

RxFiles 10th Edition



Impact on Academic Detailing of a Drug Therapy - Point of Care Tool

Brent Jensen, BSP
Information Specialist, Chief Editor
RxFiles Academic Detailing Program
Saskatoon, Saskatchewan, CANADA
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Additional RxFiles Contributors:
Loren Regier BSP, BA, Program Coordinator, Contributor, Co-Editor
Lynette Kosar MSc., BSP, Information Specialist, Contributor

The logo for RxFiles is located in the bottom right corner. It consists of a white rectangular box with a drop shadow, containing the text "Rx" in a large, bold, teal font above the word "FILES" in a smaller, bold, teal font. The background of the slide features a teal mountain range silhouette at the bottom.

Rx
FILES

Disclosure

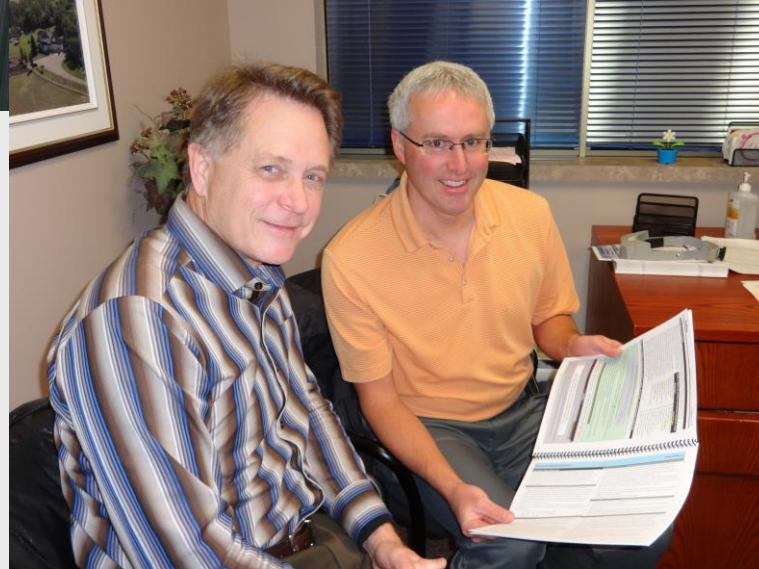
RxFiles Academic Detailing

- Receives grant from Saskatchewan Health through Saskatoon Health Region to provide academic detailing in Saskatchewan
 - Government funding - arm's length
- Receives revenue from sale of book, app, and website subscriptions from outside Saskatchewan
 -  Not for profit, not for loss
- No industry funding



**Rx
FILES**

My life in a nutshell...



What's an RxFiles Chart?

ANTI-HYPERGLYCEMIC DIABETES AGENTS: Outcomes Comparison Summary Table Glucose Lowering Agents in T2DM

L Regier BSP BA, J Bareham BSP, L Lu BSP © www.RxFiles.ca May 2016

Drug Class	Sulfonylureas		TZDs		Acarbose	Meglitinides	Incretin Related Agents		SGLT2 Inhibitors	Insulin in T2DM		
Generic ↔ BRAND	Metformin (MF) GLUCOPHAGE, GLYCON	Glliclazide DIAMICRON [Glipizide GLUCOTROL USA SPREAD-DIMCAD]	Glyburide DIABETA	Pioglitazone ACTOS	Rosiglitazone AVANDIA	Acarbose GLUCOBAY	Repaglinide GLUCONORM Nateglinide STARLIX	Linagliptin TRAJENTA Sitagliptin JANUVIA Saxagliptin ONGLYZA Alogliptin NESINA PO	Liraglutide VICTOZA Exenatide BYETTA SC	Canagliflozin INVOCAN = CANA Dapagliflozin FORXIGA / FARXIGA = DAPA Empagliflozin JARDIANCE = EMPA	Range of Intensity: Less (NPH at HS + metformin)	Range of Intensity: More (Multiple daily doses)
Major trials to support findings/ Outcomes*	UKPDS-33,34,80 (ADOPT; some use in ADVANCE)	ADVANCE	UKPDS-33,80 (ADOPT)	ProACTIVE Ferwana M. Meta-analysis 2013. IRIS	Meta-analysis. RECORD interim. ADOPT, DREAM.	(Prevention trial: Stop-NIDDM)	-	<ul style="list-style-type: none"> SAVOR-TIMI 53: Saxagliptin CV results mostly neutral, ?↑HF, 2013 TECOS: Sitagliptin CV results neutral, 2015 EXAMINE: Alogliptin CV results mostly neutral, ?↑HF, 2013 ELIXA: Lixisenatide CV results neutral, 2015 	Empa-Reg: EMPA ↓ death & CV death CANVAS: CANA CV trial in progress DECLARE: DAPA CV trial in progress	T2DM UKPDS-33,80; ADVANCE, ACCORD, VAOT, ORIGIN. (T1DM: DCCT/EDIC) (Also Boussageon et al. Meta-analysis. BMJ 2011;343:e4169)		
↓ Risk of Death / Major CV	✓✓✓ <small>in Obese UKPDS-34 ↓ Mortality (NH)-14/30yr</small>	✓✓ <small>[Glipizide ↑ risk vs MF, NNT=10/5yr] MRAD-DIMCAD</small>	✓✓ <small>long-term</small>	✓	X??	✓✓	?	? TECOS ↔ 3yr SAVOR-TIMI 53 ↔ 2yr But see ?HF below	? Exenatide ↑HR	? ✓EMPA ↓ death & CV death X CANA transient ↑ CV/stroke in 1 st month	✓✓?	✓✓? XX?
Effect on A1C**	✓✓✓	✓✓✓	✓✓✓	✓✓	✓✓	✓	✓✓/✓	✓	✓✓	✓✓	✓✓	✓✓✓
Weight (wt loss vs neutral vs wt gain)	✓✓✓	X	X	XX	XX	✓✓✓	✓	✓	✓✓	✓✓✓	✓	XX
↓ Risk of Hypoglycemia	✓✓✓	X <small>? If less risk with MR formulation</small>	X X <small>Severe occurs at 1.4%/yr</small>	✓✓ <small>Low risk with monotherapy</small>	✓	✓✓✓	✓✓✓	✓✓?	✓✓?	✓✓ <small>Risk when given with sulfonylurea or insulin</small>	✓	XX <small>Rate of 1.8%/yr</small>
↓ Risk of HF / Edema	✓✓ <small>(1st line in stable HF)</small>	✓✓	✓✓	XX	XX	✓✓	✓✓	X? <small>New FDA warnings for alogliptin & saxagliptin ?Linagliptin & sitagliptin HF neutral</small>	?	✓✓	✓	✓
Effect on LDL	✓✓✓	✓	✓	✓	X	✓	✓	✓	✓✓	X	✓	✓
Effect on GI tolerability	X <small>Start low & titrate</small>	✓✓	✓✓ <small>Rate of 1.8%/yr</small>	✓✓	✓✓	XX	✓✓	✓✓	✓ <small>Nausea, vomiting, diarrhea</small>	✓ <small>Nausea/diarrhea with dapagliflozin</small>	✓✓✓	✓✓✓
Cost	✓✓✓	✓✓	✓✓✓	X	XX	✓	✓	X	XX	XX	✓	XX
Other	May have to hold or ↓ dose in acute illness/HF/renal dysfc. 1 st line for obese T2DM.	ADVANCE: used in combination with metformin.	Caution: ↓ renal function (& older adults).	X ↑ risk of fractures & macular edema Rosi: Restricted access- in CDN (EDS) (↑ CV risk concerns/controversy) Pio: Risk of bladder ca (NNH ~ 21,000/4yrs); ∴ avoid co-admin with dapagliflozin.	✓✓ PPG, Possible benefit of laxative effect in some?	✓✓ PPG, flexibility with meals	✓✓ PPG, flexibility with meals	✓ PPG X new agents – outcome & safety data still limited Possible ↑ risk of infection e.g. URTL. Risk of pancreatitis. Linagliptin: Dose adjustment for renal function not required.	✓ PPG X new agents – outcome & safety data still limited Injection site irritation, Risk of pancreatitis, Possible risk of thyroid cancer with liraglutide. (new once weekly agents coming; may have less GI adverse events.)	X new agents – outcome & safety data still limited ↑ glucose in urine & ↑ risk of UTI/yeast infections ∅/∅. ↓ intravascular volume; ↓BP. ?Bladder/prostate/ breast cancer. Caution: ↓renal fx, ketoacidosis, ↓BMD (fracture risk)	✓ Fear/ perception of insulin injections	✓✓ PPG Fear/ perception of insulin injections
Overall	✓✓✓	✓✓	✓✓	✓?	X?	✓	✓	✓?	✓?	✓? <small>?EMPA due to CV/mortality benefit</small>	✓✓	✓✓/✓ X

*Drugs that lower blood glucose come with various levels of evidence regarding their balance of benefits & harms. This chart relies on current evidence, especially from randomized controlled trials that have evaluated patient oriented outcomes. Direct comparisons between agents have not been done so one is left to evaluate each drug for its relative advantages & disadvantages.

**A1C will vary depending on dose, combinations & initial A1C.

See also: RxFiles Diabetes Landmark Trials Summary at: <http://www.rxfiles.ca/rxfiles/uploads/documents/CHT-Diabetes-Landmark-Trials-links.pdf>

Diabetes Oral Agents Comparison Chart: <http://www.rxfiles.ca/rxfiles/uploads/documents/members/cht-diabetes.pdf>

Individualize approach considering balance of potential benefits & harms. Over-aggressive pursuit of targets can ↑ mortality

An Advantage ✓✓✓	Neutral ✓✓	Neutral ✓	X	A Disadvantage XX
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What's an RxFiles Chart?

Brace yourself...

ANTI-HYPERGLYCEMIC AGENTS (AHA): Comparison Chart

19-20;21-22;23-24;25-26;27 ADA 2015 ;28-29;30 CDA 2013 ;31,32

L Regier BSP, B Jensen BSP, L Rutherford © www.RxFiles.ca

Sep 2015

Generic/TRADE/ Strength/Pregnancy	INITIAL & (Max) DOSE	USUAL DOSE RANGE	\$/100day	KINETICS	EFFECTS ON							DRUG INTERACTIONS (DI)	COMMENTS	
					FBG	PPG	A1C, _%	LDL	HDL	TGs	Wt			
BIGUANIDES - ↓↓ hepatic glucose production; ↑ insulin sensitivity & cellular glucose uptake & utilization; ↓ morbidity & mortality in obese patients (UKPDS-34)														
Metformin (MF) GLUCOPHAGE, GLYCON, g 500 ³³ , 850mg tab Metformin ER tab (ghost tab) GLUMETZA X 500mg, 1000mg tabs **once daily dosing (ghost tab shell may be passed in stool after releasing drug)	250-500mg daily (Max: 2550mg/day, 850mg TID; but usual max 1g BID)	500mg po BID 850mg BID 1g po BID 1700mg am, 850mg pm	21 24 31 30	Onset - days to max effect at 2 weeks Peak = 3h Duration = 8-12h	↓ ↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓ ↓	↓2.9kg ↓2.9kg ↓2.9kg ↓2.9kg ↓2.9kg ↓2.9kg	Metformin • EtOH & cimetidine ↑ effect of MF • contrast media (acute renal dysfn) • long-term ↓ VitB ₁₂ & folate absorption • may ↓ TSH in treated hypothyroid pts	1st line agent; DOC for OBESE! Possible wt loss. Does not by itself cause hypoglycemia. Elderly: ↓ dose. ³⁴ ; Prevent NIDDM ^{35, DPP} . Use in PCOS ³⁶ . Low breast milk ³⁷ ; ↑ open angle glaucoma. AE: GI (dyspepsia, ND): To avoid, start low dose & ↑ q2-4wk; TID dosing option for larger doses to ↓ GI intolerance Lactic acidosis <1:10,000 ⁷ watch Na bicarb. Anemia may occur long-term due to ↓ Vit B12 absorption ⁷⁵ - consider oral B12 Avoid: ↓ renal fx (eGFR <30 ml/min); acute/decompensated HF, liver dx Hold: in acute illness/dehydration, 48hr post Combo MF/Rosi ↓ A1C by ~2% but Tedema & hypoglycemia vs MF alone.	
Metformin Combination Products Metformin/Rosiglitazone AVANDAMET Metformin/Sitagliptin JANUMET Metformin/Saxagliptin KOMBIGLYZE Metformin/Linagliptin JENTADUETO														
Combination Products, NOT in Canada: Metformin/Pioglitazone ACTOplus met 500/15mg, 850/15mg BID Canagliflozin/Metformin INVOKAMET 50 & 150/500 mg; 50 & 150/1000 mg tab po BID														
SULFONYLUREAS (SU) - insulin secretagogue; ↑↑ β cell insulin release; ↑ peripheral glucose utilization (↑ #/sensitivity of insulin receptors?); ↓ hepatic gluconeogenesis; may stop if on insulin or 2 DOC														
Chlorpropamide DIABINESE, g 100, 250mg ³⁸ tabs	100mg daily (500mg daily)	100mg po daily 250mg po daily	19 19	Peak = 6-8h Dur = 24-72h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	↑ by 2C9 inhibitors eg. Amiodarone, SMX/TMP, fluvastatin... • ↑ Hypoglycemia with: cimetidine, clarithromycin, EtOH, fluconazole, fluoxetine, MAOIs, metronidazole, NSAIDs, quinolones, salicylates & sulfonamides • β-Blockers may mask hypoglycemia • Disulfiram rxn with EtOH & chlorpropamide • rifampin ↓ effect	In general, SUs achieve ~75% of effect at 1/2 their max dose. Caution in elderly (hypoglycemia risk) & obese (wt gain). Dose titration q1-2 weeks. Failure rates ~5-10%/year. Reduce dose if renal/hepatic dysfx or if hypoglycemia. Many (~75%) require 2 nd agent for BG control. Hypoglycemia: most: chlorpropamide & glyburide (see note below); least: tolbutamide, gliclazide, ³⁷ glimepiride ^{38,39} Require consistent food intake to avoid problems with hypoglycemia (↑ risk: elderly, debilitated, malnourished) AE: Wt gain, headache, dizziness, sulpha skin rx (rash/ photosensitivity ⁴⁰). GI AE: 1-3%, tooth discolour Concern: cardiac, hyperinsulinemia, ↓ Na ⁺ & G6PD. Breast milk conc likely minimal with glyburide & glipizide. Combo agent in USA only: glimepiride/pioglitazone DUETACT	
Gliclazide DIAMICRON, g X 30mg ⁴¹ tab DIAMICRON MR, g 30mg, 60mg ⁴² tab	40mg (160mg BID)	80mg po BID	29-72 ⁴³ contact prescribers	Peak = 4-6h Dur = 10-24h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	Total Wt gain with glyburide >4kg vs >6kg insulin (UKPDS-33) ⁴⁴	chlorpropamide not recommended due to ↑ BP & ↑ retinopathy (UKPDS-33)	
Glimepiride AMARYL, g X 1,2,4mg ⁴⁵ tabs	1-2mg daily in AM (8mg daily)	1mg daily 2mg daily 4mg daily	67 67 67	Peak = 2-3h Dur = 24h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	↓		
Glyburide DIABETA, g 2.5, 5mg tabs ⁴⁶	1.25-2.5mg daily (7.5-10mg BID \$35)	5mg po daily-BID 7.5mg BID Peds: 0.05-0.45mg/kg/d	18-23 ⁴⁷ 29	Onset ≤ 60min Peak = 2-4h Dur = 12-24h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	↓		
Tolbutamide ORINASE, g 500mg tab ⁴⁸	250mg daily (1000mg TID)	500mg po BID 500mg po TID	34 46	Peak = 3h Dur = 6-12h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	↓		
Meglitinides (GTN) - short-acting insulin secretagogue; bind to β cell to stimulate insulin release at different site than SUs; (adjust dose at ~7days); usually D/C if on insulin (Option: HNF1A-MODY)														
Nateglinide STARLIX ac 60, 120mg tab	60mg TID ac (180mg po TID)	60mg po TID 120mg po TID	194 194	O ≤ 20min P = 60-120min D = 4h	↓	↓	↓	↓	↓	↓	↓0.5	↓	• CYP 3A4 inhibitor Amiodarone, azole dipro, dar-/ery-thromycin, cyclosporine, diltiazem, gemfibrozil & P • CYP 3A4 inducer • CBZ & rifampin • CYP 2C8 inhibitor	
Repaglinide GLUCONORM, g 0.5, 1, 2mg tab	0.5mg TID ac (if no prev tx or A1C <8%) (4mg QID)	0.5mg po TID 1-2mg po TID 4mg po TID	} 120/44 g 240/81g	O = 15-60min P = 60-90min D = 4-6h	↓	↓	↓	↓	↓	↓	↓1.6kg ADOPT 4YR	↓		
Thiazolidinediones (TZDs) (aka "glitazones") - Insulin Sensitizers: ↓ hepatic output of glucose & ↑ peripheral insulin uptake; ~4-6+ weeks before effect (adjust dose at ~2 months)														
Pioglitazone ACTOS, g 15, 30, 45 mg tab	15mg daily (45mg/day ACT NOW)	15mg po daily 30mg daily 45mg daily	68 g, ⁴⁹ 279 84 g, ⁵⁰ 379 111 g, ⁵¹ 555	Delayed action... Onset ≥ 4 wks	↓ macular edema; FDA'11: >1yr use may ↑ bladder ca)	↓	↓	↓	↓	↓	↓3.6kg PRODUCTIVE	• Cholestyramine ↓ absorption ~70% • Hepatic CYP 2C8 ↑ by gemfibrozil, abiraterone; & ↓ by rifampin • Pioglit (not rosi-) CYP 3A4 weak/moderate inducer so may ↓ OCPs	More effective in obese or hyperinsulinemia pts. Doesn't cause hypoglycemia by itself. Ovulation resumption possible in anovulatory ♀ AE: any HF; triple tx AE: Edema 4.8% (HF 2x); HTN; ↑ wt; anemia ⁵² (due to hemodilution?); ↑ fractures ⁵³ ; monitor liver fx (ALT) when indicated ROLE: +MF/SU ⁵⁴ ; ↑ HF if with insulin. Rosi: ↑ MI risk ⁵⁵ Rosiglitazone requires patient consent due to cardiac risk. Pioglitazone may have more +ve lipid effect ^{42,43}	
Rosiglitazone AVANDIA 2, 4, 8mg tab	4mg daily (4mg max if with SU)	4mg po daily 4mg po BID 8mg daily	246 462 339 284 377	Max effect in 8-16 wks	↓	↓	↓	↓	↓	↓	↓4.8kg ADOPT 4YR	↓		
Metformin/Rosiglitazone AVANDAMET 500mg/1mg, 500mg/2mg, 1000mg/2mg 500mg/4mg, 1000mg/4mg	BID dose "more effective" ⁵⁶	Europe D/C Sep'10	284 377	Restricted or consent required	↓	↓	↓	↓	↓	↓	↓4.8kg ADOPT 4YR	↓		
α-Glucosidase Inhibitors - inhibit α-glucosidases in brush border of small intestine; prevent hydrolysis & delay carbohydrate digestion (Tx hypoglycemia with glucose tablets; honey or milk; [sucrose not absorbed])														
Acarbose GLUCOBAY (prev Prandase) 50, 100mg ⁵⁷ tabs	25mg daily (100mg TID)	50mg po TID cc 100mg po TID cc	99 133	Meal-time dosing; ~8 wks for max. effect	↓	↓	↓	↓	↓	↓	↓0.5 0.8	↓	• ↓ digoxin effect • Cholestyramine & cathartics ↑ effect • Enzymes carbohydrate effect; ↓ Fe ⁵⁸	AE: GI intolerance (flatulence diarrhea); ↑ LFTs hepatic failure. Accumulation in renal fx. Avoid in chronic GI disease. (Low hypoglycemia risk) ↑ dose q4-8wks. ROLE minimal: if ↑ PPG; +SU, MF; (+Insulin?)

Table with columns: ANTI-TRADE/Strength/Pregnancy, INITIAL & (Max) DOSE, USUAL DOSE RANGE, \$ /100day, KINETICS, EFFECTS ON (FBG, PPG, A1C, LDL, HDL, TG, Wt), DRUG INTERACTIONS (DI), COMMENTS. Rows include Biguanides (Metformin), Sulfonylureas (Chlorpropamide, Gliclazide, Glimepiride, Glyburide, Tolbutamide), Meglitinides (Nateglinide, Repaglinide), Thiazolidinediones (Pioglitazone, Rosiglitazone), and Alpha-Glucosidase Inhibitors (Acarbose).

Generic drug names

Trade names

Symbols to indicate considerations such as kidney health

Common doses

Drug cost

Symbols to indicate pregnancy and breastfeeding considerations

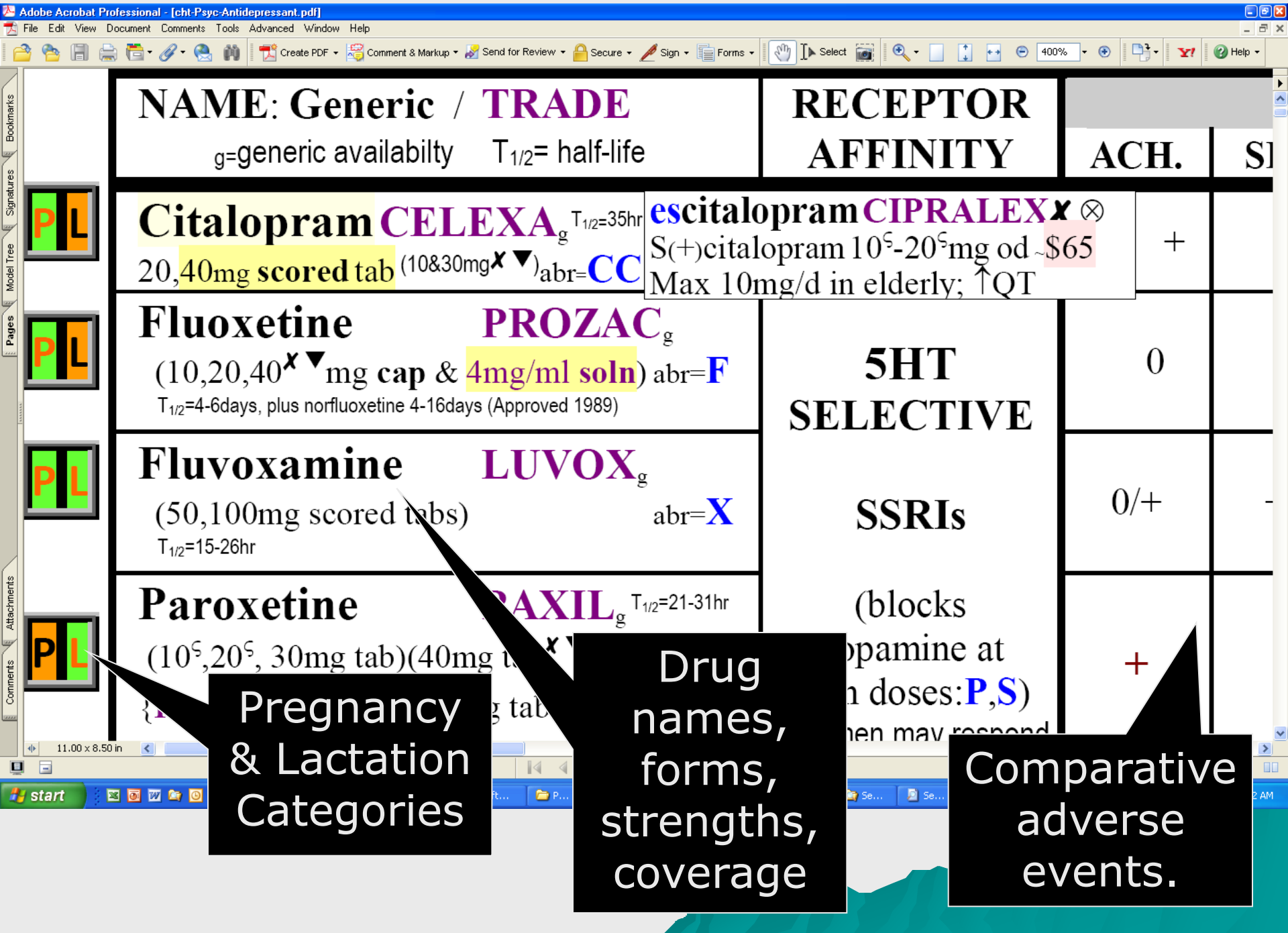
Effects of the drug (good and bad)

Drug interactions

Many other bits...

Symbol indicates that a medication is scored and can be split

Table for Alpha-Glucosidase Inhibitors (Acarbose) with columns for ANTI-TRADE/Strength/Pregnancy, INITIAL & (Max) DOSE, USUAL DOSE RANGE, \$ /100day, KINETICS, EFFECTS ON, DRUG INTERACTIONS, COMMENTS.



NAME: Generic / TRADE

g=generic availability T_{1/2}= half-life

RECEPTOR AFFINITY

ACH.

S

Citalopram CELEXA_g T_{1/2}=35hr
20,40mg scored tab (10&30mg^x ▽) abr=**CC**

escitalopram CIPRALEX^x ⊗
S(+)-citalopram 10⁵-20⁵mg od ~\$65
Max 10mg/d in elderly; ↑QT

+

Fluoxetine PROZAC_g
(10,20,40^x ▽ mg cap & 4mg/ml soln) abr=**F**
T_{1/2}=4-6days, plus norfluoxetine 4-16days (Approved 1989)

5HT SELECTIVE

0

Fluvoxamine LUVOX_g
(50,100mg scored tabs) abr=**X**
T_{1/2}=15-26hr

SSRIs

0/+

Paroxetine PAXIL_g T_{1/2}=21-31hr
(10⁵,20⁵, 30mg tab)(40mg tab^x ▽)
{^x ▽ g tab

(blocks

ppamine at
n doses:**P,S**)
men may respond

+

Pregnancy & Lactation Categories

Drug names, forms, strengths, coverage

Comparative adverse events.

Advantages & Disadvantages

Dose & Cost Information

	COMMENTS & ADVANTAGES (Bold & ✓ indicates official indication in Canada)	ADDITIONAL USES (Official indication in Canada)	INITIAL & MAX. DOSE	USUAL ADULT DOSE RANGE	Cost /Month		
<ul style="list-style-type: none"> • fewest drug interactions • ?benefit heart dx pt 11, but ↑QTc • most anorexic & stimulating • long half-life (5 wk washout) • 90mg weekly in USA • DI tamoxifen • most nauseating, constipating & sedating SSRI; ↑ DI's • most anticholinergic SSRI • most anxiety indications • DI tamoxifen • ↑weight, D/C reaction possible¹⁴ & ↑sexual dysfx, sedation & constipation • most diarrhea & male sexual dysfx of SSRIs • ?benefit heart pts¹⁵, few drug interactions¹⁶; ?↑TG 	<p>Therapeutic Uses:^{12,13}</p> <ul style="list-style-type: none"> ✓ OCD (esp. F, P, S, X) ✓ Panic (esp. P, S, F, CC, X) ✓ GAD (P, ES); ?others ✓ Bulimia nervosa (F) ✓ Diabetic neurop.(CC) & deter use of EtOH ✓ PTSD(P, S), ✓PMDD(F, P, S) ✓ Social Phobia (P, S) ✓ Pediatric (ES, F, S, X) +ve effect on headache? • flat dose response (majority of depressed pts respond at the lowest effective dose) • useful if comorbid dx 	<p>DISCONTINUED Canada NOV03</p>					
			<ul style="list-style-type: none"> • least stimulating serotonergic • less wt gain; less sex dysfx, DI's 	<ul style="list-style-type: none"> • ↓anxiety {Still available} 	<ul style="list-style-type: none"> 10-20mg am 40-60mg/d 10-20mg od 60mg Hollander-Autism 80mg/d 25-50mg hs 300mg/d 10-20mg am 60mg/d 25-50mg am ~95mg/day HTA-SADD NS 200mg/d 0-100mg 600mg 25-50mg bid 600mg/d 	<ul style="list-style-type: none"> 20mg po od STAART NS Au 40mg po od Star*D-40-60mg/d (10mg po od) Flame (Sol'n=\$99) 20mg od am 40mg po od am 100mg po hs 150mg po hs 50mg am & 150mg hs 10-20mg po od am 30mg po od am 40mg po od am 12.5-25mg CR od am^x⊗ 100mg po od cc DIADS-2 NS 50mg po od cc 100mg pm StarD 200mg po bid pc 	<ul style="list-style-type: none"> 25 25 36 29 50 24 33 43 26-28 29 49 54-60 26 45 46 10 17 25
			<ul style="list-style-type: none"> • insomnia, sundowning, aggression); less cardiac effects than TCAs 	<ul style="list-style-type: none"> ✓ Panic, chronic pain ✓ Sleep disorders: 50-100mg hs 	<ul style="list-style-type: none"> 10 17 25 		

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A trip through the book...

From “overwhelming” to
“this is gold”




Why the Effort?



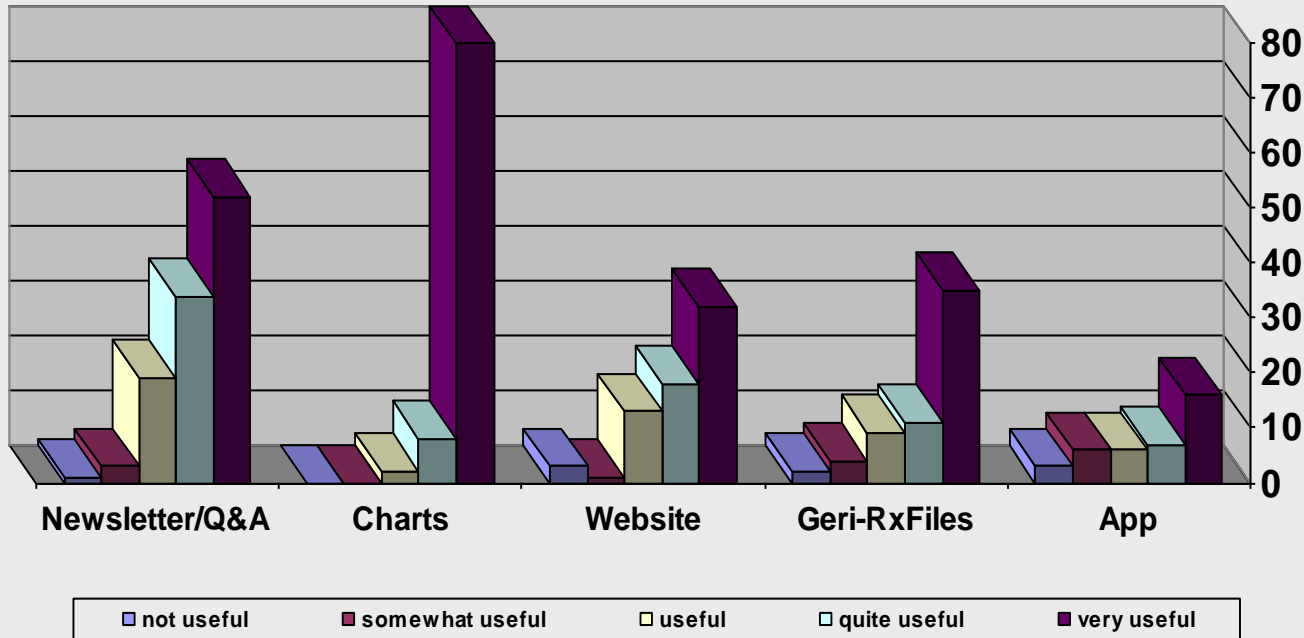




Some Advantages of the Charts as a Point of Care Tool

- ◆ Used commonly in clinician's offices, every day!
 - ◆ Has become a part of teaching for medicine, pharmacy, nurse practitioners, IMGs!
 - ◆ Detail respected by specialists
 - ◆ Easily able to present various topics at rounds & conferences
- 

Clinician's Survey



Recurrent Themes

- ◆ several noted that they use the information every day or several times a day
- ◆ comparative cost of information highly valued information
- ◆ use for teaching, both professional and patient

- ◆ n=99 2015
 - 90 % charts "very useful"
 - 86% use in making prescribing choices

Detailer's Survey

- ◆ Advantage:
 - “Instant respect”
 - ◆ Gives credibility & perceived value
 - “So thankful”
 - Reinforce messages
 - Balanced - therapeutic focus
 - Empowers the detailer




Detailer's Survey


◆ Disadvantage

- Font too small
- Not enough background information to be a stand-alone learning tool
- Need to spend a bit of time with 1 or 2 before the rest come alive

Recent email from student: "charts were banned from the practice lab because it has all the answers."



Leveraging Work

- ◆ The detailing feeds into the charts, which then feed back into great experiences detailing!
 - ◆ *Who does all this?*
 - For clinicians, the RxFiles Academic Detailing Service is known for value added rather than cost burden.
- 

It's all in the detail!



www.RxFiles.ca Website

The screenshot shows the RxFiles website interface. At the top right, there is a "Give Us Your Feedback" link and a "View Cart" button with a shopping cart icon. The main header features the RxFiles logo and the tagline "Objective Comparisons for Optimal Drug Therapy". Below the header is a navigation menu with tabs for "Drug Index", "Other Resources", "FAQ", "About Us", and "Products". A search bar is located on the right side of the header.

The main content area is divided into three columns:

- Featured Topics:** Lists various articles such as "Drug Shortages SDIS Link", "Heart Failure: Targeting Success in HF - CFP Article Dec 2010", "Opioids for Pain in Elderly 2011", "Opioids in Chronic Non-cancer Pain - Mar 2011", "Pain in the Elderly: Opioid vs NSAID - Trial Summary 2011", and "Urine Drug Screening (UDS) Q&A 2011".
- Recent Topics:** Lists more articles like "Common Infections Tx", "Diabetes EBM Trials & Links", "Diabetes: T2DM & Insulin 2008", "EBM: Evidence Overview", "Energy Drinks Q&A - Oct 2010", "HIV: Drugs, SEs, Comorbidities", "RxFiles Osteoporosis, Vit D, SMBG & Anti-infectives 2010", "RxFiles Overview/Perspectives", "Substance Abuse/Addiction", "Vitamin D: Q&A - Oct 2010", "Website Links: Saskatchewan", "What is new or changed", and "z-RxFiles Topic Index 4 Binder".
- Drug Index:** The central section titled "RxFiles Online" provides instructions: "1) Click at bottom for subtopics/links or 2) Use search box (requires correct spelling) above or 3) Click for categorized lists of RxFiles documents:". It lists several categories: "Drug Charts" (always updated - by subscription), "Q&A's" (free), "Trial Summaries" (free), "Newsletters" (free), "Clinical Tools" (free), and "ALL Publications" (comprehensive list). Below this, it states: "Online Charts require: 1) user account & 2) subscription (click 'Products' tab above). Those with group subscriptions/partnerships (e.g. OPA-Earlybird; CSHP;ON,NF,PEI) must create a user account, & request activation in membership box area. Click here for instructions for group subscribers." It also mentions "SK...: get free access via SHIRP eBooks!".
- Membership:** A section for user accounts with a "Log In" form (User Name, Password, Remember me next time), a "Log In" button, and a "Subscribe for Free Email Updates" option.

Annotations on the screenshot include:

- A green arrow pointing to the "Drug Index" section with the text "Featured".
- A green arrow pointing to the "Recent Topics" section with the text "Recent".
- A green arrow pointing to the "Drug Index" section with the text "Categories".

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Geriatric RxFiles

ASSESSING MEDICATIONS IN OLDER ADULTS

Alternatives to explore, or when less may be more



Quotes from Physicians

- ◆ I like that it summarizes relevant information & provides an overview
- ◆ Research evidence based approach to discussing benefits of statins vs risks
- ◆ Selecting appropriate therapy; costs of medication; efficacy/trial data cost of meds, dosage formulations
- ◆ Dosing for renal impairment
- ◆ Able to compare drugs to make best choice for the patient. Makes it easy to look up possible side effects the patient is experiencing, information about how to taper or switch meds.
- ◆ Easy reference to pregnancy/lactation/renal considerations often; reviewing most common side effects with patients, cost comparisons
- ◆ I use it daily for drug choices, pricing, guidelines
- ◆ Antibiotic selection use of anticholinergics in incontinence etc. I use the RxFiles several times a week even if only to confirm what I am doing
- ◆ I use the book or charts every day to make decisions
- ◆ I can compare different antibiotic choices for infections
- ◆ I consult your book for almost every drug/condition
- ◆ Starting doses maximum doses cost comparison etc etc