



# The GeriJournal

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## Lantus Hits the Formulary!

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The day has finally arrived. With the addition of Lantus® insulin to the Formulary, we now have the necessary tools to treat diabetes safely and effectively.

Lantus® insulin is ultra long-acting. One injection lasts for 24 hours or more. Unlike all the other insulins in use today, it does not produce a “peak” insulin level in the bloodstream. Instead, it produces a constant or “basal” level. This mirrors the amount of insulin produced by the pancreas when it is at rest (in the absence of food).

With these characteristics, Lantus® gives us the ability to bring fasting glucose levels to a desirable level (roughly 6 mmol/L) with very little risk. Residents with unpredictable fasting sugars are excellent candidates for this insulin.

Lantus® is also an ideal transition product for diabetics progressing from oral to injection therapy. In that scenario it is generally started

at 10 units qhs and slowly titrated upward.

Over the next few weeks our consultant pharmacists will be focusing their attention on your diabetic residents. Those who have experienced hypoglycemic episodes, poor glucose control, elevated HbA1C levels and those with sliding scale orders will receive particular attention. In-services will be arranged so the staff can be fully educated regarding the use of Lantus® as well as the rapid acting insulins (Novorapid® and Humalog®) which are used so frequently with it.

New insulin dosing routines and titration schedules will be suggested, when warranted. Use of products containing NPH or regular insulin (e.g. Novolin® and Humulin® 30/70, Toronto® and Humulin R®) are of the utmost interest. Their kinetic profiles usually offer poor control with high risk. The availability of Lantus® and the rapid acting insulin analogues allows for a safer approach that is more effective and flexible.

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## Section 8 by Phone

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There is more good news for those of us who are tired of waiting four to six weeks (or more) for Section 8 (now called the Exceptional Access Program - EAP) approval of uncovered drugs. We can get immediate approval by phone!

To use the Telephone Request Service (TRS) the physician should call 416-327-8109 or 1-866-811-9893. He/she is then prompted to press “1” for EAP and again for TRS. After entering their CPSO number the physician will speak to an assessor who will consider their request.

The list of the roughly forty medications covered under the TRS can be found at [http://www.health.gov.on.ca/english/public/pub/drugs/trs/trs\\_guide.pdf](http://www.health.gov.on.ca/english/public/pub/drugs/trs/trs_guide.pdf). I have attached the document to the e-version of this newsletter.

This system will certainly relieve urgency when an EAP drug is required on short notice. For example, vancomycin is covered for oral use when prescribed for toxin assay confirmed *C. Difficile* diarrhea.

A number of medications used in palliative care are also listed. These include midazolam, diazepam, lorazepam, furosemide and scopolamine injections, as well as gabapentin capsules for pain control. Other sensible inclusions are low molecular weight heparins used postoperatively and Renagel® in chronic kidney disease when serum calcium and phosphate targets are met.

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