Kent and Medway Medicines Optimisation Team

Prescribing and Medicines Management –
Newsletter Issue 31

NHS Kent and Medway Clinical Commissioning Group
24/02/22

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

- **Molnupiravir swallowing difficulties**
- **Kent and Medway Position on carbon footprint**
- **Medicines Optimisation Scheme Survey**
- **Formulary Update**
- **Kent and Medway COPD Guidance for primary care**
- **Product Recalls for Alimentum® & Elecare®**
- **Implementation Guidance for NICE TA 694**
- **Mirabegron Prescribing**
- NICE Publication updates attached to the newsletter

Molnupiravir swallowing difficulties

Primary care prescribing should NOT take place for Molnupiravir or any other Covid monoclonal antibody treatments. However, your practice might need to refer highest risk patients to the local COVID-19 Medicine Delivery Unit (CMDU) who can assess eligibility and arrange treatment. Please email Kmccg.cmdusupport@nhs.net for referral requests or should you require any further information. Practices are also encouraged to help recruit to the national study.

Practices were sent a letter from NHSE outlining arrangements for deployment of COVID-19 treatments for highest risk non-hospitalised patients.

Molnupiravir is presented as hard capsules which are comparatively large (21.7mm x 7.6mm), although there are many capsules of a similar size on the UK market. The patient has to take four molnupiravir capsules twice a day. The Summary of Product Characteristics(SmPC) states that the capsules should not be opened, crushed, or chewed. Any such use would therefore be "off-label". There have been reports of patients having difficulty swallowing the capsules, or refusing treatment once they see the product. Additionally, there are reports of patients with known swallowing difficulties being prescribed molnupiravir. This has led to delayed or inappropriate treatment and wastage of the product. The SmPC makes clear that molnupiravir is potentially teratogenic. The capsules contain powder and opening them presents a risk of exposure of carers and others to this hazard via aerosol or topical contact. Specialist Pharmacy Service (SPS) colleagues are in discussion with the manufacturer about the option of dissolving the whole capsule in water prior to administration but local feasibility tests are ongoing.

Until such time as SPS is able to make firm recommendations, if molnupiravir is considered, CDMUs are being encouraged to have a detailed discussion about any current or potential swallowing difficulties with the patient and/or carer prior to prescribing molnupiravir. The importance of adherence to the treatment course will be explained. This assessment by the CDMU must occur prior to supplying molnupiravir to ensure supplies aren't wasted. If there is any likelihood that the patient won't be able to take the capsules, molnupiravir will not be prescribed and a record will be made that the patient is not suitable for any treatment.

Action Point: The information above details what general practice teams need to be aware of with regards to the swallowing difficulties reported with Molnupiravir treatment, and information useful should any patient queries arise.

Kent and Medway Position on Carbon Footprint

A Kent and Medway interim position statement in line with the NHS position on carbon footprint has been ratified by Clinical Cabinet. The NHS aims to be the worlds' first net carbon zero health service and has set two targets:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions the NHS can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

While Kent and Medway CCG work with the wider system to develop a full sustainability plan the following interim advice which will guide completion of the IIF (ES-01/02) elements would like to be recommneded:

- Consider a review of all patients who are prescribed > 2 x salbutamol inhalers per year, which can indicate poor disease control, or concordance with other preventative therapies.
- Consider switching any Ventolin branded salbutamol prescribing to a brand with a lower Global Warming Potential (Salamol or Airomir) or to a Salbutamol DPI (Salbutamol Easyhaler is the most cost effective), with full patient counselling and inhaler technique assessment.
- Consider switching any patient with COPD, currently using multiple inhalers (LABA+LAMA+ICS) to a triple therapy inhaler. Preferably this should be a DPI if respiratory effort allows, with full patient counselling and inhaler technique assessment.

Please note although Metered Dose Inhalers(MDI) have a higher carbon footprint than Dry Powder inhalers(DPI), Kent and Medway CCG do not support a blanket switch from Metered Dose Inhaler(MDI) to Dry Powder Inaler(DPI). Many Chronic Obstructive Pulmonary Disease (COPD) patients will not have the respiratory effort to trigger a DPI and it is imperative that any patient switched has comprehensive inhaler technique training to maintain concordance and efficacy.

Please see the ratified KM position statement on carbon footprint attached with the newsletter.

Medicines Optimisation Scheme Survey

The Kent and Medway Medicines Optimisation team have compiled a survey for GP member practices in Kent and Medway to give us feedback on the current Medicines Optimisation Scheme 2021/22 together with comments about future schemes. We would be grateful if the survey could be completed by each practice using the following link - **https://www.smartsurvey.co.uk/s/MOS2021/**

The link will close on Friday 4th March 2022.

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.wkmedman@nhs.net

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Formulary Update – Additions to the Kent and Medway Formulary

Trixeo Aeroshpere(formoterol fumarate/glycopyrronium/budesonide 5/7.2/160 micrograms)
Trixeo Aerosphere has been approved as an option for the treatment of COPD. It is a fixed dose combination metered dose inhaler licensed as a maintenance treatment in adult patients with moderate-to-severe chronic obstructive pulmonary disease who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting β2-agonist or combination of a long-acting be β2-agonist and a long-acting muscarinic antagonist.
Bevespi Aerosphere (Glycopyrronium bromide/formoterol fumarate dihydrate)
Bevespi Aerosphere has been approved as an option for the treatment of COPD. It is indicated for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

Kent and Medway COPD Guidance for primary care

Please note the Kent and Medway COPD Guidance for primary care has now been ratified by Clinical Cabinet and is available to use. This is attached with the newsletter.

Recall of infant feeds for Cow's Milk Protein Allergy (CMPA) - Alimentum® & Elecare®

The Food Standards Agency (FSA) have issued an alert and an updated alert due to potential contamination of Elecare® and Similac Alimentum® with Salmonella and Cronobacter sakazakii. These alerts have been shared by the Medicines and Healthcare products Regulatory Agency (MHRA) as these feeds are prescribed and used in healthcare settings for CMPA. All batches of these products supplied to the UK have been affected and the manufacturer, Abbott, have issued a voluntary recall notice for all stock to be recalled.
Practices are advised that all infants currently receiving Alimentum® (extensively hydrolysed formula, EHF) or Elecare® (amino acid formula, AAF) **discontinue using these products and are changed to an alternative product**.
Note: other Abbot products including other Similac® products are unaffected.
Based on the Kent and Medway Guidelines on prescribing Infant Milk, please see the following recommendations for alternative infant formulae:

Infants receiving Alimentum® should be switched to: -

- 1st choice: Althera® (most cost-effective EHF) – from birth, whey based, contains lactose OR
- 2nd choice: Aptamil Pepti 1® (from birth) or Aptamil Pepti 2® (from 6 months) whey based, contains lactose
- OR where a lactose free formula is required: Nutramigen 1 with LGG® (from birth), or Nutramigen 2 with LGG® (from 6 months) casein based, lactose free

Infants receiving Elecare® should be switched to SMA Alfamino® (from birth) OR Nutramigen PurAmino® (from birth) OR Neocate LCP®(from birth)

Practices are advised to run searches for the prescribing of these products (Alimentum® and Elecare®). Identified patients' parents/carers should be contacted and issued a new prescription for a recommended alternative feed and advised to return the affected product to their community pharmacies.
We have contacted suppliers of our preferred alternative milk substitutes listed above and have been assured stock is available to switch patients. Please do let us know if you experience an issue with supply or obtaining these alternatives. For further information about this recall, please contact Abbott Customer Services on: 01795 580303 or for further queries please contact your local MO team.

Implementation Guidance for NICE TA 694: Bempedoic Acid with Ezetimibe for treating primary hypercholesterolemia or mixed dyslipedaemia

NICE (TA 694) recommends Bempedoic acid with ezetimibe as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults ONLY when:

- statins are contraindicated or not tolerated
- ezetimibe alone does not control low-density lipoprotein cholesterol well enough

IMPORTANT: NICE RECOMMENDS BEMPEDOIC ACID (NILEMDO®) MAY BE USED ONLY IN COMBINATION WITH EZETIMIBE
Please see the Kent and Medway CCG implementation guidance document for further information.

Mirabegron Prescribing

It is important to ensure that patients requiring treatment with Mirabegron for overactive bladder, are initiated at the therapeutic dose. For most patients this will be 50mg a day, unless the patient has severe renal impairment (GFR<30ml/min), moderate hepatic impairment (Child-Pugh Blass B) or taking a strong CYP3A inhibitor (eg Ketoconazole, Ritonivir etc). Please see Summary of Product Characteristics https://www.medicines.org.uk/emc/product/2977/smpc for full details. Failure to initiate at therapeutic dose may result in unnecessary referral to secondary care.

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