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FDA Recommendation for MERIDIA (sibutramine hydrochloride) capsule

On October 8, 2010 the FDA issued a Drug Safety Communication recommending *against* continued prescribing and use of Meridia, because it may pose unnecessary cardiovascular risks to patients. FDA has requested that Abbott Laboratories—the manufacturer of Meridia—voluntarily withdraw this drug product and Abbott has agreed to voluntarily stop the marketing of Meridia in the United States. As a result, A-S Medication Solutions has obsoleted carrying Meridia as well.

At this time FDA recommends that healthcare professionals:

1. Stop prescribing and dispensing Meridia to patients.
2. Contact patients currently taking Meridia and ask them to stop taking the medication.
3. Inform patients of the risks associated with Meridia.
4. Discuss alternative weight loss strategies other than Meridia with your patients.
5. Be aware of the possible risk of major adverse cardiovascular events with patients taking Meridia and assess patients for these events if they present with any signs or symptoms of cardiovascular disease.
6. Report any side effects with Meridia to FDA's MedWatch program at www.fda.gov/medwatch.

Bisphosphonate medications: Risk for atypical femur fractures

The FDA is notifying patients and healthcare professionals of new Warnings and Precautions information that is being added to bisphosphonate medications regarding the risk for atypical femur fracture to the labels of all bisphosphonate products approved for the prevention or treatment of osteoporosis. In addition, the FDA will require that a Medication Guide be included with all bisphosphonate medications approved for osteoporosis indications to better inform patients of the risk for atypical femur fracture.

At this time, FDA recommends that Healthcare Professionals should:

1. Be aware of the possible risk of atypical subtrochanteric and diaphyseal femur fractures in patients taking bisphosphonates.
2. Continue to follow the recommendations in the drug label when prescribing bisphosphonates.
3. Discuss the known benefits and potential risks of using bisphosphonates with patients.
4. Evaluate any patient who presents with new thigh or groin pain to rule out a femoral fracture.
5. Discontinue potent antiresorptive medications (including bisphosphonates) in patients who have evidence of a femoral shaft fracture.
6. Consider periodic reevaluation of the need for continued bisphosphonate therapy, particularly in patients who have been treated for over 5 years.
7. Report any adverse events with the use of bisphosphonates to FDA's MedWatch program at www.fda.gov/medwatch.

New Products Offered (through October 2010):

Part #	Description	Strength	Form	Route	Size	Measure	Date
6198-0	anastrozole	1mg	tab	oral	30	ea	Sept
5319-2	fluoxetine	10mg	cap	oral	90	ea	Sept
5320-1	fluoxetine	40mg	cap	oral	90	ea	Sept
5967-3	tramadol HCl	50mg	tab	oral	180	ea	Sept
5825-1	Lyrica	75mg	cap	oral	90	ea	Sept
6201-0	Flector	1.30%	patch	topical	30	ea	Sept
0172-8	amitriptyline	10mg	tab	oral	120	ea	Oct
5482-4	omeprazole	20mg	DR Cap	oral	20	ea	Oct
6202-0	terconazole	0.80%	Vag Crm	vaginal	20	gm	Oct