


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


Articles in this edition include:

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Kent and Medway Hydroxychloroquine Eye Screening



NHS Kent and Medway CCG has commissioned a new eye screening service for patients who are prescribed hydroxychloroquine (HCQ). This new service will make sure patients are not put at additional risk of sight loss, from the use of HCQ. Patients will be invited from a Single Point of Access (SPA) for screening at the appropriate time and with a suitable community retinal screening provider. For the service to be set up successfully, a one-off EMIS search to accurately identify all patients currently prescribed HCQ, along with any associated high risk factors, will need to be carried out via the GP practice and forwarded to the appropriate rheumatology team and SPA as soon as reasonably possible. A pro-forma and audit for the search with further details can be found attached to the newsletter. We would be grateful to those practices who are able to carry out this one-off search themselves. If you are unable to complete the audit in-house or would like support to undertake it, please contact your local medicines optimisation team.



Medicine Supply Notification: Clexane® (enoxaparin sodium) device – Important Information regarding differences between PREVENTIS and ERIS needle guard safety systems.

The Department of Health and Social Care (DHSC) issued a medicine supply notification for Clexane® (enoxaparin) pre-filled syringes on the 27th July 2021.

A shortage of the ERIS™ automatic safety system will impact the availability of several Clexane® pre-filled syringes (listed below) from September until November 2021:

Presentation:

- 4000IU (40mg/0.4ml)
- 6000IU (60mg/0.6ml)
- 8000IU (80mg/0.8ml)
- 10,000IU (100mg/1ml)

All other Clexane® preparations are unaffected and remain available. Other brands of enoxaparin biosimilars remain available but cannot support an uplift in demand.

To mitigate the supply issue during this period, Sanofi will supply Clexane® with the PREVENTIS™ automatic safety system for the affected presentations only. This will be a UK licensed product.

Organisations who use Clexane® should prepare to have syringes with two different safety devices in use across the portfolio and ensure appropriate communication and training of health care professionals and patients is undertaken.

Advice to Health Care Professionals:

- Clexane pre-filled syringes with both ERIS and PREVENTIS safety systems will be in the supply chain simultaneously, so please be vigilant and talk to the patient to ensure that they are familiar with the system being dispensed to them.
- Patients should be informed that the operation of the needle guard safety system in the PREVENTIS device is different to that of the ERIS device.
- After injecting and removing the needle from the injection site, users of the PREVENTIS device will need to firmly push down the plunger and wait for an audible 'click' sound to activate the safety system (unlike the ERIS device where the safety system activates automatically).
- Prescribing and dispensing healthcare professionals should be aware and check whether the patient is familiar with how to administer Clexane with that particular safety system device.

Information for healthcare professionals and patients on how to administer Clexane are available from the VTE Matters website at <https://www.vtematters.co.uk/hcp/clexane>

The full communication from the manufacturer can be found at <https://www.medicines.org.uk/emc/rmm/2263/Document>

Antimicrobial Prescribing For Urinary Tract Infections

Health Education England elearning for healthcare (HEE elfh) in conjunction with PHE, NHSEI, CQC and NICE have produced and added a new session to the antimicrobial resistance and infections elearning programme available on their website. This programme offers an overview of key considerations for clinicians when prescribing antibiotics for UTIs as outlined in the NICE guidance on managing common infections. To access the session, please visit the [Antimicrobial Resistance and Infections programme page](#).

Every effort is made to ensure that the information contained in the newsletter is accurate and up to date at the time of publication. Please be aware that information about medicines and therapeutics will change over time, and that information may not be current after the initial date of publication. Please take note of the publication date and seek further advice if in any doubt about the accuracy of the information

The information contained in this newsletter is the best available from the resources at our disposal at the time. This newsletter is produced on behalf of K&M CCG

For all correspondence please contact the Medicines Optimisation team email: kmccg.medicinesoptimisation@nhs.net

Resources to help reduce the impact of antibiotic resistance

Health Education England (HEE) have produced two new videos to help healthcare staff to:

- Understand the link between antibiotic use and resistance.
- Recognize their role in optimising antibiotic use and stewardship.
- Ensure compliance with national guidance when recommending, prescribing, dispensing and administering antibiotics.
- Improve their self-care advice to patients on the appropriate antibiotic use.

These videos are available on HEE'S YouTube channel at:

[Antibiotic Prescribing in Primary Care video](#)

[Antibiotic Prescribing in Secondary Care video](#)

First progesterone-only contraceptive pills available to purchase from pharmacies

Progestogen-only contraceptive pills containing desogestrel will be available for the first time to purchase from pharmacies without prescription. The products reclassified, Lovima® 75 microgram film-coated tablets and Hana® 75 microgram film-coated tablets, are both oral contraceptives for continuous use to prevent pregnancy in those of childbearing age. The MHRA's decision to reclassify these desogestrel products follows a safety review by the Commission on Human Medicines (CHM) and a public consultation. Please take this into consideration when asking women of child bearing age about over the counter medicines use. More information can be found [here](#)

Vaccination Reimbursement

Practices can claim for certain vaccines (including oral vaccines) as 'personally administered' from [NHSBSA](#). Common 'personally administered' vaccines include: (*list is not exhaustive*)

- Varicella vaccine (live) powder and solvent for suspension for injection 0.5ml vials
- Pneumococcal polysaccharide vaccine solution for injection 0.5ml vials
- Fluenz Tetra vaccine nasal suspension 0.2ml unit dose
- Bexsero vaccine suspension for injection 0.5ml pre-filled syringes
- Infanrix Hexa vaccine powder and suspension for suspension for injection 0.5ml pre-filled syringes

There are some exceptions e.g. vaccines obtained from Central Supply, Yellow Fever and Japanese / Tick Borne Encephalitis which are not allowed to be claimed by a practice. To find out which items can be processed as 'personally administered' use this [link](#).

The item will be processed as 'personally administered' if, next to the PADM Indicator in the Product Information field of the item's pack, it states 'Attracts an administration fee.' For more information on vaccine reimbursement and other items that can be claimed as 'personally administered' please click [here](#).

MHRA Drug Safety Update July 2021

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

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, 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.

Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme

If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.

Oral retinoid medicines (isotretinoin ▼, alitretinoin ▼, and acitretin ▼): temporary monitoring advice during coronavirus (COVID-19) pandemic

MHRA have published guidance about the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for signs of psychiatric reactions (especially depression) and other safety risks in all patients taking oral retinoid medicines during the COVID-19 pandemic.

COVID-19 vaccines: updates for July 2021

Revisions have been made to the information for healthcare professionals and information for UK vaccine recipients for the COVID-19 Vaccine Moderna and Pfizer/BioNTech COVID-19 vaccine following a thorough review of extremely rare reports of myocarditis and pericarditis after COVID-19 vaccination. These events are extremely rare and tend to be mild when they do occur. Our advice remains that the benefits of getting vaccinated outweigh the risks in the majority of people.

Letters and medicine recalls sent to healthcare professionals in June 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**