

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

Articles in this edition include:

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- Kent and Medway Formulary Update
- Women's safety and domestic abuse during COVID-19: a reminder of advice for NHS staff
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Recording of medications on EMIS - 'hospital only' or medications from other providers

ALL 'hospital only' medications or medications from other providers such as warfarin clinics or mental health trusts must be recorded as such on EMIS. There have been incidents of patients being admitted to secondary care, and the Summary Care Record (SCR) has been used to ascertain what regular medication they are taking. If the specialist medicine is not on the SCR the patient will not receive it during their hospital stay, which could lead to patient harm.

It is also important to ensure that any interactions with specialist medicines are highlighted within the prescribing system to improve patient safety.

To add a drug as hospital use only, please follow instructions below:

- Add drug
- Click on "issue"
- Select "change all" at the top of the page
- You can now change this to hospital and it will not issue this medication
- Then click "Approve and Complete"

To prevent any risk of accidental issue please ensure a small quantity is set (e.g. 0.1 or 0) and in directions highlight for "Hospital issue only". The number of authorised issues should also be set to 0.

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

Toujeo Doublestar

Toujeo Doublestar is a high strength form of insulin glargine designed for patients on high doses. It was initially launched as a 1.5ml pre-filled Solostar pen which delivers 1 unit insulin per click. Subsequently a 3ml Doublestar pen was launched in 2019 which delivers 2 units insulin per click.

Doublestar has now been approved for addition to the Joint Kent and Medway Formulary. A reminder that healthcare professionals should be aware of the difference between these devices. The SOLOstar device delivers ONE unit of insulin per click. The DOUBLEstar device delivers TWO units of insulin per click. When prescribing, care must be taken to ensure that the device being prescribed is the device the patient usually receives and was initially trained on. If the device is new to the patient then training must always be provided. A reminder to prescribers that all insulin should be prescribed by brand to avoid inadvertent prescribing and dispensing errors.

Estradiol Transdermal Spray (Lenzetto®)

Estradiol transdermal spray (Lenzetto®) has been added to the Kent and Medway formulary with a GREEN Traffic Light System (TLS) for use as an alternative transdermal option in the treatment of oestrogen deficiency symptoms in postmenopausal women (in women at least 6 months since last menses or surgical menopause, with or without a uterus).

NICE TA 679 Dapagliflozin in Heart Failure

Dapagliflozin (Forxiga® 10mg tabs) has been added to the Kent and Medway formulary with an AMBER Traffic Light System (TLS) for use in line with [NICE TA679](#) for the treatment of chronic heart failure with reduced ejection fraction. It is recommended that Dapagliflozin, when used to treat chronic heart failure with reduced ejection fraction, is initiated by/on the advice of a heart failure specialist, with follow on prescribing in primary care. GPs are not obliged to continue with prescribing where prior initiation has not commenced.

Women's safety and domestic abuse during COVID-19: a reminder of advice for NHS staff

A [letter](#) was published on 20 March 2021 from NHS England & Improvement reminding NHS staff of the key signs of domestic abuse and the services that are available for women. We encourage you to cascade this information as you see appropriate. It is important that we all ensure that the NHS is taking the right action to identify, safeguard and care for individuals in these very difficult circumstances, and more widely support patients against abuse.

Freestyle Libre Sensors

A reminder that if a patient requests the prescribing of a replacement Freestyle Libre sensor due to a genuine fault, this should not be actioned. Patients should be referred to the Abbott Customer Care line on 0800 170 1177, to obtain a replacement sensor.

Sativex

Sativex has been approved for shared care for the treatment of spasticity due to multiple sclerosis in line with NICE guidance and the K&M Policy Recommendation and Guidance Committee (PRGC) recommendation:

- A 4-week trial of Sativex to treat moderate to severe spasticity in adults with MS may be considered, if:
 - Other pharmacological treatments (as set out in NICE CG186) for spasticity are not effective. These treatments should have been tried at maximum tolerated doses prior to consideration of Sativex and must have been ineffective, as defined by a score of ≥ 4 on a 0 to 10 patient-reported NRS of spasticity-related symptoms, AND
 - invasive interventions are being considered (i.e. where a successful trial of Sativex may avoid/ delay the need for invasive therapies).
- After the 4-week trial, Sativex may be continued if the person has had $\geq 20\%$ reduction in spasticity-related symptoms on a 0 to 10 patient-reported NRS.
- Sativex should be provided as part of a multi-disciplinary approach alongside neuro-physiotherapy and NOT as an isolated treatment
- Treatment with Sativex should be initiated and supervised by a physician with specialist expertise in treating spasticity due to MS, in line with its marketing authorisation.

The MS specialist teams in the acute Trusts will initiate treatment and assess patients' response to the trial. Prescribing may then be continued in primary care under shared care agreement once the patient is stable on treatment and has had their dose titrated.

Four Month free Vitamin D Supply for Care homes

This year, the government provided a one-off free 4-month supply of vitamin D supplements for residents in residential and nursing care homes in England. Further details were provided in our December 2020 newsletter and full guidance on offering vitamin D supplements to residents is available [here](#).

Please note: GPs should not be asked to prescribe ongoing 10 microgram (400iu) doses at the end of the free 4-month supply of Vitamin D. GPs will only need to continue to prescribe higher doses to treat deficiency of Vitamin D if identified.

MHRA Drug Safety Update May 2021

[Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products](#)

If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

Advice for healthcare professionals:

- Generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing
- A small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product – these cases are noted in UK professional guidelines
- If a patient reports symptoms after changing their levothyroxine product, consider testing thyroid function
- If a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient
- If symptoms or poor control of thyroid function persist despite adhering to a specific product, consider prescribing levothyroxine in an oral solution formulation
- Report suspected adverse reactions to levothyroxine medicines, including symptoms after switching products, to the Yellow Card scheme

[COVID-19 vaccines: updates for May 2021](#)

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 13 May 2021.

[Letters and medicine recalls sent to healthcare professionals in April 2021](#)

A summary of letters and recent medicine recalls and notifications sent to healthcare professionals

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.medicinesoptimisation@nhs.net

Local ICP Update

Medicines Optimisation Generic Email Account

Please can we remind you to send any queries to our generic email account. Our inbox is 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

Useful Contacts

Primary Care Medicines Queries – Medwayswale.meds@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