Prescribing Points

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Diabetes Special Edition

Insulin Prescribing and Dispensing

Always prescribe insulins **by brand name** (such as Abasaglar, Levemir, Lispro Sanofi, Humulin S, Novorapid etc). This is increasingly important because biosimilar products are now available, as well as high strength insulins (see MHRA Safety Update). Due to the complexity of biological substances and their production, there may be some variation in activity between biosimilars, and therefore some patients may find a difference in dosage between products. For this reason GP practice batch and pharmacy automatic switching must not occur between products. **Switching must only be carried out within a protocol of appropriate management and monitoring.**

For example, there are now THREE glargine products: Lantus (originator brand), Abasaglar (biosimilar) and Toujeo (high strength). There was a recent incident reported where a patient received the wrong product due to the prescription being written generically and the brand not being confirmed with the patient/prescriber, which could have had serious consequences for the patient. **Consider reviewing insulin prescribing in your practice to ensure all insulin products are prescribed by brand.**

In addition, there are now two insulin lispro products available, Humalog (originator) and Insulin Lispro Sanofi (biosimilar). In this case, the brand name of the biosimilar (Insulin Lispro Sanofi) is very similar to generic (insulin lispro), so extra care must be taken when dispensing prescriptions to ensure the correct product is selected. APCO have approved the addition of Insulin Lispro Sanofi to the formulary pending communication

around biosimilars, therefore it will be added in the near future for new patients only. **As with all insulins, it is good practice to show the product to the patient at point of dispensing to check that it is what they are expecting.**

Another example where errors have been reported are with the different strengths of Tresiba (insulin degludec), which is available as 100units/ml and 200units/ml. **It is essential that the strength of insulin is included on the prescription and checked at point of dispensing.** See MHRA guidance.

As more brands of the same insulin become available, it is also important to note that insulin pens are not universal. Each company's pen can only be used with their own licensed insulin products, so if the patient is inadvertently switched to a biosimilar they may not be able to administer their insulin due to not having the correct device. Pen needles tend to be universal, so the first line BD Viva should be supplied.

So What?

- Prescribers: Please ensure insulin is prescribed by brand.
- Dispensers/Pharmacists: Please ensure insulin products are checked with patient at point of dispensing.
- Dispensers/Pharmacists: Take extra care with lispro and glargine products. Ensure all dispensary staff are aware of the differences between biosimilar brands and make sure they are stored in the fridge appropriately to avoid selection errors.

SGLT2 Inhibitors – Formulary Change and Prescribing Checklist

Previously, all sodium-glucose co-transporter 2 (SGLT2) inhibitors (Empagliflozin, Canagliflozin, Dapagliflozin) were on the OCCG Formulary as amber continuation with the caveat that they 'should only be initiated on recommendation of a member of the diabetes specialist team'. In November, APCO reviewed this status and decided that SGLT2 inhibitors can now be initiated in primary care without specialist advice.

The first line SGLT2 inhibitor, Empagliflozin, is now GREEN on the OCCG formulary. Canagliflozin and dapagliflozin have been changed to BROWN (restricted to second line SGLT2 inhibitor. Consider discussion with specialist team).

OCDEM, Community Diabetes Team and Medicines Optimisation have created a checklist for prescribers to support this change, which is available on ClinOx. Prescribers are still welcome to contact the diabetes specialist team for advice if they are unsure whether an SGLT2 inhibitor is appropriate, particularly if the patient is already using insulin and advice is needed on adjusting insulin doses.

Clinicians are reminded that, on very rare occasions, patients on SGLT2 inhibitors can develop diabetic ketoacidosis (DKA) at normal blood glucose concentrations. A patient information leaflet is available to explain this risk to patients. Patients on SGLT2 inhibitors presenting with symptoms of DKA should have their ketones tested. All GP practices should have a ketone meter with in date strips available for use. There is a further information sheet for clinicians, which can be filed in the patient's notes and may be useful for out of hours contact with the patient.

So What?

- Prescribers no longer need to seek advice form the specialist team if they feel competent in initiating SGLT2 inhibitors.
- For support, use the checklist for prescribers. If you are still unsure, seek advice from the specialist team diabetesdialogue@nhs.net.
- Empagliflozin is the first line SGLT2 inhibitor.

MHRA Drug Safety Alert – SGLT2 inhibitors and Fournier's Gangrene

The MHRA released a safety update in February regarding Fournier's gangrene (necrotising fasciitis of the genitalia or perineum) associated with the use of SGLT2 inhibitors. Fournier's gangrene is a rare but serious and potentially life-threatening infection. If it is suspected, stop the SGLT2 inhibitor and urgently start treatment (including antibiotics and surgical debridement as required). Patients should be advised to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise. Any suspected adverse drug reactions to a SGLT2 inhibitor should be reported to the Yellow Card Scheme without delay. OCCG guidance will be reviewed and updated if necessary.

So What?

- If Fournier's Gangrene is suspected, stop the SGLT2 inhibitor and urgently start treatment
- For more information see the MHRA alert.

DPP-4 inhibitor Switch Protocol

In 2017 Oxfordshire CCG spent £1,040,267 on DPP-4 inhibitors. Locally, alogliptin is the first choice DPP-4 inhibitor as it is the most cost effective option. Alogliptin is priced 16-20% lower than existing DPP-4 inhibitors (sitagliptin, vildagliptin, saxagliptin and linagliptin). By complying with the formulary and reviewing patients for effectiveness, savings can be made in this area which can be used to benefit patient care elsewhere.

A DPP-4 Inhibitor Switch Protocol has been produced to help clinicians review their patients on DPP4 inhibitors for appropriateness and switch to alogliptin where appropriate. A patient letter has also been produced to aid the switch.

The NICE criterion for continued use of a DPP-4 inhibitor is a reduction in HbA1c of 0.5% at 6 months. If a patient does not meet the NICE criteria for continuation:

- Review the patient's concordance.
- Consider stopping the DPP4 inhibitor and/or adding a different class of medication. See Blood Glucose Management Guidelines for information on other options.
- If you are unsure on how to proceed, contact the diabetes specialist team on diabetesdialogue@nhs.net.

So What?

- Consider reviewing patients on DPP-4 inhibitors for appropriateness and cost effectiveness.
- Where appropriate use the protocol and patient letter to switch patients to alogliptin.

Insulin Initiation and Adjustment in Type 2 Diabetes Guidance

The Insulin Initiation and Adjustment in Type 2 Diabetes Guidance has been updated and is now available on ClinOx. Only minor changes were made, but please make sure you are using the most up to date version. This is a useful resource for clinicians with professional competence in initiating insulin in patients with Type 2 Diabetes. It contains pathways for adjusting insulin regimes and advice on first line insulin products.

So What?

- Use the updated guidance available on ClinOx.

Self-Monitoring of Blood Glucose (SMBG) in Type 2 Diabetes Guidance and Patient Information Leaflet

The SMBG guidance and Patient Information Leaflet have been updated and are now available on ClinOx. Only minor changes were made, but we would like to remind clinicians to refer to these useful resources when educating patients on SMBG. Routine self-monitoring may not be routinely required in patients with type 2 diabetes, so this guidance sets out the situations when monitoring is advised. The patient leaflet allows you to record the details discussed during consultation for the patient to take home as a reminder.

Clinicians are encouraged to use meters with lower cost strips (<£10 per 50 strips for glucose strips and <£10 for 10 ketone strips) unless there is a clear need to use other meters. Examples include the Glucomen Areo 2K Meter or GlucoRx HCT & Ketone Meter, for more information see guidance on Choosing a Blood Glucose Monitoring Meter. This guidance is currently under review; please look out for updates on this in the near future.

So What?

- Be aware of the situations when SMBG is necessary for patients with Type 2 Diabetes.
- Use the guidance and patient letter to support conversations with patients.

Freestyle Libre

Freestyle Libre flash glucose monitoring system is a novel method of monitoring interstitial glucose in people with type 1 diabetes. NHS England has announced that the Libre system will be available for people with type 1 diabetes from April 2019, in line with national guidance. OCCG's policy on Freestyle Libre is similar to the NHSE guidance so **there will be minimal change in Oxfordshire**. Changes to local policy will be communicated via GP Bulletin and Prescribing Points. In summary the current referral advice is as follows;

- Please ensure that patient's expectations are appropriate. Only some people with type 1 diabetes will qualify, please see NHSE criteria (applicable from 1st April 2019).
- If you have a patient who is interested in obtaining a NHS funded Libre, please ask the patient to raise this at their next outpatient appointment with OCDEM.
- People with type 1 diabetes should be seen in a specialist type 1 diabetes service, such as OCDEM. If the patient does not attend a specialist diabetes service, please consider referral to the specialist type 1 diabetes service in Oxfordshire (e.g. OCDEM, Horton General Hospital). Please do not refer to the community diabetes team.

So What?

- Please ensure that patient's expectations are appropriate and ask them to raise their interest at the next outpatient appointment with OCDEM.

MHRA – Medical Device Alert on Freestyle Libre

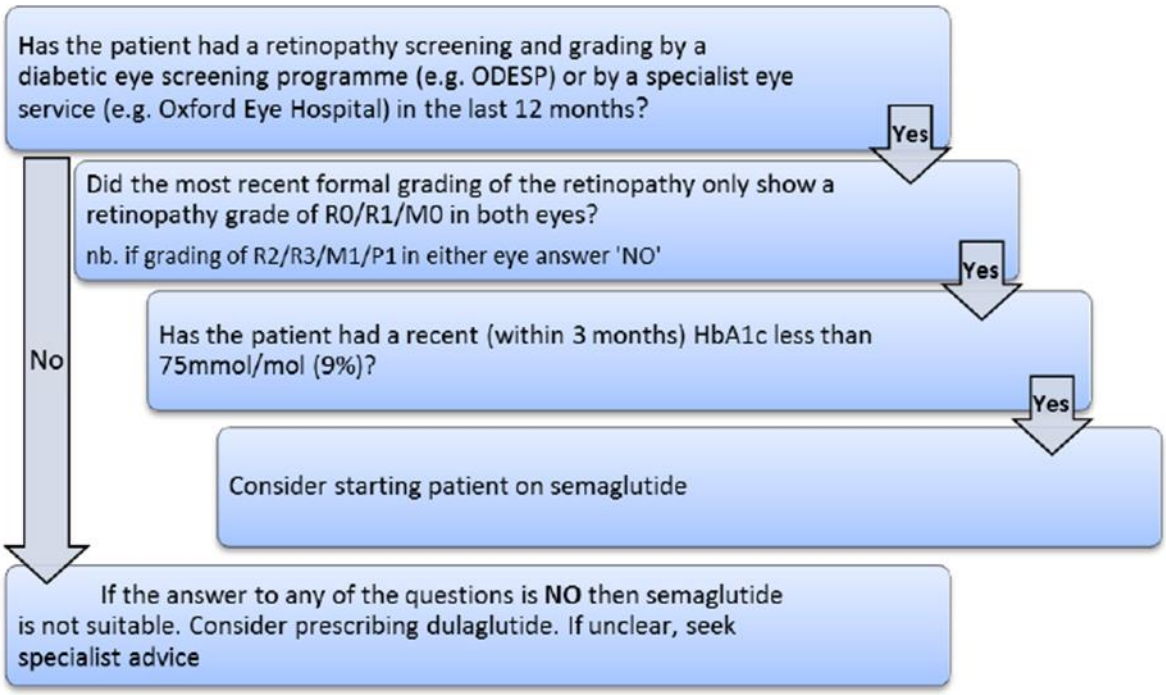
MHRA released an alert in January stating that some users who are experiencing an immune response (including skin hypersensitivity reactions) to the adhesive are applying creams, patches, or sprays under their sensor to reduce skin reactions, which may affect device performance. Patients experiencing skin reactions to their glucose sensor, which may include erythema, itching, and blistering, should be reviewed to see if use of this device is suitable. Consider use of alternative glucose monitoring systems for these patients. See the alert here.

So What?

- Consider use of alternative glucose monitoring systems for patients experiencing an immune response to the adhesive. See the MHRA alert here.

Semaglutide and GLP-1 Receptor Agonist Guidelines

Semaglutide is a new **once weekly** GLP-1 agonist. It is cost equivalent to Oxfordshire's current first line once weekly GLP-1 agonist, dulaglutide, but shows superiority in trials in HbA1c and body weight. The cardiovascular outcome trial (SUSTAIN 6) showed a statistically significant 26% reduction in risk of a composite of non-fatal stroke, non-fatal MI, cardiovascular death and time to first occurrence of major adverse cardiovascular event in patients treated with semaglutide. The GLP-1 Receptor Agonist Guidelines and Patient Agreement Form & Checklist have been updated to make semaglutide first line **if a once weekly GLP-1 is indicated** (e.g. when the medication is administered by a carer, district nurse or practice nurse). The guidance includes a flowchart to determine whether the patient is appropriate for semaglutide, as there is an increased risk of worsening of diabetic retinopathy in a small number of patients. If the patient is not suitable, dulaglutide should be used.



See formulary decisions below:

Semaglutide	Brown (restricted): Only for patients who would gain significant benefit from once weekly injection, in line with local guidelines. If eye disease is present please see flow chart in guideline.
Dulaglutide	Brown (restricted): Only for patients who would gain significant benefit from once weekly injection and who are not suitable for treatment with semaglutide, in line with guideline. Patients already treated effectively with dulaglutide do not need to switch.

The previous GLP-1 Guidance included a page on Xultophy (liraglutide/degludec fixed combination) which has now been removed, as it is not initiated by GPs and is used infrequently in Oxfordshire. The information is still available here.

So What?

- Semaglutide is the first line **once-weekly** GLP-1 agonist, please follow the flow chart in guidance to check if patient is suitable.
- Patients currently on once weekly dulaglutide (or exenatide) who are responding well to treatment do not need to switch.
- Ensure you are following the most recent guidance available on ClinOx here.

BD Viva Pen Needles

Previously, both GlucoRx FinePoint Needles and BD Viva needles were both first line on OCCG Formulary as they were a similar price. BD Viva is now more cost effective, so should be used as the first line option for all suitable patients.

Brand	Cost Per 100 Needles
BD Viva	£3.94
GlucoRx FinePoint Needles	£5.95

So What?

- BD Viva are the first line pen needles in Oxfordshire