NHS
Hampshire and Isle of Wight

Prescribing and Medicines Optimisation Guidance

Issue: 75 **Date: 25th October 2022**

1. **MHRA Drug Safety Update: Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations** (Link)

   Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta XL, Medikinet XL, Equasym XL, Ritalin LA, and generics) as different instructions for use and different release profiles may affect symptom management.
   Frequent switching between different products should be avoided. This is consistent with existing guidance from the Specialist Pharmacy Service and in the BNF and BNF for Children.

2. **NICE: Patient decision aid on asthma inhalers and climate change** LINK

   This new decision aid includes text and diagrams to support discussions between patients with asthma and their health professionals, so they can make informed decisions about their choice of inhalers in relation to optimising their treatment and their potential contribution to climate change. There are helpful tables highlighting the carbon footprint of individual inhalers (comparing them to the CO2 equivalent of 115-mile petrol car journeys) and how dry powder inhalers have minimal effects compared with propellent inhalers. The tool reflects the commitment of NICE, the Scottish Intercollegiate Guidelines Network (SIGN) and the British Thoracic Society (BTS) to environmental sustainability and is consistent with the NICE guideline on asthma and the jointly produced SIGN/BTS guideline on asthma.

   Sharing this information with patients is one small action to help towards the delivery of a net zero NHS and could be used either before or during annual respiratory reviews with patients.

   In addition to considering whether a dry powder inhaler is a suitable alternative to a propellant inhaler for an individual, it is also important to highlight that “used” and unwanted aerosol inhalers should always be returned to pharmacies for safer disposal, as they still contain propellant gases that will leak out into the atmosphere if sent to landfill.

   Other key messages to support sustainability include encouraging patients not to ‘stock-pile’ inhalers; only ordering what they need, and to attend their annual review.

   There are numerous ways to optimise treatment for patients with asthma, and to support the ‘green agenda’. Please see the following useful resources for more information:

   WAN_Guidelines_Full.pdf (westhampshireccg.nhs.uk)

High Quality and Low Carbon Asthma Care – Greener Practice

3. SIGN Guideline update: Pharmacological management of migraine (Link)

This SIGN guideline provides recommendations on the pharmacological management of adults with acute migraine, and prophylaxis for patients with episodic or chronic migraine or medication overuse headache. When starting acute treatment, healthcare professionals should always warn patients about the risk of developing medication-overuse headache. The revised guideline includes a quick reference guide LINK, treatments pathways LINK and a patient booklet. LINK

4. Local advice: Ongoing supply issues of GLP-1 receptor agonists semaglutide (Ozempic) and dulaglutide (Trulicity)

There are likely to be supply issues of both Ozempic and Trulicity (Glucagon-like peptide-1 receptor agonists) into the Spring of 2023. This is a global issue where manufacture of these products has not been able to keep up with demand. Please see below advice, sought from UHS Phil Newland-Jones, Consultant Pharmacist Diabetes & Endocrinology, Clinical Director Diabetes & Endocrinology and Dr Kate Fayers, Consultant Diabetologist, West Hampshire Community Diabetes Service.

- There is current availability of all strengths of Trulicity locally but changing patients to Trulicity or starting new patients will quickly deplete remaining stocks. Please do not start any new patients on Trulicity and liaise with your pharmacy teams to direct current patients to supplies.

- Ozempic supplies are diminishing rapidly and are becoming difficult to obtain locally. A temporary dose reduction to 0.5mg can be considered for patients currently stable on 1mg. We suggest not issuing 2 x 0.5mg injections as this is unlicensed and will further deplete stocks.

- For patients who are unable to obtain their current prescription we recommend a review by a practitioner experienced in prescribing alternative treatments.

- Alternative oral semaglutide (Rybelsus) and parenteral GLP-1s (liraglutide and exenatide) remain available and options for changing are listed in table 1: https://diabetesonthenet.com/diabetes-primary-care/pcds-consensus-glp1-shortage/

  Any changes in medication should be considered temporary for around 6 months with an aim to switch back to the most cost-effective options (Trulicity or Ozempic) when supplies return to normal.

- We would also recommend a proactive approach to advising Ozempic patients of possible supply issues over the next few months by performing searches to identify them and arranging discussion if needed. A template letter is available at https://diabetesonthenet.com/diabetes-primary-care/pcds-consensus-glp1-shortage/

- Please also consider quantities of pens issued – Ozempic contains 4 doses per pen and Trulicity are single dose pens.

5. **The Lancet: Cardiovascular outcomes in adults with hypertension with evening versus morning dosing of usual antihypertensives in the UK (TIME study) LINK**

   This prospective, randomised, open-label, blinded end point clinical trial (n= 21,104) found evening dosing did not improve the composite primary endpoint (vascular death or hospitalisation for non-fatal myocardial infarction or non-fatal stroke) versus morning dosing of antihypertensives (0.69 vs 0.72 events /100 patient-years, HR 0.95, 95%CI 0.83-1.10)

   Authors conclude patients can be advised to can take their regular antihypertensive medications at a convenient time that minimises any undesirable effects. The timing of administration of antihypertensive medication is unlikely to affect cardiovascular outcomes.

6. **NHSE: Appropriate prescribing of antipsychotic medication in dementia LINK**

   This new resource published in September 2022 has been produced to help reduce the variation across England in antipsychotic prescribing in dementia. It provides guidance and information on uses, risks and alternatives to antipsychotic medication, risk reduction in antipsychotic prescribing, and support for local systems to deliver best practice in antipsychotic prescribing and de-prescribing where appropriate.

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Previous bulletins can be found at: https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/