

Rotherham Place Prescribing Bitesize



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Discontinuation of Levemir®.

Novo Nordisk Ltd has announced that both the 100u/ml 3ml pre-filled pens and 100u/ml 3ml cartridges will be discontinued on 31st December 2026. Full information can be found [here](#)

Actions

Clinicians should:

- not initiate new patients on any Levemir product;
- not make switches to alternative insulins at this time for existing Levemir patients; and
- be prepared to implement insulin switches for all existing Levemir patients when clinical guidance is issued in the coming months.

Short-acting beta 2 agonists (SABA) (salbutamol and terbutaline): reminder of the risks from overuse in asthma and to be aware of changes in the SABA prescribing guidelines.

Healthcare professionals and patients are reminded of the risk of severe asthma attacks and increased mortality associated with overuse of SABA with or without anti-inflammatory maintenance therapy in patients with asthma. Healthcare professionals should be aware of the change in guidance that no longer recommends prescribing SABA without an inhaled corticosteroid. For further information, please see link to the [full alert](#)

NovoRapid® PumpCart® insulin aspart) 100units/ml solution for injection 1.6ml cartridges.

NovoRapid® PumpCart® (insulin aspart) 100units/ml solution for injection 1.6ml **cartridges** are in limited supply until 2027 and cannot support new patient initiations. Alternative insulin aspart products including NovoRapid® vials remain available and can support increased demand. The mylife YpsoPump® Reservoir, which can be self-filled with NovoRapid® vials, remains available and can support increased demand.

Actions

Clinicians should not initiate new patients on NovoRapid® PumpCart® cartridges until the shortage has resolved.

For new patient initiations and where NovoRapid® PumpCart® cartridges are unavailable for existing patients, clinicians should consider prescribing NovoRapid® vials (insulin aspart 100units/ml) which are compatible with the mylife YpsoPump® reservoirs.

When prescribing alternatives, consider manual dexterity, vision, ability to fill the reservoir correctly and whether additional support is required for administration, and

- ensure that all patients are provided with training on the use of their new device, including signposting to training videos;
- advise patients that closer monitoring of blood glucose levels is required initially, and that their insulin dose may need to be adjusted (see Supporting information); and
- provide patients with the appropriate ancillaries and a sharps bin for safe disposal of needles.

If the above options are not considered appropriate, advice should be sought from diabetes specialists on management options.

For full information, the applicable MSN can be accessed [here](#)

Prescribing in T2DM

GP practice colleagues will be aware of work the Meds Opt Team are proposing to carry out this financial year with respect to DPP4i choice. Work by the MO team will be done in parallel to that undertaken by practices in terms of the 25/26 Financial Incentive Scheme criteria "Cost-effective use of gliptins". It should be noted that whilst Sitagliptin is first-line choice of DPP4i for SY ICB, Linagliptin remains the first-line choice for patients with an eGFR below 45ml/min.

Seasonal Rhinitis Top Tips

Seasonal Rhinitis is an allergic reaction to pollen and is usually worse between late March and September, especially when it's warm, humid and windy. This is when the pollen count is at its highest.

Non- sedating Antihistamines

- These include fexofenadine, cetirizine, levocetirizine, loratadine & desloratadine.
- Cetirizine or loratadine* are first-line and patients should be encouraged to self-care and buy over-the-counter.
- Antihistamines are more effective if they are taken before symptoms start rather than after.
- Prescriptions are not routinely provided for treating mild to moderate symptoms of hay fever.
- Desloratadine and levocetirizine are not recommended because there is little evidence that they confer any additional benefits over the more established non-sedating antihistamines and they are more expensive.
- Fexofenadine is not more potent than other antihistamines and it has more undesirable side-effects.
- Fexofenadine 180mg tablets can be bought over-the-counter for hives for adults and children aged 12 years and over.
- Fexofenadine 120mg can be bought over-the-counter for relief of symptoms associated with seasonal allergic rhinitis (SAR), or hay fever, in adults and children aged 12 years and over.
- If the patient is unable to take first-line choices due to allergy/ intolerance, please review patient in clinic.

Self- Care Tips to give patients

- ✓ Put Vaseline around nostrils to trap pollen
- ✓ Wear wraparound sunglasses to stop pollen getting into the eyes
- ✓ Shower and change your clothes after you have been outside to wash pollen off
- ✓ Stay indoors whenever possible
- ✓ Keep windows and doors shut when possible
- ✓ Vacuum regularly and dust with a damp cloth
- ✓ Buy a pollen filter for the air vents in your car and a vacuum cleaner with a special HEPA filter.

Tips to help reduce symptoms of hay fever

- × Do not cut grass or walk on the grass
- × Do not spend too much time outside
- × Do not keep fresh flowers in the house
- × Do not smoke or be around smoke- it makes your symptoms worse
- × Do not dry clothes outside- they can catch the pollen
- × Do not let pets in the house if possible- they carry pollen indoors.

- * Cetirizine hydrochloride is not licensed for use in children under 2 years of age
- * Loratadine is not licensed for use in children under 2 years of age

