



Rx Update

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RANOLAZINE

Ranolazine (Ranexa[®]) is a new type of anti-ischemic agent that is FDA-approved to treat chronic angina pectoris in patients **who have not adequately responded to other antianginal drugs**. Ranolazine is used in combination with beta-blockers, nitrates, or amlodipine. It is **not effective for the treatment of acute attacks of angina**. Ranolazine has been shown to be modestly effective at reducing the frequency of anginal attacks by one episode per week in patients already taking standard antianginal medications, with little effect on heart rate and blood pressure.

Ranolazine may prolong the QT interval and should not be used in patients with mild to severe hepatic impairment due to a 3-fold increase in QT interval prolongation in this patient population. It is contraindicated in patients taking other medications known to prolong the QT interval (e.g., sotalol, ibutilide), in patients with pre-existing QT prolongation, and in patients with a history of ventricular tachycardia. Baseline and follow up electrocardiograms (ECG) should be obtained to evaluate the effects of ranolazine on QT interval. Due to CYP3A drug interactions, its use is contraindicated with drugs such as diltiazem, verapamil, ketoconazole, azole antifungals, and grapefruit; these medications can increase ranolazine plasma levels. Additional common drug interactions include digoxin, ritonavir, and cyclosporine. The most common adverse events with ranolazine therapy are dizziness (6.2%), headache (5.5%), constipation (4.5%), and nausea (4.4%). In patients with severe renal impairment, blood pressure should be monitored regularly, as ranolazine may cause elevated blood pressure in this patient population. Adverse effects are dose-related.

The recommended starting dose of ranolazine is 500 mg orally twice daily with or without food. The dose may be increased, as clinical symptoms warrant, to 1000 mg orally twice daily. **The maximum recommended daily dose of ranolazine is 1000 mg orally twice daily; this dose should not be exceeded.** No dosage adjustment is necessary for ranolazine based on renal function.

Ranolazine is available as 500 mg extended-release tablets that should be swallowed whole and not cut, crushed or chewed. Due to its limited indications for use and the need for careful screening for QT prolongation and drug interactions, ranolazine is restricted to initial prescribing by Cardiology staff.

PSEUDOEPHEDRINE CONTROLS: NEW FEDERAL LIMITS FOR OTC PURCHASES

In May 2005, most pseudoephedrine-containing products sold in Iowa were classified as Schedule V controlled substances. This law affected pseudoephedrine provided as a single-agent product and any combination product that contains any amount of pseudoephedrine (including many cough and cold preparations).

This law also limits the amount of pseudoephedrine-containing products that can be purchased over the counter without a prescription to 7500 mg (total) within a 30-day period. New Federal regulations enacted this year have further limited the amount of pseudoephedrine that may be purchased over the counter on a daily basis. Purchasers may now only buy up to 3600 mg during any one-day time period (again, up to a maximum amount of 7500 mg per month). Purchasers must be 18 years of age and provide a government-issued photo ID (e.g., a driver's license).

The rules for filling outpatient pseudoephedrine prescriptions are unchanged. Prescriptions for any pseudoephedrine-containing products will continue to be treated like other controlled substances in Schedules III, IV and V; the prescriber must supply his/her DEA registration number on the prescription and the number of refills will be limited to five (or six months).

If you have questions about the proper storage, handling or use of pseudoephedrine-containing products, please contact Kevin Bebout, Administrative Pharmacy Practice Specialist, at 6-4284. Additional information may also be found at: http://www.state.ia.us/odcp/information_trends/pseudo%20what%20you%20need%20to%20know.html.