



16 January 2023

## **Medicine Supply Alert Notice**

### **Selegiline (Eldepryl®) 5mg and 10mg tablets**

**Priority: Level 2\***

**Valid until: until April 2023**

#### **Issue**

1. Selegiline (Eldepryl®) 5mg and 10mg tablets are out of stock until April 2023.
2. Rasagiline 1mg tablets remain available and can support a full uplift in demand.
3. Selegiline oral suspensions are available via specials manufacturers.
4. Where these are not suitable, unlicensed supplies of selegiline (Eldepryl®) 5mg and 10mg tablets may be sourced, lead times vary.

#### **Advice and Actions**

##### **Primary and secondary care**

5. Practices in primary care should proactively identify any patients on selegiline, contact them to establish how much supply they have left, and make arrangements to prescribe an alternative agent if patient has insufficient supply. This should be done as soon as possible so that those patients who have run out or are low in supply minimise/avoid the break in treatment and risk of disease deterioration.
6. Clinicians in secondary care should review patients admitted on selegiline; where the hospital has no stock and the patient did not bring in their own supply, prescribe an alternative agent and communicate any changes to primary care.
7. Where clinicians are confident to safely switch patients to an alternative therapy, they should:
  - consider prescribing rasagiline 1mg tablets, where appropriate (see additional information below);
  - counsel patients on the change to treatment and dosing, including reassurance that rasagiline is a similar agent to selegiline (see additional information below), and advise them to report worsening of disease control, non-motor symptoms, mood, and/or side effects;
  - signpost patients to Parkinson's UK helpline for further support/information, if required;
  - inform the patients' specialist teams that treatment has been switched to rasagiline;
  - liaise with the patient's specialist team for advice on management options if patients experience a deterioration in disease control or troublesome side effects after switching.

8. Where above options are not considered appropriate, selegiline oral suspensions available via special manufacturers and supplies of unlicensed selegiline (Eldepryl®) 5mg and 10mg tablets can be sourced.
9. Specialist teams should be consulted if this option is to be considered as it may not be viable for patients who have run out already or are low in supply due to likely delay in obtaining these products. Contact should be made with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see additional information below).
10. Specialist teams should:
  - ensure no new patients are initiated on selegiline 5mg or 10mg tablets;
  - support primary care clinicians seeking advice on managing the switch to alternative treatment, including provision of individualised management plan, where required.

## **Additional Information**

### Clinical Information

11. Selegiline, an MAO-B inhibitor, is licensed for the treatment of Parkinson's disease, or symptomatic parkinsonism. It may be used alone in early Parkinson's disease for symptomatic relief to delay the need for levodopa, or as an adjunct to levodopa. The recommended dose is 10 mg daily, either as a single dose in the morning or in two divided doses of 5 mg, taken at breakfast and lunch.
12. Rasagiline is another MAO-B inhibitor, licensed for the treatment of idiopathic Parkinson's disease as monotherapy or as adjunct therapy (with levodopa) in patients with end of dose fluctuations. In practice, it is the preferred first line MAOI-B inhibitor for most patients due to better tolerability profile. The recommended dose is 1 mg once daily.
13. As both drugs are selective MAO-B inhibitors, daily rasagiline treatment may be started the day after selegiline has been stopped. The SmPC for rasagiline warns that it may cause daytime drowsiness, somnolence, and, occasionally, especially if used with other dopaminergic medicinal products, falling asleep during activities of daily living. Patients must be informed of this and advised to exercise caution while driving or operating machines during treatment with rasagiline. As rasagiline has a different metabolic pathway, in that it is metabolised by cytochrome P450 1A2 (CYP1A2) rather than by CYP2B6 and CYP2C19 (as with selegiline), it has the potential to interact with inhibitors and inducers of this enzyme. The SmPC should be consulted for the full list of contraindications and interactions.

### Links to further information

- [SmPC: selegiline](#)
- [SmPC: rasagiline](#)
- [BNF: Parkinson's disease](#)
- [CKS: Parkinson's disease](#)
- [NICE guideline: Parkinson's disease in adults](#)
- [Parkinson's UK helpline](#)

## Guidance on ordering and prescribing unlicensed imports

14. The following specialist importers and specials manufacturers have confirmed they can source unlicensed *Selegiline (Eldepryl®) 5mg and 10mg tablets* and various presentations of *selegiline oral suspension* (please note there may be other companies that can also source supplies):
  - Nova (specials manufacturer)
  - Temag Pharma (specials manufacturer)
  - Target (specialist importer)
15. Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Board or local governance procedures. Please see the links below for further information:
  - [The supply of unlicensed medicinal products](#), Medicines and Healthcare products Regulatory Agency (MHRA)
  - [Professional Guidance for the Procurement and Supply of Specials](#), Royal Pharmaceutical Society
  - [Prescribing unlicensed medicines](#), General Medical Council (GMC)

## **Specialist Pharmacy Service (SPS) website**

16. The UK Department of Health and Social Care (DHSC) in conjunction with SPS have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues.
17. To access the online Medicines Supply Tool you need to register with the [SPS website](#). Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Planning tab and then click on the Medicines Supply option.
18. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool in order to stay up to date concerning medicines supply disruptions.
19. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

## **Enquiries**

20. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to [PharmacyTeam@gov.scot](mailto:PharmacyTeam@gov.scot) (primary care) or [NSS.NHSSMedicineShortages@nhs.scot](mailto:NSS.NHSSMedicineShortages@nhs.scot) (secondary care).