
Goodbye Humalog®

In a shocking development, all forms (Kwikpen®, cartridges and vials) of rapid acting Humalog® are being dropped from ODB coverage! Individuals established on Humalog® as of January 29 can continue to use the product under LU 599. New prescriptions for the product can technically be honoured until the end of April (LU 279), although use of this temporary coverage is inadvisable. Such Humalog® prescriptions would have to be changed to a different, non-interchangeable brand at that time, and response would be difficult to predict.

Why is this happening? A less expensive (almost \$4 less per pen/cartridge) biosimilar version of Humalog®, Admelog®, is now available as a covered alternative. Admelog® is no slouch, as it is made by Sanofi-Aventis, the manufacturer of Lantus®. When receiving a new Rx for Humalog®, we will contact the facility. We will ask whether the prescriber wishes to substitute Admelog® (the products are not interchangeable) or the other

popular rapid insulin product, NovoRapid®. Preservation of health care dollars is so critical that governments will not ignore opportunities like these to save money.

Anticoagulant Interactions

Four “new” (non-warfarin) anticoagulants (Pradaxa®, Xarelto®, Eliquis® and Lixiana® - edoxaban) are now available to us. Atrial fibrillation dosing is based on combinations of renal function, age and weight and the guidelines are very clear. Dabigatran (Pradaxa®) was the first drug in this group and is used less often in seniors, due to bleeding risk. Eliquis® is the most popular choice in this category, followed by Xarelto®, then the relative newcomer, edoxaban.

Dosing guidelines are not iron-clad, however. Residents taking carbamazepine (CBZ) or phenytoin may require higher Eliquis® and Xarelto® doses. These drugs enhance liver metabolism and activate p-glycoprotein (p-gp), a membrane component that pumps anticoagulants out of the body. Anticoagulant levels can fall to low levels, leading to stroke or DVT. Switching to edoxaban is a better option. With its renal elimination, it doesn't interact with CBZ or phenytoin.

Interactions that increase anticoagulant levels and

bleeding risk are also a major concern. Diltiazem and verapamil reduce Xarelto® and Eliquis® break-down in the liver and inhibit p-gp, causing them to accumulate. Eliquis® should be used at a reduced dose, if at all. Xarelto® is impacted by these drugs and amiodarone as well. Diltiazem is a mainstay in treatment of a fib, so anticoagulant choice is critical. Edoxaban is the safest option here, as diltiazem has little to no effect on it. Most of the other drugs listed above interact with it, however, so the edoxaban dose would have to be reduced to 30mg if one of those drugs is added.

Ceftin® Absorption

Ceftin® (cefuroxime) is quite a useful antibiotic. It can effectively treat many skin, urinary and respiratory bacterial infections. It is given twice daily and dose reductions are not necessary unless renal function is severely impaired (GFR < 30ml/min). Another very important point in its favour is that it is completely unrelated to the penicillin family (unlike most cephalosporins), so it can be used safely in the presence of penicillin allergy. One major restriction to its use, however, is that it cannot be used in residents on PPIs (Pantoloc®, Prevacid®, etc.) or H2 antagonists (ranitidine and famotidine). Acid reduction by these drugs reduces Ceftin®'s absorption and effectiveness.