Kent and Medway Medicines Optimisation Team

Prescribing and Medicines Management –
Newsletter

NHS
Kent and Medway
Clinical Commissioning Group

Issue 22 30/04/2021

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

We understand that the COVID Vaccine Programme is of the highest priority. However, it is important to keep oversight on prescribing and safety updates. We have produced this bulletin to provide up to date prescribing and safety alerts as well as relevant COVID-19 information. Information in this bulletin was accurate at the time of publication (30/04/2021)

Articles in this edition include:

KMCCG Position on Methotrexate 10mg Prescribing

Kent and Medway Clinical Commissioning Group have initiated a project into safer prescribing of Methotrexate across the area. One of the key changes made is a clear position statement, requesting that prescribers only issue oral Methotrexate as 2.5mg and NOT 10mg tablets.

This aligns with national safety recommendations, recognising the increased risk of overdose with the 10mg strength, as well as an increased possibility of prescribing, dispensing and administration errors associated with the wide availability of two strengths of Methotrexate. This position also aligns with the practice in the acute trusts across Kent and Medway - to not routinely prescribe, stock or dispense Methotrexate 10mg tablets unless in clear and extenuating circumstances. Primary care prescribers will be asked to review all current Methotrexate 10mg prescribing and; **upon consultation with the patient and where it is clinically suitable to do so**, to switch patients to the 2.5mg strength.

Further to this position, we wish to highlight and ensure the latest MHRA Drug Safety Update regarding Methotrexate Once-Weekly dosing; including new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing are actioned across primary care.

Covid-19 and use of inhaled budesonide for adults (50 years and over)

The MHRA has issued a therapeutic alert (here) following an interim analysis from the PRINCIPLE trial. The alert and Interim Position Statement (here) recommend that inhaled budesonide is not currently being recommended as standard of care but can be considered (off-label) on a case-by-case basis for symptomatic Covid-19 positive patients aged 65 and over, or aged 50 or over with co-morbidities.

Patients are eligible to be considered for treatment with inhaled budesonide when **all** of thefollowing criteria are met:

• Patients with onset of symptoms1 of COVID-19 within the past 14 days, and symptoms are ongoing.
• COVID-19 confirmed by PCR test within the past 14 days.
• 65 years and over OR 50-64 years with a comorbidity consistent with a long-term health condition from the flu list (here).

The recommended product is the Pulmicort 400 Turbohaler (AstraZeneca UK Ltd), studied within the PRINCIPLE and STOIC trials. A single inhaler should be used for a maximum of 14 days (or until the inhaler is used up, whichever is sooner) with two doses, twice a day (a total daily dose of 1,600 micrograms). In case of limited supplies the alternative inhalers listed below can be considered (in the order of preference set out below)

1. Pulmicort Turbohaler® 200 micrograms
2. Budelin Novolizer® 200 micrograms
3. Easyhaler Budesonide® 400 micrograms
4. Easyhaler Budesonide® 200 micrograms

Where a decision is made to prescribe, please ensure that the patient understands how to use the inhaler properly. Further information for patients can be found here.

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

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Practices Advised to Redirect Cancard Requests

We are aware of a number of occasions where GPs have been contacted by Cancard asking them to confirm diagnoses of a condition which may be treated with cannabis-based products for medicinal use (CBPM) in order to authorise the issue of a Cancard.

Cancard is a private company who issue medical cannabis cards (for a fee payable by the patient) as an indication to law enforcement that a person possesses cannabis for medical reasons. Their website states that the Cancard is evidence that a cardholder has a qualifying condition for which medical cannabis may be prescribed and has been designed to show to police to avoid being arrested for possessing a Class B controlled substance.

However, the Home Office and Department of Health and Social Care have not endorsed this company.

In addition, the BMA and RCGP have said that they do not support the Cancard scheme.

We recommend that **GPs do not confirm a diagnosis but instead ask Cancard to contact the prescriber of the CBMP**, rather than imparting information which may then be used to legitimise what may be an illicit supply of a cannabis (Class B) containing product. Patients requiring CBPM are usually referred into a specialist service that assesses the patient and prescribes CBPM in line with NICE guideline NG144 Cannabis-based medicinal products and The Misuse of Drugs Regulations 2018.

Kent and Medway Formulary Update - Additions to the Kent and Medway Joint Formulary

Oral Semaglutide

Oral Semaglutide has been approved as an option for insufficiently controlled type 2 diabetes, particularly when an injectable Glucagon-like peptide-1 (GLP1) mimetic is unsuitable for example in needle phobia. It can be prescribed alongside other diabetes medications (apart from Dipeptidyl-peptidase 4(DPP-4) inhibitors and other GLP-1 mimetics).

It was recommended that initiation/recommendation of oral Semaglutide should only be carried out by a diabetes specialist (in primary or secondary care) who has at a minimum completed recognized training that covers the prescribing of GLP-1 mimetics. Oral Semaglutide should be reviewed as per current NICE guidelines for GLP-1 mimetics to check for efficacy in line with NICE criteria and discontinued if this is not met. Each local medicines optimisation team will provide further information on its use in May 2021.

Visu XL Gel – Topical Gel (hyaluronic acid, coenzyme Q10 and Vitamin E)

Visu XL has been approved as first line treatment for moderate to severe dry eye, foreign body trauma, alterations in the continuity of the corneal and conjunctival surfaces after refractive corneal surgery and corneal transplant and alteration of ocular surface related to metabolic disorders (diabetes). This would be initiated in secondary care with continued prescribing in primary care.

Evotears (Perfluorohexyloctane)

Evotears has been approved for use as a second line option for dry eye with Meibomian gland dysfunction (MGD) where a preservative-free preparation is required due to history of preservative-allergy/reaction. This would be initiated in secondary care with continued prescribing in primary care.

Carbomer 980 0.2% 10g Preservative Free (PF) - Evolve Carbomer 980

Evolve Carbomer 980 has been approved for first line use in moderate to severe dry eye disease. Moderate to severe dry eye disease requires secondary referral and therefore, this would be initiated in secondary care with continued prescribing in primary care.

MHRA Drug Safety Update March 2021

Bendamustine (Levact): increased risk of non-melanoma skin cancer and progressive multifocal encephalopathy (PML)

Periodically perform skin examinations in patients on bendamustine-containing regimens and consider PML in the differential diagnosis for patients on bendamustine with new or worsening neurological, cognitive, or behavioural signs or symptoms.

COVID-19 vaccines and medicines: updates for March 2021

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 18 March 2021.

Letters and drug alerts sent to healthcare professionals in February 2021

A summary of letters and drug alerts recently sent to healthcare professionals.

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Local ICP Update

Medicines Optimisation Generic Email Account

Please can we remind you to send any queries to our generic email account. Many staff have been redeployed to other roles but our inbox will still be manned Monday to Friday 9am to 5pm. Please allow up to 3 working days for any response (we will always respond quicker if able to do so).
Medwayswale.meds@nhs.net

Medicines Team Update – April 2021

There have been many changes within recent months, not only have our staff been redeployed to assist with the COVID vaccination programme but we (as a CCG) have undergone a full restructure.

Lead Medicines Optimisation Pharmacist - Cath Cooksey - Abi Alaba	**Senior Medicines Optimisation Pharmacist** - Ola Odubunmi - Selena Lourgouilloux
Lead Medicines Optimisation Technician - Vacant – Project Delivery - Vacant – Quality & Safety	**Senior Medicines Optimisation Technician** - Katie Sheehan
Medicines Optimisation Technician - Carol Mayger - Sandra Humphrey - Teresa Watson - Vacant x 1	**Medicines Optimisation Administrator** - Jess Brooks

Useful Contacts

Primary Care Medicines Queries – Medwayswale.mds@nhs.net
Medway Hospital Medicines Queries - medwayft.medsqueries@nhs.net
Patient Complaints – kmccg.complaints@nhs.net
Community Pharmacy Issues - England.southeastcommunitypharmacy@nhs.net
Controlled Drugs – england.southeastcdao@nhs.net