fenofibrate (fen-o-fi-brate)

Antara, Fenoglide, Lipidil EZ, Lipidil Micro, Lipidil Supra, Lipofen, Lofibra, Tricor, Triglide

Classification
Therapeutic: lipid-lowering agents
Pharmacologic: fibrin acid derivatives

Pregnancy Category C

Indications
With dietary therapy to decrease LDL cholesterol, total cholesterol, triglycerides, and apolipoprotein B in adult patients with hypercholesterolemia or mixed dyslipidemia.
With dietary management in the treatment of hypertriglyceridemia (types IV and V hyperlipidemia) in patients who are at risk for pancreatitis and do not respond to non-drug therapy.

Action
Fenofibric acid primarily inhibits triglyceride synthesis. Therapeutic Effects: Lowering of cholesterol and triglycerides with subsequent decreased risk of pancreatitis.

Pharmacokinetics
Absorption: Well absorbed (60%) after oral administration; absorption may be decreased by food.
Distribution: Unknown.
Protein Binding: 99%.
Metabolism and Excretion: Rapidly converted to fenofibric acid, which is the active metabolite; fenofibric acid is metabolized by the liver. Fenofibric acid and its metabolites are primarily excreted in urine (60%).
Half-life: 20 hr.

TIME/ACTION PROFILE (lowering of triglycerides)

ROUTE ONSET PEAK DURATION
PO unknown 2 wk unknown

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Hepatic impairment (including primary biliary cirrhosis); Pre-existing gallbladder disease; Severe renal impairment; Congenital absence of HMG-CoA reductase inhibitors; Lactation: Potential for tumorigenicity noted in animal studies; discontinue breast feeding.
Use Cautiously in: Concurrent warfarin or HMG-CoA reductase inhibitor therapy; OB: Embryocidal and teratogenic in animal studies; use with extreme caution if potential benefit outweighs risk to the fetus; GER: Safety not established; Geri: Age-related renal function may make older patients more susceptible to adverse reactions.

Adverse Reactions/Side Effects
CNS: fatigue/weakness, headache.
CV: PULMONARY EMBOLISM, arrhythmias, deep vein thrombosis.
GI: cholelithiasis, pancreatitis.
Derm: rash, urticaria.
Metab: increase in HDL levels.
MS: rhabdomyolysis.
Misc: hypersensitivity reactions.

Interactions
Drug-Drug: Decrease anticoagulant effects of warfarin. HMG-CoA reductase inhibitors may decrease risk of rhabdomyolysis (concurrent use should be avoided). Absorption is decreased by bile acid sequestrants (fenofibrate should be given 1 hr before or 4–6 hr after). Risk of nephrotoxicity with cyclosporine. Concurrent use with colchicine may increase risk of cholelithiasis.

Route/Dosage
Primary hypercholesterolemia/mixed dyslipidemia
PO (Adults): Antara—90 mg/day initially; Fenoglide—120 mg/day; Lofibra—200 mg/day initially; Tricor—145 mg/day initially; Triglide—160 mg/day initially; Lipofen—50 mg daily.

Hypertriglyceridemia
PO (Adults): Antara—30–90 mg/day initially; Fenoglide—40–120 mg/day; Lofibra—67–200 mg/day initially; Tricor—48–145 mg/day initially; Triglide—50–160 mg/day initially; Lipofen—50 mg daily.

Renal impairment/Geriatric patients
PO (Adults): Antara—30 mg/day; Fenoglide—start at 40 mg/day; Lofibra—67 mg/day; Tricor—48 mg/day; Triglide—50 mg/day; Lipofen—50 mg daily.

NURSING IMPLICATIONS
Assessment
 Obtain a drug history, especially with regard to fat consumption. Every attempt should be made to obtain normal serum triglyceride levels with diet, exercise, and weight loss in obese patients before fenofibrate therapy is instituted.
Assess patient for cholelithiasis. If symptoms occur, gallbladder studies are indicated. Discontinue therapy if gallstones are found.

**Lab Test Considerations:** Monitor serum lipids before therapy to determine consistent elevations, then monitor periodically during therapy. Monitor serum AST and ALT periodically during therapy. May cause ↑ levels. Therapy should be discontinued if levels rise >3 times the normal limit.

If patient develops muscle tenderness during therapy, monitor CPK levels. If CPK levels are markedly ↑ or myopathy occurs, discontinue therapy.

May cause ↑ levels in hemoglobin, hematocrit, and WBC. Monitor periodically during first 12 mo of therapy. Levels usually stabilize during long-term therapy.

Monitor prothrombin levels monitored frequently until levels stabilize in patients taking anticoagulants concurrently.

**Potential Nursing Diagnoses**

- Noncompliance (Patient/Family Teaching)

**Implementation**

- Do not confuse Tricor with Tracleer (bosentan).
- Place patients on a triglyceride-lowering diet before therapy and remain on this diet throughout therapy.
- Dose may be increased after repeated serum triglyceride levels every 4–8 wk.
- Brands are not interchangeable.
- PO: Administer Antara, Fenoglide, Lipidil Micro, Lipidil Supra, Lipidil Micro, Lipidil, Tricor products with meals. Triglide formulation may be taken without regard to meals.

**Patient/Family Teaching**

- Instruct patient to take medication as directed, not to skip doses or double up on missed doses. Medication helps control but does not cure elevated serum triglyceride levels.
- Advise patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking.
- Instruct patient to notify health care professional if unexplained muscle pain, tenderness, or weakness occurs, especially if accompanied by fever or malaise.

- Advise patient to notify health care professional of medication regimen before treatment or surgery.

- Emphasize the importance of follow-up exams to determine effectiveness and to monitor for side effects.

**Evaluation/Desired Outcomes**

- Decrease in serum triglyceride and cholesterol to normal levels. Therapy should be discontinued in patients who do not have an adequate response in 2 mo of therapy.

**Why was this drug prescribed for your patient?**