Insulin Glulisine

【IAPI】 Apidra® 300IU/3mL/Pre-Filled Pen *ATC Code：A10AB06*

中 文 名： 愛胰達注射劑 «Sanofi»

適 應 症： 糖尿病。

藥理分類： Insulin, Rapid-Acting.

用法用量：**Note:**

1. Insulin glulisine is a rapid-acting insulin analog which is normally administered **SubQ** as a premeal component of the insulin regimen or as a **continuous SubQ** infusion and should be used with an intermediate- or long-acting insulin.
2. When compared to insulin regular, insulin glulisine has a more rapid onset and shorter duration of activity.
3. In carefully controlled clinical settings with close medical supervision and monitoring of blood glucose and potassium, insulin glulisine may be administered **IV.** Insulin requirements vary dramatically between patients and dictate frequent monitoring and close medical supervision.

Diabetes mellitus, type 1: SubQ:

General insulin dosing:

Initial total insulin dose:

0.2 to 0.6 units/kg/day in divided doses. Conservative initial doses of 0.2 to 0.4 units/kg/day are often recommended to avoid the potential for hypoglycemia. A rapid-acting insulin may be the only insulin formulation used initially.

Usual maintenance range:

0.5 to 1 units/kg/day in divided doses. An estimate of anticipated needs may be based on body weight and/or activity factors as follows:

Nonobese: 0.4 to 0.6 units/kg/day.

Obese: 0.8 to 1.2 units/kg/day.

Pubescent Children and Adolescents: During puberty, requirements may substantially increase to > 1 unit/kg/day and in some cases up to 2 units/kg/day (IDF-ISPAD, 2011).

Diabetes mellitus, type 2: SubQ:

General considerations for insulin use in type 2 diabetes:

Timing of initiation:

1. The goal of therapy: HbA1c < 7%.
2. Dual therapy (metformin + a second antihyperglycemic agent) is recommended in patients with type 2 diabetes who fail to achieve glycemic goals after ~3 months with lifestyle interventions and metformin monotherapy (unless contraindications to metformin exist).
3. Preference is not given for adding insulin or a noninsulin agent as the second antihyperglycemic agent (drug choice should be individualized based on patient characteristics).
4. Insulin should be considered as part of a combination regimen when hyperglycemia is severe, particularly if patient is symptomatic or has catabolic features (eg, weight loss, ketosis). If insulin is selected, the addition of basal insulin with a long-acting insulin (ie, glargine or detemir [not insulin glulisine]) is recommended.
5. If HbA1c target not achieved after ~3 months of dual therapy, may proceed to triple therapy (Inzucchi, 2015).

Intensification of therapy:

1. If HbA1c target has not been met, despite titrating basal insulin (ie, long-acting insulin) to provide acceptable fasting blood glucose concentrations, intensification of therapy should be considered to cover postprandial glucose excursions.
2. Options include adding a GLP-1 receptor agonist (eg, exenatide, liraglutide) or adding a mealtime insulin (1 injection of a rapid-acting insulin analog [lispro, aspart, glulisine]) initiated at a dose of 4 units or 0.1 units/kg or 10% basal dose before largest meal; may progress to "basal-bolus" dosing of 3 injections of a rapid-acting insulin analog [lispro, aspart, glulisine] per meal or dose by adding up the total current insulin dose, and provide one-half of this amount as basal and one-half as mealtime insulin (split evenly between 3 meals).
3. Alternatively, although less studied, may transition from basal insulin (ie, long-acting insulin) to a twice daily premixed (or biphasic) insulin analog (70/30 aspart mix, 75/25 or 50/50 lispro mix) (Inzucchi, 2015).

不良反應： 低血糖、注射部位反應、過敏

注意事項： 1.開封後:

(1).室溫保存(勿高於 25℃)不需冷藏，需防日曬。

(2).可冰箱冷藏，使用前先回溫。

(3).開封後(勿高於 25℃)保存期限 4 周。

2.未開封:應冷藏儲存(2-8℃)。切勿靠近冷凍層以防冷凍。

懷 孕 期： 臨床資料尚不足，孕婦使用時需嚴密監控血糖變化。

授 乳 期： 尚不清楚是否會分泌於乳汁中，但一般說來，胰島素並不會分泌於乳汁中，也不會經由口服所吸收。授乳婦女可能需要調整胰島素的劑量及控制飲食。