

Medicines Optimisation Newsletter

[July 2023] (Issue No.48)



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Kent and Medway ICB Updates

Kent and Medway position statement on Inclisiran (Leqvio®)

In July 2023, the Kent and Medway ICB position statement on Inclisiran (Leqvio®) was approved at IMOC (Integrated Medicines Optimisation Committee).

The statement supports the use and prescribing of Inclisiran (Leqvio®) across Kent and Medway ICB in primary and secondary care.

The statement states that Inclisiran (Leqvio®) initiation and on-going management is recommended to be carried out **predominantly within the primary care setting** where most patients with Atherosclerotic Cardiovascular Disease (ASCVD) are currently managed.

The statement is aligned with the [NICE TA733](#) recommendation to use Inclisiran (Leqvio®) as a treatment option for adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet.

The position statement includes:

- Information on funding and reimbursement of Inclisiran (Leqvio®)
- The rationale behind the introduction of Inclisiran use in primary care
- Addresses any safety concerns that clinicians may have
- A link to a useful resource pack provided by KSS AHSN

Please refer to the Inclisiran (Leqvio®) position statement attached for further details.

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Please note that there will be a training session on Inclisiran (Leqvio®) use in primary care in the form of a webinar; details will be provided in due course.

For Inclisiran Kent and Medway position Statement click link [issue-48-inclisiran-position-statement-may-23.pdf \(medwayswaleformulary.co.uk\)](#)

Gluten Free Prescribing in Kent and Medway

The NHSE recommendations on prescribing of Gluten Free products has now been aligned across Kent and Medway ICB to allow equity of access for patients who meet the criteria outlined below.

We would like to advise practices that in NHS Kent and Medway **only bread and mixes** are allowed to be prescribed on FP10 prescriptions;

- Bread includes fresh, long life and part-baked loaves and rolls.
- Mixes include bread and flour mixes.

Gluten Free (GF) products should only be prescribed for the Advisory Committee on Borderline Substances (ACBS) indications for patients with a confirmed documented diagnosis. Any prescribing not in line with an ACBS approved indication should be discontinued and patients should be advised to purchase until a confirmed diagnosis is given.

Only patients who meet ACBS indications are entitled to Gluten-free foods on FP10 i.e.

- Gluten-sensitive enteropathies including steatorrhoea due to gluten sensitivity;
- Coeliac Disease; proven by biopsy;
- Dermatitis herpetiformis.

Examples of items **NOT** to be prescribed on NHS prescription (list not exhaustive). E.g Crackers, all biscuits, crisp bread, breakfast cereals, oats, pasta, pizza bases.

Patients with a confirmed diagnosis of phenylketonuria (PKU) will be allowed to be prescribed low protein food on prescription (which is not freely available at supermarkets).

An FAQ document has been produced to answer common questions which can be found here. For any further queries please contact your local medicines optimisation teams.

For Gluten-Free Product Prescribing – FAQs click link [Low value medicines - Patient information template \(medwayswaleformulary.co.uk\)](#)

EOL (End of Life) medication

Thank you for your ongoing support in prescribing the appropriate EOL (End of Life) medication in advance, especially with the many bank holidays and limited pharmacy opening hours.

Please be aware that three incidents have been highlighted to the ICB team where patients reported to have taken their JIC medications (for administration SC/IM) orally. This seems to have been done due to having increasing pain needs. Can we please request your help with:

- Prescribe any Just In Case Medications (JIC) in advance for all patients likely to need them and more so with the Bank Holidays ahead.

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- Prescribe Oral Morphine or Oxycodone (if cannot tolerate Morphine) for all patients prescribed JIC Medications, to enable oral usage where possible with clear explanations to the patient, family and carers.
- Where injectable medicines are needed please ensure that clear instructions are provided to the patient, their family and or carers in an appropriate format.
- Ensure the Community Medication Charts are clearly written to support appropriate administration of the prescribed medications.

Missed Savings Opportunity

The Kent and Medway Optimisation team wants to commend all the practices utilising Scriptswitch. We encourage you to keep engaging with the tool to maximise savings and improve patient outcomes.

During a review of the profile, we have noted there are some switches that have a high rejection rate across K&M. The most frequently rejected switch is Sukkarto to generic metformin.

We appreciate that Sukkarto was the preferred choice for a while; nevertheless, considering recent price fluctuations by adopting this switch, an annual saving of £305,000 could be made.

The medicines optimisation teams are actively switching these items to support practices to achieve these savings. Please continue to use the feedback function to record a clinically valid reason for rejected switches.

NEWT guidelines subscription renewal

We would like to inform primary care colleagues that the NEWT guidelines subscription has now been renewed until 31st March 2024.

For the new login details please contact your local medicines optimisation teams.

GLP-1 Receptor Agonist Shortage – Review quantity of prescribing

SUPPLY ISSUE: There are currently very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs). This is likely to be until at least mid-2024. Please see [here](#) (free SPS subscription required) for further information, actions and advice on alternatives.

Do not initiate new patients on GLP-1 RAs until full supplies become available.

Only prescribe for licensed indications only -The prescribing of GLP-1 RAs for obesity is **not** supported within Kent and Medway ICB.

Prescribe by brand, and check quantity prescribed (**do not prescribe in quantities greater than one month**). **Avoid switching between brands**, including between injectable and oral forms. Where a higher dose preparation is not available, **do not substitute by doubling up a lower dose preparation**.

Review the need for prescribing a GLP-1 RA and stop treatment if no longer required due to not achieving desired clinical effect as per [NICE NG28](#).

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National Updates

Class 3 Medicines Recall: Strandhaven Limited T/A Somex Pharma, Sildenafil 100mg Film-coated Tablets, EL(23)A/21

[Class 3 Medicines Recall: Strandhaven Limited T/A Somex Pharma, Sildenafil 100mg Film-coated Tablets, EL\(23\)A/21 - GOV.UK \(www.gov.uk\)](#)

Class 2 Medicines Recall: medac GmbH (t/a medac Pharma LLP), Dacarbazine 100mg, 200mg & 500mg powder for solution for injection vials, EL(23)A/22

[Class 2 Medicines Recall: medac GmbH \(t/a medac Pharma LLP\), Dacarbazine 100mg, 200mg & 500mg powder for solution for injection vials, EL\(23\)A/22 - GOV.UK \(www.gov.uk\)](#)

MHRA Drug Safety Update June 2023

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

The June 2023 Drug Safety Update includes:

[Adrenaline auto-injectors \(AAIs\): new guidance and resources for safe use - GOV.UK \(www.gov.uk\)](#)

The MHRA have produced resources to ensure that all patients are provided with the correct advice on how to treat an allergic emergency. Please see the full update by following the link in the title above.

Suggested action for GP practices:

Please audit all patients that have had an AAI in the last 2 years and provide them with an AccuRx message that reads ““It is important you know how to treat an allergic emergency. Please watch the video link for most recent guidance <https://youtu.be/4vNR5N1-iBw>”

Please ensure:

- All patients are prescribed 2 Adrenaline Autoinjectors (AAI) at a time.
- When initiating an AAI ensure the patient is provided with the video resource <https://youtu.be/4vNR5N1-iBw>
- Provide the following advice to patients and carers:
 - adrenaline auto-injectors (AAIs) should be used without delay if anaphylaxis is suspected, even if in doubt about the severity of the event
 - signs may include swelling in the throat or tongue, wheezing or breathing difficulty, dizziness, tiredness and confusion
 - immediately dial 999 to summon emergency medical help after administering adrenaline; say anaphylaxis (“ana-fill-axis”)
 - if you are not already lying down, lie down flat and raise your legs (if you’re pregnant, lie on your left side); this will assist blood flow to the heart and vital organs
 - stay lying down even if you feel better
 - if you struggle to breathe, you can gently sit up - don’t change position suddenly; you should then lie down again as soon as you can
 - do not stand up even if someone encourages you to
 - use your second AAI if you haven’t improved after 5 minutes
 - you should always carry 2 AAIs at all times; check the expiry dates and see a pharmacist if you need a replacement

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- report any suspected defective AAls to the Yellow Card scheme. Keep defective AAls for investigation. Your report improves the safety of medicines and medical devices

[Non-steroidal anti-inflammatory drugs \(NSAIDs\): potential risks following prolonged use after 20 weeks of pregnancy - GOV.UK \(www.gov.uk\)](#)

The MHRA update gives the following advice for healthcare professionals:

- we remind healthcare professionals that systemic (oral and injectable) NSAIDs are contraindicated during the last trimester (after 28 weeks) of pregnancy due to the risk of premature closure of the ductus arteriosus and renal dysfunction in the fetus and due to prolongation of maternal bleeding time and inhibition of uterine contractions during labour
- a review of data from [a 2022 study](#) has identified that prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of:
 - oligohydramnios resulting from fetal renal dysfunction; this may occur shortly after initiation, although it is usually reversible upon discontinuation.
 - cases of constriction of the ductus arteriosus, most of which resolved after treatment cessation
- avoid prescribing systemic NSAIDs from week 20 of pregnancy unless clinically required and prescribe the lowest dose for the shortest time in these circumstances
- antenatal monitoring for oligohydramnios should be considered if the mother has been exposed to NSAIDs for several days after week 20 of pregnancy; the NSAID should be discontinued if oligohydramnios is found or if the NSAID is no longer considered to be clinically necessary
- please advise patients who are pregnant to avoid use of NSAIDs available without prescription from week 20 of pregnancy onwards unless advised by their healthcare professional
- continue to follow clinical guidelines about taking and recording current and recent medicines, including over-the-counter medicines, at each antenatal appointment (for example, see [NICE guideline on antenatal care \[NG201\]](#))
- report suspected adverse reactions to NSAIDs to the [Yellow Card scheme](#)

Please note that many over the counter flu remedies and analgesics contain ibuprofen.

Suggested action for GP practices:

Practices may like to search EMIS to check if patients on NSAIDs are pregnant and act as appropriate, accordingly.

[Calcium chloride, calcium gluconate: potential risk of underdosing with calcium gluconate in severe hyperkalaemia - GOV.UK \(www.gov.uk\)](#)

[Letters and medicine recalls sent to healthcare professionals in May 2023 - GOV.UK \(www.gov.uk\)](#)

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>

Shortages Summary

Please find the medicines shortages update (up until 06th July 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.

[supply-shortage-alert-issue-48-jul-23.pdf \(medwayswaleformulary.co.uk\)](#)

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