

“The Point”

ZSFG Diabetes Newsletter - October 2017

Making diabetes care easier, better, less frustrating and more fun since 2008



Topics:

Pharmacy/formulary updates:

- SFHP medi-cal and Basaglar
- Tanzeum going off market
- HSF and meter supplies
- Using insulin pens correctly

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Pharmacy / formulary updates

SFHP medi-cal and Basaglar

Earlier this year, SFHP medi-cal stopped covering Lantus (glargine u-100 insulin) made by Sanofi-Aventis. SFHP medi-cal has since clarified that existing users of Lantus (vial) or Lantus Solostar pen, may continue. However, **all new starts must use Basaglar Kwikpen**, which is also glargine u-100, but made by Lilly. New starters who prefer to use vials will require PA for Lantus (vial) as Basaglar is only available as a pen. But remember, Novolin NPH (vial) is on formulary and doesn't require PA. Studies have shown that in type 2 diabetes, NPH is just as effective as glargine in lowering A1C (and more cost effective!), however if your patient has overnight hypoglycemia on NPH, it would be reasonable to change to glargine.

Tanzeum going off market

GSK, which makes **albiglutide (Tanzeum)**, a long-acting GLP-1 agonist, has made the decision to **stop sales in the U.S.** due to decline in their market share. Supplies are expected to be depleted by July 2018, if not sooner. Tanzeum is currently the only once weekly GLP-1 covered by SFHP medi-cal, and formulary alternatives have yet to be determined. If your patient is currently using Tanzeum, anticipate the need to change sometime next year.

So which insurances cover which GLP-1s?? (updated as of Oct 2017)

	HSF	SFHP medi-cal	Anthem BC/CHN medi-cal	Medicare
Exenatide (Byetta)	PA	--	--	Varies
Liraglutide (Victoza)	OK if prior metformin use	OK if prior metformin use	formulary	Varies
Exenatide ER (Bydureon)	PA	--	PA	Varies
Albiglutide (Tanzeum)	--	OK if prior metformin use	formulary	Varies
Dulaglutide (Trulicity)	--	--	PA	Varies

HSF and meter supplies

Retail pharmacies are temporarily experiencing difficulties obtaining test strips and lancets from **Healthy San Francisco (HSF)** and have not been able to dispense these items to patient. For the time being, it's safest, and less frustrating to patients with HSF, to prescribe these items through the **ZSFG outpatient pharmacy** until supply issues are resolved.

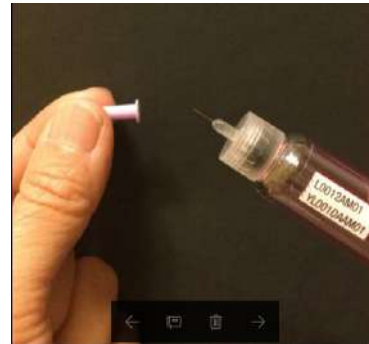
Using insulin pens correctly

The *ISMP Medication Safety Alert!* Newsletter has received several reports of **errors in using insulin pens**, specifically, not removing the inner cover from their pen needle prior to injecting insulin. In one case, an insulin-dependent patient developed DKA and later died. Anecdotally, we have seen at least one similar case at ZSFG. Remember that pen needles contain an outer cap AND an inner cap covering the needle. After attaching the pen needle to the insulin pen, teach patients to remove BOTH caps before priming the needle and dialing the dose of insulin to be injected.

See these photo instructions below. We will be updating a full page on the steps of using insulin pens for the future. Look for this in the next issue of "The Point."



After attaching pen needle... remove outer cap



AND...remove inner cap

Diabetes Awareness Day

Join the extended Diabetes Team in the main lobby of building 5 as we observe Diabetes Awareness month on **Wednesday, November 15 from 9 a.m. - 3 p.m.** Come check out this tabling event chock full of practical information not just on diabetes, but also assessing diabetes risk and diabetes prevention. Enjoy “spa water” samples, participate in interactive displays, and challenge yourself to take first steps toward positive actions for healthy living. Staff, patients, community members all welcome.

Addressing psychological insulin resistance

Your patient is on maximum doses of oral meds, likely metformin, glipizide and possibly pioglitazone. She’s been working with your clinic’s nutritionist and is doing her best with portion control. She reports taking her medications faithfully, but her A1C continues to creep up. When you recommend starting insulin, she begins to cry and states there’s no way she can take insulin on top of everything else she is doing for her health, including work and family responsibilities. She took care of her mother who had diabetes and used insulin before she died. Your patient finally admits she is afraid to start insulin like her mother. She asks you for 3 more months to work harder on her diet and exercise.

Sound familiar? **Fears and worries about insulin are very common, complicated by stigma around insulin use in our society, and our cultural and personal experiences.** In a 15 minute primary care appointment, there is often not enough time to unpack all this. By eReferral, you can refer your patient to one of our monthly “insulin introduction” groups where we acknowledge patient’s fears and worries and also talk about the myths and misconceptions about insulin and potential benefits of insulin. We review the rationale for insulin, glycemic goals, importance of reducing microvascular complications, recognizing and treating hypoglycemic episodes, and healthy plate portions. We coach and support all patients in doing a mock self-injection to overcome needle anxiety, and assess patients on vial/syringe or insulin pens. In the end, the decision to start insulin is the patient’s, but participants in the group often get one step closer to being open to insulin after attending the group.

If your patients cannot attend one of our monthly insulin introduction group at ZSFG, we will come to you! Diabetes Clinic nurse practitioners who facilitate these groups in English and Spanish will lead a group at your clinic if your clinic organizes a group of patients. Clinic staff/educators are welcome to observe/participate as we would like to spread this model of group visits. If interested in coordinating this, please contact audrey.tang@sfdph.org or charlotte.kuo@sfdph.org.

Diabetes Resource Website:

<http://in-sfghweb01/DMresource/DiabetesMain.htm>

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