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Insulin Musical Chairs

You innocently write an Rx for Lantus® 10 Units HS, ready to monitor AM fasting sugars. What happens? You get a phone call from your friendly GeriatRx pharmacist. You are told apologetically that Lantus® is no longer covered (more on this later). You will have to change the order to something called Basaglar®!?!? This situation is repeated when you order NovoRapid® and are told to use Trurapi®. You ask yourself, am I having a déjà vu moment? Didn't the same thing happen last year when I ordered Humalog® and the resident ended up with Admelog® instead?

We are now entering phase 2 of biosimilar insulins. These insulins are a bit less expensive than the originals, so they will save Ontario's taxpayers money. The good news is the new insulins are anything but generic (though I'm a big fan of generics). They are the result of a battle between branded insulin producers attempting to gain market share by creating competing products at lower prices. Eli-Lilly, the manufacturer of Humalog®, lost new ODB Rx coverage of their rapid insulin to Sanofi-Aventis' Admelog® last January. Eli-Lilly has now done a "touché". They have knocked off Sanofi's Lantus® with Basaglar®. Sanofi countered by bumping NovoNordisk's NovoRapid® and replacing it with Trurapi®. Lots of insulin excitement!

All is not lost for Lantus® and NovoRapid® users, however. Residents currently using those products can continue to have them covered under the Limited Use program (LU 614 for Lantus® and LU 628 for NovoRapid®). GeriatRx will incorporate the LU codes into your Three Month Reviews so there will be no forms to sign. The new insulins are not formally interchangeable with the existing products, so we will need acknowledgment from our MD and NP prescribers to exchange products. For efficiency, please use the new product names when starting residents on one of these insulins. Thank you.

Acetaminophen and BP

We all know acetaminophen is a safe analgesic, relatively devoid of significant adverse effects. Our main concern is liver damage when doses exceed four Grams per day. Frail residents or those with pre-existing hepatic disease should have even lower doses.

A study published in *Circulation* sought to determine the impact acetaminophen might have on blood pressure. A 1,000 mg QID dose was given to 110 hypertensive subjects for two weeks. No drugs were taken (wash-out) the following two weeks. The study concluded with two weeks of placebo. The other half of the study cohort started with a placebo, following the same steps as the original group in reverse.

The study was randomized and double-blinded, so neither the subjects nor investigators knew who was taking placebo or acetaminophen at any given time. BP was measured at the end of each two-week period. The results showed that two weeks of acetaminophen increased systolic BP by 5 mmHg, when measured by 24-hour ambulatory monitoring. Remarkably, this is similar to the increase seen when NSAIDs, such as Celebrex® or naproxen are prescribed.

What do these results mean? Hypertensive residents with new routine acetaminophen orders should certainly have their BPs monitored closely. It is not clear how those on long-term treatment with this drug, or how non-hypertensive residents will be impacted. This study should serve as a reminder that no medication is free of adverse effects, even one as safe as acetaminophen.

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