

Welcome to the Kent & Medway Medicines Optimisation (MO) news update.

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Access a list of Medical Specialties/
Professional Body advice with direct links to their respective
COVID-19 published
guidance [here](#)

Please send all medicines queries relating to the articles
written to:
wkccg.gpscovid19@nhs.net



Spotlight- IMPORTANT UPDATE Guidance on Provision of Vitamin B12 Injection during COVID-19



The British Society of Haematology (BSH) Guidance on Vitamin B12 replacement during the COVID-19 pandemic was included in an earlier issue (No.5; 21/04/2020) of the Kent and Medway Medicines Optimisation COVID-19 Newsletter.

Since this newsletter was issued, the BSH guidance has been updated. **The doses of Cyanocobalamin recommended by the BSH for non-diet related deficiency and in diet related deficiency have changed.**

Please note the information included in issue 5 of the newsletter is no longer up to date according to the BSH; please amend any printed or saved copies.

For up to date information including dosage advice access the current BSH guidance ([here](#)): click on General Haematology then on BSH advice on B12 supplements. See the NICE CKS guidance ([here](#))

Anticoagulant Safety Focus

The MHRA has issued a drug safety update ([here](#)) reminding prescribers about the bleeding risk associated with Direct-acting oral anticoagulants (DOACs) and availability of reversal agents. Furthermore, national guidance ([here](#)) was issued to support switching from Warfarin to DOACs where appropriate during the COVID-19 pandemic.

We would like to highlight the following information when patients are newly prescribed a DOAC; that there is a risk that an affected patient may additionally restart Warfarin and could come to be inadvertently taking Warfarin and a DOAC together.

To reduce the risk of this occurring:

- Ensure that Warfarin is promptly removed from the repeat when a DOAC is prescribed.
- Ensure that the patient or carer is fully informed on the changes to their treatment. The national guidance on safe switching during COVID-19 advises that written instructions are provided and clinicians involve family members / carers where possible to minimise the risk of patients taking both warfarin and the DOAC concurrently. Particular care should be taken where patients are using medication compliance aids to minimise the risk of incorrect dosing.
- A DOAC and Warfarin should not be on the repeat medication list at the same time. Please consider undertaking an audit of your patient records to ensure that this has not occurred.

Direct Oral Anti-Coagulants (DOACs)

It has come to the attention of the medicines optimisation team that some external medicines management companies are offering to support practices with switching patients from warfarin to DOAC (Direct Oral Anti-Coagulants) treatment.

Practices are reminded that switching from warfarin to a DOAC must be done with careful consideration on an individual patient basis as not all patients are suitable for a switch to DOAC.

To keep patients safe, a switch from warfarin to a DOAC requires recent monitoring (within the last 3 months) of U&Es, LFTs, FBCs and calculation of Creatinine Clearance.

Patients switched to DOACs will require blood tests to assess renal function throughout treatment.

We advise that practices contact the K&M Medicines Optimisation Team (kmccg.wkccg.medman@nhs.net) for advice and support prior to signing up to any agreements with external medicines management companies.

Updated National Guidance:

The Management of Patients with Musculoskeletal and Rheumatic Conditions who are on or require Corticosteroids

The use of steroid medication is one of the management options for a range of musculoskeletal conditions and in particular rheumatic conditions. New guidance has been published relating to musculoskeletal (MSK) service provision across primary, community and secondary care; and is applicable to adults and children. The guidance aims to assist decisions on the use of corticosteroids;

It supersedes past guidance by reflecting the new potential problems that may be associated with corticosteroid use in the backdrop of the COVID-19 pandemic. This includes the implications of shielding and steroid use.

Access the full guidance [here](#).

Patients' Registration as Temporary Residents

The introduction of [total triage](#) by NHS England and the increased use of remote consultations by practices have reduced the need for patients to register as temporary residents to access primary care (i.e. a patient residing in a particular practice area for more than 24 hours but less than three months). It is therefore recommended where clinically appropriate, to refer patients seeking to register temporarily back to their registered general practice; to be assessed remotely by a clinician who ideally knows the patient and can access the patients' medical records. There may be circumstances however, where practices would need to see a patient face to face and therefore would need to register the patient as a temporary resident.

Practices are reminded to utilize the function within most prescribing systems which allows a prescription to be sent to another pharmacy via EPS as a 'one off' if a patient needs a prescription whilst away from home. [Further information is available on the NHS Digital's website](#).

Supply and Shortages Update

Evorel supply update	Theramax has relaunched Evorel sequi and Evorel conti. Evorel 25, Evorel 50, Evorel 75 and Evorel 100 are all currently available.
Ranitidine update	Ranitidine 50mg/2ml injection, film-coated tablets, effervescent tablets and oral solution continue to remain unavailable with no date for resupply. Clinicians are reminded to review the ongoing clinical need and suitability of prescribing gastric protection. Where appropriate, patients should be switched to PPIs to avoid exacerbating shortages of H2-receptor antagonists. The attached document provides more updated clinical advice.
Fluticasone propionate (Flixotide) 0.5mg/2ml and 2mg/2ml Nebules	Flixotide 0.5mg/2ml nebulisers are out of stock and the 2mg/2ml nebulisers are expected to be out of stock in August. Re-supplies of both strengths are expected from 4th November 2020. Unlicensed imports of fluticasone 0.5mg/2ml and 2mg/2ml nebulisers have been sourced. Clinicians should identify patients receiving nebulised fluticasone and consider reviewing the ongoing need for nebulised steroids and consider switching the patient to a steroid containing metered dose inhaler and spacer combination. If the nebulised route is deemed necessary consider prescribing unlicensed imports of fluticasone nebulisers or alternative steroid nebulisers (see the attached supporting information).
Lodoxamide 0.1% (Alomide) eye drops	Novartis, sole supplier of lodoxamide (Alomide®) 0.1% eye drops, is out of stock until 24 th August. Clinicians should consider prescribing sodium cromoglycate eye drops. If that is not considered suitable, antihistamine eye drops are an alternative (see the attached supporting information).
Imipramine 25mg tablets	Imipramine 25mg tablets are out of stock until early August. Imipramine 10mg tablets remain available. Unlicensed imports of imipramine 25mg tablets have been sourced, lead times vary. Imipramine 25mg/5ml oral suspension remains available but cannot support any increase in demand. See the attached supply notification for management options.
Mirtazapine 15mg and 45mg orodispersible tablets	Mirtazapine 15mg and 45mg orodispersible tablets are out of stock until late July 2020. Unlicensed imports of mirtazapine orodispersible tablets have been sourced. Mirtazapine 30mg orodispersible tablets remain available but cannot support any increase in demand. Mirtazapine 15mg, 30mg and 45mg tablets remain available. Mirtazapine 15mg/ml oral suspension remains available but cannot support any increase in demand.

Medway and Swale Local ICP Update

Liothyronine Shared Care Guideline

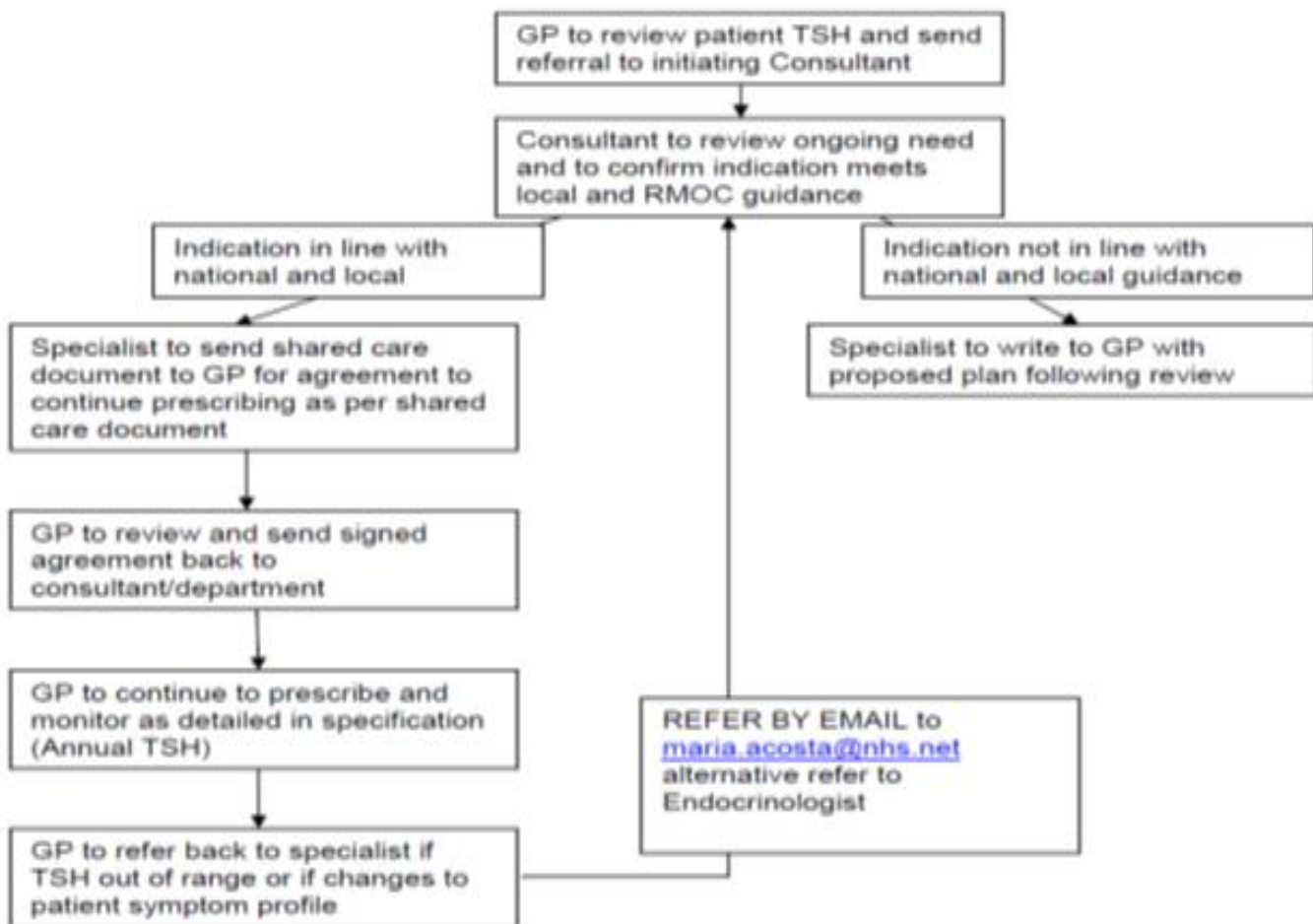
The formulary status of Liothyronine has changed from **Red** (Hospital Only) to **Amber** (To be initiated by secondary care in line with the agreed Shared Care Guidance).

Liothyronine will be initiated by secondary care, where clinically appropriate as per the attached guidance. The Nuclear medicine consultant is actively reviewing the on-going need for Liothyronine in patients who have been prescribed historically – please refer as per the pathway within the guidance attached to this newsletter. **Liothyronine should only be prescribed in primary care following initiation and review by an NHS consultant.**



Pathway for patients already prescribed Liothyronine

(Either initiated privately or historic initiation by NHS consultant)



Medway and Swale Local ICP Update

External Medicines Management Companies

It has come to the attention of the medicines optimisation team that some external medicines management companies (for example Interface Clinical Services) are offering to support practices with switching patients from warfarin to DOAC (Direct Oral Anti-Coagulants) treatment.

These companies have not been commissioned /recommended by the CCG to provide any clinical services to the GP practices and as such the services they provide are not endorsed by the CCG.

If a practice wishes to work with these external medicines management companies and accept their offer, this will be an agreement solely between the practice and external medicines management companies.

Practices are reminded that switching from warfarin to a DOAC must be done with careful consideration on an individual patient basis as not all patients are suitable for a switch to DOAC.

Please see attached a local Warfarin to DOAC switch guidance to support practices/anticoagulation clinic to identify and switch suitable priority patients to DOACs.

[Medway and Swale Medicines Optimisation Team](#) would be happy to advise practices if working with external companies in line with local priorities before work is started.

Pharmacy Closing – Lloyds at Hempstead Valley shopping Centre

We have been made aware that the branch of Lloyds pharmacy in Sainsbury's at Hempstead Valley will close on the 7th of August 2020.

Patients are being advised by the Lloyds branch to arrange a new nominated pharmacy to continue with their prescriptions. All practices are being contacted by a member of the Medicines Optimisation Team with a list of any patients with an eRD prescription which is currently set as of Lloyds pharmacy in Sainsbury's at Hempstead Valley so that this can be changed.

Current Medicines Optimisation work within GP Practices

Now that work is returning to business as usual The Medicines Optimisation Team will be focusing our GP Practices work in the following areas;

- Identifying patients currently being supplied with unlicensed 'special' medications and reviewing these to see if they are still needed or if a licensed alternative can be given.
- Reviewing patients whose doses of medications can be optimised to reduce tablet burden and unnecessary costs. i.e. 2 x 50mg tablets being switched to 1 x 100mg tablet.
- Reviewing patients who may be on less cost effective formulations of medication and suggesting alternatives. i.e. Tablets being switched to Capsules etc.

We will continue to support GP practices with work on electronic repeat dispensing (eRD), and thank you for engaging with the team for all of the eRD work that has been undertaken during the COVID-19 outbreak.

Team update

We would like to welcome back Jessica Brooks Medicines Optimisation Admin Assistant from maternity leave.

Cath Cooksey has taken up a 12 months secondment post at Medway Foundation Trust as Medicines safety, governance and risk lead. We wish her well in this new role and look forward to welcoming her back in 2021.