

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/expert-perspective-an-insulin-option-for-your-patients/11318/>

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Expert Perspective: An Insulin Option for your Patients

Announcer:

Expert Perspective: An Insulin Option for your Patients. Welcome to this medical industry feature, titled "Expert Perspective: An Insulin Option for your Patients" sponsored by Novo Nordisk. This program is intended for U.S. physicians. Important safety information is provided throughout this episode. To view the [full prescribing information](#) click the link provided on this website or visit Tresibapro.com.

Physicians have a lot of options when deciding how to treat their patients with diabetes, so we sat down with Dr. Philip Woodham, a diabetes specialist practicing in Hackensack, New Jersey, to discuss his approach to starting patients on a basal insulin like Tresiba® (insulin degludec injection) 100 U/mL, 200 U/mL.

Dr. Philip Woodham:

For me, being a health care professional is all about staying ahead of the curve. Keeping up with the trends and advances in my field allows me to give my patients the support and care they deserve.

About eighty-five percent of my patients have type 2 diabetes, so when a basal insulin like Tresiba® came along that could get them to hemoglobin A1C goal, it was an easy choice for me to make.¹

Tresiba® is indicated to improve glycemic control in patients one year and older with diabetes.

Tresiba® is not recommended for treating diabetic ketoacidosis.

Tresiba® is contraindicated during episodes of hypoglycemia and in patients with hypersensitivity to Tresiba® or one of its excipients.

I started prescribing Tresiba® when I heard about how its molecule is different by design.² Then, after diving more into the efficacy and safety profile data, Tresiba® became my go-to choice for insulin-naïve patients.

Host:

Once you identify that a patient is a good candidate for Tresiba®, how do you have that conversation? Especially for those patients who have just been diagnosed or are new to insulin?

Dr. Philip Woodham:

Diabetes sometimes can be a very...how do I put this? A very difficult diagnosis to accept and can actually be very traumatic for people. So, I try to start that conversation off by looking at a bigger picture. What is diabetes and why are we trying to control this? And I try to, in a lot of ways, steer people away from just looking at a blood sugar issue.

There is one case that I actually can think of, again it's a type 2 diabetic who was more overweight, kind of a classic presentation of a type 2 diabetic who was on multiple different oral medications, not achieving success. And eventually just got to the point where we sat down and we had a conversation. Again, I said, "Listen, we probably need to add insulin to your regimen. I can put you on Tresiba® insulin

I had that conversation several visits over several weeks, 'cause she was not hearing the insulin part of it, and it took a little bit of convincing until I was finally able to get her to try it. When she tried it, it wasn't half as bad as she thought. We did a little bit of insulin at a low dose just to get her comfortable just to get her used to taking it. And it actually ... she started to see her sugars go down. She came back, she's like, "Doc, I think this actually might be working." I said, "Okay. So, let's increase it a little bit more and see how you do." Lo and behold, sugars became better with an insulin and maybe one or 2 other little oral antidiabetic medications as opposed to the

4 medications that she was taking at the biggest doses that weren't working for her.

So, in that case, for her, it really was a big difference. She wasn't, you know, having the typical symptoms of high blood sugar.

When I prescribe Tresiba®, I make sure to tell my patients never to share their FlexTouch® pen, needle, or syringes, as sharing poses a risk for transmission of diseases.

Anytime I make a regimen change for one of my patients, I monitor their blood glucose more frequently, and may need to adjust their oral anti-diabetic medications. I also give them additional guidance on where and how to inject their insulin and how to look out for injection site reactions.

And I keep in mind that changes in their insulin regimen may affect glycemic control and make them more susceptible to hyper- or hypoglycemia.

Host:

So I've heard a lot lately about people with diabetes struggling to pay for insulin. And I know some products offer a savings card to help patients afford their medication. Is that something you talk to your patients about regarding Tresiba®?

Dr. Philip Woodham:

Yes, I have given it to patients to use to help the patients afford Tresiba®. I have had that opportunity to, and it certainly has helped, especially if insurance does not fully cover the cost of the medication. Sometimes that coupon card or savings card does come in handy to get them access to the medication.

Host:

Doctor, you mentioned earlier that you talk to patients about hypoglycemia when you prescribe an insulin. How do you have that conversation?

Dr. Philip Woodham:

Well, in reference to hypoglycemia, what I try to explain to them is first of all, what it is, it's a blood sugar less than 70, and then you have to explain to them about what the symptoms are of hypoglycemia: sweating, dizziness, lightheadedness, even passing out or even potentially seizures.^{1,3} You know when people hear that, they usually are very hesitant to actually try to use a medication. That's when you have to, again, work with them more closely, reassure them.

They will be checking blood sugars at home. You will be monitoring that very closely. You have them come back to the office fairly regularly, fairly quickly when you start. And then slowly increasing insulin to a dose that works for them and for you. And by doing that, you can hopefully slowly get the buy in to insulin and better blood sugar coverage.

Hypoglycemia is the most common adverse reaction of insulin and may be life-threatening.

With Tresiba®, as with other insulins, it's important for me to monitor changes to my patients' insulin doses, meals, and physical activity.

Host:

I've heard diabetes comes with some cardiovascular risks. How does Tresiba® impact that associated risk with type 2 diabetes?

Dr. Philip Woodham:

In the DEVOTE safety outcomes trial, Tresiba® U-100 demonstrated no increased risk of major cardiovascular events for adults with type 2 diabetes and ASCVD and, as a secondary endpoint, significantly lower rates of severe hypoglycemia when compared to insulin glargine U-100.^{1,4}

Host:

Our listeners can find additional information about the DEVOTE study by visiting TresibaPro.com/Devote, or you can view the study design in the show notes on our website. Are there any other reasons you'd like to share as to why you continue to prescribe Tresiba® for your patients?

Dr. Philip Woodham:

Tresiba® is a molecule that's different by design, with four times less within-subject, day-to-day variability versus insulin glargine U-100.^{1,2,5}

This safety outcomes data and the other differentiating factors solidified Tresiba® as my go-to basal insulin for patients with diabetes. I also discuss Tresiba® with my colleagues and encourage them to prescribe Tresiba® for their appropriate patients.

Host:

Many thanks to Dr. Woodham for speaking to us about why he chooses Tresiba® for his patients with diabetes. Visit TresibaPro.com and see if Tresiba® could be the right choice to prescribe as part of a treatment plan for your patients with type 1 or type 2 diabetes.

Announcer:

Indications and Usage

Tresiba® (insulin degludec injection) is indicated to improve glycemic control in patients 1 year of age and older with diabetes mellitus.

Limitations of Use

Tresiba® is not recommended for treating diabetic ketoacidosis.

Important Safety Information

Contraindications

- Tresiba® is contraindicated during episodes of hypoglycemia and in patients with hypersensitivity to Tresiba® or one of its excipients

Warnings and Precautions

- **Never Share a Tresiba® FlexTouch® Pen, Needle, or Syringe Between Patients, even if the needle is changed.** Patients using Tresiba® vials should never share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens
- **Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen:** Changes in an insulin regimen (e.g., insulin strength, manufacturer, type, or injection site or method of administration) may affect glycemic control and predispose to hypoglycemia or hyperglycemia. Repeated insulin injections into areas of lipodystrophy or localized cutaneous amyloidosis have been reported to result in hyperglycemia; and a sudden change in the injection site (to an unaffected area) has been reported to result in hypoglycemia. Make any changes to a patient's insulin regimen under close medical supervision with increased frequency of blood glucose monitoring. Advise patients who have repeatedly injected into areas of lipodystrophy or localized cutaneous amyloidosis to change the injection site to unaffected areas and closely monitor for hypoglycemia. Adjustments in concomitant anti-diabetic treatment may be needed.
- Hypoglycemia is the most common adverse reaction of insulin, including Tresiba®, and may be life-threatening. Increase monitoring with changes to: insulin dose, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with hypoglycemia unawareness or renal or hepatic impairment
- Accidental mix-ups between basal insulin products and other insulins, particularly rapid-acting insulins, have been reported. To avoid medication errors, always instruct patients to check the insulin label before each injection
- Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including Tresiba®
- As with all insulins, Tresiba® use can lead to life-threatening hypokalemia, which then may cause respiratory paralysis, ventricular arrhythmia, and death. Closely monitor potassium levels in patients at risk of hypokalemia and treat if indicated
- Fluid retention and heart failure can occur with concomitant use of thiazolidinediones (TZDs), which are PPAR-gamma agonists, and insulin, including Tresiba®. Patients should be observed for signs and symptoms of heart failure. If heart failure occurs, dosage reduction or discontinuation of the TZD must be considered

Adverse Reactions

- Adverse reactions commonly associated with Tresiba® are hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, rash, edema, and weight gain

Drug Interactions

- There are certain drugs that may cause clinically significant drug interactions with Tresiba®.
 - **Drugs that may increase the risk of hypoglycemia:** antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, disopyramide, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics, GLP-1 receptor agonists, DPP-4 inhibitors, and SGLT-2 inhibitors
 - **Drugs that may decrease the blood glucose lowering effect:** atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens

(e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones

- Drugs that may decrease the blood glucose lowering effect: atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones
- Drugs that may increase or decrease the blood glucose lowering effect: alcohol, beta-blockers, clonidine, lithium salts, and pentamidine
- Drugs that may blunt the signs and symptoms of hypoglycemia: beta-blockers, clonidine, guanethidine, and reserpine

Announcer:

This program was sponsored by Novo Nordisk. To view the [full prescribing information](#), click the link provided on this website or visit [Tresibapro.com](https://www.ReachMD.com/BasallInsulin). If you missed any part of this discussion, visit www.ReachMD.com/BasallInsulin. This is ReachMD. Be part of the knowledge.

References:

1. Tresiba [package insert]. Plainsboro, NJ: Novo Nordisk Inc; November 2019.
2. Jonassen I, Haveland S, Hoeg-Jensen T, et al. Pharm Res. 2012;29(8):2104-2114.
3. American Diabetes Association. Diabetes Care. 2020;43(Suppl 1):S207-S212.
4. Marso SP, McGuire DK, Zinman B, et al. N Engl J Med. 2017;377(8):723-732.
5. Heise T, Hermanski L, Nosek L, Feldman A, Rasmussen S, Haahr H. Diabetes Obes Metab. 2012;14(9):859-864.