# Prescribing Newsletter

*Making the most of medicines*

**May 2024**

NHS Frimley

## Changes to the COVID Medicines Delivery Unit (CMDU) service from 1st June 2024

Existing high-risk groups who qualify for this service remain with the addition of:

- Aged 85 years and over
- End-stage heart failure who have a long-term ventricular assistance device
- On the organ transplant waiting list
- Aged 70 years and over or who have a BMI of 35 kg/m2 or more, diabetes or heart failure, **and** resident in a care home, **or** who are hospitalised.

**How to access**

- Patients are to self-refer by calling 03000 24 0000 for assessment. This number will be available 24 hours a day 7 days a week (depending on the time of contact there may a wait for a call back to be clinically triaged).
- GP practices **do not need** to prescribe or dispense nMABs or antivirals or make a referral to the service.
- The option to email nmab.ebpc@nhs.net is available should there be the need to refer patients via this route, if doing so please remember to include current contact information for the patient to enable them to be contacted for triage.

**Other points**

- Consider including information on your practice website to direct patients who fall into one of the cohorts to call 03000 24 0000 for assessment should they test positive for COVID-19.
- Patients who fall into one of the cohorts may access free NHS lateral flow device tests via Community Pharmacies. Use this link to find out which Community Pharmacies are offering this service.
- For further info see NICE TA 878.

## Contents


**Page 1**

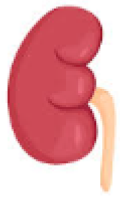
- Changes to access to COVID antivirals
- Calculating kidney function
- MOTea– COPD
- Supply of anxiolytics for jet lag/ procedure related anxiety

**Page 2**

- Saving opportunities– Macrogol oral powder sachets
- Shared care agreement for long-acting antipsychotic injections
- Learning From Patient Safety Events (LFPSE) local report
- NICE updates
- Quinine prescribing prompts.

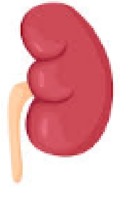
**Page 3**

- MHRA alerts
- Supply problems and discontinuations

## Essential reading: calculating kidney function

Do you know when the Cockcroft-Gault (CG) formula should be used to calculate creatinine clearance to guide drug dosing? What factors overestimates eGFR and what underestimates eGFR?
The recent update on the SPS website explain the different methods, and their limitations, that are used to measure kidney function.



## Save the date
## MOTea webinar on Thursday 27th June at 1pm.

Join us for an update on the latest best practice in the management of COPD. The session will be given by local Respiratory Specialist Nurse, Daniela Nedelcu.

## Position Statement Update
## Benzodiazepines and anxiolytics/hypnotics for jet lag, flight anxiety, anxiety related to dental procedures or claustrophobia related to diagnostic scanners (e.g. MRI or CT)

**Key change and background for change**

- **Prescribing Responsibility:** The clinician who referred the patient for the scan is responsible for prescribing anxiolytics, not the radiology team. This may be the specialist or the GP depending on where the referral originated. This aligns with the agreed pathway by the Clinical Interface Committee (CIC). GPs should only prescribe anxiolytics if they were the ones who referred the patient for the scan.
- Anxiolytics need to be given in advance for them to work effectively. The radiology department cannot administer medication prior to scans because this would mean patients waiting in the department for significant amounts of time prior to their scan and would reduce capacity, thereby increasing waiting times.
- If the referral for the scan was made by a GP then prescribing by the GP is where the appropriate risk benefit assessment may be made taking into account past medical history and current medical conditions.

**Action: Read the statement here.**

## OptimiseRx saving opportunities – Macrogol oral powder sachets

Did you know that **Macrogol 3350 oral powder 8.5g sachets sugar free** costs **£142.79 for 28 sachets?** When this product is prescribed it is supplied as TransiSoft® sachets which are classified as non-formulary.

The locally preferred product is **macrogol compound oral powder sachets NPF sugar free** which cost **£5.50 for 30 sachets**. We have an OptimiseRx message to prompt prescribers to use the preferred cost-effective alternative oral macrogol product.

Thanks to prescribers accepting this message, it is estimated that we have saved over £84,000 across Frimley ICB in the last 12 months. The acceptance rate for this message is 56.6% 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.

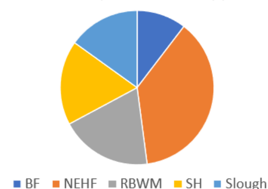
## Shared care agreements (SCAs) for long-acting antipsychotic injections (LAIs) and Standard Operating Procedure (SOP)

- These SCAs have been updated for **Frimley South places** in collaboration with SABP.
- They can be found on the [NHS Frimley Medicines Optimisation website] or the relevant monograph on the [Frimley Formulary].
- The main changes are improved information on the SCA for the GP to agree/disagree and return via email to SABP, and an updated escalation protocol for non-attendance, concerns or advice.
- To support the safe prescribing and administration of LAIs a standard operating procedure for Primary Care can be found [here]. This states that all patients requiring administration of LAIs by the practice are added to a register recording the name of the LAI and frequency. An updated EMIS template is being developed to support this work. Annual review and monitoring is undertaken by GP in line with the Local Commissioned Service.

## Learning from Patient Safety Events (LFPSE) use and themes in NHS Frimley

Total number of Frimley ICB incidents submitted to LFPSE in last 12 months: 192

| Place | No LFPSE reports submitted |
|---|---|
| BF | 20 |
| NEHF | 72 |
| RBWM | 37 |
| SH | 34 |
| Slough | 29 |




Bracknell Forest North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Sur rey Heath

**Most common error themes**

- Prescribing errors
- Unclear documentation/communication
- Medicines reconciliation
- Unclear discharge information

## NICE updates

- **Endometriosis: diagnosis and management has been updated**
- **Abortion- a new CKS topic**
- **Cirrhosis an updated CKS monograph (new section on the assessment of a person with suspected cirrhosis and updated criteria on when to consider palliative care referral)**
- **The COVID-19 rapid guideline: managing COVID-19 has been updated. It covers managing COVID-19 in babies, children, young people and adults in community and hospital settings. The update includes revised guidance and new recommendations on the use of anti-vial treatments for COVID-19.**
- **Atogepant for preventing migraine guideline has been published. It recommends this treatment as an option for preventing migraine in adults who have at least 4 migraine days per month, only if at least 3 preventive medicines have failed. It is further advised that treatment is stopped after 12 weeks if the frequency of migraine does not reduce by 50% in the case of episodic migraine or 30% in the case of chronic migraine.**

## Reminder to act on OptimiseRx warning message "Quinine not recommended routinely for leg cramps"

The above warning on Optimise Rx has a low acceptance rate of only 6.9%. We don't have any 'rejection reasons' data about why prescribers are not accepting the message, but we would like to remind prescribers of the MHRA alert on quinine.

Due to the risk of severe rare side effects (thrombocytopenia), drug interactions and toxicity in overdose, quinine should not be considered a routine treatment for nocturnal leg cramps, and should only be considered when cramps cause regular disruption of sleep. Before use for nocturnal leg cramps, the risks should be carefully considered relative to the potential benefits. Only consider:

- when cramps are very painful or frequent
- when other treatable causes of cramp have been ruled out
- when non-pharmacological measures have not worked (e.g. passive stretching exercises)

A reduction in frequency of leg cramps may take up to 4 weeks to become apparent. Patients should be monitored closely during the early stages of treatment for adverse effects. After an initial trial of 4 weeks, treatment should be stopped if there is no benefit. Treatment should be interrupted approximately every 3 months to reassess the benefit. In patients taking quinine long term, a trial discontinuation may be considered. [Quinine: not to be used routinely for nocturnal leg cramps - GOV.UK (www.gov.uk)].

**Action: At initiation of treatment and during Med Review & SMRs**

# MHRA Alerts

## Montelukast: reminder of the risk of neuropsychiatric reactions

Prescribers should be alert to the risk of neuropsychiatric reactions (sleep disorders, hallucinations, anxiety, depression, behavioural changes, mood changes) in all patients including children and adolescents.
The warnings in the Patient Information Leaflet and Summary of Product Characteristics for all montelukast products in the UK have been strengthened and highlighted with a black box for greater emphasis.
Discontinue montelukast if patients experience new or worsening symptoms of neuropsychiatric reactions.
Montelukast: reminder of the risk of neuropsychiatric reactions - GOV.UK (www.gov.uk)

## Finasteride: reminder of the risk psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment)

A patient alert card is being introduced for men taking finasteride to help raise awareness of the risk of psychiatric side effects and sexual dysfunction, including the potential for sexual dysfunction to persist after treatment has stopped. Before prescribing finasteride, ask patients if they have a history of depression or suicidal ideation. Advise patients to stop finasteride 1mg (Propecia) for male pattern hair loss immediately if they develop depression or suicidal thoughts and to contact their doctor as soon as possible. Advise patients prescribed finasteride 5mg (Proscar) for benign prostatic hyperplasia to consult their doctor for further medical advice as soon as possible if they develop depression or suicidal thoughts.
Finasteride: reminder of the risk psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment) - GOV.UK (www.gov.uk)

## Update to advice provided in National Patient Safety Alert re carbomer containing lubricating eye products

The MHRA are now satisfied that carbomer containing lubricating eye products available on the UK market are safe to use. Therefore, the recommendation to *'avoid the use of all carbomer-containing eye products in individuals with cystic fibrosis, patients being cared for in critical care settings, the severely immunocompromised and patients awaiting lung transplantation'* is no longer required. The other recommendations and the specific products withdrawn within the NPS alert remain.
View alert here

# Supply problems and discontinuations

## Capsaicin 0.075% (Axsain) and 0.025% (Zacin) cream- unavailable until May 2026

Refer to NICE treatment guidelines (Osteoarthritis and Neuropathic pain ) for choice of an alternative agent, taking into account treatments already tried, and reasons for being on a topical agent. Where topical capsaicin is still considered the most suitable therapy, consider prescribing unlicensed products if appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary.
For further information see SPS website.

## Lisdexamfetamine update

All strengths of Elvanse (lisdexamfetamine) capsules are now available to prescribe for new and deferred patients with ADHD, although intermittent supply issues will continue for certain presentations. The local guidance on how to manage the shortages has been updated .

## Clarithromycin 125mg / 5ml and 250mg /5ml oral suspension Serious Supply Protocols (SSPs)

The serious supply protocols for these items have been reactivated
Current SSPs are available to view on the dedicated SSP web page. Follow SCAN for alternatives.

## Shortage of Erelzi® (etanercept) 50mg solution for injection in pre-filled pen

**Erelzi®** is one of three licensed biosimilars to Enbrel (etanercept) and is a RED drug.
Secondary care providers will be working to switch patients to available alternatives.
Full alert here .

## InnoLet™ injectable device

InnoLet injectable device for insulin delivery is being discontinued; stock will be exhausted by the end of May 2024. There are patients in NHS Frimley who have this item on their repeats. Practices with affected patients will be contacted individually. The manufacturer has provided a letter for patients which can be found here .

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

Salbutamol_2.5mg_2.5ml_and_5mg_2.5ml_nebuliser_liquid_unit_dose_vials
There will be intermittent supplies of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebules for the foreseeable future. Local advise on this shortage has been previously issued and can be viewed here .

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