

Medicines Optimisation Newsletter

[March 2024] (Issue No.56)



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Kent and Medway ICB Updates

Kent and Medway Dry Eye Guidance – updated

The Integrated Medicines Optimisation Committee (IMOC) have recently approved the updated guidance for dry eyes in adults.

This guidance lists the approved dry eye preparations from Kent and Medway ICB and provides information on OTC and self-care prescribing. We recognise that there may be exceptions to the self-care prescribing guidelines, which are also covered in this guidance.

Please find the approved guidelines embedded below, which can now be used and shared.

The guidelines will be uploaded to all formulary websites in due course.

KMICB Dry Eye Guidance Feb 24 [km-dry-eye-guidance-feb-24.pdf \(medwayswaleformulary.co.uk\)](#)

Reducing ONS Starter Pack Prescriptions in Primary Care

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Due to an increased number of ONS starter pack prescribing within primary care, we would like to remind practices that ONS samples can be ordered for free first from the following companies below:

- Foodlink Complete, Foodlink Complete Compact, Altraplen Energy, Altrajuce (Nualtra): <https://nualtra.com/get-samples>
- Aymes Shake, Aymes Shake Compact, Aymes Complete, Aymes Actajuce, Aymes ActaSolve Smoothie: <https://aymes.com/pages/aymes-sample-service>
- Ensure Plus Milkshake, Ensure Compact, Ensure plus juce (Abbott): <https://samples.nutrition.abbott/sample-order>
- Fresubin Energy, Fresubin Jucy (Fresenius Kabi): <https://www.freseniuskabi.com/gb/products/fresubin-sample-form>
- Fortisip bottle, Fortisip Compact, Complian Shake, Fortijuce (Nutricia): https://www.nutriciahcp.com/uploadedFiles/Main/Sub_sites/ONS_Site/ons/samples/ONS_Sample_Order_Form.pdf

Please note: This list is not exhaustive and links are correct at time of publication, for further information on samples the manufacturer should be contacted.

For further information on ONS prescribing and food first advice please refer to the Kent and Medway Guidelines on the prescribing of Oral Nutritional Supplements.

[km-ons-quick-reference-guide.pdf \(medwayswaleformulary.co.uk\)](#)

[km-ons-product-guide.pdf \(medwayswaleformulary.co.uk\)](#)

[k-m-ons-guidelines-for-primary-care.pdf \(medwayswaleformulary.co.uk\)](#)

Prescribing of DPP-4 inhibitors (gliptins) – reminder that sitagliptin is 1st line choice

Over the past year there has been an increase in the prescribing of linagliptin in primary care. It is important to note that sitagliptin, prescribed generically, is the 1st line choice in Kent and Medway for DPP-4 inhibitors (known as gliptins). Linagliptin should be reserved for patients with renal impairment and a GFR under 45ml/min. Prescribing sitagliptin generically provides a significant saving in prescribing costs compared to prescribing linagliptin.

Daridorexant for treating long-term insomnia

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In October 2023 a [NICE TA922](#) was published on Daridorexant for treating long-term insomnia. The Integrated Medicines Optimisation Committee (IMOC) have recently approved for use in Kent and Medway ICB with the following provisions:

Prescribing guidance for Daridorexant

Prior to initiation of Daridorexant patients should be screened for the following:

- Depression
- Generalised anxiety disorder
- Panic disorder
- Obsessive compulsive disorder
- Post traumatic stress disorder
- Social anxiety disorder
- Chronic Fatigue Syndrome
- Chronic Pain
- Irritable bowel syndrome

If any of the above are suspected the patient should be referred to Talking Therapies (for access to CBT) in the first instance.

Daridorexant is recommended for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:

- cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or
- CBTi is not available or is unsuitable.

The length of treatment should be as short as possible. Treatment with Daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assess whether it is still working at regular intervals.

The initiating clinician is responsible for the 3 month assessment of efficacy.

Contraindications:

- Hypersensitivity to any of the ingredients or excipients.
- Narcolepsy
- Concomitant use of CYP 3A4 inhibitors

Precautions include:

- Elderly- use with caution. Limited data is available in those >75 years and no data >85 years.

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- Severe obstructive sleep apnoea (OSA) and severe COPD (FEV1 < 40% of predicted)- a lack of data in this patient population.
- Pregnancy/ lactation- lack of data, seek specialist advice.
- Patients with psychiatric co-morbidities

Impact of C. Difficile Infections and Management Update – 2nd May 2024

The Medicines Optimisation Team would like to invite all health care professionals involved in the management of *C Difficile* infection to a Teams webinar on 2nd May 2024 from 1pm – 3pm. The webinar will include presentations from local and national experts in the field around the current challenges in Kent and Medway, the impact of infection on patients' quality of life and an update on management.

Please register for the webinar here: [C. Difficile webinar registration](#)

This meeting is organised and funded by Tillotts Pharma UK.

[issue-56-impact-of-c-diff-infection-and-management-update.pdf \(medwayswaleformulary.co.uk\)](#)

HCP Specific Newsletter Updates

LMWH Prescribing Pathways in East Kent

Agreed prescribing pathways for Enoxaparin in East Kent HCP have been published. Please find on the East Kent Primary Care Formulary website ([here](#)) . The document provides guidance on when East Kent GPs or EKHUFT should prescribe.

Sharps Bin Provision - Swale Borough Council

Primary care colleagues in the Swale area have recently been notified of the new process involving the collection and sharps bin.

A reminder that as of **Monday 25th March 2024**, Swale Borough Council will continue to collect used sharps containers from residents as and when required, however a replacement will not be provided.

Residents are advised to contact their GP to obtain a replacement container.

Further information can be found at: [Bins, Littering and the Environment - Bins \(swale.gov.uk\)](#)

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National Updates

MHRA Drug Safety Update February 2024

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 February 2024 Drug Safety Update includes:

[Codeine linctus \(codeine oral solutions\): reclassification to prescription-only medicine - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/codeine-linctus-reclassification)

Advice for healthcare professionals on the reclassification of codeine linctus to a prescription-only medicine (POM), following a public consultation.

[Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome \(PRES\) and reversible cerebral vasoconstriction syndrome \(RCVS\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/pseudoephedrine-prescription)

There have been very rare reports of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) with pseudoephedrine.

Patients and caregivers should be advised to be alert to the symptoms for PRES and RCVS, to stop the medication immediately and to seek urgent medical attention if these occur. If someone presents with symptoms of PRES or RCVS, ask about their medication history.

[Letters and medicine recalls sent to healthcare professionals in January 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/letters-and-medicine-recalls)

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

NATIONAL CAS ALERTS (National Patient Safety Alerts and CMO Messages):

The MHRA Central Alerting System alerts can be accessed at [CAS - Home \(mhra.gov.uk\)](https://www.mhra.gov.uk/cas)

[Valproate: important new regulatory measures for oversight of prescribing to new patients and existing female patients](https://www.mhra.gov.uk/valproate) published 21/Feb/2024.

The harmful effects of prenatal exposure to valproate are well documented. Following a review, the Commission on Human Medicines has recommended further restrictions to valproate use to reduce avoidable harm which were introduced by the MHRA in January.

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Please follow the link in the title to see the attached letter from Chief Medical Officers across the UK regarding the recently announced sodium valproate safety measures.

[Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials](#) published 26/Feb/2024

A Medicines Supply Notification (MSN) issued on 14 February 2024, detailed a shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid. The resolution date is to be confirmed.

The supply issues have been caused by a combination of manufacturing issues resulting in increased demand on other suppliers.

Terbutaline, salbutamol with ipratropium, and ipratropium nebuliser liquids remain available, however, they cannot support an increase in demand.

Ventolin® (salbutamol) 5mg/ml nebuliser liquid (20ml) is out of stock until mid-April 2024 and cannot support an increased demand after this date.

This National Patient Safety Alert provides further background and clinical information and actions for providers.

A Medicines Supply Notification was issued on 6 March 2024 for the shortage of salbutamol 2.5mg/2.5ml nebulisers. This supersedes the National Patient Safety Alert issued on 26 February 2024. Please see SPS Medicines Supply Tool.

Shortages Summary

From February 2024 onwards, the monthly Medicines Optimisation newsletter will no longer contain the medicines shortages update document, which was compiled each month from the shortages listed on the SPS (Specialist Pharmacy Services) Medicines Supply tool. The information published on the SPS Medicines Supply tool is provided by DHSC and NHSEI Medicines Supply Teams and was not formally reviewed by the NHS Kent and Medway Medicines Optimisation team.

During the time that the shortages update was compiled and included in the Medicines Optimisation newsletter, practices and healthcare professionals were still encouraged to **register for free access to the [SPS website](#)** and to **access the SPS Medicines Supply tool directly** in real time, to have access to the most up-to-date and complete information and advice available. Now that the shortages update will no longer be compiled by the Medicines Optimisation team for inclusion in the newsletter, healthcare professionals will be required to

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access the SPS Medicines Supply tool to access information on the latest shortages. Serious Shortage Protocols (SPPs) can be found on the NHS BSA website [here](#).

Shortage of Rasagiline 1mg tablets (March 2024)

Rasagiline is a selective irreversible MAO-B inhibitor used for the treatment of idiopathic Parkinson's disease as monotherapy or as adjunct therapy (with levodopa) in patients with end of dose fluctuations.

In November 2023, the Department of Health and Social Care (DHSC) issued a [Medicine Supply Notification](#) for Rasagiline 1mg tablets where a re-supply date of December 2023 was given. In January 2024, the MSN was reactivated due to ongoing shortages.

To check stock availability and changes to resupply dates and updates, a Medicines Supply Tool is provided: [SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#).

Rasagiline tablets	
Medicine	Anticipated re-supply date
Rasagiline 1mg tablets	5th April 2024

Supply summary/ alternatives

- Rasagiline 1mg tablets are in limited supply with a full resupply date to be confirmed.
- Unlicensed supplies of rasagiline 1mg tablets may be sourced, lead times vary.
- Selegiline (*Eldepryl*) 5mg and 10mg tablets remain available and can support increased demand.
- Safinamide (*Xadago*) 50mg and 100mg tablets remain available and can support increased demand.

Actions

Primary and secondary care:

- Where practices in primary care identify patients on rasagiline, it is helpful to determine what supply they have left so arrangements can be made to put a management plan in place as soon as possible to minimise the risk of a break in treatment.
- Clinicians in secondary care should review patients admitted on rasagiline; where the hospital has no stock and the patient did not bring in their own supply, alternative management options should be considered, communicating any changes to primary care.
- Supplies of unlicensed rasagiline 1mg tablets can be sourced. Specialist teams should be consulted if this option is to be considered as it may not be viable for patients who have run out already or are low in supply due to the likely delay in obtaining these products. Contact should be made with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information below).
- Patients on rasagiline who did not tolerate or respond to selegiline may be considered for a switch to safinamide (possibly off-label use in some cases) or an alternative agent based on specialist advice.

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- Where possible, reserve any remaining stock for patients taking rasagiline as monotherapy or those who cannot tolerate or did not respond to selegiline.

Where clinicians are confident to safely switch patients to an alternative therapy, they should:

- consider prescribing selegiline (*Eldepryl*) 5mg and 10mg tablets if not already trialled, where appropriate (see supporting information below for important safety considerations);
- counsel patients on the change to treatment and dosing, including reassurance that selegiline is a similar agent to rasagiline (see supporting information below), and advise them to report worsening of disease control, non-motor symptoms, mood, and/or side effects;
- signpost patients to Parkinson’s UK helpline for further support/information, if required;
- inform the patient’s specialist teams that treatment has been switched to selegiline; and
- liaise with the patient’s specialist team for advice on management options if there is concern whether a washout period is required, or if the above option is not appropriate, or if patients experience a deterioration in disease control or troublesome side effects after switching.

Specialist teams should:

- ensure no new patients are initiated on rasagiline 1mg tablets if supplies are unavailable; and
- support primary care clinicians seeking advice on managing the switch to alternative treatment, including provision of an individualised management plan, where required.

Specific manufacturer details are as follows:

Manufacturer	Drug	Brand Name	Stock status	Return date/information from manufacturer
Teva UK	Rasagiline mesilate 1mg tablets	Azilect	OOS	Forecast to return in March 2024 general.enquiries@tevauk.com
Milpharm UK	Rasagiline tartrate 1mg tablets	–	OOS	It will be some time before the next batches become available as they are currently being brought into testing. Earliest availability is 1 st April on these batches. customerservices.uk@aurobindo.com
Glenmark	Rasagiline tartrate 1mg tablets	–	OOS	We have recently been advised that we are not due to have any back in until 15 th March 2024. Orders UK Orders.UK@glenmarkpharma.com
Krka UK	Rasagiline hemitartrate 1mg tablets	–		There are supply issues with this product, however we are continually supplying Phoenix Healthcare, so they should have stock available. Alternatively, we have supplied Alliance Healthcare as well. If you have issues in obtaining the stock, please let us know. info.uk@krka.biz

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Brown & Burk UK	Rasagiline tartrate 1mg tablets	–	TBC	TBC
Rivopharm UK	Rasagiline tartrate 1mg tablets	–	TBC	TBC

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