

Special Interest Articles:

- Trulicity, New GLP-1 for Diabetes
- Saxenda for Weight Loss
- EpiPen Alternative- Auvi-Q

Did you know?

Senators John McCain (R-AZ) and Amy Klobuchar (D-MN) have reintroduced the Safe and Affordable Drugs from Canada Act, legislation that would allow Americans to purchase medicine from Canada.

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Trulicity, New Injectable for Diabetes

Trulicity (TRUE-lih-sih-tee, dulaglutide) is another Glucagon-like peptide-1 receptor (GLP-1) agonist for type 2 diabetes. Previously on the market was Byetta, Bydureon, Tanzeum and Victoza. These injectables will likely become more popular as they can lead to weight loss and rarely cause hypoglycemia.

Consider them a possible add-on to

metformin along with gliptins, glitazones, sulfonylureas, insulin, etc.

Use this table for "ballpark" comparisons and dosing frequency.

GLP-1 Agonist	~ A1C Decrease	~ Weight Loss	~ Cost/month	Dosing Frequency
albiglutide (Tanzeum)	1 %	2 lbs	\$330	Once WEEKLY
exenatide (Byetta)	1 %	4 lbs	\$430	Twice DAILY
exenatide ER (Bydureon)	1.5 %	6 lbs	\$440	Once WEEKLY
dulaglutide (Trulicity)	1.5 %	6 lbs	\$500	Once WEEKLY
liraglutide (Victoza)	1.5 %	6 lbs	\$400-600	Once DAILY

Liraglutide Will be Marketed as Saxenda for Weight Loss

The Food and Drug Administration (FDA) has approved a new drug application (NDA) for Saxenda® (liraglutide injection), the first once-daily glucagon-like peptide-1 (GLP-1) receptor agonist for chronic weight management. According to the Saxenda website, this product will be launching in 2015. Saxenda, which is already used to treat type two diabetes, (marketed as Victoza), is the fourth

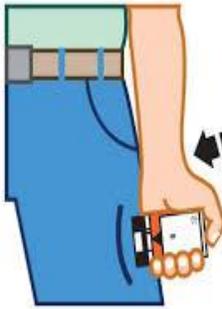
weight- loss drug authorized by the FDA since 2012. According to Micromedex, a specific toxic dose has not been established; however, severe nausea, vomiting, and hypoglycemia occurred in three patients with type 2 diabetes following subcutaneous administration of 100 mcg of a similar agent, exenatide (10 times the maximum recommended dose).

New Alternative to Epi-Pen

Auvi-Q[®] (epinephrine injection, USP) is used to treat life-threatening allergic reactions (anaphylaxis) in people who are at risk for or have a history of these reactions. Think of Auvi-Q as an alternative to EpiPen, etc. The big difference is that Auvi-Q talks the user through the injection process counts the time the injector is held against the thigh and flashes a red light when the injection is completed. It's

also shaped like a smartphone instead of a pen, which may make it easier for some people to carry it in their pocket. Both Auvi-Q and EpiPen cost about \$250 for a kit with two devices plus a trainer. Most patients think they'll remember how to use an epinephrine auto-injector when it's needed but many forget more than half the steps just 3 months after training.

“Auvi-Q is shaped like a smartphone instead of a pen, which may make it easier for some people to carry it in their pocket.”



Influenza Antiviral Medications

Antiviral medications with activity against influenza viruses are an important adjunct to influenza vaccine in the control of influenza.

- Influenza antiviral prescription drugs can be used to **treat** influenza or to **prevent** influenza.
- **Five** licensed prescription influenza antiviral agents are available in the United States.
 - Three influenza antiviral medications approved by the U.S. Food and Drug Administration (FDA) are recommended for use in the United States during the 2014-2015 influenza season: oral **oseltamivir** (Tamiflu[®]), inhaled **zanamivir** (Relenza[®]), and intravenous **peramivir** (Rapivab[®]). These drugs are chemically related antiviral medications known as neuraminidase inhibitors that have activity against both influenza A and B viruses.
 - **Amantadine** and **rimantadine** are antiviral drugs in a class of medications known as adamantanes. These medications are active against influenza A viruses, but not influenza B viruses. As in recent past seasons, there continues to be high levels of resistance (>99%) to adamantanes among influenza A (H3N2) and influenza A (H1N1) pdm09 ("2009 H1N1") viruses. Therefore, amantadine and rimantadine are not recommended for antiviral treatment or chemoprophylaxis of currently circulating influenza A viruses. As you may recall, both are also used as antiparkinsonic drugs but are not considered first-line.