Kent and Medway Medicines Optimisation Team

Prescribing and Medicines Management – **Newsletter**

Kent and Medway

Clinical Commissioning Group

Issue 18 26/11/2020

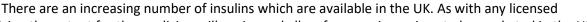
Welcome to the Kent & Medway CCG Medicines Optimisation (MO) news update.

Articles in this edition include:

- Spotlight: INSULIN SAFETY Prescribing of Insulin
- Primary Care Cardiovascular Society Guidance
- ScriptSwitch Access
- Prescribing and Dispensing Medications During Restrictions.
- Pandemic Delivery Service

- DMARD Monitoring during COVID-19
- NHS England: COVID-19 therapy: Corticosteroids
- Antimicrobial Stewardship
- NICE guidelines update
- Local ICP Update
- SPOTLIGHT: INSULIN SAFETY Prescribing of Insulin

A reminder to all prescribers of the importance to prescribe <u>all</u> insulins by brand name (and not generically)



medicine the patent for the medicine will expire and allow for generic versions to be marketed in the UK. Generic medicines are different to biosimilar medicines as these are identical to the original in chemical composition, whereas biosimilars are "highly similar," and close enough in duplication to accomplish the same therapeutic and clinical response. Biosimilars are therefore **not** necessarily dose equivalent. For this reason prescribing by brand is crucial.

Different brands of insulin are available in different devices. When prescribed generically it introduces the risk of inadvertent supply of an insulin preparation that a patient is not familiar with. There are also higher strength insulins (e.g. Toujeo[®], Tresiba[®] and Humalog[®]) and insulins with the same generic name but with different release profiles (e.g. NovoRapid[®] and Fiasp[®]).

Therefore, it is important that all insulins are prescribed by brand to prevent inadvertent changes to a patient's regular insulin at the point of dispensing. This is in line with <u>MHRA</u>, <u>Regional Medicines Optimisation Committee</u> and <u>NICE</u> <u>evidence context for "safer insulin prescribing"</u>.

Some examples of different biosimilar preparations of insulins are listed below. Please note some of these may not be on formulary but we would like to make clinicians aware.

Generic name	Examples of available biosimilars of insulin (in no particular order, not an exhaustive list)			
Insulin glargine	Abasaglar®	Lantus®	Semglee®	Toujeo®
Insulin lispro	Humalog®	Lyumjev®	*Insulin Lispro Sanofi®	

*Please be aware that this brand name is due to be changed (May 2021) to single word name to avoid confusion with generic name

Therefore we recommend practices:

- Identify patient's currently prescribed generic insulin and review these patients to ascertain which brand of insulin the patient should be using and is trained to administer.
- Update patients' records with the appropriate brand name.
- Archive the generic prescription, ensuring only the brand is on the 'repeat list'.

For more information on insulin safety; training is provided by TREND, available here.

Primary Care Cardiovascular Society Guidance: CVD Prevention during the COVID-19 Pandemic

The Primary Care Cardiovascular Society has produced guidance offering practical and pragmatic advice to support primary care teams in delivering CVD prevention interventions during the COVID-19 pandemic. Access the guidance (here).

ScriptSwitch Access

We would like to remind practices that only clinicians with prescribing status should be set up with access to ScriptSwitch. Clerical staff including prescription clerks should not be set up to access the software and should not be accepting/rejecting recommendations.

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Kent and Medway Medicines Optimisation Team Prescribing and Medicines Management – Newsletter

Prescribing and Dispensing Medications During Restrictions

During the latest government lockdown restrictions, it is expected that some patients may be anxious about access to their medication and appliances. However, we kindly ask all prescribers and those dispensing medicines and appliances to be mindful of the need to not over-prescribe (through extending the normal length of prescriptions to patients) or pull forward scripts; as this has the potential to create disruption in the supply chain. Please reinforce this message with patients if necessary and reassure them that they will still be able to access their medicines and appliances during the lockdown.

Pandemic Delivery Service

Due to the new national restrictions across England, <u>new advice has been issued to people who are clinically extremely</u> <u>vulnerable from COVID-19</u> (those previously referred to as shielded patients). Two new groups of patients have been identified as being clinically extremely vulnerable from COVID-19 and have been added to the list of such patients: Adults with Stage 5 Chronic Kidney Disease and Adults with Down's syndrome. NHS trusts and general practices respectively, will be adding patients from these groups to the 'shielded' patient list. People who are clinically extremely vulnerable are being advised by the Government not to go to pharmacies, and as a consequence of this new advice; the Secretary of State for Health and Social Care has decided to **restart the Pandemic Delivery Service from 5th November 2020 until 3rd December 2020.** This change to the service requirements was announced in a letter published by NHS England and NHS Improvement.

DMARD Monitoring during COVID-19 Pandemic

In May 2020, each local ICP across Kent and Medway CCG issued recommendations for GP practices on the monitoring of DMARDs during the height of the COVID-19 outbreak. These were developed with the support of secondary care rheumatology, gastroenterology and dermatology departments within each ICP. The recommendations made were intended as a short term guide and applied to the 6 months that followed thereafter. Please note that the aforementioned guidance is no longer valid; for up to date DMARD monitoring guidance during the COVID-19 pandemic, please refer to the latest advice:

1. For Rheumatological conditions:

- The British Society for Rheumatology has advice on their website, including action to take if a patient develops symptoms of COVID-19 (here)
- NICE has published a COVID-19 rapid guideline: Rheumatological autoimmune, inflammatory and metabolic bone disorders. (here)
- 2. For Gastroenterological conditions:
 - The British Society of Gastroenterology website has advice for patients and healthcare professionals during COVID-19 (here)
 - NICE has published a COVID-19 rapid guideline: Gastrointestinal and liver conditions treated with drugs affecting the immune response (here)
- 3. For Dermatological conditions:
 - The British Association of Dermatologists website has advice for healthcare professionals during COVID-19 (here)
 - NICE has published a COVID-19 rapid guideline: Dermatological conditions treated with drugs affecting the immune response. (here)

For further guidance and patient specific advice, please contact the respective specialist department in your locality.

NHS England: COVID-19 therapy: Corticosteroids Including Dexamethasone and Hydrocortisone

NHS England and NHS Improvement have issued a reminder, in accordance with World Health Organization (WHO) recommendations; explaining that systemic corticosteroids should be used in patients with severe and critical COVID-19 disease, but not in patients with non-severe COVID-19. In England this primarily applies to patients with COVID-19 who are hospitalised and receiving supplemental oxygen. However, there may be occasions this WHO guidance applies to patients with severe COVID-19 who are not hospitalised. Access the full update (here).

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Antimicrobial Stewardship

<u>The Government's five year (2019 -2024) national action plan</u> to tackle antimicrobial resistance aims for a 15% reduction in antimicrobial use in humans by 2024. Reducing the need for antimicrobials and optimising use of antimicrobials are part of the elements required to effectively control and contain the threat from antimicrobial resistance (AMR) and ensure progress towards the NHS 20-year vision on AMR.

For this reason, the 20/21 KMCCG Medicines Optimisation Scheme includes an antibiotic prescribing quality improvement project for practices within a PCN to work collaboratively on together. It was developed to measure prescribing compliance against the NICE/ PHE antibiotic guidance and the PHE national diagnostic tools, using audit templates from the <u>TARGET audit</u> toolkit to assess practice/PCN management of common infections in primary care against current <u>NICE / PHE prescribing</u> guidelines. Inappropriate antibiotic prescribing increases the prevalence of AMR and the risk of fatal antibiotic related side effects.

Useful points to consider for optimal antimicrobial prescribing and to support antimicrobial stewardship in primary care.

- Using the <u>TARGET Antibiotics Toolkit resources</u> enables primary care organisations to demonstrate compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.
- Complete the <u>TARGET self-assessment checklist</u> to measure your current antibiotic prescribing practice against others in your region and nationally.
- <u>Become an antibiotic guardian</u> Antibiotic Guardian supports the UK antimicrobial strategy, European Antibiotic Awareness Day (18th November) and World Antibiotic Awareness Week (18—24 November).
- Use the antimicrobial prescribing guidelines available on your local formulary websites to support antibiotic choices and for further information see the national <u>NICE / PHE prescribing guidelines.</u>
- Use the <u>TARGET Treating Your Infection (TYI)</u> patient information leaflets to support your prescribing decisions during
 patient consultations. TYI leaflets are designed to be shared with patients during the consultation and aim to facilitate
 communication between prescriber and patient, and increase patient's confidence to self-care.
- Code patient consultations accordingly using appropriate SNOMED/READ codes.
- Include antimicrobial stewardship as an agenda item in practice and PCN meetings using prescribing data from Open Prescribing and the CCG to support the discussions.
- Practice specific antibiotic prescribing data and trends can be reviewed via the <u>Open Prescribing</u> website or reports provided by the CCG medicines optimisation team.

For more information regarding the medicines optimisation scheme please contact your local medicines optimisation team.

NICE Guidelines Update

NICE have published new or updated guidance for the month of November 2020. This month there are two guidelines that impact upon primary care.

- 1. <u>Human and Animal Bites: Antimicrobial Prescribing</u>; This guideline sets out an antimicrobial prescribing strategy for human and animal bites (excluding insect bites) in adults, young people and children. It aims to optimise antibiotic use and reduce antibiotic resistance. (here)
- 2. <u>COVID-19 Rapid Guideline: Reducing the Risk of VTE in over 16s with COVID-19</u>; This guideline covers pharmacological VTE prophylaxis for patients being treated for COVID-19 pneumonia. It includes patients receiving treatment in hospital or in a community setting such as a 'hospital at home' service or COVID-19 'virtual ward'. (here) KMCCG wishes to remind prescribers in primary care to ensure patients who are discharged from hospital following treatment for COVID-19 with VTE prophylactic treatments are not inadvertently or inappropriately continued on said treatment beyond the intended duration.

The regular Medicines Supply, Shortages and Alerts update is attached as a separate document to accompany this newsletter.

Please send all medicines queries relating to the articles written to: kmccg.wkmedman@nhs.net

Kent and Medway Medicines Optimisation Team Prescribing and Medicines Management –

Newsletter

Medway and Swale Local ICP Update

Medicines Optimisation Queries

The team would like to remind you that if you have any medicines related queries please email these to the team generic email account and not directly to individual staff members.

During these unprecedented times, the team are working very differently with many conflicting work tasks and priorities. We would like to ensure that all queries are dealt with effectively and in a timely manner and this is best done if all queries are received into the same place, as some staff may not be able to check their individual accounts on a regular basis. May we also remind you that many resources can be found on the Medway and Swale formulary website and recommend you access this prior to sending your query as this may have the information you are looking for.

Medway and Swale formulary website - <u>https://www.medwayswaleformulary.co.uk</u> For any CCG medicine queries (monitored Mon-Fri, 9am – 5pm) - <u>medwayswale.meds@nhs.net</u> For any Medway hospital medicine queries - <u>medwayft.medsqueries@nhs.net</u>

Useful Contacts

Primary Care Medicines Queries - <u>Medwayswale.meds@nhs.net</u> Patient Complaints – <u>kmccg.complaints@nhs.net</u> Controlled Drugs – <u>england.southeastcdao@nhs.net</u> Community Pharmacy Issues - <u>England.southeastcommunitypharmacy@nhs.net</u> Medway Foundation Trust Medicines Queries - <u>medwayft.medsqueries@nhs.net</u>

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