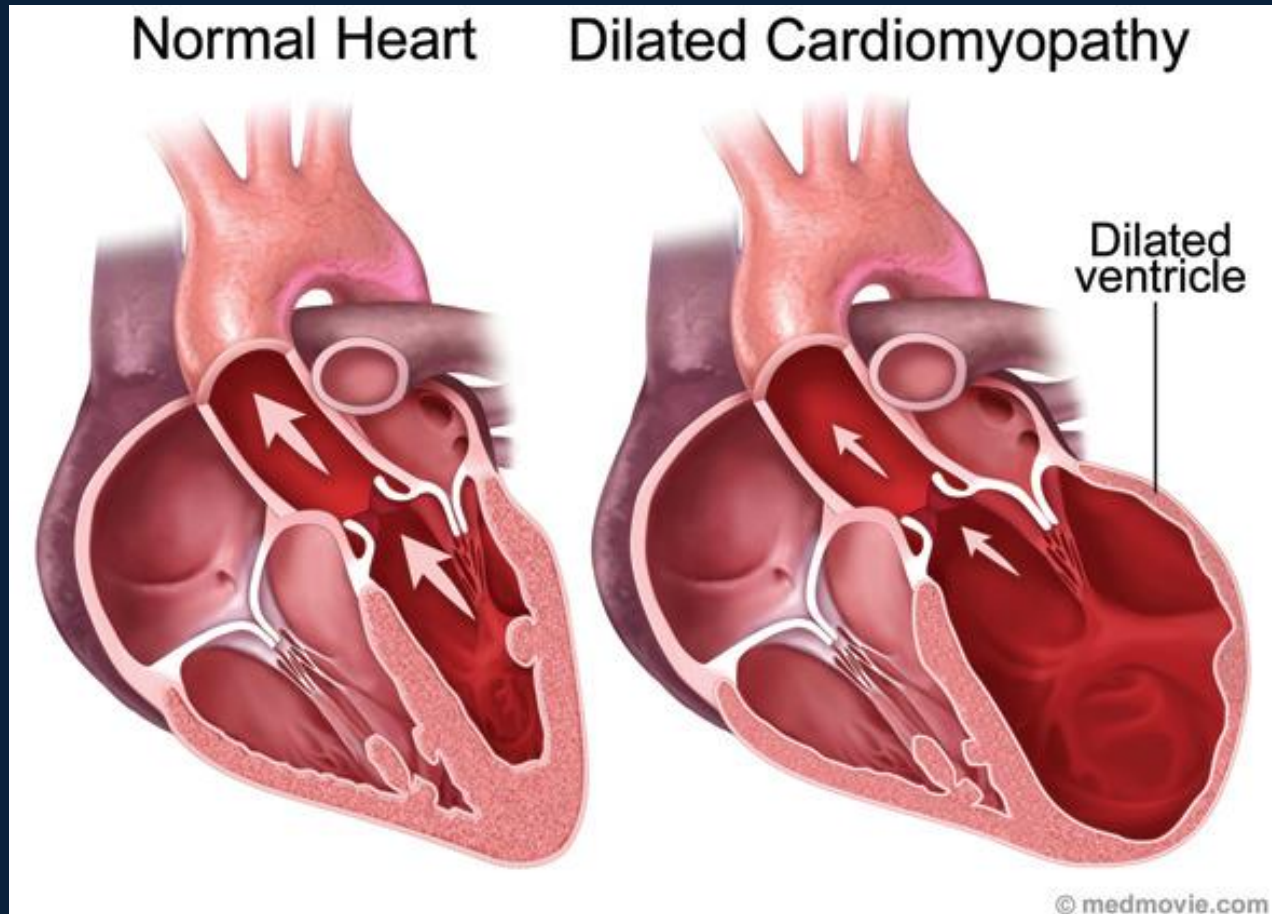
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KERRY PICKWORTH, PHARM D

- Specialty Practice Pharmacist

HEART FAILURE



DRUGS USED TO TREAT

- Drugs which make the heart pump more effectively
 - Enalapril, Lisinopril, Valsartan (Diovan), Losartan (Cozaar)
 - Metoprolol XL (Toprol XL), Carvedilol (Coreg)
 - Sacubril/Valsartan (Entresto)

WATER PILLS

- Drugs which improve the symptoms
 - Diuretics (water pills)
 - Furosemide (Lasix) , Torsemide (Demadex)
- How to help yourself :
 - Weigh yourself daily
 - If weight ↑ by 2-3 lbs /day or 5 lbs /wk
 - Watch you liquid intake
 - Restrict your salt intake
 - May need potassium and magnesium supplements

MAYA HOLSEN, PHARM D

- Cardiology Pharmacy Resident

ACHES, PAINS, AND FEVERS

■ Acetaminophen (Tylenol)

■ Dose

- 325-650 mg every 4-6 hours
- Maximum of 4,000 mg per day

■ Aspirin

■ Dose

- 325-650 mg every 4-6 hours

■ Side Effects

- Bleeding
- Upset stomach



DO NOT USE

- Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
 - Ibuprofen (Motrin, Advil)
 - Naproxen (Aleve)



AVOID NSAIDS

■ Why?

- Damages the kidneys
- Increased risk of heart attack and stroke
- Can increase blood pressure
- Can interact with many medications, including:
 - Warfarin (Coumadin)
 - Aspirin
 - Clopidogrel (Plavix)

COUGH AND COLD

- Chlorpheniramine
(Coricidin HBP)

- Variety of available formulations



- Guaifenesin
(Robitussin)

- Variety of available formulations



DO NOT USE

■ Pseudoephedrine Products

- Sudafed
- Advil Cold and Sinus
- DayQuil-D
- NyQuil-D
- Claritin-D
- Mucinex-D

■ Phenylephrine

- Sudafed PE
- DayQuil
- Nyquil Sinus



CHECK THE LABELS



Drug Facts

TAMPER EVIDENT: D
Failure to follow the

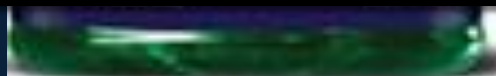
Active ingredients (in each 15 m

Acetaminophen 500 mg

Dextromethorphan HBr 15 mg

Doxylamine succinate 6.25 mg

Pseudoephedrine HCl 30 mg



Know Your
MEDICINE

Know Your
PHARMACIST