



Welcome to the **Kent & Medway CCG Medicines Optimisation (MO)** news update. Articles in this edition include:

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For any further questions regarding any articles within this newsletter please contact your local medication optimisation teams.

### **Kent and Medway Clinical Commissioning Group Update of Methotrexate 10mg Prescribing**

In November 2020 Kent and Medway were identified as one of the highest prescribers of Methotrexate 10mg nationally.

In response to this the KMCCG Medicines Optimisation team developed a position statement (attached), for the prescribing of oral Methotrexate tablets. The position states **Methotrexate 10mg tablets are NOT recommended for routine prescribing.**

Methotrexate 2.5mg tablets should always be used first line. This recommendation is aimed at reducing prescribing; dispensing and administration errors associated with having access to multiple strengths of Methotrexate tablets. It is in line with the overall national trajectory to stop the use of Methotrexate 10mg tablets.

Since the start of the project a great effort has been made to reduce the number of K&M patients on Methotrexate 10mg; from 130 patients (Nov-20) down to 28 patients (Sep-21)(78.5% reduction). All KMCCG practices are highly commended for responding to this key national safety project and conducting the work required.

**Action point: We kindly request that practices continue to adhere to the key safety messages outlined in the position statement and continue to review patients on Methotrexate 10mg with a view to switching to the 2.5mg strength where appropriate.**

### **Accu-Chek® Instant test strips approved for use in paediatric type 1 diabetic patients**

Due to the discontinuation of the Accu-Chek® Expert meter in June 2021, Accu-Chek® Instant test strips have been approved for use with the Accu-Chek® Instant meter in paediatric patients with type 1 diabetes across Kent and Medway where the existing functionality of the Expert meter is indicated. The new Accu-Chek® Instant test strips are available to be prescribed on EMIS and appear on EMIS as “Instant test strips (Roche Diabetes Care Ltd)”.

**Outcome: We would like to make GP’s aware that going forward it is expected that Accu-Chek® Instant meters will be initiated for type 1 paediatric patients by specialist paediatric units across Kent and Medway and nationally where the Expert meter would have been used historically. Existing type 1 paediatric patients will continue to remain on the discontinued Accu-Chek® Expert meter until the device needs replacing or advised by the specialist. Accu-Chek® Aviva test strips will remain available for existing patients on the Accu-Chek® Expert meter, (it is only the Accu-Chek® Expert meter which has been discontinued).**

**PLEASE NOTE:** GP’s will be informed of this change by the paediatric teams in writing for existing patients when required.

### **Inclisiran Update**

Inclisiran is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and nonfamilial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if there is a history of any of the following cardiovascular events:

- Acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation),
- Coronary or other arterial revascularisation procedures
- Coronary heart disease
- Ischaemic stroke or
- Peripheral arterial disease, and
- Low density lipoprotein cholesterol (LDL-C) concentrations are persistently 2.6 mmol/l or more, despite maximum tolerated lipid lowering therapy.

Inclisiran is an injectable treatment for lipid modification, recently approved by NICE for delivery in primary care. Due to the rapid turnaround time requested by NHSE, Inclisiran is now approved as ‘green’ on Kent and Medway formularies and a preliminary position of NICE recommendations <https://www.nice.org.uk/guidance/ta733> has been adopted.

Further update/guidance on an implementation pathway and delivery plan is expected from the Academic Health Science Network (AHSN) - the designated delivery partner in primary care.

### **Shingles Immunisation Update**

From 1 September 2021, based on the recommendation made by the Joint Committee on Vaccination and Immunisation (JCVI), the non-live shingles vaccine Shingrix® should be offered by GPs to those who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax® due to their immunocompromised status. [Please see Non-live shingles vaccine Shingrix®](#) for key points about the changes to the Shingles immunisation programme. **Shingrix® is available to order online via the [ImmForm website](#).**



### Afghan Primary Care Guidance

As you may have read in the General Practice update primary care guidance about the [Afghan relocation and resettlement scheme](#) has now been published on the government website.

This guidance states *'Particularly in individuals who have had considerable healthcare exposure in Afghanistan, colonisation with multi-drug resistant organisms is likely to be more prevalent than that seen within the UK. Consider sending microbiological specimens early before initiating antimicrobial treatment, for example, for urinary tract infections, particularly where first-line empiric treatment has already been given and has failed'*

**Action Point:** The MOT would like to remind prescribers to think 'antibiotic resistant UTI' within this population of patients and consider taking a urine sample for culture.

### Inhaler Spacers for Kent and Medway

In line with NICE guidance <https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573> spacers should be replaced at least every 12 months. It is important that patients clean the spacer before using for the first time, and every month thereafter, and ensuring they leave it to air dry to prevent static build up in the device. Further guidance is available on the asthma UK website <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/spacers/#lookingafter>

### Champix® (Varenicline) supply disruption

Pfizer, the sole supplier of Champix®, stopped the distribution of all Champix® (varenicline) 0.5mg and 1mg tablets in early June 2021. Pfizer are currently unable to confirm when resupplies will become available following global regulatory investigations relating to the presence of nitrosamine impurities above Pfizer's acceptable level of daily intake in several lots.

Since the original supply disruption alert ([SDA/2021/006](#)) was issued on 24th June 2021, the European Medicines Agency Committee for Medicinal Products for Human Use (EMA CHMP) have issued their [decision](#) on the acceptable limit of impurities to be present in varenicline products in Europe.

The MHRA advised that they have taken the decision to align with the CHMP's approach on acceptable limits of nitrosamines in varenicline products and initiated a [class 2 medicines recall](#) (EL 21 A/25) of all in-date batches of Champix® (varenicline) at pharmacy and wholesaler level. This is a precautionary measure due to presence of levels of N-nitroso-varenicline above the acceptable level of intake set by both European Medicines Agency (EMA) and MHRA.

The One You [Smoke Free Service](#) (covering the whole of Kent with exception of Medway) and the Stop Smoking Service ([Medway](#)) are aware of the supply disruption and are following guidance provided by the [Department of Health and Social Care and the National Centre for Smoking Cessation and Training \(NCSCCT\)](#). Both services are starting new clients on single or combination NRT as an alternative. They are advising all GPs to continue to refer clients alternatively clients can also self-refer to the services. Clients referred to the service are informed at the first point of contact of the unavailability of Champix® and advised of alternative options.

#### **Summary of Advice:**

- Patients currently prescribed Champix® (varenicline) will require review and switching to nicotine replacement therapy (NRT) unless contraindicated.
- No new patients should be initiated on Champix® (varenicline) products.
- Prescribers initiating smoking cessation treatment for new patients should consider prescribing NRT or bupropion 150mg prolonged release tablets unless contraindicated.
- Helping a patient to stop smoking should not be delayed if they are motivated to stop as other effective options are available.

Further information can be found in the alert [here](#)

### Proxy Access for care homes to order medication

NHSE is promoting a national rollout of proxy access across care homes. Proxy access is a way for care homes to order medication for their residents by giving access to the EMIS patient records. This helps to streamline the process, makes the ordering process more efficient and saves time. Benefits include:

- fewer risks and issues associated with ordering, issuing, collecting, and dispensing repeat medications
- fewer errors and queries (e.g. missing items, what has been ordered/collected from pharmacy)
- improved clinical safety
- an improved, easy to access audit trail
- improved data security due to care home staff have their own username and password, which also saves time
- better communications and working relationships between all involved in the ordering process.

We are currently working with 36 care homes and 17 GP practices in Kent and Medway. Phase 3 began on the 10<sup>th</sup> November 2021.

**Action point:** If your surgery is interested in signing up and setting up proxy access within the care homes you manage, please contact [m.lisita@nhs.net](mailto:m.lisita@nhs.net) for more details information about the implementation and how we will support you throughout the process.



### **Herbal and Homeopathic Medicines – Drug Interaction Support Resources**

Further to the MHRA Drug Safety Update published in July 2021 on [herbal and homeopathic medicines](#), we would like to provide colleagues with further support and resources for managing queries related to herb-drug interactions.

According to [research published in the British Journal of Clinical Pharmacology](#), co-usage of herbal medicines and prescribed medications is a common practice, especially in patients with hypertension, diabetes, cancer, seizures and depression. However, up until now, patients often refuse to disclose their use of herbal medicines to clinicians and, as a result, clinically relevant herb–drug interaction cases have been underreported. Increasing patient awareness about potential interactions between herbs and prescribed medicines and their consequences is important in order to prevent herb–drug interactions becoming a serious health problem.

Healthcare professionals are reminded to advise patients considering herbal medicines:

- to ensure a product has been licensed by the MHRA and meets the required standards of quality, safety, and patient information:
- check for the [Traditional Herbal Registration \(THR\) Certification Mark](#) and THR number on the label of traditional herbal medicines (some herbal medicines have a product licence, shown by a product licence (PL) number)
- check for the Simplified Homeopathic Registration (HR) or National Rules Authorisation (NR) number on the label of homeopathic medicines
- to always read the patient information provided with a herbal or homeopathic medicine to ensure that it is suitable and that patients know how to use it safely

Further information for patients on Herbal medicines can be accessed [here](#).

The Specialist Pharmacy Services (SPS) have also produced guidance on [handling questions about herbal medicines \(or dietary supplements\) and conventional medicines](#) which provides links for tutorials on alternative medicines as well as useful resources for checking herb-drug interactions.

**Action Point: Please use the resources highlighted for managing queries related to herb-drug interactions.**

### **Guideline for disseminating and actioning on Medicines and Healthcare products Regulatory Agency (MHRA) alerts for Primary Care support by the Medicines Optimisation Team**

The Care Quality Commission (CQC) has issued guidance for providers regarding compliance with the Health and Social Care Act 2008 and meeting the regulations relating to complying with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulation Agency (MHRA) and through the Central Alerting System (CAS). In order to support and highlight the need to continually review historical MHRA alerts in addition to the process above for future alerts the Kent and Medway Medicine Optimisation Team (MOT) has developed a guideline and support documents for disseminating and acting on MHRA alerts for Primary Care, this has been ratified via our various Governance committees.

To accompany the Guideline for disseminating and acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts for Primary Care, EMIS Web MOT searches (including Arden's searches) have been built for a small selection of notable historical searches that are non-exhaustive but can be used as a supportive measure for practices to comply with the CQC guidance mentioned earlier. The searches provided for import onto the EMIS Web system are as mentioned not an exhaustive list of all previous MHRA alerts cascaded by the MHRA. These searches can be edited at the practices discretion to meet the needs of how each individual practice deals with MHRA alerts and or Drug Safety Updates within the practice. Please note this is a supportive piece of work to allow practices to use how they wish to best manage the requirements set out by the CQC and to establish good practice within your systems.

The MOT currently sends out MHRA alerts to be actioned by the practice via our prescribing newsletter and via our generic medman accounts. Although these MHRA alerts have usually been sent directly to the practice, the team cascade to ensure that high importance alerts are actioned and act as a safety net for any that may have been missed initially. The team also inform prescribers when there is additional local information relevant to an alert. This will take the form of a suggested search strategy to identify patients potentially affected by the alert going forward.

Within the attached documents practices will find the ratified guideline for MHRA alerts, a selection of EMIS Web searches with a written list of those provided, along with a user guide of how to import such searches onto your systems.

**Action Point: Please use the resources provided to ensure requirements set out by the CQC are met and to establish good practice of managing MHRA Safety Alerts within your systems.**

### **Updated Palliative Pharmacy List**

As a reminder, the agreed K&M palliative care formulary and updated list of pharmacies across Kent and Medway, commissioned by the CCG to stock limited supplies of end of life drugs, is attached.

The CCG continues to undertake weekly reviews to ensure that we have an accurate position regarding the current stocks available and communicate this to providers.

**The regular Medicines Supply, Shortages and MHRA Safety 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](mailto:kmccg.medicinesoptimisation@nhs.net)**





## Medway and Swale ICP Updates

### Methotrexate 10mg tablets are **NOT** recommended for routine prescribing

Methotrexate 10mg tablets are **NOT** recommended for routine prescribing, (unless in extenuating clinical circumstances). Methotrexate 2.5mg tablets should **ALWAYS** be prescribed as first line.

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.

To avoid error with oral Methotrexate prescribing, the following is recommended:

- An in-depth discussion must be had to inform patient of any changes to their Methotrexate prescription **BEFORE** the change is made.
- Only **ONE** strength of methotrexate tablet (2.5 mg) is prescribed and dispensed
- Ensure that the patient is able to understand and comply with **ONCE-WEEKLY** dosing.
- Decide with the patient which day of the week they will take their Methotrexate and **Note this day down in full on the prescription** ([Sep 2020 MHRA advice](#))
- Inform the patient and their caregivers of the potentially fatal risk of accidental overdose if Methotrexate is taken more frequently than once a week. ([Patient alert card](#))
- Methotrexate dose should be prescribed in multiples of 2.5mg tablets and the total dose in milligrams must also be included e.g. “Three 2.5mg tablets (7.5 milligrams)”
- The dispenser should be informed of any changes made to a patient's Methotrexate prescription as well as the rationale for 10mg prescribing in extenuating circumstances.

**Action:** Primary care prescribers should review all current Methotrexate 10mg tablets prescribing and upon consultation with the patient and where it is clinically suitable to do so, to switch patients to the 2.5mg strength.

## ScriptSwitch - Thank You

As a Medicines Optimisation Team we would like to thank all practices for their continued support for the Scriptswitch IT tool. Total acceptance rate for all prescription types in Medway and Swale is 36%, and 6 practices in Swale (which only went live in September) are currently at 50%. The National average acceptance rate for ‘acute prescriptions’ is 31% and for Medway and Swale we are currently sitting at 47% - Many thanks to you all!

## Useful Contacts

Primary Care Medicines Queries – [Medwayswale.meds@nhs.net](mailto:Medwayswale.meds@nhs.net) Medway Hospital Medicines Queries - [medwayft.medsqueries@nhs.net](mailto:medwayft.medsqueries@nhs.net)  
Patient Complaints – [kmccg.complaints@nhs.net](mailto:kmccg.complaints@nhs.net) Community Pharmacy Issues - [England.southeastcommunitypharmacy@nhs.net](mailto:England.southeastcommunitypharmacy@nhs.net)

## Medicines Optimisation Team Medway and Swale

Contact Details – [Medwayswale.meds@nhs.net](mailto:Medwayswale.meds@nhs.net) 01634 335095 Option 3

## Medicines Optimisation Generic Email Account

Please can we remind you to send any queries to our generic email account. **Please ensure urgent queries (that ideally require a same day response) are marked as Urgent/High Importance.** 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](mailto:Medwayswale.meds@nhs.net)