



Medicine Supply Notification

MSN/2022/112

Selegiline (Eldepryl®) 5mg and 10mg tablets

Tier 2 – medium impact*

Date of issue: 23/12/2022

Link: [Medicines Supply Tool](#)

Summary

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

Actions Required

Primary and secondary care

- 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.
- 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.

Where clinicians are confident to safely switch patients to an alternative therapy, they should:

- consider prescribing rasagiline 1mg tablets, where appropriate (see supporting information below);
- counsel patients on the change to treatment and dosing, including reassurance that rasagiline is a similar agent to selegiline (see supporting 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.

Where above options are not considered appropriate, selegiline oral suspensions available via specials manufacturers and supplies of unlicensed selegiline (Eldepryl®) 5mg and 10mg tablets can be sourced.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Specialist team 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 supporting information below).

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.

Supporting information

Clinical Information

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.

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.

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

- 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)
- Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust 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),
- When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:
 - Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:
 - Selegiline 5mg tablets (imported)
 - Selegiline 10mg tablets (imported)
 - Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: “**special order**”.

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist, who will escalate to national teams if required.

REGION	Full Name	Email
Midlands	Andi Swain (East Midlands)	andi.swain@nhs.net
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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2022/112

Email: DHSCmedicinesupplyteam@dhsc.gov.uk.