NHS South West London Medicines Optimisation Newsletter

South West London Integrated Care System

February 2024

Croydon | Kingston | Merton | Richmond | Sutton | Wandsworth

South West London (SWL) Articles:

Local articles:

SWL Asthma Management Guidelines Update – Trimbow® pMDI High Strength

The SWL Joint Formulary Committee have approved Trimbow® 172/5/9 (high strength) pressurised metered dose inhaler (pMDI) as AMBER 1 RAG rating (prescribed in primary care following specialist recommendation) for asthma maintenance therapy in adults. The SWL Formulary and Asthma Guidelines for the Management of Asthma in Adults and Children have been updated to reflect this change.

Actions for Healthcare Professionals:

- Familiarise yourself with Trimbow® pMDI high strength's place in therapy in the updated Asthma guidelines.
- Take care when prescribing as there are two different strengths of Trimbow® pMDI and a dry-powder formulation. All formulations have different licensed indications and formulary status. ScriptSwitch has been updated to support prescribers.

Diabetes Blood Glucose and Ketone Meters, Testing Strips and Lancets Position Statement

The SWL Position Statement on diabetes blood glucose and ketone meters, testing strips and lancets recommends that NHS England recommended products are provided to patients. Additionally, Accu-Chek® Instant meter and required strips and lancets were added at the request of local paediatric teams. There are specific meters recommended for patients with gestational diabetes and paediatric patients. For all other patients, the choice of meter should be based on patient needs, functionality required and lowest acquisition cost where appropriate.

Suppliers can be contacted to provide the recommended meters, lancing devices and control solutions, free of charge. Suppliers will also provide free technical support, support material and meter training for both service users and healthcare professionals.

Actions for healthcare professionals:

- Share the SWL position statement with the team and familiarise yourselves with listed devices and their functionality, particularly for patient cohorts that may have additional needs.
- For newly diagnosed patients, who require self-monitoring in line with NICE, provide a suitable meter as listed in the SWL position statement. Ensure the patient receives training on the correct use, storage and interpretation of readings.
- For existing patients, review the need for ongoing self-monitoring. If required, supply a recommended meter with training to patients to replace non-recommended meters.

SWL Position Statement on Prescribing in Gender Incongruence for Children and Young People

NHS SWL does not support the routine prescribing of puberty-blocking medicines for children and young people (<18 years) by GPs in primary care. The prescribing responsibility for puberty-blocking medicines for children and young people will remain under the specialist gender identity services.

A SWL Position Statement for Gender Incongruence in Children and Young People was approved in line with NHS England Guidance on a new Phase One Southern Hub Service for gender incongruence in children and young people.

Action for Healthcare Professionals:

- Ensure all clinicians are aware of this position statement. Seek advice from your ICB Primary Care Pharmacist if required.

Pharmacy First Webinar - Thursday 7th March 2024

SWL Training Hubs are hosting a virtual Pharmacy First Lunch & Learn Webinar on **7th March at 12:30- 13:30** aimed at practices.

Actions for Practices:

- Share with practice staff and encourage relevant staff to sign up and attend webinar here.

SWL Wound Tissue Type Guide for Primary Care

The SWL Wound Tissue Type Guide for Primary Care is now available. This, 2-page visual guide, developed by SWL Wound Management Steering Group provides guidance for general wound care. It advises on formulary dressings that can be used for cavity and non-cavity wounds for 6 wound types (infected, necrotic, sloughy, granulating, epithelising and fungating). Seek specialist advice for complex wounds as these may require different treatment aims.

Actions for Healthcare Professionals:

- Familiarise yourself with the SWL Wound Tissue Type Guide for Primary Care and use alongside the SWL Wound Management Products Formulary.
- Share the Wound Tissue Type Guide and Wound Management Products Formulary with colleagues involved in reviewing, managing and prescribing wound management products in primary care.
- Ensure the practice has a process in place for managing requests for, prescribing and reviewing wound dressings in line with SWL Wound Management guidance.

GLP-1 Receptor Agonist (GLP-1) National Patient Safety Alert update

Following the publication of this National Patient Safety Alert, with actions required no later than 28th of March 2024, the SWL formulary status of semaglutide (Rybelsus®) tablets will be updated shortly following approval by SWL IMOC this month. In addition, tirzepatide (Mounjaro®) for the management of type 2 diabetes mellitus (T2DM) will be added for consideration as an alternative where clinically appropriate. Please check the SWL formulary for full prescribing information once updated.

For detailed prescribing guidance, please refer to NICE guideline (NG28) and NICE Technology appraisal guidance (TA924).

Regarding supply of GLP-1 injections, there have been local reports of stock issues with dulaglutide (Trulicity®) solution for injection in pre-filled pens – these products are available in limited supply; healthcare professionals can contact the Lilly customer care line if experiencing supply issues (0800 012 1178).

To support with the required actions, a SWL Diabetes Education 'lunch and learn' webinar is scheduled for 13th March (12.30-1.30pm) where such topics will be discussed - an invite will be circulated in due course, the meeting can be joined via this link.

Medicine Supply Notifications

See below recent medicine supply notifications. Details of these, and other medicines shortages, can be viewed on the Specialist Pharmacy Service Medicines Supply Tool (registration required).

Medicine	Out of Stock Until	Alternatives
Methadone 5mg tablets	31st May 2024	• Patients should not be initiated on methadone 5mg tablets until the shortages have been resolved. • For existing patients, consider prescribing methadone 1mg/ml oral solution to make up the required dose. • Refer to Methadone MSN for further details and actions.
Nadolol 80mg tablets	Early May 2024	• No new patients to be initiated until the supply issue is resolved. • Prioritise remaining supplies of nadolol for patients with ion channelopathies. • Nadolol is AMBER 2 RAG rating in SWL– initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan. • Prescribers to contact specialist teams for further advice and management options for patients unable to obtain supplies of nadolol. • Refer to Nadolol MSN for further details and actions.

MHRA Drug Safety Updates

Fluoroquinolone Antibiotics: Must Now Only Be Prescribed When Other Commonly Recommended Antibiotics Are Inappropriate

Following an MHRA review of the effectiveness of current measures to reduce the identified risk of disabling and potentially long-lasting (up to several months or years) or irreversible side effects associated with fluoroquinolones, the UK indications for systemic fluoroquinolones has been updated and they must now only be prescribed when other commonly recommended antibiotics are inappropriate.

Fluoroquinolone antibiotics may be considered where;

- There is resistance to other first-line antibiotics recommended for the infection.
- Other first-line antibiotics are contraindicated in an individual patient.
- Other first-line antibiotics have caused side effects in the patient requiring treatment to be stopped.
- Treatment with other first-line antibiotics has failed.

The advice published in the August 2023 MHRA Drug Safety Update should be used with this MHRA alert.

Actions for Healthcare Professionals:

- Identify and review patients who are on repeat fluoroquinolones and received more than one course in a year.
- Share the MHRA patient information sheet available in regular print or large print with patients.
- Advise patients to stop fluoroquinolone treatment at the first signs of a serious adverse reaction and to contact their doctor immediately.
- Clinicians should remain alert to the risk of suicidal thoughts and behaviours with fluoroquinolone antibiotic use, published in the September 2023 MHRA Drug Safety Update.
- Report and encourage patients to report suspected adverse drug reactions to fluoroquinolone antibiotics on the Yellow Card website or via the Yellow Card app.

Omega-3-acid ethyl ester medicines (Omacor/Teromeg 1000mg capsules): dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors

Reviews of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation (AF) in patients with established cardiovascular diseases (CVD) or CV risk factors treated with omega-3-acid ethyl ester medicines compared to placebo, therefore AF is now listed as an adverse drug reaction with a “common” (may affect up to 1 in 10 people) frequency for these medicines.

Omega-3-acid ethyl esters and Icosapent ethyl (a stable omega-3 ethyl ester) have AMBER 2 RAG rating status in SWL - specialist initiation and stabilisation. SWL do not support the routine prescribing of omega-3 fatty acids in line with NHSE guidance.

Actions for Healthcare Professionals:

- Refer to the full MHRA Drug Safety Update for further information and guidance.
- Advise patients taking omega-3-acid ethyl ester medicines for the treatment of hypertriglyceridaemia to seek medical attention if they develop symptoms of atrial fibrillation.
- If a patient develops AF whilst taking these medicines for the treatment of hypertriglyceridaemia then the medicine should be discontinued permanently.
- Report suspected adverse drug reactions via the Yellow Card website or via the Yellow Card app.

Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): new safety and educational materials to support regulatory measures in men and women under 55 years of age

From the 31st of January 2024, new regulatory measures were put in place to further reduce the known harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males.

New measures (responsibility of specialist clinician)

- Valproate **must not** be started in new male or female patients younger than 55 years, unless 2 specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.
- **All women and girls of childbearing age currently taking valproate** will need a second opinion signature at their next annual specialist review if valproate is to continue. This will be documented on the new Annual Risk Acknowledgment form (ARAF).
- Patients should not stop taking valproate without advice from their specialist.

Action for Healthcare Professionals:

- Refer to the new guidance and familiarise yourselves with the actions for ALL Primary Care Healthcare Professionals in the *New Valproate safety measures – January 2024* attachment.

Medication Queries - Learning Points

We are sharing learning from common medicine information queries, and national and local incidents. If you would like to share your learning across SWL, please contact us on kr.medicines@swlondon.nhs.uk. Shared learning ensures everyone can learn, review and change processes if necessary.

Event	Learning Points
A medicine has been requested to be prescribed in primary care but you check the SWL Joint Medicines Formulary and the medication is not listed on there.	• If a medication is not listed on the SWL Joint Medicines Formulary, it is considered non-formulary. • SWL ICB do not routinely expect primary care clinicians to prescribe non-formulary medicines. • If the requesting clinician requires the medicine on the formulary, they should discuss that with the SWL Formulary Team and the Medicines Optimisation Team who will pass the information on to the relevant clinical network. • If you decide to not prescribe in primary care, an "Unable to prescribe in primary care" GP template letter is available on the SWL Integrated Medicines Optimisation Website. • If the request is from a provider outside of SWL, see below.
A medicine from an secondary care/ specialist NHS provider is asked to be prescribed in primary care. The provider sits outside of South West London.	• As the request to prescribe has come from a provider outside of NHS South West London, you need to refer to the **host** ICB formulary and policies for advice. • Determine the locality of the requesting clinician and refer to their local formulary and prescribing policies. • Follow the hosts traffic light prescribing status (RAG) rating for the requested medicine.
A specialist has requested a patients dementia medicine is prescribed in primary care. The specialist has not provided a Shared Care Agreement.	• The RAG rating of dementia medicines was changed from AMBER 3 to AMBER 1 following a consultation across SWL and a review of formulary harmonisation in late 2023. • These medicines no longer require a shared care arrangement and may be prescribed in primary care on the recommendation of a specialist, at the discretion and consideration of the GP. • Refer to the Prescribing Dementia Medication In SWL Pathway for more information. • Memory Assessment Service and/or specialists will continue to review at 4 to 12 weeks, to ensure the medication is well tolerated and the patient is on a stable dose prior to discharge.

The final decision to prescribe a medicine is the prescribers as the clinical and legal responsibility for prescribing lies with the person who signs the prescription. You must only prescribe drugs when you have adequate knowledge of your patient's health and are satisfied that the medicine serves your patient's need as per the GMC guidance.

Actions for Healthcare Professionals:

- To utilise the Medicines Information Checklist (access to the K&R ICP MO MS Teams channel is required, access can be requested through the MS Form) which has a useful list of resources that can be used to

How to Avoid Prescribing Unlicensed Formulations of Vitamin D for Management of Deficiency in Adults and Children

The Vitamin D Deficiency guidelines for the diagnosis, management, and prophylaxis of Vitamin D deficiency in adults and children, was approved in January 2023. The guideline, position statement and Patient Information Sheet can be found on the SWL IMO website.

The Medicines Optimisation Team have noted that unlicensed generic vitamin D continues to be prescribed across Kingston and Richmond. The cost of specials to the NHS varies widely, but most 'specials' are more expensive than equivalent licensed medicines. See the example below for the cost colecalciferol 2000 units once a day in Q2 of 2023/24 when prescribed generically or by brand.

	SWL ICB preferred branded product	Unlicensed medication
Name	Stexerol-D3	Colecalciferol
Strength and formulation	1000 unit tablets	2000 unit tablets
Cost for 28 days supply	£5.90	£102.65 to £141.03

We are resharing the key messages from the Vitamin D Deficiency guidelines to help support you in reducing the number of prescribed unlicensed vitamin D.

Key messages from the guidance:

- Routine testing of vitamin D levels in patients at high risk of vitamin D deficiency is **not** recommended unless they show symptoms of deficiency.
- Routinely retesting vitamin D levels after completing a treatment course is **not** normally necessary.
- Clinicians should only prescribe vitamin D supplements for the treatment of:
  - **deficiency** (vitamin D level less than 25 nmol/L) or
  - **insufficiency** (vitamin D level 25 to 50 nmol/L) in **high-risk patients**.
- Prescribe the full treatment courses of vitamin D by the **brand name** as an **acute prescription only.**
- Patients who are not eligible for prescriptions, as above, should be advised to buy their vitamin D over the counter if needed. Give lifestyle advice on safe sun exposure, dietary intake, and vitamin supplementation to all patients as well as the Vitamin D: Patient Information Sheet.
- When considering cases where certain patients may receive an NHS prescription for the prophylaxis or maintenance of Vitamin D, read the vitamin D and the self-care position statements together and assess whether patients meet one or more of the exemptions.

National Patient Safety Alert – Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebules

A National Patient Safety alert was published recently as salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid is in very limited supply and there is currently no known resupply date. The required actions in the alert are to be completed as soon as possible and not later than 8th March 2024.

Only patients under the care of a Respiratory Specialist team should be using nebulisers for long term management of asthma and COPD. Medication for nebulisers should not be prescribed unless on the recommendation of a respiratory specialist and patients are advised not to purchase a nebuliser.

The MHRA issued a Drug Safety Update in August 2022 which advised that nebulised asthma rescue medication should not be prescribed to children and young people for use at home unless under specialist medical supervision. The use of nebuliser devices at home to deliver asthma rescue medication to this age group, without specialist medical supervision, can mask a deterioration in the underlying disease, which could result in delays in seeking medical attention and have fatal or serious consequences.

Consider using high-dose salbutamol pressurised metered-dose inhaler (pMDI) via a large volume spacer in patients with mild to moderate asthma attacks or COPD as an alternative to salbutamol nebules – see alert for further details.

Actions for Healthcare Professionals

- Review need for, and appropriateness of, home nebuliser use. If deemed necessary, determine if the patient has sufficient supplies of nebuliser liquid at home before issuing repeat prescriptions.