The GeriJournal

Volume 19, Number 1
January 2024
A publication of GeriatRx Pharmacy

Desperately Seeking Ozempic®

Raise your hand if you use Ozempic®. Just as I thought, lots of hands raised. It seems the entire world is using Ozempic® – or was until a few months ago. It has become a scarce commodity of late due to its ability to melt away pounds.

Patients have gone to great lengths to find this magic potion. They have asked compounding pharmacies to make it from its p.o. semaglutide cousin, Rybelsus®. Some have switched to related GLP-1 drugs like Mounjaro® (tirzepatide), but this drug too has become scarce. Other temporary measures have included substituting somewhat related DPP-4 inhibitors like Trajenta® or SGLT2 inhibitors (empa, dapa, or canagliflozin). This has been a very challenging and disappointing situation for all healthcare providers.

But wait. Could this crisis be coming to an end? Last month, Novo-Nordisk released a 3ml version of their low-dose Ozempic® pen to replace the 1.5ml version. This means that residents on the 0.25 and 0.5mg dose will get twice as many doses out of each pen before they need to reorder. A recent communication sent to pharmacies suggests that the production issue is near resolution. We are now able to fill all resident orders and are hopeful the supply chain will soon be unrestricted.

Ozempic® Goes LU

I felt this Ozempic® ODB coverage change was worthy of a separate column. Before January 31st, Ozempic® was listed as an open benefit in the ODB Formulary. To reduce prescribing for non-approved indications (e.g., weight loss) ODB has moved it to limited use status. It is now covered only for residents with Type 2 diabetes. Furthermore, those residents must have tried metformin first and responded poorly or had tolerance issues.

There are a couple of other restrictions. Ozempic® will not be covered if residents are taking any of the following (sorry for being repetitive): Rybelsus® (oral semaglutide), DPP-4 inhibitors (Trajenta®, Januvia® or Onglyza®) or other GLP-1 agonists (Victoza® & Mounjaro®). None of these are likely to deter prescribers from ordering Ozempic® once it is widely available.

Pharmacies can use LU 279 to secure coverage for 3 months while waiting for prescribers to choose one of the three permanent Ozempic® LU codes. Those codes are based on the drug identification number (DIN) of the pen being used and I am certain no prescriber is interested in memorizing them. On the 31st we will load the correct LUs into the *Scriberly* ToDo lists of all prescribers with these orders. Once signed the coverage step will be completed.

Shingrix® 2nd Dose – No Rush

Shingrix® was approved in 2017 by Health Canada. It replaced Zostavax®, the now-extinct shingles vaccine that was challenging to store and administer, and only modestly effective. As we all know, GSK (the manufacturer) and NACI (Canada's vaccine advisory authority) recommend that a 2nd dose of Shingrix® be given 2-6 months after the first dose.

A recent study in the *Annals of Internal Medicine* provided interesting data on *Shingrix*® effectiveness. Regardless of when the 2nd dose was given, vaccine effectiveness was 79% during the first year. This compared to 70% in those who received only one dose in Year 1. Most of our residents receive their second dose just 2 months after the first. Waiting the full 6 months appears to make good sense, and if the 2nd dose is delayed further for some reason, all is not lost.

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