



Threats & Opportunities in the Healthcare industry in this millennium

Ken Chee
Director, Asia Pacific

HEALTHCARE



THOMSON REUTERS

Topics

- Micromedex – brief Introduction
- Global Trends
- Taiwan Healthcare –
 - Strengths & Weaknesses
 - Threats
- Opportunities
 - Drug co.
 - Hospitals
 - How Micromedex can assist in realizing these opportunities



MICROMEDEX

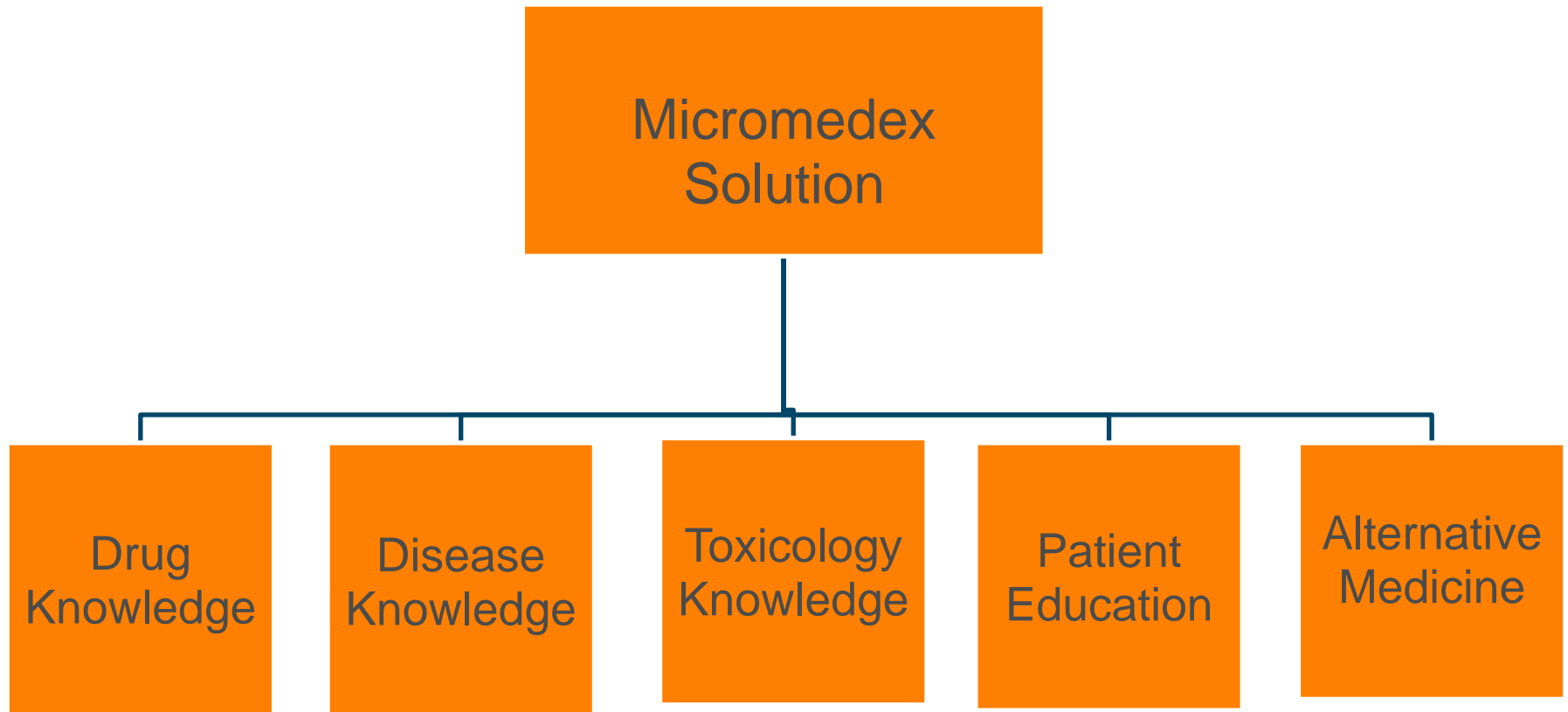
Brief Introduction

Micromedex background

- Micromedex (Microfiche Medical Index) founded in 1974. Now a subsidiary of **Truven Health Analytics**
- Pioneer of EBM:
 - 1948 - 1st Randomized Controlled Trial (RCT)
 - 1993 - Cochrane collaboration
- Synthesis of the latest peer-review, full text , EBM content;
mission critical tool @ point of care
- Updates:
 - RED BOOK Online – daily
 - Internet - weekly;
 - iPhone & Android Apps – Free
- Mission: *Knowledge...When you Need it Most !*



Micromedex Solution



The healthcare industry trusts Micromedex because....

- **Authority:**
 - Drugdex, Poisindex & Diseasedex accepted by US Congress as Official drug & medical compendia
 - **Quality:**
 - Rigorous editorial process by 150 Internal editors & 500 advisors worldwide
 - **Currency:**
 - Weekly update on Internet, Urgent cases Daily
 - **Reliability:**
 - 36 years of Trusted EBM in-depth clinical content
- Consistency**
- Consistent Google-like search & data format



Global Healthcare Trends Taiwan SWOT Analyses

Global Healthcare Trends

- Aging population & shrinking workforce. Exploding healthcare demand while Govt. struggle with healthcare costs.
- Explosion of Medical knowledge. Clinicians under pressure to keep up with latest medical knowhow.
- 62% of internet-users search for health information, influenced by commercial “*Advertising-Editorial*” information.
- 15-20% consumers take both prescription medicine & herbal medicine; consumers look for alternative treatment.
- Drug co. focus on lifestyle disease: ED, depression, obesity. Non-communicable disease (e.g. diabetes) displace infectious (e.g. malaria).



Global Healthcare Trends

- Biotech shift focus from cure to prevention using Genomics & Reverse Proteomics
- Effect of Govt. policy and emerging social trends
 - China's 1-child policy ; twin drugs" (FSH, Recombinant or clomifene citrate)
 - Singapore's tax incentives for 3 children
 - Gay couple use Indian surrogate mothers



Taiwan's healthcare: SWOT (strength, weakness, opportunity, threat)

.....

STRENGTH

One of the best systems in Asia
Low cost universal systems
Highly skilled dedicated clinicians
Advanced high-tech equipment & info. resources
Very high standard of care
Relatively easy access to speedy care

WEAKNESS

Family clinics over-shadowed by hospitals
Overworked clinicians

THREATS

Declining birth rate & aging population
Unsustainable Healthcare cost increase
Increase in demand & declining tax base
Intense competition among hospitals



Taiwan's healthcare - Opportunities

| | |
|-----------|---|
| Drug Co. | Drug Pricing |
| | Reverse Proteomics |
| | |
| Hospitals | Medical Tourism |
| | Alternative Medicine |
| | Reduction of ADE (Adverse Drug Events) |
| | Drug Substitution |
| | Low birth rate |
| | |



OPPORTUNITIES Drug Co.

Drug Price

using Red Book Online

Patent expiry of branded drugs

- 57% of branded drugs will be off-patent by 2011 and 75% by 2013 - *RolandBerger Strategy Consultants*.
- \$78 billion sales of branded drugs will be lost- *Datamonitor*.
- Another \$32 billion sales of patent-expired brands will be lost from price cuts and reimbursement restrictions.
- Trend of low-price generic drugs replacing branded drugs upon patent expiry.



Challenges: Drugs coming off US patents in 2011-13

| Manufacturer | Drug | Treatment for |
|---------------------|------------|---------------------------|
| Abbott Laboratories | Tricor | Cholestrol |
| Astra Zeneca | Nexium | Indigestion |
| Astra Zeneca | Seroquel | Depression |
| Bristol Myer Squibb | Plavix | Cardio (Blood Thinning) |
| Merck | Singulair | Asthma |
| Novartis | Diovan | Hypertension |
| Pfizer | Effexor XR | Depression |
| Pfizer | Lipitor | Cholestrol |
| Pfizer | Viagra | ED (Erectile Dysfunction) |



Price replaces R&D as the most critical factor.....

- Expensive (\$1B) and lengthy (15 years) drug R&D process
- Shrinking R&D pipelines of new compounds
- Increasing regulatory complexity and commercial challenges (ROI)
- Only 1 in 5K to 10K drug compounds is commercialized successfully
- Drug co. now use Price to grow revenue and to enter market; price being the most important of the 4P of the marketing mix.
- All drug co. refer to Micromedex Red Book Online as the only source of drug price information.



RED BOOK Online

- US Drug Prices influence International pricing
- RED BOOK is the oldest source of drug pricing information in the U.S.
- RED BOOK™ Online provide electronic access to current pricing and product information on prescription drugs, OTC drugs, vitamin supplements and nutrition items.
- It is updated Continuously (daily Denver time 2 p.m.)
- First Data Bank ceased publishing the Blue Book AWP data field for all drugs since September 26, 2011.



RED BOOK Online

- Includes
 - Over 200,000 drugs (80,000 currently marketed) including Every drug approved by FDA
 - 105 data fields – E.g.
 - Brand name & Generic name, NDC #,
 - Dosage & forms, Strength,
 - Administration route, Package size etc.
- Contains different types of pricing
 - **AWP** (Average Wholesale Price)
 - **WAC** (Wholesale Acquisition Cost)
 - **MSRP** (Manufacturer's Suggested Retail Price),
 - **DP** (Direct Price)
 - **FUL** (Federal Upper Limit).



http://www.thomsonhc.com/micromedex2/librarian/ND_T/evidenceexpert/ND_PR/evidenceexpert/CS/828BEA/ND_AppProduct/evidenceexper

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Tools

RED BOOK Online(R) search results - MICROME...

MICROMEDEX® 2.0

Tools: Drug Interactions Trissel's™ IV Compat

RED BOOK Online

Displaying results found for

Results 1 - 5 of 5

| Details | Price Chg | New Pkg | Product Name |
|--------------------------|-----------|---------|--------------|
| <input type="checkbox"/> | | | PROZAC |
| <input type="checkbox"/> | | | PROZAC |
| <input type="checkbox"/> | | | PROZAC |
| <input type="checkbox"/> | | | PROZAC |
| <input type="checkbox"/> | | | PROZAC |

RED BOOK ONLINE® PRODUCT DETAILS

Product Information

| | | | |
|---------------------------|--------------------------|--------------------|---------------|
| Product Name: | PROZAC | Code: | NDC |
| Active Ingredient(s): | fluoxetine hydrochloride | Identifier: | 00777-3105-30 |
| Manufacturer/Distributor: | LILLY, ELI & COMPANY | Unit Dose: | N |
| Form: | CAPSULE | Single Source: | N |
| Strength: | 20 mg | Repackager: | N |
| Size: | 30s ea | Generic: | N |
| Route of Admin: | ORAL | Add'l Description: | -- |
| Orange Book Code: | AB | | |
| DEA Class: | RX | | |

| Current Pricing Information: | | | | AWP Unit Pricing History: | | | J-Codes: |
|------------------------------|---------|---------|----------------|---------------------------|---------|----------|----------|
| | Package | Unit | Effective Date | Effective Date | Unit | % Change | |
| AWP | 225.18 | 7.50600 | 03/24/2011 | 03/24/2011 | 7.50600 | 6.0 | -- |
| WAC | 187.65 | 6.25500 | 03/24/2011 | 07/01/2010 | 7.07967 | 6.0 | -- |

PRINT

http://www.thomsonhc.com/micromedex2/librarian/ND_T/evidenceexpert/ND_PR/evidenceexpert/CS/828BEA/ND_AppProduct/evidenceexper

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| <input type="checkbox"/> | | | PROZAC |
| <input type="checkbox"/> | | | PROZAC |

RED BOOK ONLINE® PRODUCT DETAILS

Form:
Strength:
Size:
Route of A
Orange B
DEA Class

Current
AWP
WAC
DIR
FUL
SRP

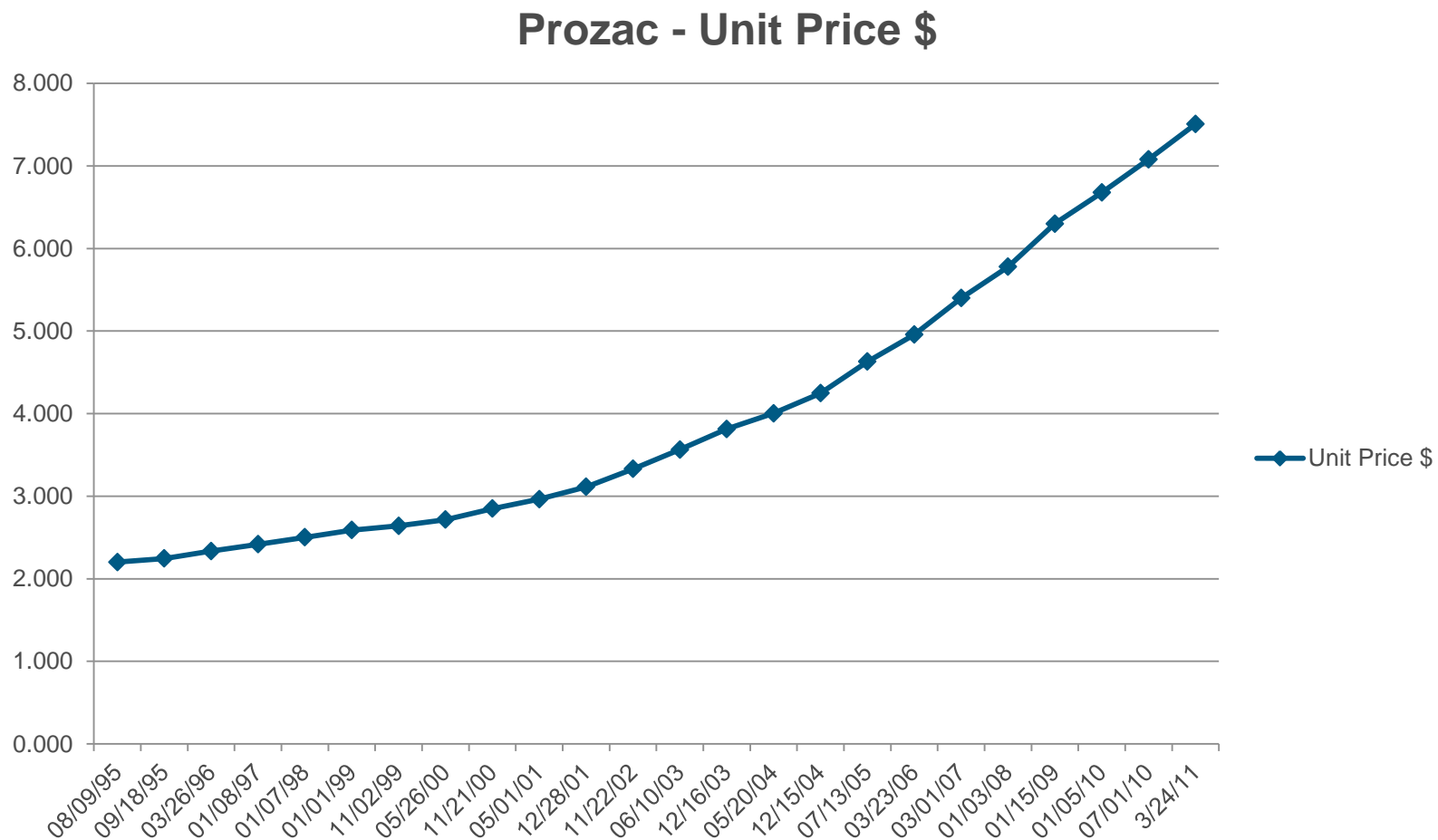
RED BOOK ONLINE® AWP PRICE HISTORY

Product Name: PROZAC
Code: NDC
Identifier: 00777-3105-30

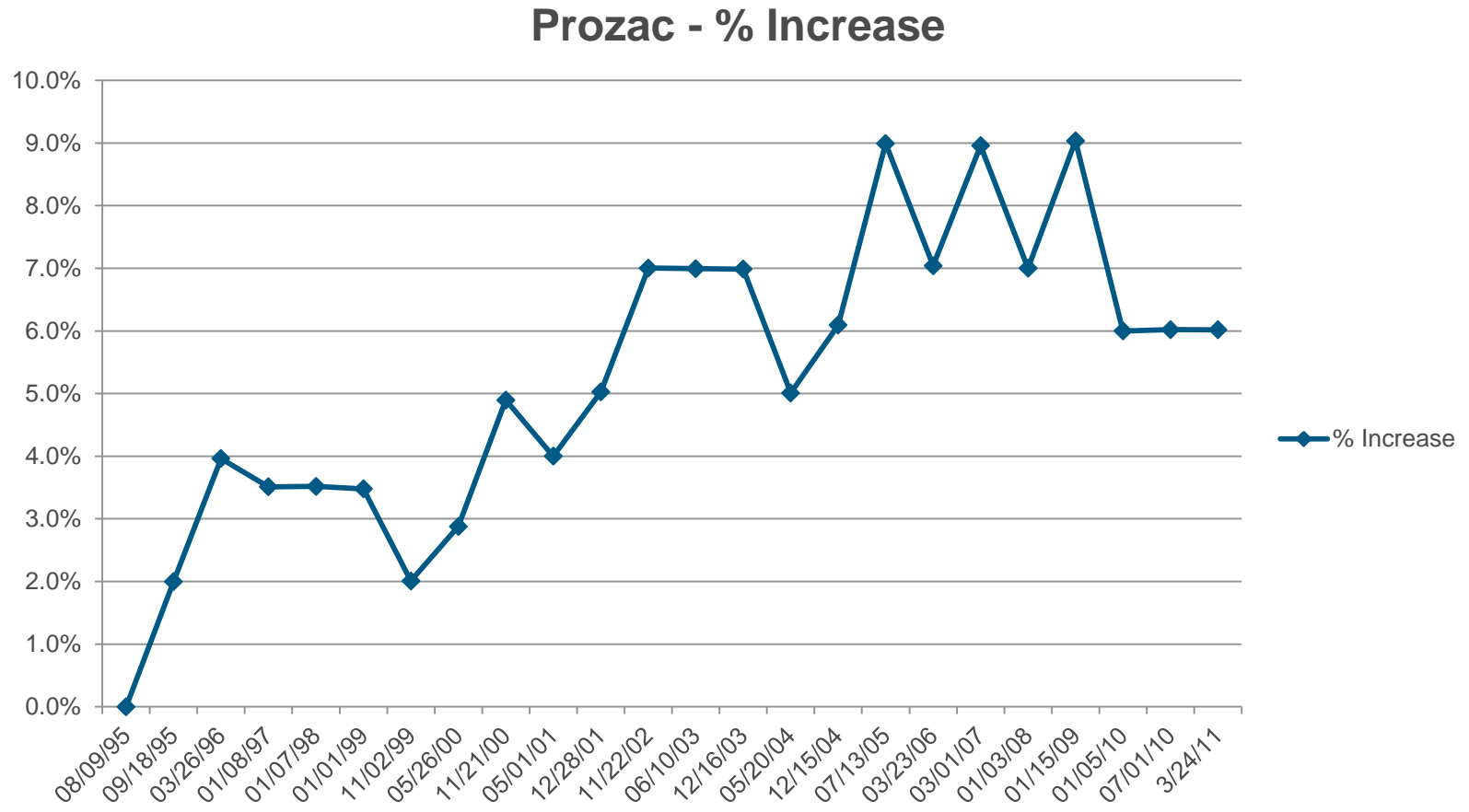
| Effective Date | Unit | % Change |
|----------------|---------|----------|
| 03/24/2011 | 7.50600 | 6.0 |
| 07/01/2010 | 7.07967 | 6.0 |
| 01/05/2010 | 6.67800 | 6.0 |
| 01/15/2009 | 6.30000 | 9.0 |
| 01/03/2008 | 5.77800 | 7.0 |
| 03/01/2007 | 5.40000 | 9.0 |
| 03/23/2006 | 4.95600 | 7.0 |
| 07/13/2005 | 4.63033 | 9.0 |
| 12/15/2004 | 4.24800 | 6.1 |
| 05/20/2004 | 4.00400 | 5.0 |
| 12/16/2003 | 3.81333 | 7.0 |
| 06/10/2003 | 3.56400 | 7.0 |

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PROZAC: AWP Price History (\$)



PROZAC: AWP % Increase in Price



Reverse Proteomics

Drugdex (off-label uses)

Case Study – Japan Reverse Proteomics Research Institute

Japan Reverse Proteomics Research Institute

- Japanese Govt. worried about Western drug co. taking over Japanese drug co. e.g. Roche buying Chugai Pharma.
- Esp. Very concerned with Japanese drug co. weak R&D capability.
- Set up 50:50 joint venture between Japanese Govt. and 15 drug companies to catch up with US and EU Multinationals - **Japan Reverse Proteomics Research Institute.**
- R&D into existing drugs using Reverse Proteomics to
 - Find new uses
 - Enhance efficacy, and
 - Reduce adverse effects



Reverse Proteomics

- Proteomics - study of proteins given out by the genome of a cell. Reverse proteomics is the re-engineering of these proteins, a logical extension of Genome R&D.
- Helps researchers understand the biological process in normal cell functions and disease development.
- The key components and processes of the cells can be used to improve existing drugs by
 - Discovering new uses
 - Enhancing efficacy
 - Reducing adverse effects



R&D of OTC and Generics Co.

- One of the Critical Tools in Reverse Proteomics is **Micromedex Drugdex** database
- Drugdex is the world's largest repository of “**off label uses**”, an essential tool for reverse proteomics.
- Drugdex is widely used by **Generics and OTC** manufacturers on **R&D into Orphan Drugs**.
- The Japan Reverse Proteomics Research Institute leads to
 - Mergers of Japanese domestic drug co.
 - Acquisition of other overseas drug co.



Mergers & Acquisitions of Japanese drug co.

- **Mergers of Japanese drug co.**
 - Daiichi Pharma + Sankyo = **Daiichi Sankyo**
 - Yamanouchi Pharma + Fujisawa Pharm = **Astellas Pharma**
 - Dainippon + Sumitomo = **Dainippon Sumitomo**
- **Acquisition of other overseas drug co.**
 - Takeda → **Millennium** Pharma USA, **Syrrx** USA, **Nycomed** Switzerland
 - Daiichi Sankyo → **Ranbaxy** India, **Plexxikon Inc.** USA
 - Shionogi → **Sciele** Pharma USA
- **Acquisition by other Overseas drug co.**
 - Roche Switzerland → **Chugai** Pharma
 - Teva Israel → **Taiyo**
 - Johnson & Johnson USA → **Kyowa Hakko** = **Janssen Kyowa**



OPPORTUNITIES Hospitals

Medical Tourism

CareNotes (& Google Chrome)

Global medical tourism industry

- Patients travel overseas for treatment because of cost, quality & waiting period. A \$60B high growth service industry.
- 3 market sectors in Asia
 - US, EU seek affordable treatment
 - Middle East patients prefer a culture-religion friendly Asia
 - Asian middle class seek quality care within Asia
- E.g. of Procedures and Surgeries
 - Major- Heart bypass, Liver transplants, Joint replacement, cancer surgery
 - Minor- Health screening, dental, lasik, cosmetic, IVF, TCM treatment
- Key Player countries & Patients
 - Thailand 2 million
 - India 750,000
 - Singapore 600,000
 - Malaysia 550,000
 - Korea 100,000



Cost Comparisons for foreign patients

| <u>Costs of Procedure (USD)</u> | <u>USA</u> | <u>Taiwan</u> | <u>Singapore</u> | <u>India</u> |
|---------------------------------|------------|---------------|------------------|--------------|
| Heart bypass surgery | 75,000 | 25,000 | 16,000 | 8,000 |
| % | 100% | 33% | 21% | 11% |

| <u>Cost Comparison (USD)</u> | <u>USA</u> | <u>Thailand</u> |
|------------------------------|------------|-----------------|
| Hip Replacement | 53,000 | 12,000 |
| Coronary Angioplasty | 70,000 | 13,000 |
| Coronary Bypass | 150,000 | 12,000 |
| Gastric Bypass | 58,000 | 13,000 |



Taiwan – SWOT in medical tourism

| Strength | Weakness |
|--------------------------------------|---|
| Highly skilled clinicians | Lack marketing & promotion |
| Advanced high-tech equipment | Small number of JCI hospitals |
| Easy access to speedy care | Spoken English need improving |
| Chinese Speaking (mainland China) | Inexperienced in handling foreign patients |
| Japanese language | Need greater Govt. support |
| Opportunity | Threat |
| Huge China market with direct flight | Distraction from setting up hospital in China |
| US & Japan market to be tapped | ROC-PRC politics (Patient's perspective) |
| | Competition from Korea |



13 JCI-Accredited hospitals in Taiwan

| Hospital | City | When |
|--|-----------------|--------|
| Chang Bin Show Chwan Memorial Hospital | Changhua Lugang | Dec-09 |
| Changhua Christian Hospital | Changhua | Sep-08 |
| China Medical University Hospital | Taichung | Oct-10 |
| Dr. Wells WeiYu Dental & Implant Center | Taipei | Nov-11 |
| E-Da Hospital | Kaohsiung | Nov-08 |
| Koo Foundation Sun Yat-Sen Cancer Center | Taipei | Dec-07 |
| Min-Sheng General Hospital | TaoYuan | Jul-07 |
| National Taiwan University Hospital | Taipei | Apr-10 |
| Shuang Ho Hospital – Taipei Medical University | New Taipei City | Aug-09 |
| Wang Fang Medical Center- Taipei Medical University | Taipei | Jul-06 |
| Taipei Medical University Hospital | Taipei | Dec-09 |
| Tungs' Taichung MetroHarbor Hospital Wuchi Campus | Taichung | Nov-08 |
| Universal Eye Center | Taipei | Oct-10 |



Medical tourism & JCI-JCAHO accreditation

- JCI accredits overseas hospitals using standards linked to JCAHO to reflect overseas condition. Hospitals involved in medical tourism usually have JCI accreditation.
- JCAHO accredits 16,000 US hospitals to improve the safety and quality of care with 7 main goals
- Micromedex **Drugdex, Poisindex and DrugReax** help to meet all JCI-JCAHO's 7 main goals especially Goals 2 and 3
- Micromedex **Care Notes System** database helps to achieve compliance to six JCI-CAHO standards on patient education.



Drugdex, Poisindex & DrugReax meet JCI's safety goals

Micromedex **Drugdex, Poisindex and DrugReax** help to meet ALL the goals especially Goals 2 and 3

JCI-JCAHO 2004 National Patient Safety Goals (NPSG) standards

| Goals | Standards |
|-------|---|
| 1 | Patient Identification |
| 2 | Communications (standardized acronyms) |
| 3 | High Alert Medications |
| 4 | Wrong Site Surgery |
| 5 | Infusion Pumps |
| 6 | Alarm Systems |
| 7 | Healthcare-Acquired Infection |



CareNotes meet JCI's patient education standard

Micromedex **CareNotes System** database helps to achieve compliance to the above JCI-JCAHO PE standards
PE= Patient Education

| Standard | Description |
|----------|---|
| LD.3.120 | Plan for and supportPE activities |
| MM.5.10 | Medications are safely and accurately administered |
| PC.6.30 | The patient receives PE specific to his ABILITIES |
| PC.6.10 | The patient receives PEspecific to his NEEDS |
| PC.15.20 | A Patient's transfer or dischargeis based on the patient's assessed needs and the hospital's capabilities |
| RI.3.10 | Patients are given information about their responsibilities while receiving care..... |



CareNotes patient leaflets

- CareNotes is a patient education (drug & disease) leaflets written at a 12-year old reading level.
- The most common 200 drug & disease leaflets are translated into **14 European and Asian languages**
- All 4,000 leaflets can also be automatically machine translated **into 52 languages (from Afrikaan to Yiddish) using Google Chrome.**
- These leaflets may be customized for hospitals' needs: hospital names & logos, patient name, and the content customized for individual patient.



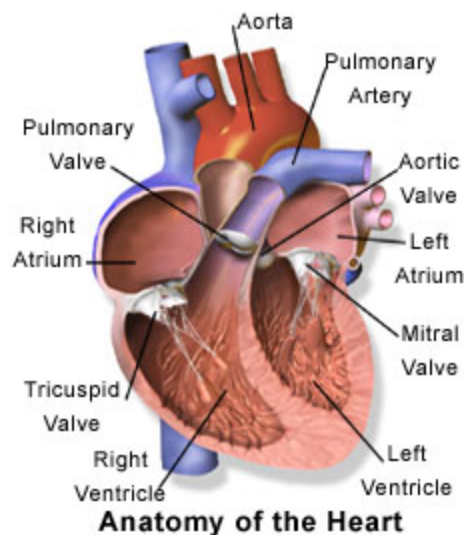
14 European & Asian languages

| | |
|---------------------------|---------------------------------|
| French | Arabic |
| German | Chinese (Simplified) China |
| Italian | Chinese (Traditional) Taiwan |
| Portuguese (Brazilian) | Japanese |
| Spanish (Mexican) | Korean |
| Polish | Vietnamese |
| Russian | Turkish |



Tim ghép

là một phẫu thuật được thực hiện để thay thế trái tim của bạn không có một trái tim các nhà tài trợ. Nhà tài trợ là một người đã chọn để cung cấp cho các cơ quan của họ để nhữ bạn trông giống như một quả lê lộn ngược và được tìm thấy trong ngực của bạn giữa phổi của bạn. Trái tim của bạn được kết nối với các mạch máu lớn như động mạch chủ và t ổn buồng (không gian) bao gồm cả hai phía trên tâm nhĩ và tâm thất thấp hơn. Các bức tường buồng mô cơ đánh bại (thắt chặt và thư giãn) liên tục. Với mỗi nhịp đập, máu, oxy và ác mô khác và các cơ quan trong cơ thể của bạn.



[Kirim CareNotes ® elektronik dengan e-Copy: Learn More](#)Cari Path: [Perawatan dan Kondisi Judul](#) > [Hasil Pencarian](#) > KEGAGALAN GINJAL KRONIS

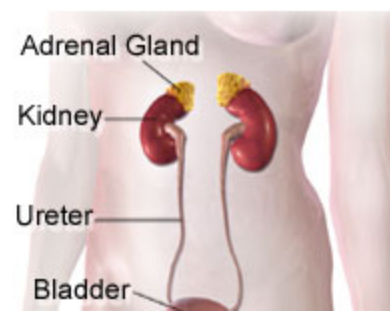
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GINJAL KRONIS KEGAGALAN - Informasi Umum

Gagal Ginjal Kronis

INFORMASI UMUM:

Apakah gagal ginjal kronis? gagal ginjal kronis juga disebut gagal ginjal kronis (CRF). Hal ini terjadi ketika ginjal perlahan bekerja kurang dan kurang sampai mereka tidak menghilangkan bahan kimia dan limbah dari darah. Limbah ini berubah menjadi air seni oleh ginjal. Pada gagal ginjal kronis, ginjal tidak dapat lagi melakukan hal ini. Gagal ginjal kronis menyebabkan stadium akhir penyakit ginjal (ESRD).



CAM (Complementary & Alternative Medicine)

St John's wort 金絲桃- replacing prozac & zoloft (depression)

| Drugs | adult dose mg/day | Cost/dose US\$ | Annual cost US\$ | Annual Savings US\$ |
|----------------------------|----------------------|-------------------|---------------------|------------------------|
| Prozac (branded) | 20 | 4.52 | 1,650.61 | |
| Prozac (generic) | 20 | 3.81 | 1,391.06 | |
| Zoloft | 50 | 3.32 | 1,212.61 | |
| Average (Prozac+zoloft) | | | 1,418.09 | |
| St. John's wort 金絲桃 | 300 | 0.34 | 124.83 | 1,293.26 |

| Annual Savings/ patient US\$ | Estimate # users in USA | Annual Savings for USA US\$ |
|---------------------------------|----------------------------|--------------------------------|
| 1,293.26 | 4.9 Million | 6.38 Billion |



Clinical Scenario 1 - AltMedDex

- Your 68 year-old male patient suffering from severe hypertension and Erectile Dysfunction (ED) was treated with 100 gram Viagra. While effective, he was concerned with its potential severe side effects (e.g. blindness) and seek an alternative medicine Yohimbine on your OTC shelf
- Recommendation

| <u>Trial</u> | <u>Patients</u> | <u>Dose</u> | <u>Method</u> | <u>Results</u> | |
|--------------|-----------------|-------------|--------------------------------|-----------------------|---------|
| # | (n) | mg/d | | Yohimbe | Placebo |
| 1 | 40 | 16.2 | Double blind crossover | 33% | 15% |
| 2 | 215 | unknown | Review | 38% | |
| 3 | 82 | up to 42 | Double blind partial | 14% full, 20% partial | 3/82 |
| 4 | 48 | 18 | Double blind partial crossover | 46% | 19% |
| 5 | 100 | 18 | Randomized partial crossover | 43.50% | 26.60% |



Prevention of ADE (adverse drug events)

DrugReax

IV Index

DrugReax & IV Index prevent ADE (adverse drug event)

- *Improved **Safety & Treatment** Outcome*
- *Reduction of Adverse Drug Events (**ADE**)*
- *Improved Productivity & **Cost Reduction***



DrugReax for drug interaction checking

- 50 concurrent drug-specific interactions checks for 8,000 drugs
 - Drug-drug
 - Drug-alcohol
 - Drug-food
 - Drug-previous allergy
 - Drug-tobacco
 - Drug-Alternative Medicine
 - Drug-pregnancy
 - Drug-lactation



Clinical Scenario - DrugReax

- A 34-year old breast-feeding female patient reports having a previous allergy history to Pontocaine 0.5% ophthalmic solution. Can Benzocaine be administered ? The patient's drug history includes Prednisone 5 mg oral.
- **Recommendation**
- Drug/Lactation
 - Pontocaine - Major
 - Benzocaine - Major
 - Prednisone – Major
 - Infant risk cannot be ruled out:
- Drug/Pregnancy
 - Pontocaine - Moderate
 - Benzocaine - Moderate
 - Prednisone - Moderate
- Drug-Lab
 - Prednisone - Minor



IV Index for IV compatibility checking

- 600 unique solutions, 51,000 compatibility results and 3,000 references to identify unsafe drug-drug and drug-solution combination from Trissel's 2
- Gives quick IV compatibility results with features such as:-
 - Word wheel searching
 - Single and multiple drug searches
 - Collapsed overview results
 - Y-Site, Admixture, Syringe, Solution, and Total Parenteral Nutrition information included in one product, separately displayed
- Notes Field that identifies factors that may contribute to conflicting compatibility results; one-step drug lookup by trade name and generic



Clinical Scenario – IV Index

- What is the IV Compatibility of :
 - Heparin Sodium
 - Dopamine HCl (INTROPIN)
 - Cefazolin sodium (ANCEF, KEFZOL)



輸入一个或多个搜索条件 搜索 範例搜尋



IV 相容性結果 修改相容性

Key:

All Drugs (3)

Y-Site Admixture Syringe

相容性: All

☒ 全部選中 | ☒ 全部不選

- ☒ Cefazolin sodium
- ☒ Dopamine hydrochloride
- ☒ Heparin sodium

取消 更新

Tip: To see additional information on IV Solutions and TPN/TNA compatibility, select a single drug from the list and choose Update.

Y 型管

| | | |
|---|--|-----|
| Cefazolin sodium - Dopamine hydrochloride | | 不相容 |
| Cefazolin sodium - Heparin sodium | | 相容 |
| Dopamine hydrochloride - Heparin sodium | | 相容 |

由 Trissel's™ 2 Clinical Pharmaceuticals Database (Parenteral Compatibility). 支援。

IV 索引包含 BAXTER HEALTHCARE CORPORATION 的機密資訊。嚴格禁止明確的被許可人之外的人員使用 IV 索引或其中包含的資訊。



IV Compatibility Results

Refine by: IV Compatibility for:



Drug Combinations

Y-Site

- Cefazolin sodium - Dopamine hydrochloride
- Cefazolin sodium - Heparin sodium
- Dopamine hydrochloride - Heparin sodium

All other drug combinations are compatible

IV COMPATIBILITY DETAIL

| Drug 1 | Drug 2 | Status | Information | Test Parameters |
|--|---|---|---|--|
| Cefazolin sodium 220mg/mL in 5% D5W-Dextrose 5% Abbott Laboratories | Dopamine hydrochloride 12.8mg/mL in 5% D5W-Dextrose 5% Abbott Laboratories |  Incompatible | Physical Compatibility: Physically incompatible. An increase in measured haze or turbidity, particulates, and/or a color change was found. Storage: Ambient room temperature near 23 °C exposed to normal fluorescent light. | Reference: 8876 Study Period: 4 hours. Method: Visual observation and electronic assessment. Container: Simulated Y-site administration using glass test tubes. |
| Drug 1 | Drug 2 | Status | Information | Test Parameters |
| Cefazolin sodium 220mg/mL in Normal saline-Sodium chloride 0.9% | Dopamine hydrochloride 12.8mg/mL in Normal saline-Sodium chloride 0.9% |  Incompatible | Physical Compatibility: Physically incompatible. An increase in measured haze or turbidity, particulates, and/or a color change was found. | Reference: 8876 Study Period: 4 hours. Method: Visual observation and electronic assessment. |

Drug Substitution

Compare Drugs

Drugdex database

- Covers -
 - Dosage
 - Pharmacokinetics
 - Cautions
 - Interactions
 - Clinical applications
 - **Comparative efficacy & Therapeutic use.**
- Search by trade & generic names
- **2500 drugs with 150,000 trade names**
- US Congress Endorsed as **Official Drug Compendium**



50 Drug Comparison Summary !

- Concurrent Comparison of 50 drugs summaries can be made at one on key items e.g.:
 - Dosing Indication
 - FDA-Labelled Indications
 - Non FDA-Labelled Indications
 - Precautions
 - Drug Interactions
 - Adverse Effects
 - Toxicology and Clinical Effects
 - Pharmacokinetics, etc.
- Use Copy & Paste function to create a huge table of Comparison on Excel spreadsheet.



Drugdex: Precautions

LIPITOR

Atorvastatin Calcium (see details in DRUGDEX®)

[Precautions \(see details in DRUGDEX®\)](#)

[Back to top](#)

amyotrophic lateral sclerosis (ALS), preexisting; rate of ALS functional decline may increase with statin therapy

concomitant therapy with azole antifungals, cyclosporine, clarithromycin, erythromycin, fibric acid derivatives, lopinavir/ritonavir, niacin, ritonavir/saquinavir

conditions predisposing to renal failure due to rhabdomyolysis (eg, sepsis, hypotension, dehydration, trauma, major surgery, uncontrolled seizures, and severe metabolic, endocrine and electrolyte disorders); increased risk

creatinine kinase (CK) greater than 10 times the upper limit of normal (ULN) may occur; dose-related increased risk of myopathy, including rhabdomyolysis with or without acute renal failure, rarely with fatalities

heavy alcohol use; increased risk of liver dysfunction

liver disease, history; increased risk of liver dysfunction

myopathy and rhabdomyolysis with acute renal failure, including fatalities, have been reported

recent stroke or transient ischemic attack (TIA); post-hoc analysis showed greater incidence of hemorrhagic stroke with atorvastatin compared with placebo in patients who had a stroke or TIA within preceding 6 months

ZOCOR

Simvastatin (see details in DRUGDEX®)

[Precautions \(see details in DRUGDEX®\)](#)[Back to top](#)

■ amyotrophic lateral sclerosis (ALS); rate of ALS functional decline may increase with statin therapy

■ age, 65 years or greater; risk factor for myopathy

■ concomitant use of more than 10 mg of simvastatin with gemfibrozil, cyclosporine, and danazol should be avoided

■ concomitant use of more than 20 mg of simvastatin with amiodarone and verapamil should be avoided

■ concomitant use of more than 40 mg of simvastatin with diltiazem should be avoided

■ creatine kinase (greater than 10 times the ULN) elevations may occur; dose-related increased risk of myopathy, including rhabdomyolysis with or without acute renal failure, rarely with fatalities

■ grapefruit juice; avoid large quantities (greater than 1 quart/day)

■ heavy alcohol use; increased risk of liver dysfunction

■ higher doses (particularly 80 mg); increased risk of myopathy compared with lower doses

■ hypothyroidism, uncontrolled; risk factor for myopathy

■ increased serum transaminase levels (greater than 3 times the ULN) have been reported; monitoring recommended; discontinuation may be required if increased levels persist



HEALTHCARE

Drugdex:Adverse Effects

| LIPITOR |
|---|
| Atorvastatin Calcium (see details in DRUGDEX®) |
| Adverse Effects (see details in DRUGDEX®) |
| Common |
| Gastrointestinal: Diarrhea (up to 14.1%) |
| Musculoskeletal: Arthralgia (up to 11.7%) |
| Renal: Urinary tract infectious disease (up to 8%) |
| Respiratory: Nasopharyngitis (8.3%) |
| Other: Pain, In extremity (up to 9.3%) |
| Serious |
| Hepatic: Increased liver enzymes (0.2% to 2.3%), Liver failure |
| Musculoskeletal: Disorder of muscle, Myalgia (up to 8.4%), Rhabdomyolysis (rare), Rupture of tendon |
| Neurologic: Hemorrhagic cerebral infarction (2.3%) |

| ZOCOR |
|--|
| Simvastatin (see details in DRUGDEX®) |
| Adverse Effects (see details in DRUGDEX®) |
| Common |
| Gastrointestinal: Abdominal pain (7.3% In pre-marketing and open extension studies with a median follow up period of 18 months, abdominal pain was reported in 7.3% of enrolled patients (n=2423) .), Constipation (6.6% In pre-marketing and open extension studies with a median follow up period of 18 months, constipation was reported in 6.6% of enrolled patients (n=2423) .), Nausea (5.4% In pre-marketing and open extension studies with a median follow up period of 18 months, nausea was reported in 5.4% of enrolled patients (n=2423) .) |
| Neurologic: Headache (7.4% In pre-marketing and open extension studies with a median follow up period of 18 months, headache was reported in 7.4% of all patients enrolled (n=2423) .) |
| Respiratory: Upper respiratory infection (9%) |
| Serious |
| Hepatic: Cholestatic hepatitis, Increased liver enzymes (1%) |
| Musculoskeletal: Compartment syndrome of lower leg, Disorder of muscle (20 to 40 mg/day, 0.02% to 0.08%; 80 mg/day, 0.53% to 0.9%), Rhabdomyolysis, Rupture of tendon |

Drugdex: Toxicology & Clinical Effects

| <div></div> <div>LIPITOR</div> | <div></div> <div>ZOCOR</div> |
|---|---|
| Atorvastatin Calcium (see details in DRUGDEX®) | Simvastatin (see details in DRUGDEX®) |
| <div>Toxicology</div> <div>Clinical Effects</div> | <div>Toxicology</div> <div>Clinical Effects</div> |
| | |
| LOVASTATIN AND RELATED DRUGS | LOVASTATIN AND RELATED DRUGS |
| <p>OVERDOSE: Ingestions of up to 6 grams of lovastatin have been tolerated; severe toxicity is not anticipated as a single agent overdose. ADVERSE EFFECTS: Diarrhea is the most common reported adverse effect. Hyperkalemia, peripheral neuropathy, myopathy, myalgias, acute renal failure, rhabdomyolysis, elevated liver enzymes, hepatitis, behavioral changes, CNS depression also reported. One patient developed compartment syndrome resulting in a four-compartment fasciotomy from statin-induced myositis.</p> | <p>OVERDOSE: Ingestions of up to 6 grams of lovastatin have been tolerated; severe toxicity is not anticipated as a single agent overdose. ADVERSE EFFECTS: Diarrhea is the most common reported adverse effect. Hyperkalemia, peripheral neuropathy, myopathy, myalgias, acute renal failure, rhabdomyolysis, elevated liver enzymes, hepatitis, behavioral changes, CNS depression also reported. One patient developed compartment syndrome resulting in a four-compartment fasciotomy from statin-induced myositis.</p> |
| Treatment | Treatment |
| LOVASTATIN AND RELATED DRUGS | LOVASTATIN AND RELATED DRUGS |
| Decontamination: Ipecac, activated charcoal | Decontamination: Ipecac, activated charcoal |
| Rhabdomyolysis: IV hydration to maintain urine output of 2 mL/kg/hr or more. | Rhabdomyolysis: IV hydration to maintain urine output of 2 mL/kg/hr or more. |
| Monitoring of patient: Fluid balance, serum potassium, renal function, CPK, & liver enzymes in severe overdose. | Monitoring of patient: Fluid balance, serum potassium, renal function, CPK, & liver enzymes in severe overdose. |
| | |
| Range of Toxicity | Range of Toxicity |
| | |
| <p>Adult: overdoses of up to 5 to 6 grams lovastatin have been well tolerated; no specific symptoms occurred with no sequelae reported.</p> | <p>Adult: overdoses of up to 5 to 6 grams lovastatin have been well tolerated; no specific symptoms occurred with no sequelae reported.</p> |

Low Birth Rate

Neofax

Neofax – caring for pre-mature babies



Concerns in neonatal medicine

- More than 1 million premature babies are admitted to neonatal intensive care units (NICUs) each year.
- Many neonates are very “sick” in addition to being premature
- Drug doses must be carefully adjusted for weight and age (post-natal and gestational) and the baby’s specific condition
- Neonatal orders for Drugs and IV Solutions are extremely complex and error prone.
- IV Solution orders for neonates can include 20-30 ingredients and must be prepared using minute (tiny) volumes of medication, while maintaining specific ratios (balance) of certain ingredients.



Do problems actually occur?

- 70% of all pediatric medication errors involve incorrect calculations.
- Medication errors are a significant contributor to neonatal morbidity in the NICU setting
- More than 90% of prescribed drugs used for Neonates are “off-label”, i.e., dosing is based on experience, not FDA approved package labeling.
- TPN (Total Parenteral Nutrition) orders are complex and time consuming (up to 20min/order), creating opportunities for errors



What happens in the typical NICU now?



Neonatologist
evaluates the baby's
condition ...

**NEONATAL INTENSIVE CARE
PARENTERAL NUTRITION ORDER FORM**

ALL ORDERS MUST BE RECEIVED IN THE PHARMACY BY 1400. MUST COMPLETE ALL SECTIONS

- Patient weight _____ kg
- Line placement ☐ Central ☐ Peripheral
- Dextrose _____ % (Range 3-20%)
- Amino acids _____ grams/kg/day (Range 0.5 - 3.5 gm/kg/day)
- Lipids 20% _____ grams/kg/day x wt(kg) = _____ grams/day x 5 = _____ ml/day ÷ 24 = _____ ml/hr.
(Range 0.5-4 gm/kg/day)
- Total Daily Fluids _____ ml/kg/day x wt(kg) = _____ ml/day ÷ 24 = _____ ml/hr.
(A)

Volume for pharmacy to mix dextrose/amino acids (A) - (lipids + other drips (i.e. pressor agents, UAC fluids)) = _____ ml/day

| ADDITIVES | | GUIDELINES | |
|----------------------------|--------------|----------------------------|---|
| Sodium _____ | mEq/kg/day | Sodium _____ | 0-4 mEq/kg/day |
| Potassium _____ | mEq/kg/day | Potassium _____ | 0-4 mEq/kg/day |
| Calcium* (elemental) _____ | mEq/kg/day | Calcium* (elemental) _____ | 1-3 mEq/kg/day |
| Magnesium _____ | mEq/kg/day | Magnesium _____ | 0-0.6 mEq/kg/day |
| Phosphorus* _____ | mmol /kg/day | Phosphorus* _____ | 0.5-2mmol /kg/day |
| Pediatric MVI _____ | ml/day | Pediatric MVI _____ | less than 1 kg 1.5 ml/day greater than or equal to 1-3 kg 3.3 ml/day greater than or equal to 3 kg 5 ml/day |
| Cysteine _____ | mg/kg/day | Cysteine _____ | less than 2 kg 60 mg/kg/day greater than or equal to 2 kg 120 mg/kg/day |
| Levocarnitine _____ | mg/kg/day | Levocarnitine _____ | less than 2 kg greater than or equal to 2 kg |
| Zinc (supplemental) _____ | mcg/kg/day | Zinc (supplemental) _____ | less than 2 kg |
| Heparin _____ | unit/ml | Heparin _____ | less than 2 kg and 0.5 units/ml then increase to 1 unit/ml |
| Other _____ | | | |

| | | |
|--|--|----------------------------------|
| <input type="checkbox"/> PedTrace-5 (standard) | <input type="checkbox"/> Hepatic cholestasis | <input type="checkbox"/> Renal d |
| Zinc 200 mcg/kg/day | 200 mcg/kg/day | 200 mcg/kg/day |
| Chromium 0.2 mcg/kg/day | 0.2 mcg/kg/day | |
| Selenium 3 mcg/kg/day | 3 mcg/kg/day | |
| Manganese 5 mcg/kg/day | | 5 mcg/kg/day |
| Copper 20 mcg/kg/day | | 20 mcg/kg/day |

Chloride/Acetate
☐ Balanced 1:1
☐ Chloride 2: Acetate 1
☐ Chloride 1: Acetate 2
☐ Minimize Chloride
☐ Minimize Acetate

*If the solution is insoluble due to excess calcium/phosphate, pharmacy will decrease both calcium and phosphate until soluble. If you want only calcium or only phosphate changed, check the appropriate box.
☐ Decrease phosphate ☐ Decrease calcium

If sodium plus potassium equals 1 mEq/kg/day, pharmacy can only put in a maximum of 0.65 mEq/kg/day of phosphate. If the order is for zero sodium and potassium, zero phosphate can be added.

Scanned _____ Time _____ US _____ RN _____
 _____ Time _____ Date _____ MD _____ (Signature) _____ (Print Name) _____
 NEONATAL INTENSIVE CARE PARENTERAL NUTRITION ORDER FORM M10049 (1/06) DOCTORS ORDERS PAGE 1 OF 1

... then
prescribes
medications
and
nutritional
support



How NeoFax Online help in NICU.....

Neonatologist prescribes medications and nutritional support at the Computer!



NeoFax - Microsoft Internet Explorer provided by Micromedex
<https://neofax.thomsonhc.com/neofax/neofax.php?sa=area=6>

THOMSON

NeoFax EM Infant Formula Patients Drug Dosing PN Orders PN Utilities DC Utilities Admin Password

Order PN | Modify PN | Cancel PN | Reprint PN | PN History | Order Export

User Manual Logout

Bill Johnson, RPh 09/12/2008

Hunter, Mason 3.5 kg 3045060001 33 wk, 4 da EGA 50 days old 40 wk, 5 da PMA

Click Print / Save to complete your order.

The 'Print/Save' button will become active after the entry of Ranitidine. Click this button to complete the order.

Use either the "Tab" or "Enter" key to proceed down the form. Use "Shift + Tab" or your mouse to move up the form.

| PN Element | PN# 7 | PN# 6 | PN# 5 |
|----------------------|------------------|-----------------|--------------|
| Start | 18 00 09/12/2008 | 09/12/2008 | 09/11/2008 |
| | Neonates > 2.0 | COPY Last Order | EDIT |
| | LOAD Spec Soln | Order Notes | Print / Save |
| Carnitine mg/kg/day | 0 | 0 | 0 |
| Sodium mEq/kg/day | 2 | 2 | 2 |
| Potassium mEq/kg/day | 2 | 2 | 2 |
| Magnesium mEq/kg/day | 0.3 | 0.3 | 0.3 |
| Calcium mEq/kg/day | 2 | 2 | 2 |
| Phosphorus mM/kg/day | 1 | 1 | 1 |
| Chloride mEq/kg/day | 3.35 | 2 | 2 |
| Acetate mEq/kg/day | 0 | 1.35 | 1.35 |
| Ped MVI mL/kg/day | 1 | 1 | 1 |
| Trace Pack mL/kg/day | 0.2 | P.T.E-5 | P.T.E-5 |
| INDIVIDUAL ADDITIVES | | | |
| Zinc mcg/kg/day | 100 | 100 | 100 |
| Order Notes | NO | NO | YES |
| KCal/kg/day | 61.75 | 61.75 | 61.75 |
| Fat:Pro:CHO | 32:19:48 | 32:19:48 | 32:19:48 |
| [AI] mcg/kg/day | 1 | 1 | 1 |
| mOsm/L | HIGH 1167 | 1170 | 1170 |

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 Application Version: 2.9.0.9 • Manual Version: 200824 • Dosage Calculator Version: 200824



NeoFax® Online

- **Drug Database (Referential Drug Information)**
 - Covers more than 140 drugs commonly used to treat Neonates – most are “off-label” because of dosing and admin
 - The trusted source of knowledge for over 20 years
- **Infant Formula Database**
 - Provides detailed nutritional information for 45+ infant formulas
 - Can compare up to 3 nutritional formulations side-by-side
- **Access**
 - Internet
 - iPhone, Android



Mobile platform

Iphone, Android

MDX Summary Info. on Handheld Devices:

- Easily accessible
 - Internet access
 - On iPhone® and iPod® Touch, I-Pad
 - On Blackberry®
 - Android
- Supports Internet Explorer & Firefox
- Minimal training required
 - Intuitive and user friendly — even for new users with no prior knowledge of Micromedex
- Increase usability
 - ... Increase **speed** to results
 - ... Increase **clinical effectiveness**
 - ... Improve **clinician outcomes**



Thank You

- Questions Please?

