Pharmacy Pearls

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Shingrix Reactogenicity

When giving Shingrix, counsel patients about expected reactions.

There is a **10% chance** of developing a grade 3 injection site reaction and/or systemic reactions (see table below) – these symptoms were significant enough to prevent regular activities in about 17% of clinical trial patients, but tend to pass within 2-3 days.

Injection site reaction	Pain, redness, swelling
Systemic reaction	Myalgia, fatigue, headache, fever, GI upset

A patient's reaction to the first dose is not necessarily predictive of a reaction to the second dose of Shingrix. Encourage patients to complete the series even if they have a grade 1-3 reaction to their first dose.

Lyrica ⟶ Gabapentin: An Easy Switch!

Conversion between Lyrica and gabapentin is generally well tolerated and direct switching minimizes potential for gaps in pain relief. In the absence of seizure history, the drugs can be directly interchanged; patients can be advised to discontinue Lyrica and begin gabapentin the following day. Patients with a seizure history should be cross-tapered over 1 – 4 weeks.

While cross-tolerance is expected, patients should be advised adverse effects such as drowsiness or edema may still emerge when therapy is changed but tend to decrease with time. A conservative approach may be useful to mitigate adverse effects.

Titration of gabapentin to the maximum tolerated therapeutic dose is important. The therapeutic dosing range in neuropathic pain trials is 1800-3600 mg/day (normal renal function). The pharmacokinetics of gabapentin require regular dosing, it will not work if dosed "as needed."

Despite its therapeutic role in neuropathic pain, gabapentin, like Lyrica, does have abuse potential. This reinforces the importance of ensuring each patient taking gabapentin has an appropriate indication, dose and frequency to maximize benefit and avoid adverse events or misuse.

Daily Dose of Gabapentin (mg/day)	Daily Dose of Lyrica (mg/day)
0 – 300	50
301 – 450	75
451 – 600	100
601 – 900	150
901 – 1200	200
1201 – 1500	250
1501 – 1800	300
1801 – 2100	350
2101 – 2400	400
2401 – 2700	450
2701 – 3000	500
3001 – 3600	600

Studies show minimal benefit & more adverse effects when high Lyrica doses are used for diabetic neuropathy (>300 mg/day) and fibromyalgia (>450 mg/day)

Admelog (insulin lispro):

first follow-on biologic for rapid-acting insulin

Its comparator product is Humalog. Admelog was approved through the same pathway as Basaglar, an alternative to Lantus. Admelog was non-inferior to Humalog in A1c lowering with a similar incidence of adverse reactions for both T1DM and T2DM.

Excellus Managed Medicaid is changing its formulary coverage for rapid-acting insulin*:

- Starting 5/1/18, new prescriptions should be written for Admelog to avoid coverage gaps
- Starting 6/15/18, existing rapid-acting insulin users will need to be switched to Admelog

**Humalog/Novolog/Apidral no longer covered*

The switch: conversion from Humalog is 1:1

Regulatory standards prevent pharmacists from directly substituting Admelog for Humalog, so prescriptions will need to be written specifically for Admelog.

Testosterone Formulations

There is significant variation in the costs of different testosterone formulations. Dosage form, strength, duration of use, and product manufacturer impact the cost of treatment.

This variation makes a targeted cost-effective prescribing initiative difficult, but we worked with our Specialist Advisory Committee to provide some general guidance on to help providers select a cost-effective testosterone dosage form:

- Depot IM injections tend to be the cheapest given their extended duration
  - Cypionate and enanthate esters are similar in cost
- Transdermal gels are more popular but are more expensive
  - Generics are less expensive than brands
  - Packets are less expensive than pumps
- Other formulations (solutions, buccal tablets, patches) tend to be more expensive per gram of testosterone delivered

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