

Primary
Care



CONNECTED
CARE PARTNERS

COMMON PRACTICE

In Connected Care Partners, we are tasked with improving both the cost and quality of care that our patients receive. One important area of focus is medications. We are challenged daily by the prescription insurance world and the costs associated with medications. The high price tag of complex medication regimens can affect adherence and the subsequent clinical outcomes we desire.

Connected Care Partners has a team of dedicated clinical pharmacists who have been working with our population health managers, nurses and providers through referrals. Kimberly Deaton, Pharm.D., located at the IMA Anticoagulation Clinic (662-377-6426); James Taylor, Pharm.D., Ambulatory Care Manager (662-377-7042), located at the Family Medicine Residency Center; and pharmacy residents with NMMC are available to help you and your staff with medication-related issues. Feel free to reach out to them by phone, or send a flag or referral request in Centricity to the **Pharmacist, ACO** desktop.

I will be sending out periodic memos from the pharmacy service team that will provide possible cost-saving strategies and medication safety information that should be important to your practice.

Thanks for all your effort to give patients excellent care!

Erik Dukes, M.D.

Pharmacy News Brief

August 2017

Dear Colleagues,

This newsletter is to serve as a guide to dosing and approved indications for the Direct Oral Anticoagulants (DOACs), which include apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), and edoxaban (Savaysa). A new oral agent, betrixaban (Bevyxxa), is soon to be released for thromboprophylaxis in patients with restricted mobility. This medication group is classified as "High Alert Medications" by the Joint Commission.

Keypoints:

1. DOACs are indicated for the Big 3 diagnoses: Non-valvular AFib, DVT treatment, and DVT prophylaxis
2. For apixaban (Eliquis) dose reduction for AFib, patients must meet two of the three criteria in "The ABC's of Apixaban in AFib": Age \geq 80, Body weight \leq 60kg, SCr: \geq 1.5mg/dL. This is not applicable to VTE therapy.
3. For VTE treatment, bolus doses are required: use apixaban 10mg BID x 7 days and rivaroxaban 15mg BID x 21 days. Bridging with parenteral anticoagulation (i.e. enoxaparin) is required when starting dabigatran or edoxaban.
4. Apixaban is the least dependent on renal function, while dabigatran depends the heaviest on renal function. Edoxaban should be avoided in AFib with CrCl $>$ 95 mL/min.
5. None of the agents are recommended for use in patients who have a mechanical prosthetic heart valve.
6. There are important drug interactions to consider.
7. Investigate prescription coverage before initiating therapy to prevent lapses in therapy.

[DIRECT ORAL ANTICOAGULANTS \(DOACs\)](#)

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