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Insulin Explosion!

A few years ago, the market was inundated with new inhalers for asthma and COPD. This year, insulin is taking its turn. We have five new insulin options, two of which have been added to the ODB Formulary this month.

Let's start with the covered products, Tresiba® (insulin degludec) and Toujeo® (insulin glargine). Tresiba® is a long-acting basal insulin with unique chemical and absorption characteristics. Degludec forms six-molecule insulin complexes which link together in long chains after injection. The complexes are released from the end of each strand at a constant rate, yielding predictable, consistent insulin levels in the bloodstream. The absence of an insulin peak limits hypoglycemic potential.

Tresiba® is supplied in prefilled pens in two different concentrations, the standard 100 Units/ml, and 200 Units/ml. The double strength format allows patients on very high doses to administer up to 160 Units per injection.

Tresiba is also very stable out of the refrigerator, and can remain in a medication cart for up to 56 days (compared to 28 days for most insulins) before it must be discarded. Residents can be converted from other once daily basal insulins on a unit per unit basis. When switching from a *BID* long-acting product (e.g. Levemir), Tresiba® should be initiated at 80% of the total daily dose.

Toujeo® is the same glargine insulin as Lantus®, with a wrinkle. It is super-concentrated at 300 Units/ml. The two products behave a bit differently. Lantus® has a minor peak between 5 and 12 hours, with a 12.5-hour half-life. Toujeo® has no peak (more desirable for a basal insulin) and a 24-hour half-life. As a result, Lantus® would be expected to have greater glucose lowering activity over the first 18 hours after injection, and Toujeo® should be slightly more active for the remaining 6 hours. Conversion from Lantus® to Toujeo® should be done on a unit per unit basis, but close monitoring is recommended initially, due to these slight differences. Toujeo® is stable for 42 days at room temperature. Due to the long half-lives of Tresiba® and Toujeo®, dose adjustments are made on a weekly basis.

Other new and newish insulins, which are not yet covered, include: Fiasp® - ultra-fast

acting; Basalgar® - another glargine basal insulin; Soliqua® - glargine plus a GLP-1 agonist, lixisenatide. The market is getting crowded!

More on Cannabis

Spectrum Cannabis has released new registration forms (see attached), and our P&P (4.26) has graduated from draft status. Though acceptance and familiarity with cannabis has grown, many prescribers are still uncomfortable with CBD and THC. Those who would like assistance with resident evaluation, dose titration and follow up now have access to a team of cannabis specialists whose services have been provided to GeriatRx (free of charge). Let us know if you want to take advantage of this wonderful resource.

We also have more evidence supporting cannabinoid use. A small double-blind, placebo controlled trial was conducted by Sunnybrook geriatrician Dr. Nathan Herrmann earlier this year. He and his team showed that synthetic THC, nabilone, reduced agitation and aggression in demented seniors, while decreasing caregiver burden. THC's analgesic, anti-nausea and anxiolytic properties, all may offer benefit in this disorder where communication is compromised. When other approaches and drugs have failed, THC (+/- CBD) may be worth a try.

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