



## The licensed doses of dapagliflozin.

Dapagliflozin is a SGLT2 inhibitor and is available as 5mg and 10mg tablets. The 10mg tablet is licensed for Type 2 diabetes, in conjunction with insulin or other antidiabetic agents, or as monotherapy, if metformin is not tolerated. In Type 2 diabetes, no dose adjustment is recommended based on renal function, but since the glycaemic activity of SGLT2is is renal function dependent, dapagliflozin should not be initiated if  $GFR < 60 \text{ml/min}$ , as side-effects are more likely. If  $GFR$  is persistently  $< 45 \text{ml/min}$ , it should be discontinued, as it will not be effective. In severe hepatic impairment, 5mg may be used as a starting dose, increasing to 10mg daily if well tolerated. The 10mg tablet is also licensed for symptomatic heart failure with reduced ejection fraction. No dose adjustment is recommended in impaired renal function, and there is limited experience of its use where  $GFR < 30 \text{ml/min}$ .

Dapagliflozin 5mg tablet is only licensed for Type 1 diabetes and only as an adjunct to insulin in patients with  $BMI \geq 27$ . Initiation should be by specialist only. NPAG is currently considering the prescribing status of this product

## Vaccinations:

- **Shingles immunisation programme** - individuals who were eligible for the Shingles vaccination programme who turned 80 years during the COVID-19 pandemic and missed the opportunity to be vaccinated, either due to lockdown or because they were shielding at home, can now be vaccinated until 31 July 2021. As this cohort will not be included in the Shingles PGD, a Patient Specific Direction (PSD) should be used for this specific cohort of patients. The shingles vaccine (Zostavax) is supplied free of charge via ImmForm and so there should be no claim made for reimbursement of vaccine costs.
- **Pneumococcal polysaccharide vaccine (PPV23)** – From 1st June 2021 Pneumovax®23 (pneumococcal polysaccharide vaccine, PPV23) will be available via ImmForm [bipartite letter](#). Providers should prioritise previously un-vaccinated individuals and booster doses in the order of priority set out in the [table](#). Unvaccinated individuals in high-risk priority groups, such as those with asplenia, splenic dysfunction, immunosuppression, cerebrospinal fluid (CSF) leaks and cochlear implants should be offered PPV23 first followed by unvaccinated individuals in moderate risk groups such as those with diabetes and chronic heart, lung, liver and kidney disease and chronic respiratory diseases e.g. COPD (excluding asthma). Once high and moderate-risk groups have been offered PPV23, lower risk groups, such as those requiring boosters and healthy over 65 year olds, can be offered PPV23.
- **Revaxis vaccine (Diphtheria, tetanus and poliomyelitis)** - Revaxis is given as part of the NHS vaccination schedule at age 14 to boost immunity against diphtheria, tetanus or poliomyelitis. Further boosters may be required for potential exposure to any of the 3 diseases, including travel to risk areas. ImmForm supplies of Revaxis may be used for such boosters, up to a maximum of 5 issues per patient, even for travel purposes. If ImmForm supplies are used, there is no need to claim for reimbursement.

## Vitamin D for Care Home residents

In January 2021, the government announced it would provide a free 4-month supply of daily vitamin D supplements for residential and nursing care home residents in England to help support their general health, in particular bone and muscle health. Each daily supplement contained 10 micrograms (400 international units (IU)) of vitamin D. This one-off 4-month supply was delivered directly to residential and nursing care homes. Following the 4-month government provision, care homes or care home residents may purchase Vitamin D supplements from pharmacies, on-line outlets, health food shops or supermarkets. Community pharmacists or other healthcare professionals can advise on the purchase of suitable vitamin D products as part of the self-care agenda.