Prescribing Newsletter

Making the most of medicines

June 2024

NHS Frimley

Puberty blockers and young people

The government has introduced regulations to restrict the **prescribing and supply** of 'puberty blockers' to people under 18 in England, Wales and Scotland from 3 June 2024

The ban will apply to prescriptions written by UK private prescribers and prescribers registered in the EEA or Switzerland. No new UK patients under 18 will be prescribed or dispensed these medicines for the purposes of puberty suppression in those experiencing gender dysphoria or incongruence under the care of these prescribers.

Patients already established (prior to 3 June 24) on these medicines by a **UK prescriber** for these purposes can continue to access them via their specialist. They will also remain available for patients for other uses, from a UK-registered prescriber.

The NHS stopped the routine prescription of puberty blocker treatments to under-18s following the Cass Review. A small number of NHS patients will continue to access puberty blockers in line with national MDT/specialist prescribers as part of the research study.

Patients affected by this regulation ban will be people seeking initiation of puberty blockers for gender dysphoria from a UK or EU/Switzerland private prescriber or treatment continuation via an overseas prescriber.

Healthcare professionals may come across families taking action to avoid the ban. This may include taking paper prescriptions overseas for dispensing or using specialists overseas to both prescribe and dispense. Some may be tempted to get prescriptions in an adult's name so that a UK pharmacy can legally dispense it. There are unregulated pharmacy options in countries such as Russia, Canada and Asia. All UK healthcare professionals are expected to work within both legal and regulatory parameters. Any clinician who ascertains that a young person is being given drugs from an unregulated source should make the young person and their family aware of the risks of such treatment and would warrant safeguarding curiosity.

Full details may be found here: https://www.gov.uk/government/news/new-restrictions-on-puberty-blockers). Updated Frimley ICB guidance for children and young people and general guidance regarding prescribing requests from gender clinics have been updated and are progressing through Frimley Medicine Board ratification and should be available on the Frimley ICB website end July 2024.

Contents

MOTea

SAVE THE DATE

24/07/2024 @1PM

Polypharmacy CoP and deprescribing at end of life

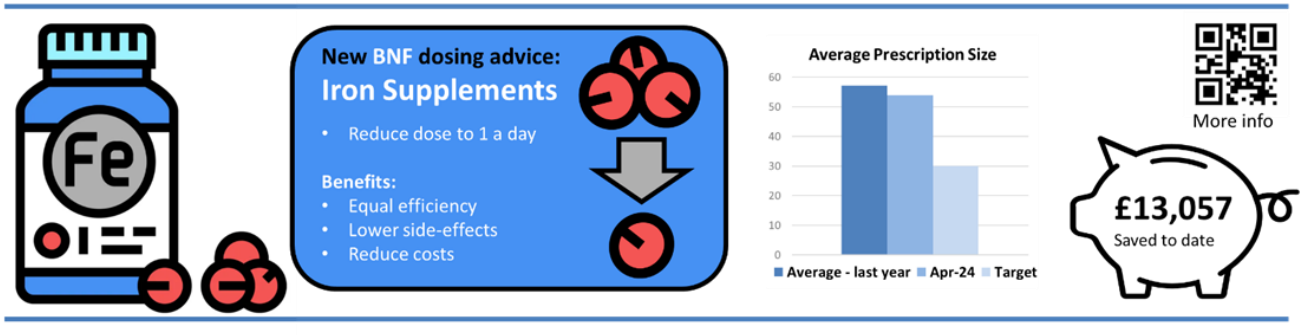
NICE Update

NICE have published new or updated guidance for the month of June 2024. This month there is one technology appraisal that impacts upon primary care.

The Voxelotor for treating haemolytic anaemia caused by sickle cell disease technology appraisal has been published. This treatment is recommended as an option for treating haemolytic anaemia caused by sickle cell disease in people 12 years and over under certain conditions. This recommendation is contingent on a commercial agreement and as such it is expected prescribing would remain with a specialist.

Iron supplement prescribing

Please continue prescribing **iron supplements** in accordance with the new BNF advice of **one a day**. Reducing the dose will reduce patient tablet burden, reduce side effects, and save the ICB up to £130,000 per annum. The data shows average dose quantities per prescription falling from about 60 down to about 54. Please keep this trend up!



OptimiseRx saving opportunities – Luforbec pMDI (beclomethasone/formoterol)

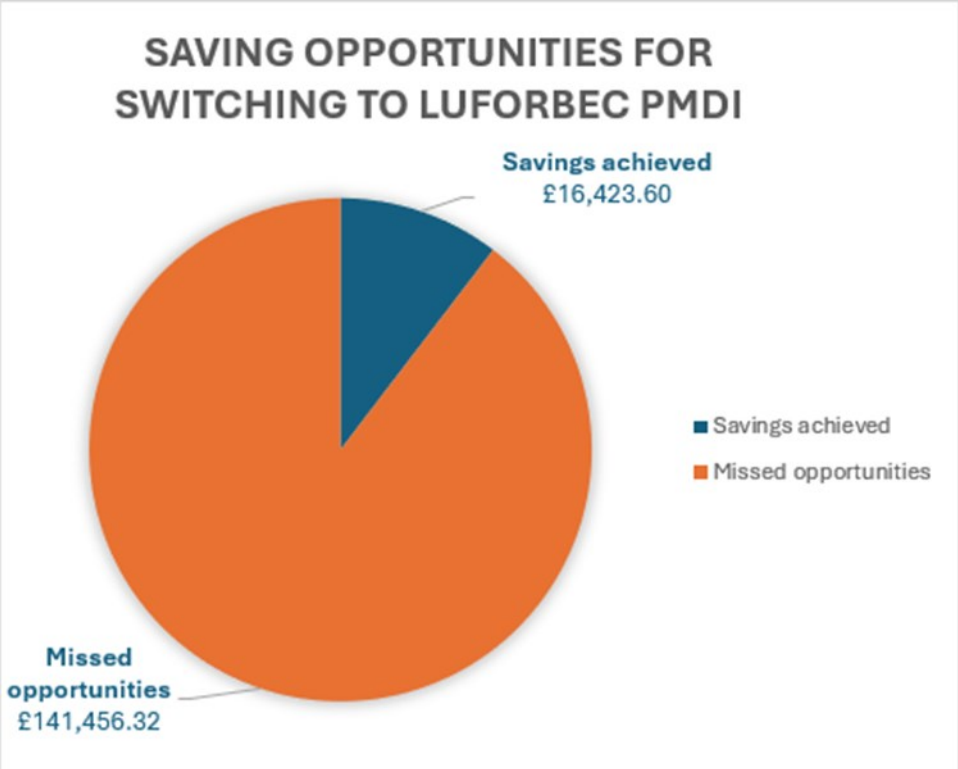
Did you know that Luforbec pressurised metered dose inhaler (pMDI) is a cost-effective licensed equivalent to Fostair pMDI, offering a 52% cost saving?

Luforbec pMDI has recently been added to the Frimley formulary. As with all MDIs, Luforbec is reserved for patients who cannot use or are not clinically indicated for a Dry Powder Inhaler (DPI). Luforbec pMDI is available in the same strengths and for the same licensed indications as Fostair pMDI. This includes in patients >18 years for the maintenance treatment of asthma and COPD and for Maintenance and Reliever Therapy (MART) in asthma.

Prescribed item	Cost to the NHS per inhaler
Generic beclomethasone/formoterol pMDI 100/6 or 200/6 strength	£29.32
Fostair pMDI 100/6 or 200/6 strength	£29.32
Luforbec pMDI 100/6 or 200/6 strength	£13.98

We have OptimiseRx messages when prescribing generically or as Fostair, to prompt prescribers to use the preferred cost-effective equivalent Luforbec where a pMDI is indicated.

Thanks to prescribers accepting these messages, it is estimated that we have saved over £16,000 across Frimley ICB in the last 3 months. The acceptance rate for these messages is only 10% so there is room for improvement. If more prescribers accepted the message and made the switch it would free up money to be used on other health services for our local population. It has been estimated that if all Fostair pMDI prescriptions had instead been for Luforbec over £60,000 could have been saved in Frimley ICB in March 2024 alone.



Medicines Safety - Avoiding look-alike, sound-alike (LASA) errors through safer prescribing (PrescQIPP Bulletin 349)

PrescQIPP has produced this bulletin (May2024) to provide “best practice” support on minimising the risk of look-alike, sound-alike (LASA) prescribing errors occurring due to similarities between medicines, which can result in patient harm. LASA errors can occur at any stage of medication use or processes: prescribing, transcribing or documenting, ordering, dispensing, administering and monitoring. The bulletin focuses on LASA errors at the point of prescribing.

Log in to PrescQIPP here for more info: https://www.prescqipp.info/

New Service Early Onset Type 2 Diabetes Programme (EOT2D)

A new initiative designed to address the growing incidence of type 2 diabetes in younger populations aims to provide comprehensive care and management for individuals diagnosed with type 2 diabetes at an early age, ensuring they receive the necessary support to manage their condition effectively. The number of under-40 year olds being diagnosed has risen by 39% in the past six years and is a much more aggressive form of the disease. The service is run by Oviva, a digital behaviour change provider of remote NHS services. Participants will learn more about their type 2 diabetes and receive personalised support to reach their goals in a way that suits them. The programme is highly accessible, and care can be delivered in over 23 languages.

Refer eligible patients: Aged 18 to 39 Registered with a GP practice in Frimley Health and Care ICB Have a confirmed diagnosis of type 2 diabetes. The referral form can be accessed through DXS located: Frimley Health and Care / Diabetes / Frimley ICS Referral Forms folder

For management of EOT2D follow the Type 2 Diabetes Care guidance here.

Referrals into the service will count towards practice structured education QOF points. The Medicines Optimisation Team have produced a search to identify eligible patients, practice managers and prescribing leads have been e-mailed further information, including a text message to send to patients and file path to the patient search. For more information email: frimleyicb.prescribing@nhs.net

MOCH corner

Polypharmacy and medicines safety in care homes

A study to estimate the prevalence and burden of medication errors in England, commissioned by the Department of Health and Social Care, was conducted in 2017 with 99 million (over 41%) of medication errors estimated to occur annually in care homes, the sector with the highest medication error rate per patient.

The average care home resident is prescribed 7 medicines per day; with many taking 10 or more. An estimated 35-40% of hospital admissions from care homes in England are believed to be avoidable, with addressing polypharmacy being a key factor.

A Structured Medication Review (SMR) with shared decision making and a person-centred approach is especially beneficial for people living in care homes who often:
have problematic and complex polypharmacy, are taking medicines commonly associated with medication errors, are living with severe frailty, have had falls and/or recent hospital admission(s), may be taking medicines which can cause dependency. Good Practice Guidance for SMR for healthcare and social care professionals is available here.

Polypharmacy Action Learning Sets for prescribers (three 3hr sessions) and Polypharmacy Training: 'getting the balance right' for health and social care professionals involved in patient care (1.5 hour session) can be booked via Health Innovation Oxford and Thames Valley. Future dates for 'getting the balance right' training include:
27th June
11th July
12th September
26th September

For further information or support please contact the MOCH team at frimleyicb.moch@nhs.net

Children's AMS survey

The South East Antimicrobial Prescribing and Medicines Optimisation (APMO) Group are developing a project to safely reduce antibiotic prescribing for children. As part of the project we have developed a survey to identify individual awareness of existing prescribing guidelines & antimicrobial stewardship (AMS) initiatives, and we would like to hear from prescribers within the region.

The survey is open to at all prescribers in primary care, out-of-hours (OOH) and urgent treatment centres (UTCs) in the South East region. The survey can be accessed here: **https://forms.office.com/e/32CduSJkPk**

Blood glucose test strips- formulary choices

In line with NHS England guidance the agreed formulary choices for patients living with type 2 diabetes are listed in the table below. On Call Extra Voice, is an option for those with who require audio guidance and is suitable for paediatrics. A full infographic can be viewed here

Meter	Blood Glucose Test Strips
Finetest Lite	Finetest Lite test strips £5.95 Pack/50
GlucoFix Tech GK	GlucoFix Tech Sensors Test Strips £5.95 Pack/50
Agile	AgaMatrix Agile Test Strips £5.99 Pack/50
On Call Extra Voice	On Call Extra Test Strips £5.20 Pack/50

In patients using continuous glucose monitoring (CGM) prescribers are also reminded to reduce the issued quantity of test strips to 1 x 50 pack size per 3 months (or in line with DSN advice).

Formulary Updates

Soprobec has been added to the formulary as "Green"

Stalpex, Tiogiva, Acopair and Wockair are listed as "non-formulary"

Calcium & ergocalciferol tablets are now "non formulary" The combination does not contain enough calcium to meet the requirements for osteoporosis prevention. This item is often unavailable and is expensive in comparison with standalone colecalciferol supplement or colecalciferol and calcium carbonate products (Accrete D3) which are available on formulary.

The MO position statement Conditions for which over the counter items should not routinely be prescribed in primary care has been updated in line with NHSE. There have been changes to advice when managing mild dry skin, mild irritant dermatitis, dry eyes or sore tired eyes. Pharmacy First service is referenced, and links added for elf-care resources. There is also a table summarising the advice at the end of the document.

National Patient Safety Alerts

Salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials

A further Medicines Supply Notification (MSN) was issued on 23/5/24 (Following previous issues and **NATIONAL PATIENT SAFETY ALERT/2024/03 DHSC-MVA** on **14 February 2024 and 6 March 2024)**, detailing a shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid.

Updated as follows :

There will be intermittent supplies of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebules for the foreseeable future.
Unlicensed supplies of salbutamol 2.5mg and 5mg nebules can be sourced (see Supporting information), lead times vary.
Alternative beta2-agonists for nebulisation and intravenous administration remain available, however, they cannot support an increase in demand.

Following the Medicines Supply Notifications in February and May:

Information agreed with Frimley ICB specialists and agreed the following advice for primary care:

1.The Medicines Optimisation Team provided practices with a search/list of patients who had salbutamol 2.5mg or 5mg nebules in 6 months to March 2024. If you require a further list please contact your medicines optimisation pharmacist.

2.Practice to review quantities prescribed and assess the likelihood of the patient running out. Prescribe pMDI + spacer if clinically appropriate.

3. Determine if the patient has sufficient supplies of nebuliser liquid at home before issuing repeat prescriptions.

3. Inform patients there is a potential supply issue and action for that patient.

4. If the patient is unable to use pMDI and spacer and nebuliser therapy necessary – refer to respiratory team via usual route and we source unlicensed product?

5. Do not switch to combined nebules or Ipratropium without respiratory team input.

New documents on the NHS Frimley Medicines Optimisation Website

New Medicines Optimisation Position Statement- Safe prescribing of salbutamol inhalers for asthma Safe prescribing of salbutamol inhalers for asthma

New Medicines Optimisation Position Statement- Managing the boundaries of NHS and privately funded healthcare (prescribing following private recommendation) Managing the boundaries of NHS and privately funded healthcare (prescribing following private recommendation)

Updated Blood Glucose Test Strip (BGTS) recommended products - **Updated** statement for those patients using CGM. **Addition** of AgaMatrix Agile to recommended product list Blood glucose test strips, ketone test strips & insulin needles- preferred products for type 2 diabetes

New Primary care medicines management of COPD—formulary inhalers document Primary care medicines management of COPD—formulary inhalers- pictogram

SCAN updates May 2024

The following monographs have been updated.

- Updated Cellulitis & Impetigo (CHILDREN)
- Updated Scarlet fever (CHILDREN)
- Updated Scabies (CHILDREN)
- Updated Dermatophyte infection - nail (CHILDREN)
- Updated Human and animal bites (CHILDREN)
- Updated Insect bites (CHILDREN)
- New guideline Acne Vulgaris (CHILDREN)
- Updated Meningitis or Suspected Meningococcal Disease (CHILDREN)
- Updated Scarlet fever (CHILDREN) hyperlink only in Ear, Nose and Throat Infections section
- Added Sialadenitis (ADULT) hyperlink only added to Ear, Nose and Throat Infections section

SCAN updates June 2024

- Updated Dermatophyte infection - skin (CHILDREN)
- Updated Insect Bites and Stings
- Updated Scarlet Fever
- Updated Lyme Disease
- Added Scarlet Fever hyperlink only to Ear, Nose and Throat Infections section

To confirm, minor updates were made to the above guidelines. The antibiotics under treatment choices have been removed from Insect Bites and Stings and a link to Cellulitis (microguide.global) has been added.

Polypharmacy launch of patient facing resources: Supporting patients to get the most out of their SMRs

16 July 2024, 12pm

Join our webinar to find out how the HIN polypharmacy patient resources are being used to better engage and support patients to get the most out of their structured medication review and facilitate shared decision making.

Hear from national speakers about how this work helps us address health inequalities and problematic polypharmacy.

For more information and to book a place click here:
https://events.weahsn.net/PolypharmacySupportingpatientstogetthemostoutoftheirStructuredMedicationReviewLaunchofpatientfacingr#/

Health Innovation Network

Polypharmacy: getting the balance right

MHRA Alerts

Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions

Adverse reactions have been reported following long-term (generally 6 months or more) use of moderate or stronger potency topical steroids, particularly when used for eczema treatment – these reactions are often referred to as 'Topical Steroid Withdrawal Reactions' (TSW). The risk of these and other serious reactions increases with prolonged use of higher potency steroid products.

- Over the coming year, topical steroids will be labelled with information on their potency to assist with counselling patients
- When prescribing or dispensing topical steroids, advise on the amount of product to apply, how often, where to apply it and when to stop treatment
- If previous discontinuation was associated with reactions that raise suspicion of TSW, alternative treatments should be considered
- Provide support to patients living with symptoms of TSW and review treatment plans with patients

See full alert - Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions - GOV.UK (www.gov.uk)

There is a safety leaflet for patients - Topical corticosteroids and withdrawal reactions - GOV.UK (www.gov.uk)

Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme

Topiramate is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child. Harms included a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder in children of mothers taking topiramate during pregnancy.

General advice for healthcare professionals:

topiramate should not be used:

- in pregnancy for prophylaxis of migraine
- in pregnancy for epilepsy unless there is no other suitable treatment
- topiramate should not be used in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. This aims to ensure that all women of childbearing potential:
- are using highly effective contraception
- have a pregnancy test to exclude pregnancy before starting topiramate
- are aware of the risks from use of topiramate
- please see specific advice for prescribers and advice for dispensers
- ensure women of childbearing potential sign the Risk Awareness Form, you will receive materials including the Risk Awareness Form by post in the coming weeks to use in the implementation of the Pregnancy Prevention Programme
- report suspected adverse drug reactions associated with topiramate to the Yellow Card scheme

See full alert here- Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme - GOV.UK (www.gov.uk)

MHRA Alerts cont'd

Warfarin: be alert to the risk of drug interactions with tramadol

The MHRA has received a Coroner's report following the death of a patient who died from a bleed on the brain, following concurrent treatment with warfarin and tramadol. Taking warfarin and tramadol together may increase a patient's INR and increase the risk of bleeding. The Coroner raised concerns that the interaction between warfarin and tramadol was not well known and emphasised the need to highlight this interaction to healthcare professionals.

Advice for healthcare professionals:

- warfarin is a coumarin-derived vitamin K antagonist which has a low therapeutic index, so continue to exercise caution when co-prescribing warfarin with other drugs, to minimise the risk of drug interactions
- ask patients about all the medicines that they are currently taking
- be aware of the risk of increased INR when warfarin and tramadol are used together, with a risk of major bruising and bleeding which could be life-threatening
- consult the product information of any new concomitant therapy for specific guidance on use with warfarin and consider whether warfarin dose adjustment is required
- consider whether additional monitoring of INR is required when starting tramadol or another concomitant medicine
- ensure patients are aware of the need to seek medical treatment should they notice the signs of a major bleeding event
- caution should also be taken if tramadol is co-prescribed with other coumarin-derived anticoagulants such as acenocoumarol
- report suspected adverse drug reactions to the Yellow Card scheme

This interaction is now noted as 'severe' in the BNF, the manufacturers SPC and there is a warning pop up message if the two are co-prescribed in EMIS.

See full alert here- Warfarin: be alert to the risk of drug interactions with tramadol - GOV.UK (www.gov.uk)

Shortage of Pancreatic enzyme replacement therapy (PERT) 24th May 2024

There are limited supplies of pancreatic enzyme replacement therapies (PERT).

• Creon® 10,000 and 25,000 capsules are in limited supply until 2026.

• Nutrizym® 22 capsules are out of stock until midAugust 2024.

• Pancrex V® capsules and powder remain available but are unable to support an increase in demand.

PERT is indicated for the treatment of pancreatic exocrine insufficiency such as in cystic fibrosis, pancreatic cancer, and pancreatitis. There is no clinical alternative to PERT. Unlicensed imports of Creon® capsules and alternative brands of PERT may be sourced, lead times vary. Information relating to imports is available in the full alert and on the SPS Medicines Supply Tool which also details any changes to resupply dates, updates to this communication and an up-to-date supply overview.

See full alert for actions for clinicians and prescribers- CAS-ViewAlert (mhra.gov.uk)

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

National Medicines Advice Service
Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct