SHARED CARE AGREEMENT

Name of medicine	Octreotide long acting and Lanreotide long acting **(somatostatin analogues)**
Indication	Acromegaly

Version: **2.0** Approval date: **December 2024** Review date: **December 2027**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

· Assessing the need for somatostatin analogue therapy and recommending treatment with somatostatin analogues
· Liaising with the GP to share care and ensure appropriate administration of the drug
· Arrange administration of the first dose of somatostatin analogue in secondary care
· Reviewing the patient to assess toxicity and response to treatment
· Monitoring of FBC during clinic visits
· Advising the patient and GP of changes in dose, including changes in the frequency of doses

General Practitioners and primary care non-medical prescribers

· Prescribing the somatostatin analogue
· Administering the somatostatin analogue (in conjunction with the practice nurse where appropriate)
· Ensuring that pulse and blood pressure are monitored prior to dose being administered
· Liaising with the hospital consultant regarding any complication of therapy

Patient, relatives, carers

· Patients/carers should report any serious side effects to their GP or consultant

Support and Advice for the GP and primary care non-medical prescribers

- In the first instance, please contact the patient's endocrinologist at the Western General Hospital (0131 537 1000), Royal Infirmary of Edinburgh (0131 242 1000) or St John's Hospital 01506 523 000
- For metabolic Unit Nurses contact 0131 597 2473

Urgent Problems

Please contact the on-call Endocrinology Registrar or the on-call Endocrinology Consultant, via the Western General Hospital or Royal Infirmary of Edinburgh switchboard.

Key Information on the Medicine

Refer to current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Acromegaly is caused by excessive secretion of growth hormone from a pituitary tumour, usually a macroadenoma. Somatostatin analogues are typically given to patients who are not cured of acromegaly following transphenoidal surgery. Occasionally, it may be given prior to surgery in an attempt to shrink the tumour and enhance the chances of surgical cure. In some centres, somatostatin analogues are used as primary therapy.

Long acting Octreotide

It is recommended to start treatment with the administration of 20 mg Octreotide prolonged release suspension for injection at 4-week intervals for 3 months. Patients on treatment with subcutaneous octreotide can start treatment with prolonged release suspension the day after the last dose of subcutaneous octreotide. Subsequent dosage adjustment should be based on serum growth hormone (GH) and insulin-like growth factor 1 (IGF-1) concentrations and clinical symptoms.

For patients in whom, within this 3-month period, clinical symptoms and biochemical parameters (GH; IGF-1) are not fully controlled (GH concentrations >1.0 micrograms/litre and/or elevated IGF-1), the dose may be increased to 30 mg every 4 weeks. If after 3 months, GH, IGF-1, and/or symptoms are not adequately controlled at a dose of 30 mg, the dose may be increased to 40 mg every 4 weeks.

For patients whose GH concentrations are consistently <1 microgram/L, whose IGF-1 serum concentrations normalised, and in whom most reversible signs/symptoms of acromegaly have disappeared after 3 months of treatment with 20 mg, 10 mg long acting octreotide may be administered every 4 weeks. However, particularly in this group of patients, it is recommended to closely monitor adequate control of serum GH and IGF-1 concentrations, and clinical signs/symptoms at this low dose of long acting octreotide.

For patients on a stable dose of long acting octreotide, assessment of GH and IGF-1 should be made every 6-12 months.

Long acting Lanreotide

The recommended starting dose is 60 mg to 120 mg administered every 28 days. The dose should be individualised according to the response of the patient (as judged by a reduction in symptoms and/or a reduction in GH and/or IGF-1 levels).

For patients in whom clinical symptoms and biochemical parameters are not adequately controlled (GH concentrations >1.0 micrograms/litre and/or elevated IGF-1) the dose of long acting lanreotide may be increased to a maximum of 120 mg at 28 day intervals.

Patients well controlled on a somatostatin analogue can alternatively be treated with long acting lanreotide 120 mg every 42 - 56 days (6 to 8 weeks).

Long term monitoring of symptoms, GH and IGF-1 levels should be routinely carried out in all patients.

Indication

- Elevated growth hormone levels (failure to suppress growth hormone to <1.0 micrograms/litre and/or elevated IGF-1 concentrations), usually following pituitary surgery or if surgery contra-indicated.
- Poor symptom control (e.g. headache).
- Demonstrable complications (e.g. glucose intolerance, hypertension or left ventricular hypertrophy).
- To promote tumour shrinkage prior to transphenoidal surgery.

Dosage and administration

Long acting Octreotide (Sandostatin LAR) – 10mg, 20mg and 30mg powder for reconstitution then administered by intramuscular depot injection

Long acting Lanreotide (Lanreotide IPSEN) – 60mg, 90mg and 120mg pre-filled syringe for deep subcutaneous injection

Both drugs are given by depot injection every 28 days. Lanreotide is administered by deep subcutaneous injection in the superior external quadrant of the buttock or in the upper outer thigh. Long acting Octreotide may only be administered by deep intramuscular injection. The site of repeat intramuscular injections should be alternated between the left and right gluteal muscle The injection site should be rotated. They can inhibit the secretion of insulin and glucagon, therefore there is a risk of transient hypoglycaemia following the first injection.

Both preparations can be obtained from the wholesaler by a community pharmacist. Direct delivery may be required if manufacturers implement quotas. They are stored between 2 and 8°C protected from light, but should be brought to room temperature prior to administration. At the start of therapy patients receive injections every 28 days, but the frequency and strength of injections can be altered in response to symptomatic response.

Monitoring

Test	Frequency	Abnormal Result	Action if Abnormal Result
HbA1c	HbA1c will be checked monitored by the specialist team during clinic visits 3 months after the start of treatment then annually	Lab reference ranges	If HbA1c raised, secondary care team will advise GP of management
LFTs	LFTs will be checked monitored by the specialist team during clinic visits 3 months after the start of treatment then annually	Lab reference ranges	Secondary care team will undertake necessary follow-up and investigation
Full blood count will be monitored by the specialist team during clinic visits.	FBC will be checked monitored by the specialist team during clinic visits 3 months after the start of treatment then annually	Lab reference ranges	If macrocytosis is identified, the GP will be asked to check for vitamin B12 deficiency Supplementation with vitamin B12 / folate if deficiency identified

Cautions, contraindications - Refer to current Summary of Product Characteristics: www.medicines.org.uk
Fertility, Pregnancy and Lactation
Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Adverse effects - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Drug interactions - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) on 10th December 2024