


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


Articles in this edition include:

- NHS England & Improvement Letter to women and girls taking sodium valproate
- Liothyronine Implementation
- Semaglutide (Ozempic) injectable- reminder on quantities for prescribing
- Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years
- Inappropriate anticoagulation of patients with a mechanical heart valve
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NHS England & Improvement Letter to women and girls taking sodium valproate



A [letter](#) published on 14th June 2021 by NHS England & Improvement was sent to women and girls between the ages of 12-55 who are currently prescribed sodium valproate. The letter includes reminders of important safety considerations including contraception, pregnancy and the need for regular prescribing reviews. It is imperative that the women are aware of the advice included within this letter. Patients are encouraged to speak to their doctor or nurse specialist therefore patients may contact practices with regards to this.



The Medicines Optimisation Team are able to support practices by identifying patients who require a specialist review and support with the referral process. Please contact your local team to arrange this.

Liothyronine Implementation

A series of Kent & Medway wide guidance documents have been approved for the prescribing of Liothyronine across primary and secondary care. These documents include:

- Position Statement: Liothyronine prescribing
- Shared Care Guideline for Prescribing Oral Liothyronine
- Liothyronine prescribing recommendations- Review of Existing Therapy for hypothyroidism
- Position Statement: ARMOUR THYROID and other unlicensed desiccated thyroid extract products

Key Principles to Consider:

It has been agreed that the prescribing of liothyronine will follow a shared care pathway across Kent & Medway.

Combination levothyroxine and liothyronine should not be used *routinely* in the management of hypothyroidism as there is insufficient population based clinical evidence to show that combination therapy is superior to levothyroxine monotherapy.

It may be initiated by an NHS Consultant Endocrinologist ONLY in circumstances where all other treatment options have been exhausted.

Liothyronine should not be initiated in primary care.

- Transfer of monitoring and prescribing to Primary care is normally after the patient is on regular dose and with satisfactory investigation results for at least 4 weeks
- The duration of treatment will be determined by the specialist based on clinical response and tolerability.
- The withdrawal or adjustment of liothyronine treatment should only be undertaken by, or with the oversight of, an NHS consultant endocrinologist.

Existing patients on Liothyronine

The new policies outlined above means patients can now receive their Liothyronine prescriptions in primary care under a shared care agreement with the specialist. Local implementation of these guidelines will involve consultants writing to patient's GP's in order to establish the transfer of care and principles of shared care for each patient.

Further information is available in the attached documents as well as from the *Regional Medicines Optimisation Committee: Guidance-Prescribing of Liothyronine. June 2019* ([here](#)).

Semaglutide (Ozempic) injectable- reminder on quantities for prescribing

The medicines optimisation team have identified a number of semaglutide injectable prescriptions being prescribed with pen quantities of four. Semaglutide injectable (Ozempic) is administered once a week and each pen contains four doses. Therefore, one pen is enough for 28 days which is the recommended duration of prescribing. Prescribing of four pens could inadvertently be leading to waste with each pen costing the NHS £73.25 in prescribing costs. Action for practices is to highlight this to any prescribers and diabetes teams as a reminder to ensure that prescribed quantities are appropriate.

Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years

Further to the circulation earlier this month, of our position statement on the use of Chloramphenicol eye drops in children under the age of 2 years, a reminder of the drug safety update published on the 7th July 2021 by the MHRA confirming, **the MHRA have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.** Further details and full drug safety update can be found [here](#).

Urgent Prescribing Safety Alert: Inappropriate Anticoagulation Of Patients With A Mechanical Heart Valve

Early in the Covid-19 pandemic, published guidance supported clinical teams to review patients treated with a vitamin K antagonist (VKA) and where appropriate change their medication to an alternative anticoagulant (eg a low molecular weight heparin (LMWH) or a direct oral anticoagulant (DOAC)). This was partly to reduce the frequency of clinic attendance for monitoring, and thus reduce the risk to patients. The guidance listed exceptions where specific patients should not be switched from a VKA, including patients with a mechanical heart valve. However, incidents have been reported of patients with a mechanical heart valve being switched to a LMWH or a DOAC. This alert asks GPs and other NHS providers of anticoagulation services to identify any patients who have a record of a mechanical heart valve and are receiving a LMWH or a DOAC, and to urgently review these patients to ensure they are on the most appropriate anticoagulation therapy and monitoring.

[NatPSA 2021_006 NHSPS.pdf](#)

MHRA safety warning: Herbal products containing Butterbur

The Medicines and Healthcare products Regulatory Agency (MHRA) has been made aware of a magazine article which promotes the use of Butterbur (*Petasites hybridus*) for the treatment of hayfever, or to treat migraines, asthma, chronic coughs and gastric ulcers. We would advise that patients are discouraged from consuming herbal products containing Butterbur to treat these conditions.

These are unlicensed herbal medicines that present a serious risk to public health, as they can cause liver toxicity, organ failure and other dangerous side-effects.

In January 2012, the MHRA published a [safety alert](#) advising people not to take unlicensed Butterbur herbal products, following reports of Butterbur products being associated with cases of liver toxicity and the advice remains unchanged.

We would like to remind practices that patients taking herbal products containing Butterbur should be advised to stop using them immediately in consultation with their GP.

Suspected side effects of herbal medicines can be reported via the [Yellow Card scheme](#). For any queries on the above information, practices should contact MHRACustomerServices@mhra.gov.uk.

MHRA Drug Safety Update June 2021

[CDK4/6 inhibitors \(abemaciclib ▼, palbociclib ▼, ribociclib ▼\): reports of interstitial lung disease and pneumonitis, including severe cases](#)

Cases of interstitial lung disease and pneumonitis have been reported in patients receiving CDK4/6 inhibitors indicated for some breast cancers. Ensure that patients taking these medicines are aware of the need to seek advice right away if they develop new or worsening respiratory symptoms.

[Atezolizumab \(Tecentriq ▼\) and other immune-stimulatory anti-cancer drugs: risk of severe cutaneous adverse reactions \(SCARs\)](#)

Cases of severe cutaneous adverse reactions, including Stevens-Johnsons syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in patients treated with immune-stimulatory anti-cancer drugs, including atezolizumab. Advise patients to be vigilant for the signs of severe skin reactions and to seek urgent medical advice if they occur.

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

A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 11 June 2021.

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

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

Addressing Vaccine Hesitancy

The Royal Pharmaceutical Society has written on vaccine hesitancy to support healthcare professionals which can be accessed here -

<https://pharmaceutical-journal.com/article/ld/how-to-address-vaccine-hesitancy> .

The article highlights how healthcare professionals can address vaccine hesitancy and allay patient concerns in the context of COVID-19 vaccines.

Involve Kent has been appointed by the CCG to provide support to patients who have not yet been vaccinated and may be

hesitant about vaccination or underrepresented in the vaccinated population. Translation in a wide range of languages is also available.

Involve Kent manage a dedicated telephone helpline and advice service to answer questions from the community relating to vaccine hesitancy, provide assurance, information and signposting to encourage booking and attendance at vaccination centres.

The service is not clinical and does not provide medical advice, but refers to NHS accredited and assured information sources. It operates between 8.30am and 5pm, Monday to Friday. The number is **0330 320 4444**. We would like to request your support to promote this service widely in order to increase vaccine uptake in harder to reach communities.

The CCG has also appointed COMPAS Charity to manage a dedicated telephone helpline and advice service to encourage vaccine uptake in the eastern European Roma communities. The service will be overseen by members of the eastern European Roma community. This advice can be provided in Czech, Slovak and Romani languages. The telephone helpline will operate between the hours of 9am to 5pm, Monday to Friday and went live on Monday 12 July. The helpline telephone number is **07518 945849** and we would like to request your support to promote this service to the eastern European Roma community in your area.

**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

Practice Visits

We would like to thank all practices for your engagement during recent practice visits.

MOS 21-22

Please may we remind you that if you would like to participate in this year's Medicines Optimisation Scheme the deadline for returning your completed participation form is **1st August**. Thanks to those of you who have already returned your form.

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