

## Medicines Optimisation Update Newsletter – [March 2023 Issue 44}

- [Launch of the Kent and Medway ICB Medicines Optimisation Webpage](#)
- [Dexcom ONE transmitters on EMIS formulary](#)
- [Group A Strep \(GAS\) guidance update and impact on MOS sore throat audit.](#)
- [Inhaler Spacer Device Prescribing](#)
- [Salbutamol Prescribing](#)
- [MDI to DPI Switch](#)
- [MHRA Metolazone Drug Safety Update](#)
- [Clinical Fellow Scheme Application Information](#)
- [NICE CG181 Update](#)
- [KMPT Video Guides for Patients on Medicines Information](#)
- [Medicines Optimisation MHRA Drug Safety Update – Jan and Feb 2023](#)
- [MHRA Class 4 Defect Information- Venlafaxine 150mg,225mg and 300mg](#)
- [Shortages Summary March 2023](#)

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## Launch of the Kent and Medway ICB Medicines Optimisation webpage

NHS Kent and Medway ICB Medicines Optimisation Team are pleased to announce the launch of our webpage which can be found at [Medicines Optimisation :: NHS Kent and Medway \(icb.nhs.uk\)](https://www.icb.nhs.uk/medicines-optimisation)

This webpage will be the home for all information and resources relating to Medicines Optimisation including:

- Information about the Medicines Optimisation Team
- Medicines Governance Processes/Structures
- Integrated Medicines Optimisation Committee (IMOC) – terms of reference, minutes of the latest meetings
- Access to formularies – currently hosts direct links to each of the four health and care partnership formularies.
- Any other national/regional/local system updates/resources relating to medicines optimisation.

We will continue to update the page regularly, so please be sure to click on the link above and add us to your favourites.

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## Dexcom ONE Transmitters on EMIS formulary

Dexcom ONE transmitters are not currently on EMIS. The dictionary is being updated and these transmitters should be available on there soon. Each transmitter lasts 3 months and a patient should already have had one upon initiation. If a patient requires a transmitter before the Dexcom ONE transmitter on EMIS please ask the patient to contact [pharmacyuk@dexcom.com](mailto:pharmacyuk@dexcom.com). Please note this should only be used for patients nearing the end of the transmitter 3-month life-cycle.

Once these are available in EMIS please see information that was circulated [here](#).

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## Group A Strep (GAS) guidance update and impact on MOS sore throat audit.

On 15 February, the [Group A Streptococcus \(GAS\) interim clinical guidance](#), released on 9 December 2022, was retired. In light of the decrease from exceptionally high rates of infections, the decision to reinstate the [NICE Sore Throat \(Acute\) NG84 guidelines](#) for all age groups for management of sore throat was taken following a review by the NHS England Clinical Advisory Group, professional bodies and UKHSA Group A Strep Incident Management team.

The situation will continue to be monitored and clinicians are advised to be alert to the severe complications of GAS when assessing patients, particularly those with preceding viral infection (including chickenpox) or close contacts of scarlet fever/iGAS.

The sore throat audit for this year's MOS can therefore continue as planned. It is recommended that practices do not include consultations for patients presenting during December 2022 to February 2023 in their audit samples as these are unlikely to be representative of usual practice.

If you have any queries relating to this, please contact the Medicine Optimisation Team.

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## Inhaler Spacer Device Prescribing

The KMICB Medicines Optimisation Governance Committee have recently approved EasyChamber® spacers for addition to all formularies across Kent and Medway and as the preferred brand of spacer.

The benefits of the EasyChamber® include:

- Better deposition in lungs in comparison to the Aerochamber® spacer
- Maximises the aerosol suspension time and assure a more efficient dose from the MDI with an anti-static chamber.
- Latex-free, anatomical and comfortable silicone mask with variants for Adults, Children & Infants.

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- Detachable silicone mask that offers flexibility to use the spacer without a mask, if required.
  - The inhalation through cross valves ensures low resistance when breathing in and prevents accidental breathing out into the chamber.
  - Improved drug delivery and ease of use due to one-way inhalation.
  - Flow Signal whistle indicator sounds when breathing in too fast and encourages the patient to breathe slowly.

Scriptswitch messages have been deployed to assist with this.

## Salbutamol Brand Prescribing

The KMICB Medicines Optimisation Governance Committee have recently approved the addition of Salamol® MDI and Sabutamol EasyHaler® DPI inhalers to all formularies across Kent and Medway as the preferred brands of Salbutamol inhalers.

This is to aid with the reduction of Ventolin® prescribing due to the high carbon footprint in comparison with other salbutamol inhalers. Ventolin® evohaler emits 28kgCO<sub>2</sub> whilst Salamol® MDI emits 12kgCO<sub>2</sub> and Dry Powder Inhalers are almost carbon neutral.

A switch to Salamol® MDI could potentially reduce carbon footprint by half. This also ties in with the Respiratory IIF indicators for 22-23.

At all respiratory annual reviews, please consider switching to a DPI or MART therapy if clinically suitable (good inspiratory flow) with robust inhaler technique.

Furthermore, to assist in a switch from Ventolin® Evohaler to Salamol® MDI, scriptswitch messages have been deployed and the manufacturers of Salamol® (TEVA Pharmaceuticals) have produced a very handy tear off patient information sheet in the following format. Please see embedded document below.

[salamol-mar-23.pdf \(medwayswaleformulary.co.uk\)](https://medwayswaleformulary.co.uk/salamol-mar-23.pdf)

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## MDI to DPI Switch


Some practices have had complaints from patients about a change in their inhalers. As per National guidance there is a move away from metered dose inhalers (MDI) and a move towards dry powder inhalers (DPI). The switch may not be suitable for all patients, particularly those with COPD who may not have the inspiratory flow to trigger a dry powder inhaler.

The reason for the change in suitable patients is twofold:

- Metered dose inhalers contain many propellants which are not kind to the environment. Changing to a dry powder inhaler vastly reduces the carbon footprint.
- Clinical evidence shows that only between 10-25% of patients using a metered dose inhaler can demonstrate the correct inhaler technique, and therefore many doses are wasted and will not have the clinical efficacy for patients. Dry powder inhalers are much simpler to use.

To clarify, these dry powder inhalers are NOT cheaper than the original metered dose inhalers, and in many cases are slightly more expensive. Also, patients should be given new inhaler technique training before switching.

Below is a link to the correct inhaler techniques for a Salbutamol Easyhaler® and a leaflet that may be useful for explaining this change to patients:

**Greener Practice** **Inhalers and the environment**   
Choosing an inhaler which is good for you and good for the planet

**Good Asthma control is the most important thing**


Having well controlled asthma is the best thing you can do for yourself and the planet.


If your asthma is well controlled you will be **symptom free** or have very few symptoms. You will only rarely need to use your reliever inhaler (usually blue).

Your asthma may not be well controlled if:

- You are using your reliever inhaler three or more times a week.
- You are using three or more reliever inhalers a year.
- You are experiencing asthma attacks.

If this is the case for you please speak to your GP practice. Also, make sure you check that you are using your inhalers correctly.

Scan the QR code to watch videos showing inhaler technique for all the different types 



Dr Tamsin Ellis, Dr Aarti Bansal and Dr Sarah Wikeley. Reviewed and approved by NHS England and Improvement inhalers working group.


**Inhaler device types and the environment**


When choosing an inhaler your health is **ALWAYS** the priority, so having an inhaler that works well for you is the most important thing!

In the UK, the most common inhaler devices are **metered dose inhalers (MDIs)**, sometimes known as aerosol spray inhalers or 'puffers.' These inhalers contain propellant gases to deliver medicine to the airways. These propellants are powerful greenhouse gases that contribute to climate change.

**Dry powder inhalers (DPIs)** and soft mist inhalers (SMIs) do not contain propellant gas, so they have a much lower carbon footprint. Find out more on the green inhaler website. [www.greeninhaler.org](http://www.greeninhaler.org)

**The equivalent car CO2e tailpipe emissions of each type of inhaler:**

  
Metered dose inhalers (MDI) → 178 miles (London to Sheffield (288g of CO2e/inhaler))

  
Dry powder inhalers (DPI) → 4 miles (London to ... another bit of London (-18g of CO2e/inhaler))

**Is a low carbon DPI suitable for me?**


You need to breathe in **quickly and deeply** when using a DPI to get the medicine into your lungs. Most people with asthma can manage this. However, children <12yrs, some older people and people with severe asthma may not manage this.

If you use an MDI, a spacer device is recommended to improve the delivery of medicine to your airways. With DPIs, there is no need for a spacer.

Most DPIs have a **dose counter** which shows you how many doses remain. This means you can track your treatment.

You can discuss if a dry powder inhaler is suitable for you at your next asthma review. All inhaler device changes are reviewed, so if you don't get on with your new inhaler you can try another one or change back.

**Disposal**

Remember to return your used inhalers to a pharmacy. The inhalers will either be recycled or disposed of in an environmentally safe way. 

[Easyhaler Salbutamol sulfate 100micrograms/dose dry powder inhaler \(Orion Pharma \(UK\) Ltd\) 200 dose - RightBreathe](#)

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## MHRA Metolazone Drug Safety Update

Following the publication of an article on the safety of Metolazone in the January 2023 newsletter, the MHRA have released a drug safety update on Xaqua® (Metolazone) 5mg tablets. The advice given to prescribers and dispensers is to exercise caution when switching patients between Metolazone preparations, as the rate and extent of absorption of metolazone are formulation dependent and can impact the bioavailability of the product.

The MHRA Drug Safety Update provides useful advice including on dosage adjustment if switching brands, and can be accessed [here](#).

**Actions for Prescribers**: Clinicians should use caution when prescribing as Xaqua® requires specialist input to switch to safely as it may be up to **TWICE AS POTENT** as other unlicensed metolazone preparations

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## Clinical Fellow Scheme

An exciting opportunity to play a leading part in developing a greener NHS is on offer through the Chief Sustainability Officer's Clinical Fellow Scheme.

Successful candidates will work directly with the most senior leaders in the NHS, helping to embed net zero carbon principles in the delivery of care across the healthcare system.

The scheme is open to allied health professionals, dentists, doctors in training including public health specialist registrar trainees, GPs, healthcare scientists, nurses, midwives, and pharmacists that meet the eligibility requirements. Closing date for applications is 5pm on **Wednesday, 29 March**.

More information, including eligibility criteria, [is available on this website](#).

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## NICE CG181 Update

NICE Guidance Cardiovascular disease: risk assessment and reduction, including lipid modification Clinical guideline [CG181] was updated in February 2023 with advice that aspirin should not be routinely offered for the primary prevention of cardiovascular disease. Please see recommendation 1.2.1 [Overview | Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE](#)

This is based on a [2023 surveillance decision](#).

### **Action for practices:**

**Practices to identify patients that may be on aspirin for primary prevention and prioritise them for a medication review.**

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## KMPT Video guides on Medicines Information

The Kent and Medway NHS and Social Care Partnership Trust (KMPT) have created video guides for patients on common medications, such as antipsychotics, benzodiazepines, and SSRIs. These can be used alongside the written information provided on the [Choice and Medication Website](#).

Our primary care colleagues may also find it useful to share these videos with their patients, via the following link: [KMPT | Medication information \(https://www.kmpt.nhs.uk/information-and-advice/medication-information/\)](#).

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## Medicines Optimisation MHRA Drug Safety Update- Jan & Feb 2023

The latest MHRA Drug Safety Updates can be accessed at [Drug Safety Update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update). This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

### **The January 2023 Drug Safety Update includes:**

[Xaqua \(metolazone\) 5mg tablets: exercise caution when switching patients between metolazone preparations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/xaqua-metolazone-5mg-tablets-exercise-caution-when-switching-patients-between-metolazone-preparations)

[Topical testosterone \(Testogel\): risk of harm to children following accidental exposure - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/topical-testosterone-testogel-risk-of-harm-to-children-following-accidental-exposure)

Action for practices:

When prescribing topical testosterone, inform patients of the potential consequences if it is accidentally transferred to other people and counsel patients on methods to reduce the risks of accidental exposure. See MHRA Drug Safety Update ([here](#)). Document advice given to patient in notes.

[Electronic Prescribing and Medicines Administration Systems: report adverse incidents on a Yellow Card - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/electronic-prescribing-and-medicines-administration-systems-report-adverse-incidents-on-a-yellow-card)

Advice for healthcare professionals:

- be alert for potential errors occurring when using Electronic Prescribing and Medicines Administration Systems (ePMAS) which may lead to patient harm, especially errors involving the dosing of medicines or vaccines
- ePMAS and other software, apps and artificial intelligence intended to be used for a medical purpose are likely to be medical devices and any adverse incidents involving these devices should be reported to the MHRA's Yellow Card scheme
- use the new [digital Yellow Card](#) report form to inform us about adverse

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incidents involving software as a medical device.

[COVID-19 vaccines and medicines: updates for January 2023 - GOV.UK](#)

[\(\[www.gov.uk\]\(http://www.gov.uk\)\)](http://www.gov.uk)

[Letters and medicine recalls sent to healthcare professionals in December 2022 -](#)

[GOV.UK \(\[www.gov.uk\]\(http://www.gov.uk\)\)](#)

**The February 2023 Drug Safety Update includes:**

[COVID-19 vaccines and medicines: updates for February 2023 - GOV.UK](#)

[\(\[www.gov.uk\]\(http://www.gov.uk\)\)](http://www.gov.uk)

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**Please follow the link in the titles above for more information and resources.**

**The MHRA Central Alerting System alerts can be accessed at**

<https://www.cas.mhra.gov.uk/Home.aspx>

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## **MHRA- Class 4 Medicines Defect Information: Macarthy's Laboratories t/a Martindale Pharma: Venlafaxine XL 150mg, 225mg, 300mg prolonged release tablets, EL(23)A/10**

Additional to the batches included in the previous Class 4 Medicines Notification (reference EL(22)A/47), Martindale Pharma has made the MHRA aware that the GTIN in the 2D barcode and the printed variable data represents the branded version of the product (Venlalic® XL prolonged-release tablets).

Full information can be found on the MHRA website at the link below:

<https://www.gov.uk/drug-device-alerts/class-4-medicines-defect-information-macarthy-laboratories-t-slash-a-martindale-pharma-venlafaxine-xl-150mg->

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[225mg-300mg-prolonged-release-tablets-el-23-a-slash-10](#)

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## Shortages Summary March 2023

Please find the medicines shortages update (up until 21<sup>st</sup> March 2023) attached.

Practices are encouraged to register for access to the SPS website

<https://www.sps.nhs.uk/> and access the full medicines supply tool directly in real time.

[march-shortages.pdf \(medwayswaleformulary.co.uk\)](#)

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