



- **[Reporting of patients hospitalised with acute pancreatitis whilst taking a GLP1](#)**
People hospitalised with acute pancreatitis suspected to be related to GLP-1 medicines are being asked to report it to MHRA's Yellow Card scheme. The Yellow Card Biobank, launched by MHRA and Genomics England, will start investigating whether this risk may be influenced by genes.
- **FreeStyle Libre 2 sensor will be discontinued from August 2025**
The FreeStyle Libre 2 sensor will be discontinued from August 2025 and patients should be moved to [FreeStyle Libre 2 plus](#). The ICB's medicines Optimisation Team have worked with GP practices to move the majority of patients to the NEWER FreeStyle Libre 2 Plus sensor but there are still some patients who need to be changed e.g. practices wanting to undertake the work themselves, new patients etc. When changing patients clinicians need to be aware that each FreeStyle Libre 2 Plus sensor lasts 15 days, whereas the FreeStyle Libre 2 sensor lasts for than 14 days, so please ensure directions on repeat prescription reflect this. The Freestyle libre app will still work with the newer sensor. All new patients should be started on Freestyle Libre 2 plus sensors. [FreeStyle Libre 2 Sensor Discontinuation](#)
- **UKHSA UTI report and campaign resources**
The UK Health Security Agency (UKHSA) published a [new report](#) which explores the burden of urinary tract infection (UTI) hospitalisations in England. Treating UTIs cost NHS hospitals an estimated £604 million in 2023-24. There were nearly 200,000 UTI-related patients. This includes infections acquired in both community and hospital settings. Those admissions resulted in 1.2 million bed days, averaging six bed days per infection. The data highlights the need to reduce UTIs acquired in the community, to help reduce hospitalisations. Campaign resources, including posters and infographics, developed with NHS England, have been updated, targeting older adults and carers. They can be found on the TARGET Toolkit. [UTI resource suite](#)
- **UKHSA TARGET leaflets**
TPP have made available new system-wide leaflets for Respiratory Tract Infections and Urinary Tract Infections. The leaflets can be found within Setup>Referrals & Letters > Word Letter Templates under "UKHSA TARGET leaflets".
- **[Otomize® ear spray 5ml now available as a generic](#)**
Otomize® ear spray has been discontinued and will no longer be available to order once existing stock is exhausted. A generic equivalent (Dexamethasone/ Neomycin sulfate/ Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w Ear Spray) has been launched by Ennogen Healthcare International Ltd and is available to order from wholesalers.
- **Supply issue with Alzest (Rivastigmine) Patches**
Alzest (Rivastigmine) 9.5mg patches are currently out of stock and the supplier, Dr Reddy, have advised that this is long-term and they do not currently have a date for when it will be resolved.
Note – Alzest (Rivastigmine) 4.6mg and 13.3mg patches remain readily available.

Since it is recommended that rivastigmine patches are prescribed by brand they can only be prescribed via EPS if a brand is chosen. As such the ICB's Medicines Optimisation Team advise that patients requiring rivastigmine 9.5mg once a day patches are prescribed the Almuriva or Exelon brand. Twice a week preparations are available, but these have been classified as Double Red – Prior Approval by NPAG. If transdermal treatment is interrupted for more than 3 days, treatment should be re-initiated with a 4.6mg/24 hour patch