

# Prescribing and Medicines Optimisation Guidance

Issue: 106

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## Safety guidance

### 1. MHRA Drug Safety Update: Valproate use in men: as a precaution, men and their partners should use effective contraception [LINK](#)

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. The MHRA have therefore issued the following:

### 2. MHRA advice for healthcare professionals:

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for three months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for three months after stopping valproate

Advice will be added to the current valproate patient guide (found on EMC under risk materials for sodium valproate) in the coming months. In the meantime, the MHRA have produced

- “Advice for male patients on valproate to use contraception” leaflet [LINK](#) and
- a visual risk communication diagram when counselling on the risks [LINK](#)

Prescribing data over the last three months suggests there are 2680 males on valproate across NHS Hampshire and Isle of Wight.

Practices may disseminate the MHRA leaflet to relevant male patients of reproductive potential via Accurx messages, with follow-up appointments as deemed necessary or during regular review appointments. Neither a timeframe, nor an age range have been specified by the MHRA, so this will need local decision-making, dependent on population. It is important to document the actions taken in patient notes.

As a reminder, all new male patients initiated on valproate should have a RAF (risk assessment form) completed and signed by two specialists as a one-off document, a regulation that has been in place from 31<sup>st</sup> January 2024. No further RAFs are required for males or for males initiated on valproate preceding this date.

CQC will be monitoring practice responses to MHRA alerts for valproate (and other teratogenic drugs including topiramate) during their inspections [LINK](#)

The Association of British Neurologists have also produced: Advice for valproate prescribing in adult men, in response to this latest MHRA advice [LINK](#)

### 3. Asthma inhaler awareness in children

There have recently been a number of reports of child deaths linked to asthma and failed treatment; specifically, where inhalers were found empty and had no dose counter. As prescribers, if you do encounter any cases involving deterioration of asthma due to similar circumstances, please highlight these to the MHRA using the Yellow Card system [LINK](#). This will help raise the need for review, as a matter of priority, in addition to other steps being taken by the NHSE Patient Safety team.

The Healthier Together website provides advice to parents and children on: How can I tell if my inhaler is empty? [LINK](#)

## Local guidance

### 4. Changes to enteral feed prescribing

From 1 October 2024 Nutricia will supply all enteral feeds and ancillary items directly to patients across the whole of NHS Hampshire and Isle of Wight ICS area. This is a change in provider for the Isle of Wight.

Therefore, all areas now will move to an 'off-FP10' prescription model. Feed and ancillary products will be delivered to the patient via Nutricia Homeward. Rarely, if an item is unavailable from Nutricia, practices may receive a request for a feed to be prescribed. This should be fully explained in the letter from the dietitian requesting the enteral feed.

Patients and practices should have received a letter from Nutricia explaining this change. The medicines optimisation team will be sending patient/product lists to all affected practices. This will help facilitate the move of these items from 'Current' to 'Hospital' (or 'Other') drugs lists in clinical systems, to avoid inadvertent prescribing.

For further enquiries please contact the medicines optimisation team [LINK](#)

### 5. Formulary updates

The following are now Amber Recommended on the HLOW formulary. Amber recommended (suitable for prescribing in primary care following recommendation by a specialist)

- **Peristeen Plus** (transanal irrigation system)
- New CGM products:
  - **FreeStyle Libre 3** - Recommended for the use ONLY in patients who would be unable to use the Libre 2 or 2 plus either:
    - due to the limitation of requiring sensor scan every 8 hours

- due to the sensor size being unsuitable for available body sites
- **FreeStyle Libre 2 Plus** has been added. This will supersede Freestyle Libre 2.
- **Dexcom ONE +** has been added. This will supersede Dexcom One.

**Denosumab** and **degarelix** shared care guidelines for IOW will now be stood down. These medicines are now amber recommended and so are suitable for prescribing in primary care following recommendation by a specialist.

## 6. Isle of Wight (IOW) Palliative Care Symptom Control Guidelines [LINK](#)

The updated IOW Palliative Care guidelines are now available for use on the IOW only. For mainland Hampshire the Wessex Palliative care guidelines are available on the ICB website. [LINK](#)

Medicines listed on the formulary with a PURPLE rating should usually be prescribed by specialists in secondary care settings. However, in exceptional circumstances and under direct supervision of specialists, GPs may prescribe these medicines. Please see the formulary for further details. [LINK](#)

## 7. Scabies guidelines [LINK](#)

Guidance for the management of scabies in children and adults has been approved for local use. Primary care prescribing is supported by HIOW Prescribing Committee only for patients  $\geq 15\text{kg}$  as a 2nd line option when:

- topical preparations are not suitable **or**
- are not available **or**
- for the treatment of suspected resistant or crusted scabies in line with local guidance and [NICE Clinical Knowledge Summary \(CKS\)](#) and [BASHH UK guidelines](#)

## 8. SCAN Guidelines moved to new platform (Eolas)

[Quick access details on this link](#) or full details below.

The platform for accessing the SCAN (South Central Antimicrobial Network) Guidelines for Antibiotic Prescribing in the Community have moved. There will be no change to the content and the Eolas interface is very similar to MicroGuide used previously. **From 27th September**, the MicroGuide app or desktop function will no longer be accessible, and all antibiotic guidelines will only be available on the new platform (Eolas). The guidelines continue to provide advice on the effective and safe treatment of infections commonly presenting in primary care and are based on NICE and UKHSA (formerly Public Health England) advice with input from local experts. We hope the transition from MicroGuide to Eolas will be as seamless as possible.

The SCAN guidelines are now available on the new digital platform Eolas – this can be accessed either:

### 1. On your desktop:

The guidelines can be accessed directly here: <https://bit.ly/EolasSCAN>

This URL will remain the same (even when individual guidelines are updated) therefore consider adding this to your favourites. For details of how to add a website as a favourite in Microsoft Edge, [click on this link](#).

## 2. On your phone/tablet:

The Eolas(R) app is available to download free from the App store (Apple) or Google Play (Android). Search for **Eolas(R)** in App Store/Google Play and download – [please see the poster on this link](#) - Step 1: Download the App and Step 2: Scan the QR code.

Once the user agreement has been reviewed you will be asked to create an account profile. Enter your e-mail. As many other ICBs and hospital Trusts use this platform for antimicrobial guidance, the appropriate guidance '**South Central Antimicrobial Network**' will need to be selected from the list of guidelines available. **Do not** select the acute Trust that you are usually associated with as those will be the acute Trust guidelines. Complete other boxes as appropriate. Then click 'Submit'.

## National guidance

### 9. NHS England: Five new decision support tools published

NHS England has [published five new decision support tools](#) (DSTs). These include:

- [Abdominal aortic aneurysm \(AAA\)](#)
- [Management of stable angina](#)
- [Management of mild/moderate depression](#)
- [Management of glue ear in children](#)
- [Management of chronic pain](#)

The chronic pain and mild/moderate depression DSTs are a key part of the national overprescribing review. They support the shared decision making (SDM) process and enable healthcare professionals and patients to work together to understand the benefits and harms of the available options and to choose and implement a decision that is informed by evidence and individual patients' preferences. Patients should be encouraged to read the relevant decision support tool before their consultation and consider what matters to them. All the DSTs have been coproduced with patients, including people with low levels of health literacy, and clinicians.

### 10. NHS England: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs) [LINK](#)

Commissioning recommendations for the prescription of DOACs have been amended to reflect the loss of exclusivity of apixaban and rivaroxaban, enabling sufficient stock of generic product to be available to the NHS.

### 11. Changes to supply route for sub dermal contraceptive implants (Nexplanon®) [LINK](#)

As announced in the NHS Primary Care bulletin (published 19 September 2024), from 1 January 2025, GP practices will be able to order the sub dermal contraceptive implant (Nexplanon® 68mg implant) directly from their suppliers and claim back the cost. This will mean that patients do not have to go to the pharmacy to pick up the implant themselves and then make a further GP appointment to get it fitted.

The General Medical Services Statement of Financial Entitlements (SFE) will be published on 1 October 2024 to include this change.

## Other

### **12. Medicines shortages** [LINK](#)

For up-to-date information regarding medicines shortages please see the ICB website via the link above. This includes ongoing supply issues with ADHD medicines, where the SPS website provides the latest updates. [LINK](#)

### **13. COVID-19 chapter of the green book updated** [LINK](#)

The chapter has been updated to include vaccine choice, doses and eligibility criteria for Autumn 2024 campaign; most recent vaccine effectiveness, case and variant epidemiology; updated safety information and management section, and a new table of COVID-19 outcomes.

### **14. Smallpox chapter of the green book updated** [LINK](#)

There has been a significant update to this chapter, to include information on the recent increase in clade I monkeypox virus, new information on vaccine effectiveness and advice on outbreak response

### **15. Primary care patient safety strategy** [LINK](#)

This outlines primary care implementation of NHS patient safety strategy for all areas of primary care, though with some improvements implemented first in general practice to enable successes and learning to be used in rollout to community pharmacy, optometry and dental services.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

*Previous bulletins can be found hosted on the ICS website here: [LINK](#)*