

THE CAPSULE

February 2022 

Anticoagulants

Anticoagulants (blood thinners) are important for preventing and treating blood clots, but are associated with an increased risk for bleeding. Using anticoagulants safely requires a careful balance between risks and benefits.

Among older adults, oral anticoagulants are the most common cause of adverse drug events (ADEs) leading to emergency room visits and emergent hospitalizations. Oral anticoagulants include warfarin and the direct-acting oral anticoagulants (DOACs) such as apixaban, dabigatran, edoxaban, and rivaroxaban.

In 2017:

- Bleeding from oral anticoagulants resulted in approximately 235,000 emergency department visits.
- Older adults (≥65 years of age) were involved in approximately 80% of DOAC-related bleeding visits and 77% of warfarin-related bleeding visits.
- DOACs contributed to approximately 40% of estimated oral anticoagulant bleeding visits



PHARMACY HIGHLIGHTS

- Employee of the Quarter:



Julie Rasmussen
Customer Service Manager

- Avendi is now providing COVID-19 boosters

NEW GENERICS

- Brinzolamide Opth. Susp. Brand Name: Azopt Opth.
- Difluprednate 0.05% Eye Drop
- Nebivolol Tablet Brand Name: Bystoilc
- Apo-Vareniciline Oral 0.5mg & 1mg (not starter pk or continue pk)
- COMBIGAN = Brimonidine Tartrate/Timolol Maleate
- DEXILANT = Dexlansoprazole
- NARCAN NASAL SPRAY = Naloxone Nasal Spray

BACKORDERED MEDS

- Namzaric 28mg/10mg
- Benzonatate Caps 100mg & 200mg
- Saline Flushes
- Heparin Flushes
- Sulfasalazine 500mg
- Morphine IR 15mg
- Certavite SR with Lutein
- Ciprofloxacin 250mg
- DepoMedrol 40mg/mL
- Gentamicin Sulfate Inj. 80mg/2mL

HOLIDAY SCHEDULE

- Open regular hours Monday, February 14th 2022
- Should you have an emergent need we always have a pharmacist on-call 24/7. They can be reached at 828-855-9767

Examples of Bleeding Associated with Anticoagulation Therapy

Signs and symptoms of bleeding should be monitored for residents on anticoagulation therapy.	Alert physician if any of the following occur:	
		dark tarry stools
	bruising	bruising
	blood in urine	bleeding gums
	bright red patch on the white of eye	coughing up blood/blood-stained mucus
	bright red blood in vomit	vomit resembling coffee grounds
Minor Bleeding	minor nosebleed	
	hemorrhoid bleeding	
	subconjunctival hemorrhage (bleed under the conjunctiva)	
Moderate Bleeding	hemodynamically stable GI bleed	
	major nosebleed	
	blood in urine	
Severe/Life-threatening bleeding	intracranial hemorrhage	
	severe GI bleed	

Resources: https://thrombosiscanada.ca/wpcontent/uploads/2016/02/22_NOACsManagementBleeding_2016Jan12-FINAL.pdf; <https://www.niddk.nih.gov/healthinformation/digestivediseases/gastrointestinal-bleeding/symptoms-causes> https://www.cdc.gov/medicationsafety/adverse-drug-events-specificmedicines.html#anchor_1558445829

Most commonly used Direct Oral Anticoagulants (DOACs)

(*This table is summarized for most clinical relevance information, it is not complete information)

	Apixaban (Eliquis)	Rivaroxaban (Xarelto)
Indication and Dosing	<ul style="list-style-type: none"> Atrial fibrillation, Nonvalvular - Cerebrovascular accident; Prophylaxis: 5mg PO BID <ul style="list-style-type: none"> Renal impairment in nonvalvular atrial fibrillation: 2.5 mg PO BID in patients with at least 2 of the following characteristics, age 80 years or older, body weight 60 kg or less, or serum creatinine 1.5 mg/dL (133 mcmol/L) or higher Deep venous thrombosis/ Pulmonary Embolism: 10mg PO BID for 7D, then 5mg PO BID <ul style="list-style-type: none"> Prophylaxis: 2.5mg PO BID following a minimum of 6 months of treatment for DVT/PE Postoperative deep vein thrombosis; Prophylaxis – Total knee replacement: 2.5mg PO BID beginning 12-24 hrs after surgery and continued for 9 days Postoperative deep vein thrombosis; Prophylaxis - Total replacement of hip: 2.5mg PO BID beginning 12-24 hrs after surgery and continued for 35 days 	<ul style="list-style-type: none"> Atrial fibrillation, Nonvalvular - Cerebrovascular accident; Prophylaxis: (CrCl greater than 50 mL/min) 20 mg orally once daily with the evening meal (CrCl 50 mL/min or less): 15 mg orally once daily with the evening meal Cardiovascular event risk; Prophylaxis - Coronary arteriosclerosis, Peripheral arterial occlusive disease - In combination with aspirin: 2.5 mg orally twice daily plus aspirin 75 to 100 mg once daily Deep venous thrombosis/Pulmonary Embolism: (CrCl 15 mL/min or greater) 15 mg orally twice daily for 21 days followed by 20 mg orally once daily; take with food, at the same time each day <ul style="list-style-type: none"> Prophylaxis: (CrCl 15 mL/min or greater) 10 mg orally once daily after at least 6 months Postoperative deep vein thrombosis; Prophylaxis – Total knee replacement: (CrCl 15 mL/min or greater) 10 mg orally once daily beginning at least 6 to 10 hours after surgery once hemostasis is established and continued for 12 days Postoperative deep vein thrombosis; Prophylaxis – Total replacement of hip: (CrCl 15 mL/min or greater) 10 mg orally once daily beginning at least 6 to 10 hours after surgery once hemostasis is established and continued for 35 days
Common Side Effects	Bruises, Bleeding Gums, Hematoma	Gastroenteritis, Vomiting, Cough, Hemorrhage
Monitoring	CBC, Renal Function, Bleeding Risk, LFTs (Upon Initiation, at least yearly) *High risk residents may need to be monitored more frequently 3-6 months	
Notes	Beer's Criteria: Avoid use in elderly patients with CrCl less than 25 mL/min	Beers Criteria: Use caution or avoid use as potentially inappropriate in older adults

CS485541



"Remember- your blood thinning meds won't unclog drains."

AvendiRx[®]
LONG TERM CARE PHARMACY

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Available at: <https://www.micromedexsolutions.com/> (cited: 01/31/2022)