Wolters Kluwer

What's new in Lexicomp®

Lexicomp adds new value year over year, and our efforts to support you and your clinicians are focused on three areas:

- Firstly, we have a focus on expanding content to answer questions in complex areas. A prime example of this is with our dosing initiatives, to provide dosing information for nuanced, complex conditions.
- Secondly, Lexicomp helps reduce medication errors and improves patient safety (for example, advancements in Adverse Drug Reactions)
- And finally, we are focused on adapting to local needs.

Patient specific dosing information: Adult Hepatic Dosing

Meaningful, actionable hepatic dosing content has traditionally been a challenging area with limited literature. This gap has led pharmacists to being forced to make their best dosing estimations for patients and, often, the patient experiences 'adverse drug reactions' that can be preventable. Only Lexicomp is working at this level to fix the needs of clinicians and their patients suffering from cirrhosis.

Detailed drug dosing for vulnerable patients

Another area of dosing excellence is our expanded dosing content. Only Lexicomp provides renal dosing adjustments for Continuous Renal Replacement Therapy and Prolonged Intermittent Renal Replacement Therapy. We are planning to build out enhanced renal dosing content to another 400 drug monographs.

Enhanced Adverse Drug Reaction content brings the most critical information

During Adverse Drug Reactions, Clinicians need to rule out the most dangerous possible reactions quickly. To achieve this, we are changing how Adverse Drug Reaction content is presented and ultimately managed, to reduce time to decision and to treating patients.

Improving Patient Safety with IV Drug Compatibility

Redesigning the Trissel's IV Compatibility tool was a major design initiative. IV drugs are complex in nature and can have higher risk of unwanted reactions and/or intended drug therapy outcomes. The Lexicomp Trissel's IV Compatibility user experience improves search capabilities, provides options for viewing drug compatibility results, and delivers a superior presentation of single drug compatibility.

Adapting to local needs: An additional 500,000+ international drug brand names

In 2023, we're adding more than 500,000 international drug brand names to your subscription at **NO ADDITIONAL COST**. And for pharmacists, we're adding more than 700 inline references which will both improve the visibility of the original literature and provide a much easier pathway to accessing the original literature.

In 2023, we will be working to develop, and deliver, a Lexicomp nursing solution providing easy to consume drug administration and monitoring content and tools, available at multiple access points such as the EHR and mobile devices.

Thank you for trusting Lexicomp, our teams, and the work we are doing, to support your clinicians and patients. We will continue to work to remain your preferred drug referential solution.

Tramadol – Lexi Drug Multinational

Dosing: Hepatic Impairment: Adult

The hepatic dosing recommendations are based up on the best available evidence and clinical expertise. Senior Editorial Team: Matt Harris, PharmD, MHS, BCPS, FAST; Jeong Park, PharmD, MS, BCPS, FCCP, FAST; Arun Jesudian, MD; Sasan Sakiani, MD.

Oral:

Note: Tramadol is a prodrug that requires conversion to the primary active metabolite (O-desmethyl tramadol) in the liver. In patients with hepatic impairment, tramadol is subject to reduced hepatic metabolism, which may result in ineffective pain control (Ref). Dose recommendations for hepatic impairment are based on the usual recommended dose of 50 to 100 mg every 4 to 6 hours for the treatment of acute and chronic pain. Use of the IR formulation is preferred over the ER formulation in patients with hepatic impairment (Ref).

***Initial or dose titration in patients with preexisting liver cirrhosis*:**

Pain management: Moderate to severe:

Acute pain: *Immediate release:*

Child-Turcotte-Pugh class A: Oral: Initial: 50 mg every 8 hours as needed; may increase to 50 mg every 6 hours based on tolerability and response (maximum: 200 mg/day) (Ref).

Child-Turcotte-Pugh class B: Oral: Initial: 25 mg every 8 to 12 hours as needed; may increase to max 100 mg/day in 2 to 3 divided doses based on tolerability and response (Ref).

Child-Turcotte-Pugh class C: Use is not recommended (Ref).

Chronic pain:

Child-Turcotte-Pugh class A and B: Use of alternative analgesics (opioid or nonopioid) are preferred due to potential decreased tramadol efficacy (Ref).

Child-Turcotte-Pugh class C: Use is not recommended (Ref).

Dosage adjustment in patients with chronic, worsening hepatic function during treatment (eg, progression from Child-Turcotte-Pugh class A to B):

Pain management: Moderate to severe:

New Child-Turcotte-Pugh class A and B: Use of alternative analgesics (opioid or nonopioid) are preferred due to potential decreased tramadol efficacy (Ref).

Progression to Child-Turcotte-Pugh class C: Use is not recommended; use of alternative analgesics (opioid or nonopioid) are preferred due to potential decreased tramadol efficacy (Ref).

Acute worsening of hepatic function (eg, requiring hospitalization): Discontinue tramadol during the acute event; may resume once the acute event has resolved (ie, LFTs have stabilized or returned to baseline) (Ref).

IV/IM/SUBQ [International products]: There are no dosage adjustments provided in the manufacturer's labeling; consider extension of the dosing interval. Some international product labeling recommends a dosage reduction in patients with cirrhosis.

Rectal: Suppository [International product]: There are no dosage adjustments provided in the manufacturer's labeling; consider extension of the dosing interval.